

SHS + UHN

ASP

ANTIMICROBIAL
STEWARDSHIP
PROGRAM



Q2 REPORT

FISCAL YEAR 2019 | 2020



@shsuhnbsp



**Sinai
Health
System**



UHN

Toronto General
Toronto Western
Princess Margaret
Toronto Rehab
Michener Institute

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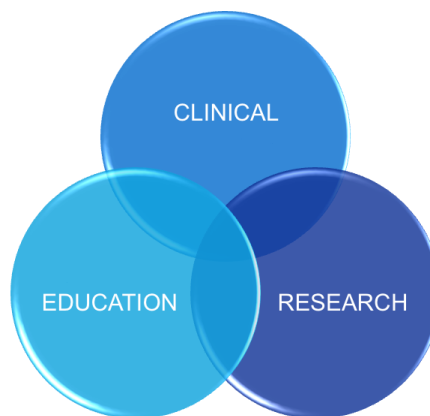
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“Getting patients the right antibiotics, when they need them”

EXECUTIVE SUMMARY

The Sinai Health System-University Health Network Antimicrobial Stewardship Program (SHS-UHN ASP) was established in 2009. The SHS-UHN ASP uses a collaborative and evidence-based approach to improve the quality of antimicrobial use by getting patients the right antibiotics when they need them. The ASP follows data-driven quality improvement methodology to pursue the best possible clinical outcomes for its patients.



The SHS-UHN ASP blends research, education, and clinical care to take a leadership role in antimicrobial stewardship and improving the quality of health care.

ANTIMICROBIAL CONSUMPTION AND COSTS

The ASP works with clinical teams across both Sinai Health System (Bridgepoint Health and Mount Sinai Hospital (MSH)) and University Health Network (Princess Margaret Cancer Centre (PM), Toronto General Hospital (TGH), Toronto Rehabilitation Institute (TRI), and Toronto Western Hospital (TWH)).

Where possible, we show Defined Daily Doses (DDD) together with Days of Therapy (DOT). The metrics are extracted from the hospital pharmacy databases and the Provincial Critical Care Information System (CCIS). Although these two metrics are closely related, using lower or higher doses of antimicrobials will result in a corresponding change in DDD without any change in DOT (i.e. inpatients with renal dysfunction, extremes of body mass, or central nervous system infections). Table 1 summarizes antimicrobial usage and cost in the various units and services at SHS and UHN.

New to this report is antimicrobial use and cost for Toronto General Hospital’s Cardiac ICU. The ASP meets with Cardiac ICU clinicians and provides Audit and Feedback on antimicrobial prescribing practices. This data is now reflected in Table 1, and details can be found in its CICU section further in the report.

Table 1: Summary of Antimicrobial Usage (DDDs) and Cost by Hospital/Unit

Hospital/Unit	Antimicrobial Usage	Antimicrobial Cost
Mount Sinai Hospital: Medical Surgical ICU	↓	↓
Mount Sinai Hospital: Neonatal ICU	↓	↓
Toronto General Hospital: Cardiac ICU	↓	↓
Toronto General Hospital: Cardiovascular ICU	↓	↓
Toronto General Hospital: Medical Surgical ICU	↑	↓
Toronto Western Hospital: Medical Surgical Neurosurgical ICU	↑	↑
Mount Sinai Hospital: General Internal Medicine	↓	↓
Toronto General Hospital: General Internal Medicine	↑	↓
Toronto Western Hospital: General Internal Medicine	↓	↑
Princess Margaret Cancer Centre: Leukemia Service	↓	↓
Princess Margaret Cancer Centre: Allogeneic Bone Marrow Transplant	↓	↓
Toronto General Hospital: Multi-Organ Transplant Program	↓	↓
Toronto Rehabilitation Institute: Bickle	↑	↑
Toronto Rehabilitation Institute: Lyndhurst	↑	↓
Toronto Rehabilitation Institute: University Centre	↑	↑



Decrease compared to previous YTD



Increase of < 10% compared to previous YTD



Increase of > 10% compared to previous YTD

FISCAL YEAR 19/20 Q2 HIGHLIGHTS

Research – Published In This Quarter

Multiple research projects continue, with many important projects nearing completion and being prepared for submission to key medical journals.

Publications

The following articles were published or accepted for publication in peer-reviewed medical journals:

- So M, Morris AM, Nelson S, et al. Antimicrobial stewardship by academic detailing improves antimicrobial prescribing in solid organ transplant patients. Eur J Clin Microbiol Infect Dis 2019 Jul 19; [Epub].
- Weis S, Kesselmeier M, Davis JS, et al. Cefazolin versus anti-staphylococcal penicillins for the treatment of patients with Staphylococcus aureus bacteremia: a systematic review and meta-analysis. Clin Microbiol Infect 2019 Jul; 25(7): 818-827.
- Courtenay M, Castro-Sánchez E, Gallagher R, et al. Development of consensus based international antimicrobial stewardship competencies for undergraduate nurse education. J Hosp Infect 2019 Aug; [Epub].
- Morris AM, Calderwood MS, Fridkin SK, et al. Research needs in antibiotic stewardship. Infect Control Hosp Epidemiol 2019 Aug; [Accepted].
- Mendelson M, Morris AM, Thursky K, Pulcini C. How to start an antimicrobial stewardship programme in a hospital. Clin Microbiol Infect 2019 Aug 22; S1198-743X(19)30448-3. [Epub].
- Morris AM, Bai A, Burry L, et al. The authors reply. Crit Care Med 2019 Aug; 47(8): e719-e20.
- Bai AD, Morris AM. Management of Staphylococcus aureus bacteremia in adults. CMAJ 2019 Sep 03; 191(35): E967.
- Langford B, Leung E, Haj R, McIntyre MT, Taggart L, Brown K, Downing M, Matukas L. Nudging In MicroBiology Laboratory Evaluation (NIMBLE): A scoping review. 2019 Infection control and hospital epidemiology. 40. 1-7. 10.1017/ice.2019.293.

There are currently an additional five manuscripts that are close to ready for submission.

Grants Awarded

- AHSC AFP Innovation Fund: Developing national antimicrobial prescribing guidelines. Principal Investigator: Andrew Morris. Co-investigators: Chaim Bell, Edith Blondel-Hill, Susan Fryters, Warren McIsaac, Patricia Sullivan-Taylor, Per Vandvik.
- HIV and Hepatitis C Community Action Fund (Public Health Agency of Canada): Developing Model(s) for a Pan-Canadian Antimicrobial Resistance (AMR) Network. Principal Investigator: Andrew Morris. Co-investigators: Gerry Wright, Herman Barkema, Scott Weese.

Research Studies

The following grant-funded studies are progressing according to timelines:

- Designing an Effective Outpatient Antimicrobial Stewardship Program to Reduce Unnecessary Antibiotic Use in Primary Care using a Mixed-Methods Collaborative Model. AHSC AFP Innovation Fund. Principal Investigators: Warren McIsaac, Andrew Morris.
- The Development and Testing of a Scaling Strategy for a Community-Based Primary Care Antimicrobial Stewardship Program Utilizing an Innovative University of Toronto Primary Care Testing Platform: the UTOPIAN Practice Based Research Network. Principal Investigator: Warren McIsaac. Co-investigators: Andrew Morris, Noah Ivers, Yoshiko Nakamachi. Funded by AHSC AFP Innovation Fund.
- A Multi-centre Investigation of the Management and Outcomes of Community-onset Escherichia coli Bacteremia. Principal Investigator: Andrew Morris. Co investigators: Michael Bonares, Sam Thrall, Das Pavani. Funded by PSI Resident Research Grant and SHS DoM Resident Research Grant.
- National Antimicrobial Prescribing Survey (NAPS): Feasibility Project. Principal Investigator: Andrew Morris. Co-investigator: Yoshiko Nakamachi. Funded by Becton Dickinson & Company – Canada

Best Practices

Several algorithms and best practice guidelines have been developed and implemented into practice across UHN and SHS. The algorithms and best practices can be found [here](#) on our ASP website. The SHS-UHN ASP continually updates these practice tools to reflect the latest evidence.

Dr. Miranda So (ASP Pharmacist) and Dr. Shahid Husain (ASP Physician) have completed and implemented the “[Empiric Guidelines for Common Infections in Solid Organ Transplant Patients](#)”. The guidelines have undergone consultative reviews with stakeholders, content experts, and key opinion leaders. Guidelines continue to be introduced to staff and trainees in the **Multi-Organ Transplant Program** through a series of sessions with each of the transplant organ teams. Under the auspices of antimicrobial stewardship, the guidelines provide best practice recommendations to prescribers, pharmacists, and nurses on diagnostic workup, empiric therapy, and appropriate referral to specialist consultation, including Transplant Infectious Diseases.

JEDI and SABR. Over its first nine years, the SHS-UHN ASP employed an academic detailing model of three to five times a week. ICU staff who attended the multi-weekly ASP rounds were well-versed in appropriate antimicrobial prescribing, and there was a broad appetite for change.

To that end, the ASP has moved to (1) **JEDI (Judicious Evaluation of antimicrobial Decision-making in the ICU) rounds**. This is being led by **Dr. Linda Dresser (ASP Pharmacist)**, whereby the ASP team **audits appropriateness** of antimicrobial prescribing in the ICUs once a week. The audit results are then shared and discussed with the ICU team during a weekly meeting. The **appropriateness of antimicrobial prescribing** adjudication uses locally-developed, peer-reviewed, and published criteria for appropriateness. This initiative went live in the TGH MSICU in October 2017, TGH CVICU December 2017, TWH MSNICU March 2018, and the MSH ICU June 2018. JEDI in the CCU at TGH has gone live in Q2 and is the final ICU to go-live with this implementation.

The second component of our new ICU initiative is being led by **Linda Jorgoni (ASP Nurse Leader)** and is known as (2) **SABR (Stewardship at Bedside Rounds)**. This is an **innovative** way of **actively engaging nurses** in antimicrobial stewardship activities. The aim is to embed into daily bedside rounds “Infection” as a separate entity during the head-to-toe assessment. The components of “infection” include temperature, white blood cell count, antimicrobials, indication for antimicrobial use, and other relevant information that pertains to infection. This intervention is designed to change nursing practice using different behaviour change strategies (e.g. audit and feedback). We are currently collecting data to evaluate the intervention and to identify barriers to nursing engagement in antimicrobial stewardship.

These two new ICU ASP initiatives have been well received by the key stakeholders, who have been very informative in their feedback throughout the process, prior to implementation, allowing for continuous learning and improvement.

Antimicrobial Stewardship in Leukemia Program

Drs. So and Husain have been conducting twice monthly directed antimicrobial prescribing surveys using an online tool and *a priori* definitions developed by Australia’s [National Centre for Antimicrobial Stewardship](#) (NCAS) to assess adherence to the [High-Risk Febrile Neutropenia Guideline](#) and appropriateness of antimicrobial prescriptions. The online tool is called the [National Antimicrobial Prescribing Survey](#) (NAPS). Starting in May 2019, the format of the antimicrobial stewardship intervention was updated from the conventional, twice weekly audit-and-feedback meetings reviewing all admitted patients (which had been in place since 2010) to a new format with two parts: (1) presentation of the aggregate “dashboard” metrics from the NAPS survey and (2) focused, in-depth discussions on specific patients with unique antimicrobial needs and themes identified from the dashboard. With the new format, antimicrobial stewardship meetings now take place twice per month. The Q2 dashboard metrics are included in this report.

Provincial, National, and International Role

In April 2019, the Ontario government announced it would expand the scope of practice for certain health professionals, including pharmacists. **The SHS-UHN ASP is actively working with the OCP (Ontario College of Pharmacists)** in developing regulations that would authorize pharmacists to prescribe for minor ailments. Prescribing antimicrobials for certain types of infections is included in the expanded scope of practice.

The SHS-UHN ASP continues to work closely with **HealthCareCAN**, the **National Collaborating Centre for Infectious Diseases (NCCID)**, and the **Public Health Agency of Canada (PHAC)** to inform our national health leaders on Antimicrobial Stewardship (AMS) and Antimicrobial Resistance (AMR).

The SHS-UHN ASP continues to play a leading role in implementing an antimicrobial survey tool across Canada. This tool, **Canadian NAPS (National Antimicrobial Prescribing Survey)**, has been collecting information about antibiotic prescriptions, accompanying diagnoses, and the appropriateness of the prescriptions. **The SHS-UHN ASP continues to lead this initiative for Year 2**, making it available to an even larger number of hospitals across Canada in each of the provinces with a **target of 100 acute care hospitals**. This initiative is being supported by PHAC (Public Health Agency of Canada), NCAS (National Centre for Antimicrobial Stewardship), and The Guidance Group in Australia.

Dr. Andrew Morris co-chairs with Dr. Gerry Wright (McMaster University) a Public Health Agency of Canada-funded initiative to develop a national antimicrobial resistance network. This work, slated to be completed in the winter 2020-21, is a national network to facilitate implementing the Pan-Canadian Action Plan on Antimicrobial Resistance.

The SHS-UHN ASP continues to be a leader in antimicrobial stewardship and is currently working with, and providing expert guidance to, over 30 hospitals, as well as to **PSASS** (Pharmacy Students for Antimicrobial Stewardship Society), **DSASS** (Dental Students for Antimicrobial Stewardship Society), and **SASS** (Students for Antimicrobial Stewardship Society).



The Leslie Dan Faculty of Pharmacy at the University of Toronto continues to be the only Pharmacy School in Canada to offer an elective course in Year 3 dedicated to Antimicrobial Stewardship, which is led by **Drs. Linda Dresser and Mark McIntyre**, SHS-UHN ASP Pharmacists.

Drs. Shahid Husain and Miranda So are Chair and Co-Chair, respectively, of the Antimicrobial Resistance-Antimicrobial Stewardship White Paper Working Group of the American Society of Transplantation (AST). They are working with Dr. Jonathan Hand (also Co-Chair) of the Ochsner Health Centre in New Orleans, LA, USA. The Working Group consists of AST members from transplant infectious diseases and various organ transplant sub-specialties. The objective of the Working Group is to develop best practice recommendations for implementing antimicrobial stewardship program interventions in the solid organ transplant population.

New Collaboration with the Michener Institute

The Antimicrobial Stewardship Nursing Curriculum has been incorporated in the critical care certificate. **Linda Jorgoni, RN, ASP Nurse Leader**, and **Dr. Linda Dresser**, in partnership with the Michener Institute, developed the first **Canadian Nursing Curriculum addressing Antimicrobial Stewardship (AMS)** concepts combined with infectious diseases management for critical care nurses. The content includes online modules, clinical placement, and in-classroom teaching. It provides nurses with foundational knowledge related to AMS and management of patients with infectious diseases. The first cohort of newly-hired critical care nurses received this new course content in October 2018. Since then, multiple cohorts of students have taken this course.

FISCAL YEAR 19/20 Q2 RESULTS

CRITICAL CARE

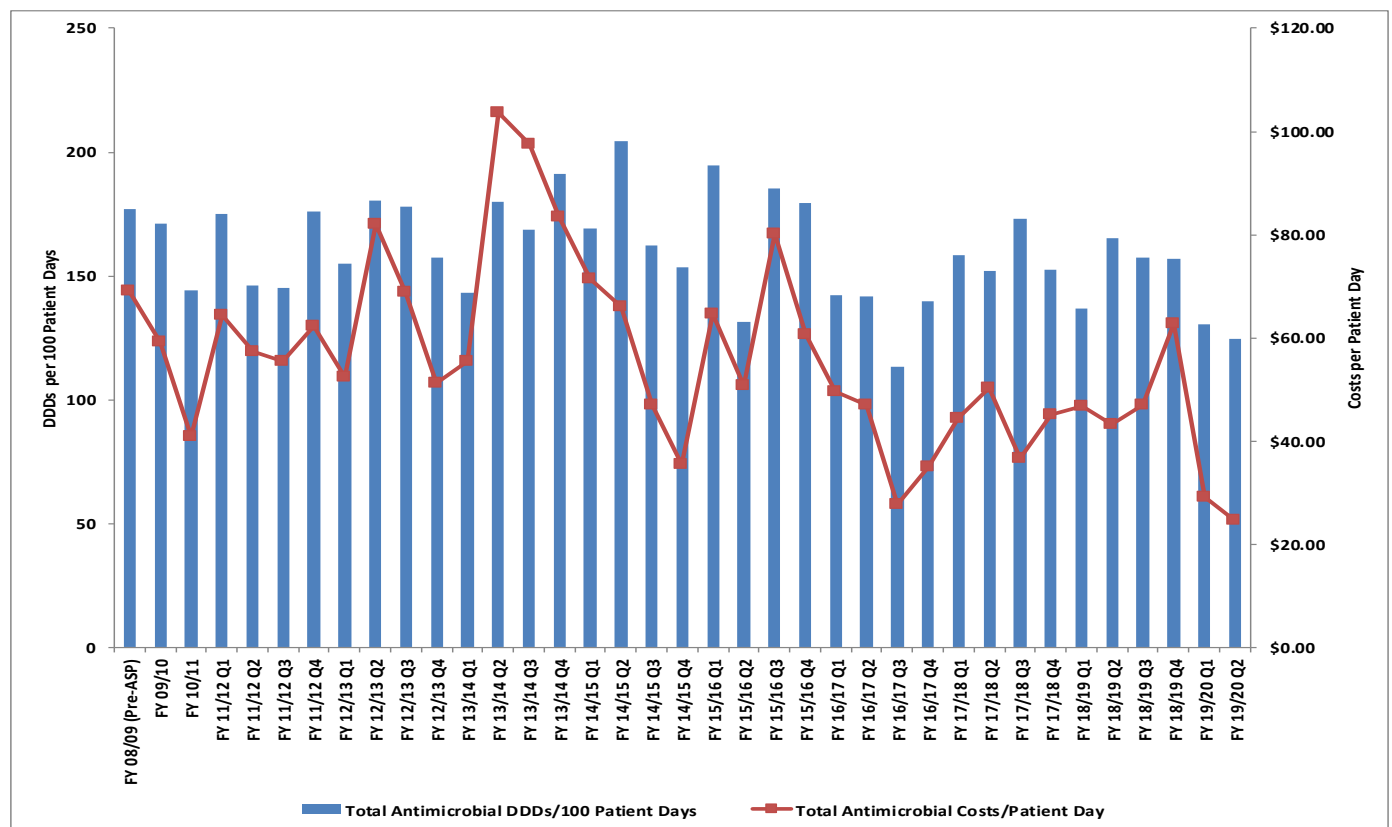
Mount Sinai Hospital: Medical Surgical ICU

The FY 19/20 Q2 summary includes:

- Antimicrobial consumption (using defined daily doses (DDDs) per 100 patient days) decreased (↓) by 15.7% compared to YTD last year.
- Antimicrobial costs per patient day decreased (↓) by 40.6% compared to YTD last year.
- Antibacterial costs per patient day decreased (↓) by 16.8% compared to YTD last year.
- Antifungal costs per patient day decreased (↓) by 53.5% compared to YTD last year.

NB: Patients transferred from Princess Margaret accounted for 12% of patient visits and 44% of the antimicrobial costs.

Mount Sinai Hospital: Medical Surgical ICU Antimicrobial Consumption and Costs Per Patient Day



To view **Appendix 1: FY 19/20 Q2 Top 5 Antimicrobials by Usage (DDDs per 100 Patient Days) and Expenditures by ICU Site**, please click [here](#).

Mount Sinai Hospital: Medical Surgical ICU Antimicrobial Consumption as Defined Daily Dose versus Antimicrobial Consumption as Days of Therapy

- Antibacterial Days of Therapy (DOT) per 100 patient days decreased (↓) by 15.8% compared to YTD last year.
- Antifungal Days of Therapy (DOT) per 100 patient days decreased (↓) by 51.9% compared to YTD last year.

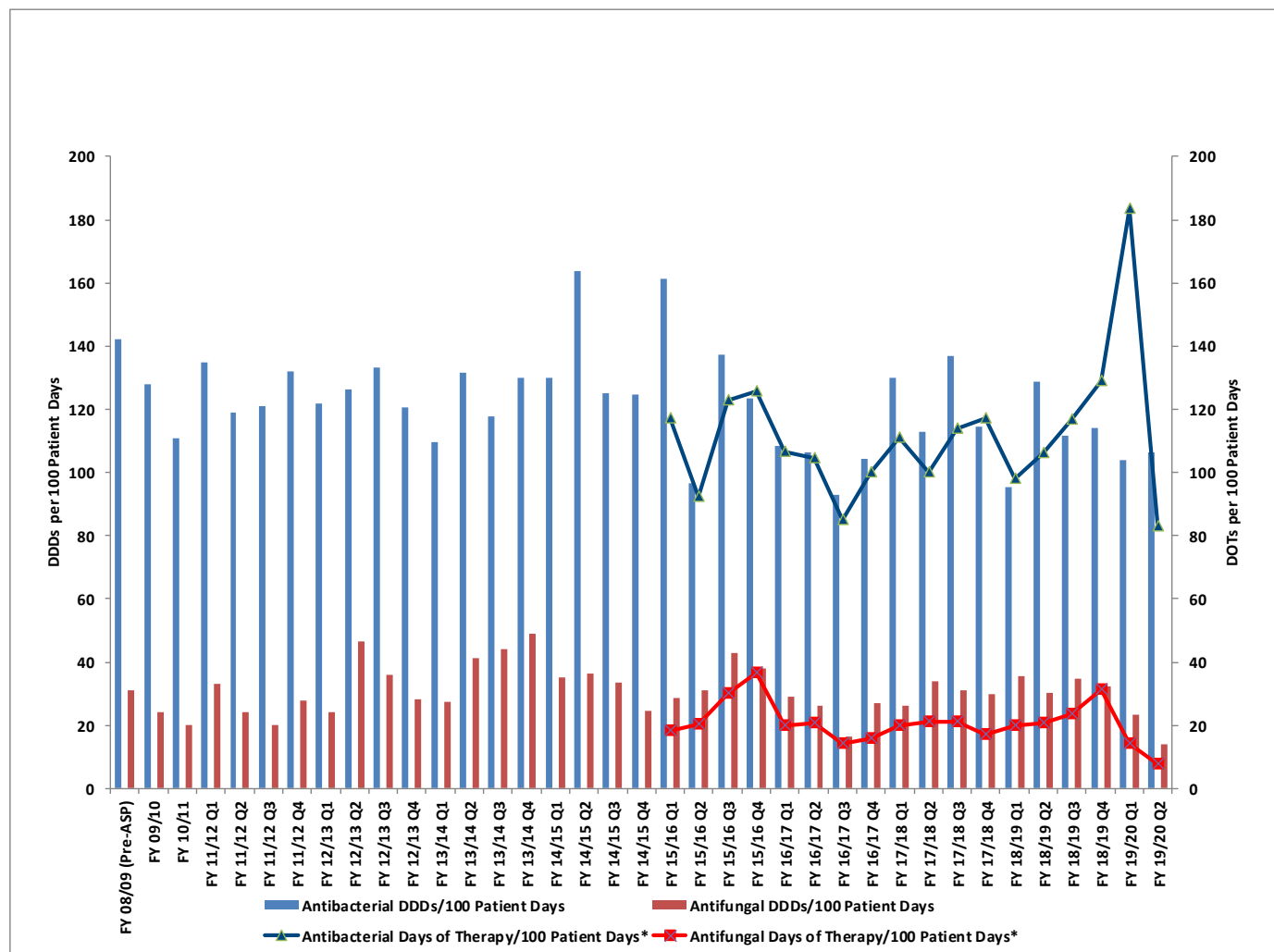


Table 2: Mount Sinai Hospital: Medical Surgical ICU

Indicators	FY 08/09 (Pre-ASP)	FY 09/10	FY 10/11	FY 11/12	FY 12/13	FY 13/14	FY 14/15	FY 15/16	FY 16/17	FY 17/18	FY 18/19	FY 19/20 Performance					YTD of Previous Year
												Q1	Q2	Q3	Q4	YTD	
Antimicrobial Usage and Costs																	
Total Antimicrobial DDDs/100 Patient Days	177	171	144	167	170	172	164	156	135	159	154	131	125			127	151
Systemic Antibacterial DDDs/100 Patient Days	142	128	111	128	127	123	136	116	103	123	113	104	106			105	112
Systemic Antifungal DDDs/100 Patient Days	31	24	20	33	35	41	25	32	25	30	33	23	14			18	33
Total Antimicrobial Costs	\$332,724	\$285,975	\$193,129	\$279,859	\$291,470	\$424,044	\$232,814	\$274,258	\$187,684	\$206,738	\$258,822	\$31,140	\$30,519			\$61,659	\$115,198
Total Antimicrobial Costs/Patient Day	\$69.01	\$59.23	\$40.95	\$59.22	\$62.37	\$85.36	\$62.54	\$61.45	\$39.96	\$44.35	\$50.10	\$29.16	\$24.69			\$26.76	\$45.05
Systemic Antibacterial Costs	\$174,339	\$142,134	\$95,773	\$125,339	\$134,811	\$108,886	\$92,928	\$68,246	\$57,257	\$80,561	\$85,783	\$18,051	\$12,186			\$30,237	\$40,334
Systemic Antibacterial Costs/Patient Day	\$36.16	\$29.44	\$20.31	\$26.94	\$28.85	\$21.92	\$20.71	\$15.29	\$12.19	\$17.28	\$16.61	\$16.90	\$9.86			\$13.12	\$15.77
Systemic Antifungal Costs	\$143,100	\$132,519	\$88,998	\$141,877	\$144,811	\$296,573	\$134,504	\$189,661	\$119,234	\$112,610	\$163,194	\$12,284	\$17,477			\$29,761	\$71,030
Systemic Antifungal Costs/Patient Day	\$29.68	\$27.45	\$18.87	\$30.50	\$30.99	\$59.70	\$40.53	\$42.50	\$25.39	\$24.16	\$31.59	\$11.50	\$14.14			\$12.92	\$27.78
Antibacterial Days of Therapy/100 Patient Days*	n/a	n/a	n/a	n/a	n/a	111	109	115	99	110	113	183	83			86	102
Antifungal Days of Therapy/100 Patient Days*	n/a	n/a	n/a	n/a	n/a	17	21	27	18	20	24	14	8			10	20
Patient Care Outcomes																	
Hospital-Acquired C. difficile Cases (rate per 1,000 pt days)	NA	NA	NA	5 (1.07)	8 (1.71)	4 (0.91)	7 (1.59)	5 (1.12)	2 (0.43)	4 (0.86)	1 (0.19)	0 (0)	1 (0.81)			1 (0.43)	1 (0.39)
ICU Average Length of Stay (Days)	5.84	5.57	5.67	5.51	5.24	6.10	5.26	4.45	4.20	4.54	5.12	8.31	3.99			6.15	4.92
ICU Mortality Rate (as a %)	20.1	17.6	16.3	16.5	17.0	15.3	13.9	14.2	12.5	14.7	14.8	14.8	15.3			15.06	13.6
ICU Readmission Rate Within 48 Hrs (as a %)	3.2	2.9	2.7	2.7	1.9	3.2	2.6	2.1	2.5	2.6	2.4	1.3	2.0			1.62	2.1
ICU Ventilator Days	NA	3286	2934	2677	2749	3069	2597	2504	2231	2845	2884	573	704			1277	1296
ICU Multiple Organ Dysfunction Score (MODS)	4.00	4.04	4.12	4.25	4.62	4.87	4.73	4.43	3.92	3.86	4.08	4.24	4			4.12	3.98

Total Antimicrobial DDDs is the sum of systemic antibacterial DDDs + systemic antifungal DDDs + systemic antivirals; non-systemic antimicrobials are excluded.
Data Sources: Antimicrobial DDD and Costs (PharmNet), C difficile (Infection Control Dashboards), Other ICU Patient Care Indicators (Critical Care Information System).

Historical antimicrobial usage and cost data updated due to the discovery that selected added drug dosages (Fluconazole 400mg/200ml bag, Pip-Tazo 13.5gm vial, Daptomycin 500mg vial) were not included in the report. Data have been revised to include Fluconazole starting August 2013, Pip-Tazo January 2015, and Daptomycin, November 2015.

There was a calculation error for the ICU Readmission Rate for FY 16/17 Q3. That figure has now been corrected.

Table 3: Mount Sinai Hospital: Medical Surgical ICU Total Antimicrobial Costs (Princess Margaret Cancer Centre (PM) and Non-PM Patients)

MSH ICU Total Antimicrobial Costs															
Antimicrobial Cost per Patient Day															
	FY 10/11	FY 11/12	FY 12/13	FY 13/14	FY 14/15	FY 15/16	FY 16/17	FY 17/18	FY 18/19	FY 19/20 Q1	FY 19/20 Q2	FY 19/20 Q3	FY 19/20 Q4	FY 19/20 YTD	Previous YTD
Non-PM Patients	\$78,737.00 \$21.14	\$87,931.12 \$25.42	\$109,282.63 \$31.77	\$150,869.65 \$37.79	\$118,306.39 \$31.80	\$78,180.71 \$23.12	\$59,166.51 \$9.78	\$93,341.59 \$18.48	\$348,995.20 \$19.21	\$12,132.07 \$5.20	\$22,160.52 \$23.18			\$34,292.59 \$5.20	\$30,872.10 \$22.52
PM Patients	\$114,392.00 \$179.02	\$191,928.21 \$181.58	\$182,187.68 \$249.91	\$273,174.21 \$317.64	\$122,698.89 \$170.89	\$209,984.51 \$231.26	\$128,517.32 \$191.53	\$113,396.53 \$155.98	\$574,597.25 \$137.40	\$19,007.47 \$102.74	\$8,358.67 \$81.15			\$27,366.14 \$102.74	\$28,700.72 \$153.48
Total ICUs	\$193,129.00 \$44.26	\$279,859.33 \$61.97	\$291,470.31 \$69.91	\$424,043.86 \$87.40	\$241,005.28 \$54.30	\$288,165.22 \$67.17	\$187,683.83 \$27.93	\$206,738.12 \$35.78	\$923,592.45 \$40.30	\$31,139.54 \$12.36	\$30,519.19 \$28.82			\$61,658.73 \$12.36	\$59,572.82 \$38.24

Note: 15/16 is open year data; totals and cost per day may change based on coding changes. Antimicrobial costs from PharmNet; ICU visits and patient days from CIHI DAD Database.

**Mount Sinai Hospital: Medical Surgical ICU
Proportional Antimicrobial Costs for Princess Margaret Cancer Centre and
Non-Princess Margaret Cancer Centre Patients
(with costs/patient day indicated)**

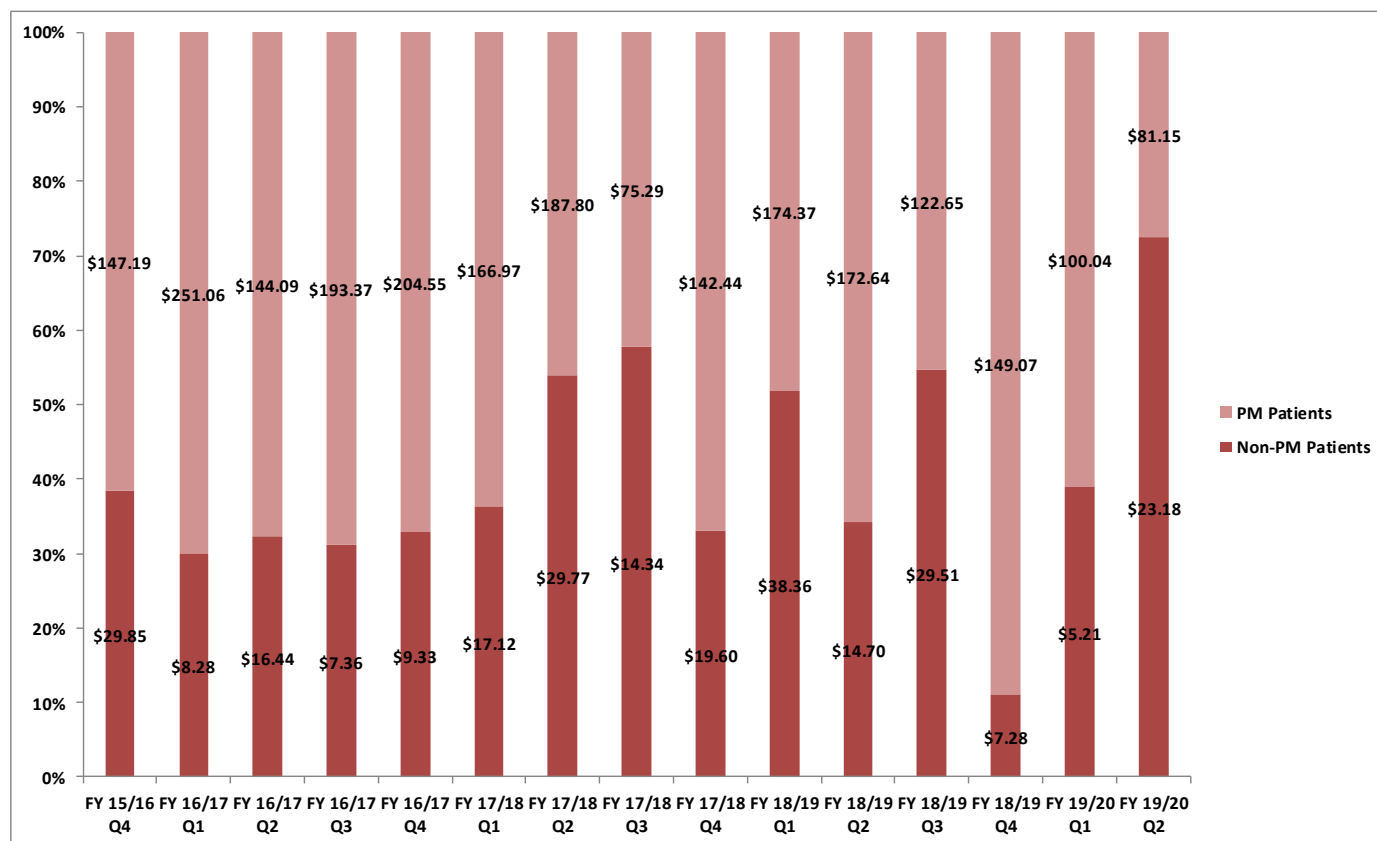
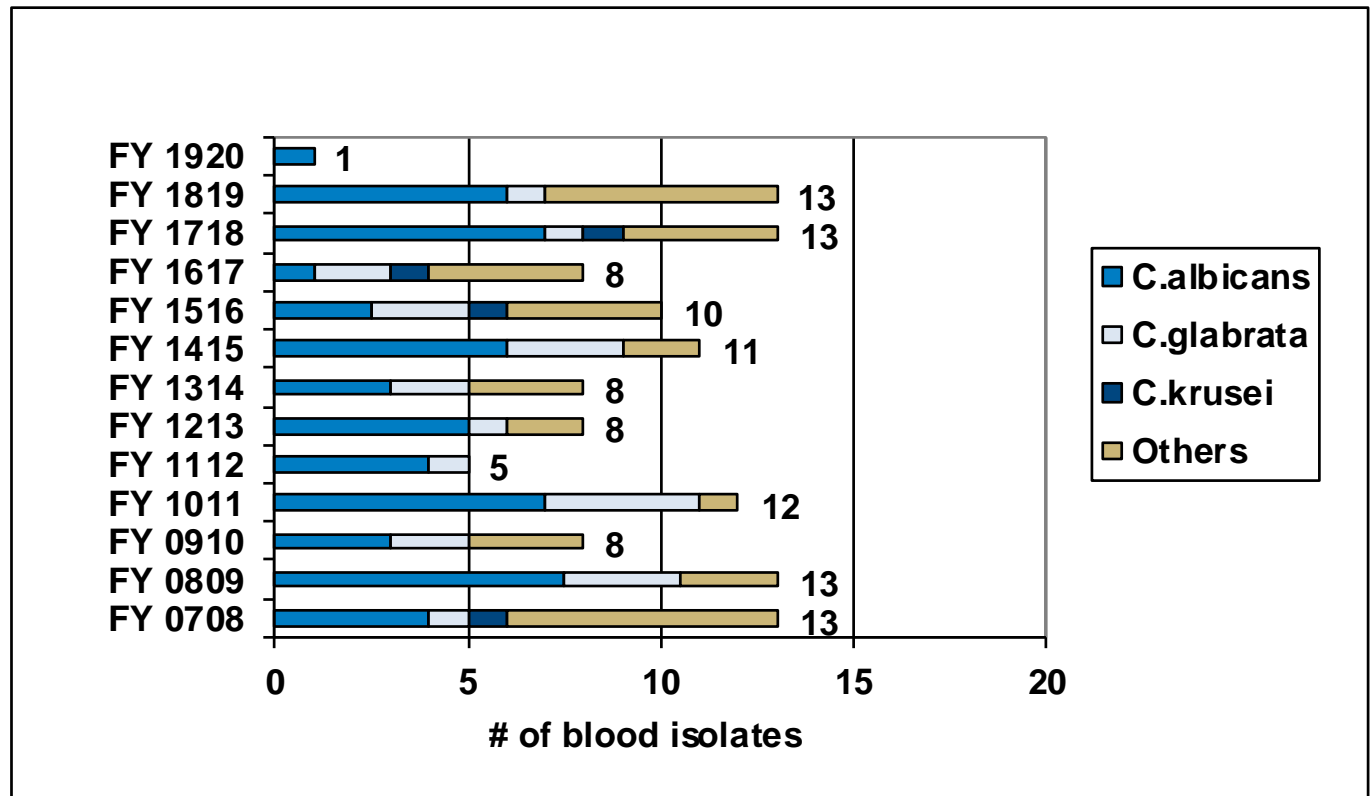
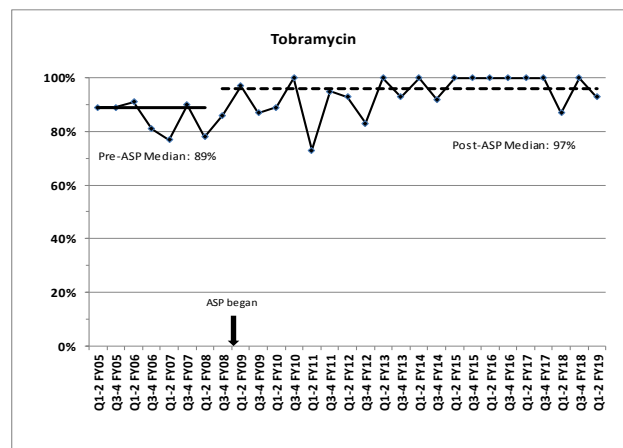
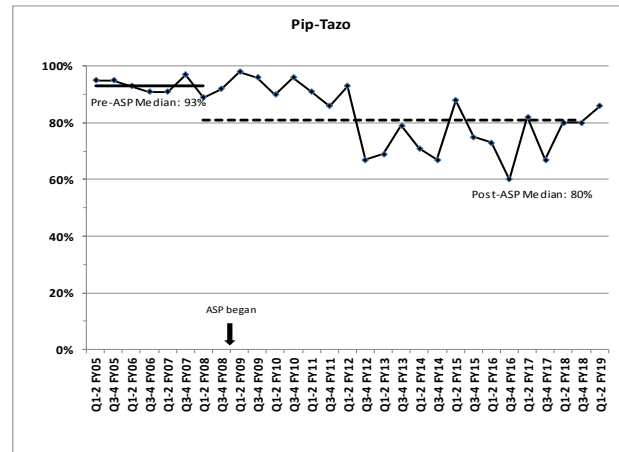
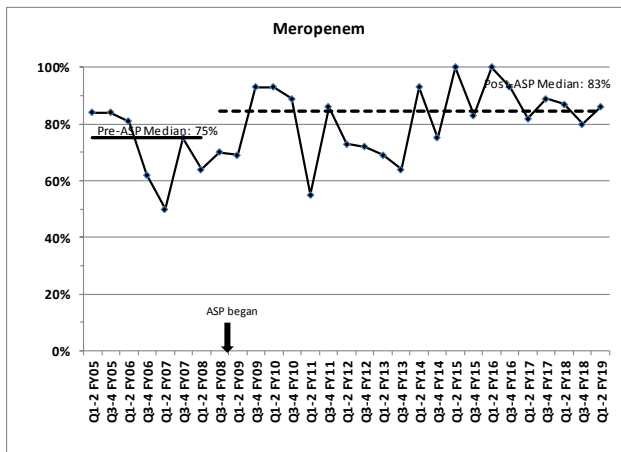
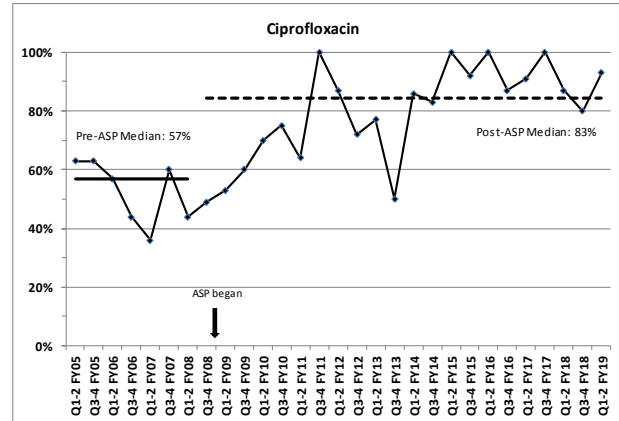
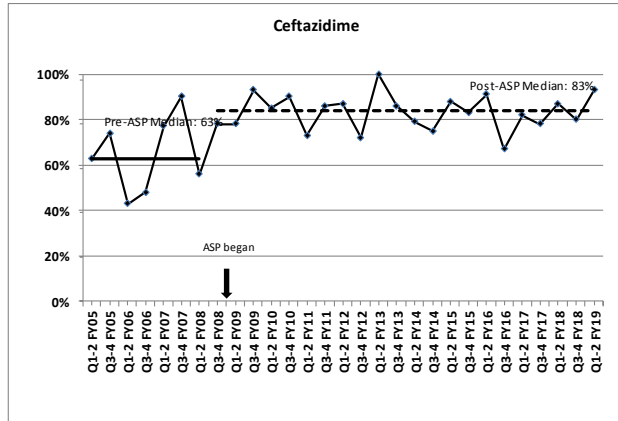


Table 4: Yeast Species Isolated in Blood – Mount Sinai Hospital: Medical Surgical ICU



NB: In past Quarterly Reports, if a patient had more than one culture of different organisms, it was counted as 0.5 each. Starting with the Q3 2017/18 Quarterly Report and moving forward, it will be counted as 1.

MSH ICU Pseudomonas Susceptibility



Mount Sinai Hospital: Neonatal ICU

Currently, there are no active ASP rounds in the NICU, however, we have continued to collect days of therapy (DOT), which is the standard metric for antimicrobial consumption for neonates. The FY 19/20 Q2 summary includes:

- Antimicrobial days of therapy (DOT) per 100 patient days decreased (↓) by 0.7% compared to YTD last year.
- Antimicrobial costs per patient day decreased (↓) by 7.1% compared to YTD last year.

Mount Sinai Hospital: Neonatal ICU Antimicrobial Consumption and Costs Per Patient Day

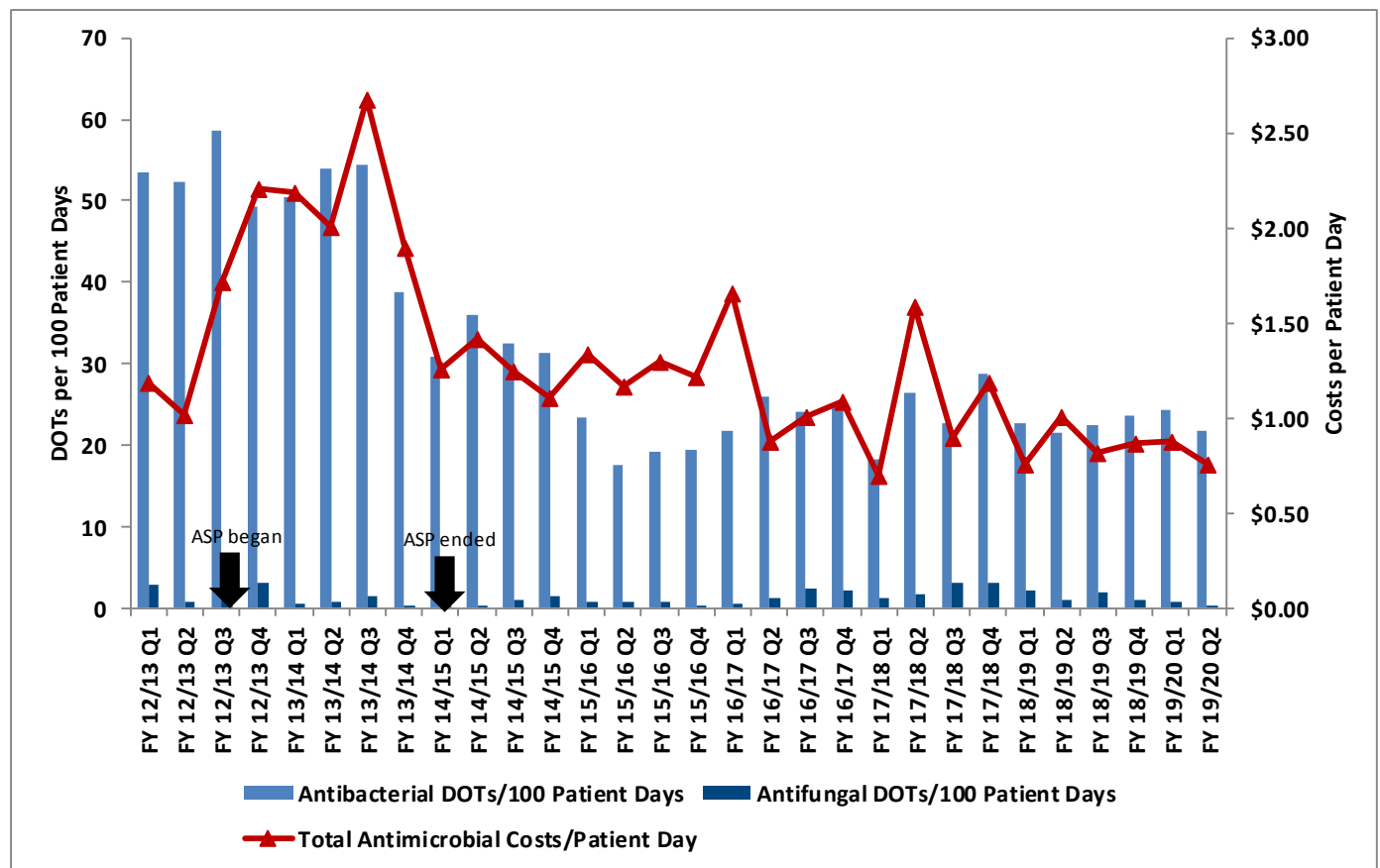


Table 5: Mount Sinai Hospital: Neonatal ICU

Indicators	FY 11/12	FY 12/13	FY 13/14	FY 14/15	FY 15/16	FY 16/17	FY 17/18	FY 18/19	FY19/20 Performance					YTD of Previous Year
									Q1	Q2	Q3	Q4	YTD	
Antimicrobial Usage and Costs														
Total Antimicrobial DOTs/100 Patient Days	67.3	55.4	49.4	33.5	20.6	25.8	26.4	24.1	25.0	22.1			23.6	23.8
Systemic Antibacterial DOTs/100 Patient Days	65.1	53.5	48.7	32.7	19.9	24.2	24.1	22.6	24.3	21.8			23.1	22.1
Systemic Antifungal DOTs/100 Patient Days	2.2	1.8	0.7	0.8	0.7	1.6	2.3	1.5	0.7	0.3			0.5	1.7
Total Antimicrobial Costs	\$16,415	\$17,682	\$26,162	\$21,371	\$21,232	\$19,618	\$19,272	\$15,325	\$3,825	\$3,266			\$7,091	\$7,955
Total Antimicrobial Costs/Patient Day	\$1.31	\$1.51	\$2.17	\$1.26	\$1.26	\$1.15	\$1.09	\$0.86	\$0.88	\$0.76			\$0.82	\$0.88
Systemic Antibacterial Costs	\$14,783	\$16,505	\$25,290	\$20,516	\$20,804	\$18,247	\$18,042	\$14,788	\$3,808	\$3,116			\$6,924	\$7,561
Systemic Antibacterial Costs/Patient Day	\$1.18	\$1.41	\$2.10	\$1.21	\$1.23	\$1.07	\$1.02	\$0.83	\$0.87	\$0.72			\$0.80	\$0.84
Systemic Antifungal Costs	\$1,632	\$1,177	\$872	\$855	\$428	\$1,372	\$1,230	\$451	\$17	\$150			\$167	\$308
Systemic Antifungal Costs/Patient Day	\$0.13	\$0.10	\$0.07	\$0.05	\$0.03	\$0.08	\$0.07	\$0.03	\$0.00	\$0.03			\$0.02	\$0.03

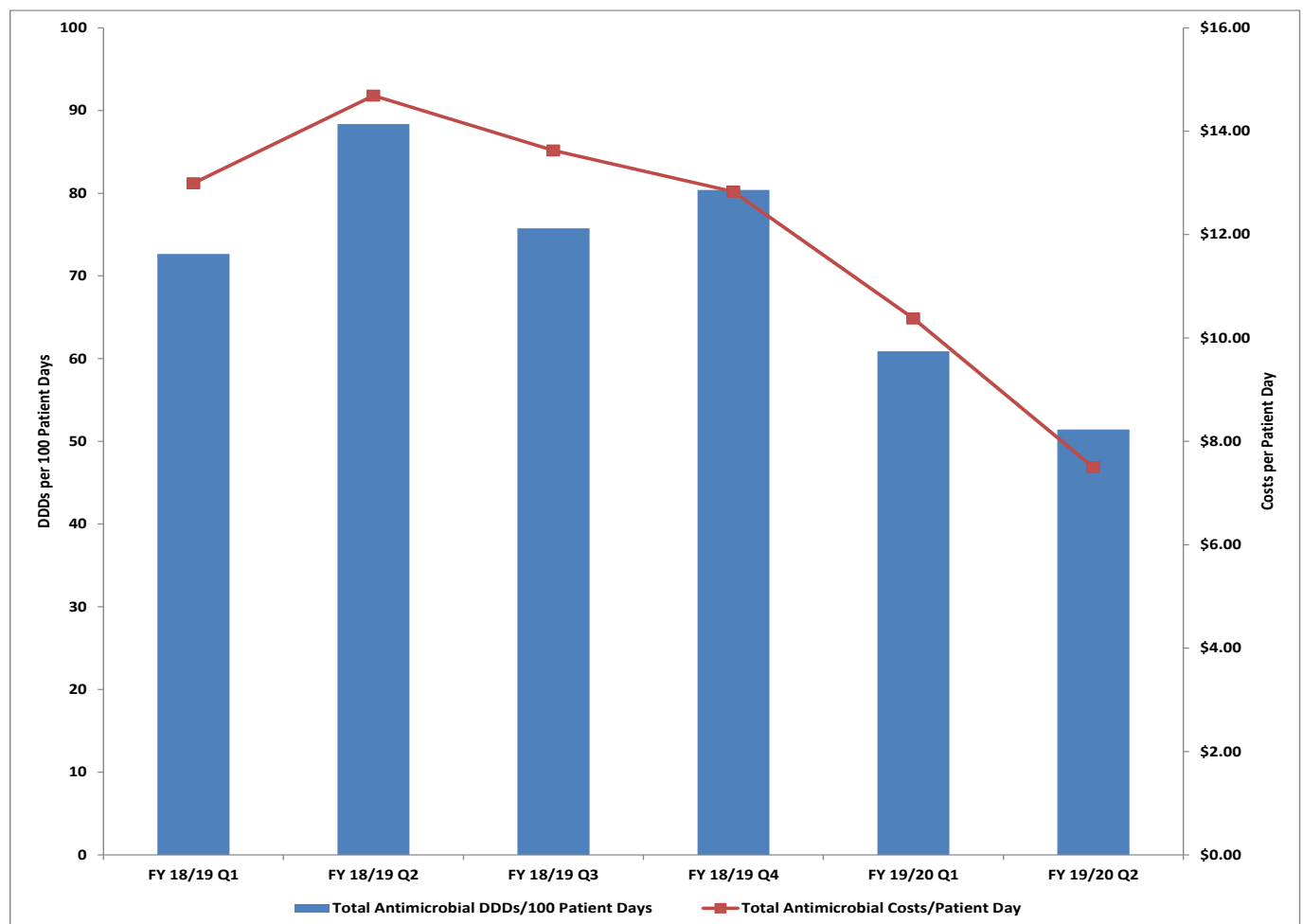
Notes: Effective January 15, 2014, the NICU changed to a mixed-acuity model of care. Prior to this, ASP reported level 3 pharmacy data only. As of January 15, pharmacy data includes both level 2 and level 3 usage and cost. Patient days include both level 2 and 3 days; January level 2 days were determined by dividing the total days for the month by 2, since the change occurred midway through the month. Days of Therapy (DOT) was used as the metric for antimicrobial consumption, which is considered to be the standard for neonates.

Toronto General Hospital: Cardiac ICU

The FY 19/20 Q2 summary includes:

- Antimicrobial consumption (using defined daily doses (DDDs) per 100 patient days) decreased (↓) by 30.2% compared to YTD last year.
 - Antimicrobial costs per patient day decreased (↓) by 35.2% compared to YTD last year.
 - Antibacterial costs per patient day decreased (↓) by 44.2% compared to YTD last year.
 - Antifungal costs per patient day increased (↑) by 21.9% compared to YTD last year.
- NB: micafungin prophylaxis in heart transplant patients had stopped in October 2015 and was then reinstated in March of 2016.

Toronto General Hospital: Cardiac ICU Antimicrobial Consumption and Costs Per Patient Day



Toronto General Hospital: Cardiac ICU Antimicrobial Consumption as Defined Daily Dose Versus Antimicrobial Consumption as Days of Therapy

- Antibacterial Days of Therapy (DOT) per 100 patient days decreased (↓) by 12.4% compared to YTD last year.
- Antifungal Days of Therapy (DOT) per 100 patient days decreased (↓) by 58.0% compared to YTD last year.

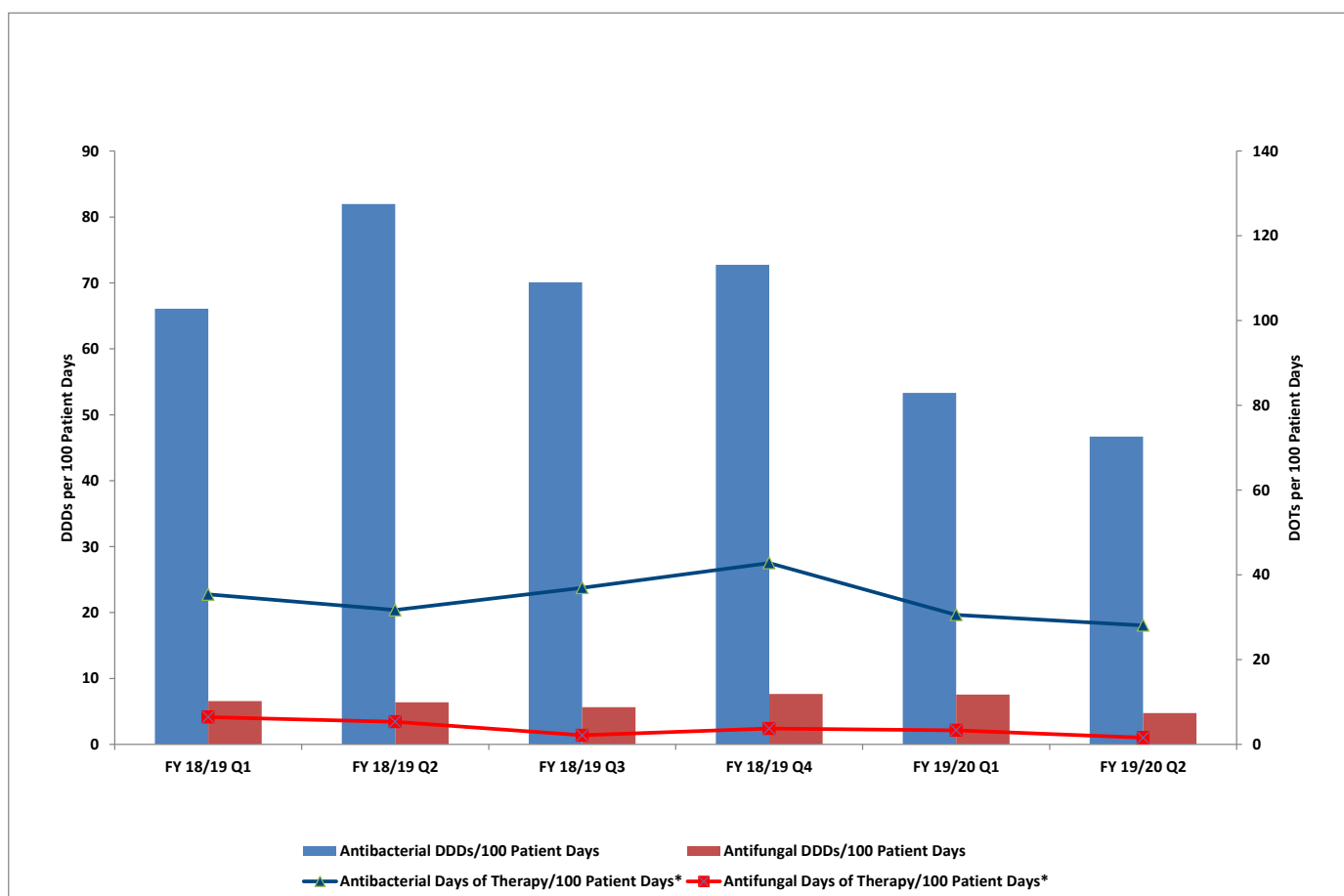


Table 6: Toronto General Hospital: Cardiac ICU

Indicators	FY 18/19 (Pre-ASP)	FY 19/20 Performance					YTD of Previous Year
		Q1	Q2	Q3	Q4	YTD	
Antimicrobial Usage and Costs							
Total Antimicrobial DDDs/100 Patient Days	79	61	51			56	81
Systemic Antibacterial DDDs/100 Patient Days	73	53	47			50	74
Systemic Antifungal DDDs/100 Patient Days	7	8	5			6	6
Total Antimicrobial Costs	\$54,453	\$10,551	\$7,319			\$17,870	\$27,202
Total Antimicrobial Costs/Patient Day	\$13.53	\$10.37	\$7.50			\$8.97	\$13.84
Systemic Antibacterial Costs	\$48,188	\$6,921	\$6,385			\$13,305	\$23,510
Systemic Antibacterial Costs/Patient Day	\$11.97	\$6.80	\$6.54			\$6.68	\$11.96
Systemic Antifungal Costs	\$6,265	\$3,631	\$934			\$4,565	\$3,692
Systemic Antifungal Costs/Patient Day	\$1.56	\$3.57	\$0.96			\$2.29	\$1.88
Antibacterial Days of Therapy/100 Patient Days*	37	31	28			29	34
Antifungal Days of Therapy/100 Patient Days*	4	3	2			2	6
Patient Care Outcomes							
Hospital-Acquired C. difficile Cases (rate per 1,000 pt days)	3 (0.75)	0 (0)	1 (1.02)			1 (0.5)	1 (0.51)
ICU Average Length of Stay (days)	2.95	2.92	3.19			3.055	2.9
ICU Mortality Rate (as a %)	6.63	6.5	7.8			7.10	6.0
ICU Readmission Rate Within 48 Hrs (as a %)	1.92	3.0	2.8			2.9	2.1
Central Line Infection Rate (per 1000 pt days)	0.7	0.0	1.46			0.70	0.7
Ventilator-Associated Pneumonia Rate (per 1,000 pt days)	0	0	0.00			0.00	0
ICU Multiple Organ Dysfunction Score (MODS)	2.12	1.93	2.02			1.98	1.96
ICU Ventilator Days	819	179	197			376	292

Total Antimicrobial DDDs is the sum of systemic antibacterial DDDs + systemic antifungal DDDs; non-systemic antimicrobials and antivirals are excluded.
Data Sources: Antimicrobial DDD and Costs (Centricity).

Table 7: TGH CICU FY 19/20 Q2 Top 5 Antimicrobials by Usage (DDDs per 100 patient days) and Expenditures

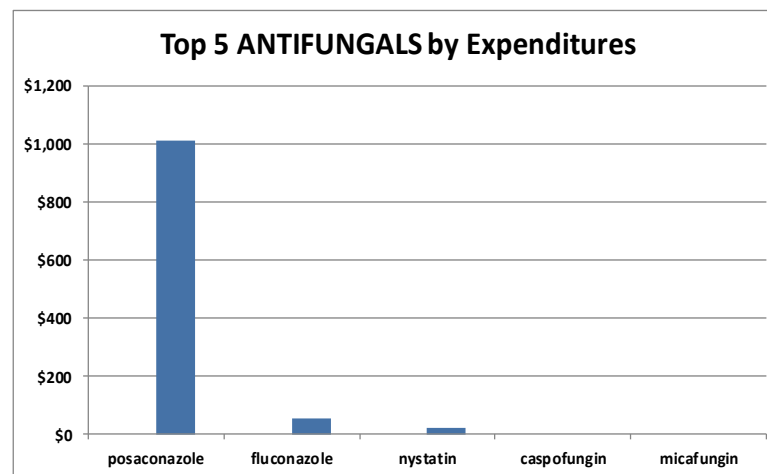
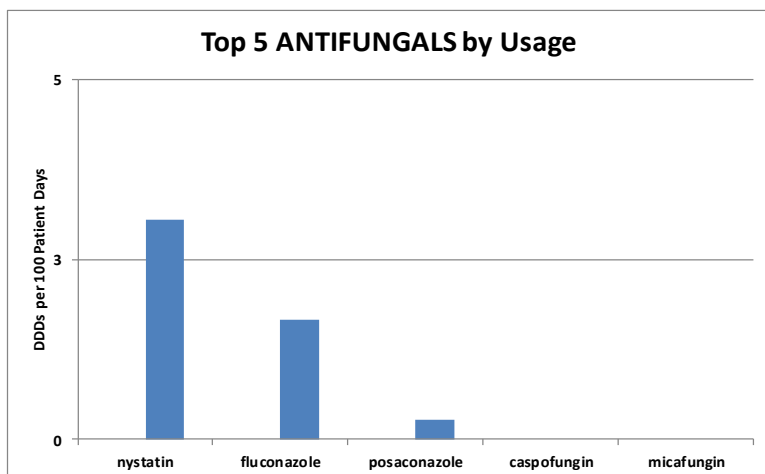
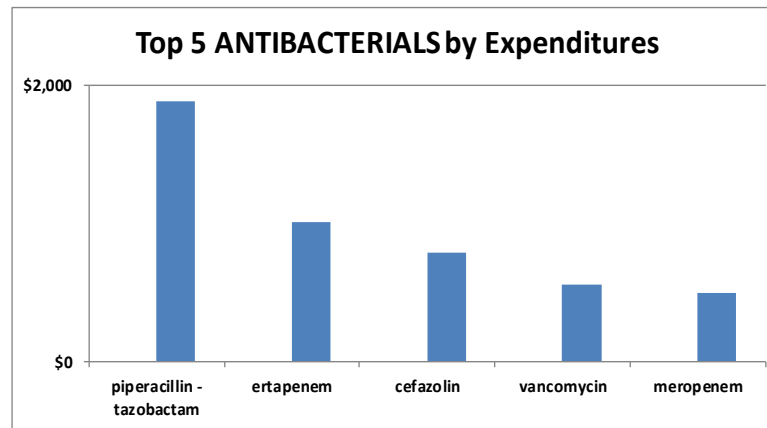
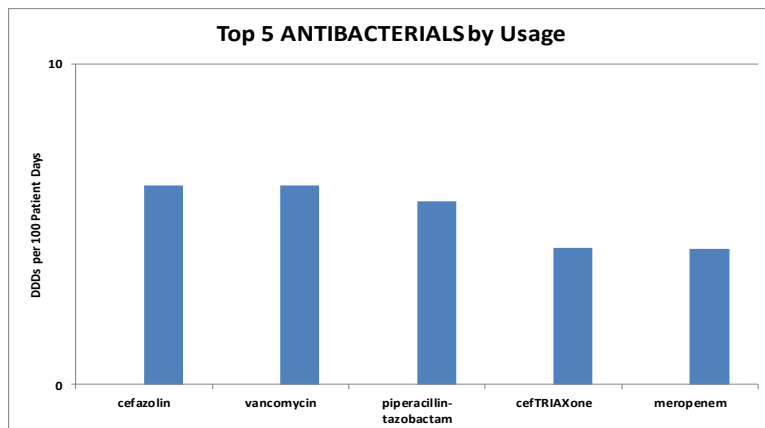
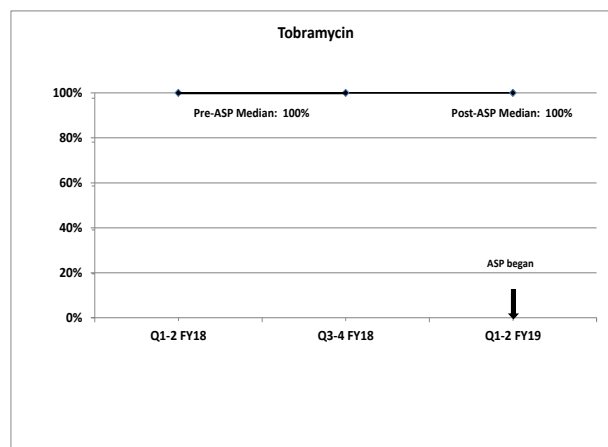
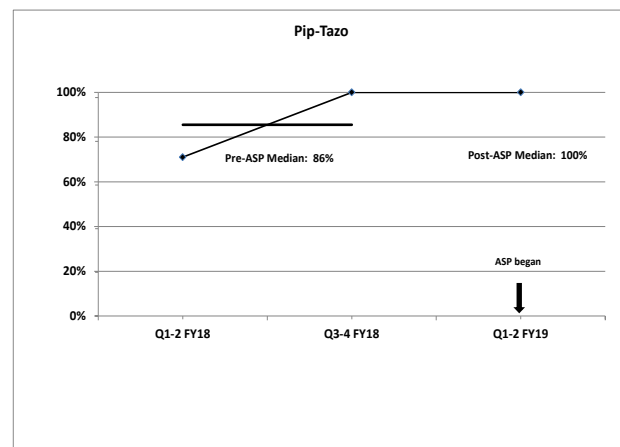
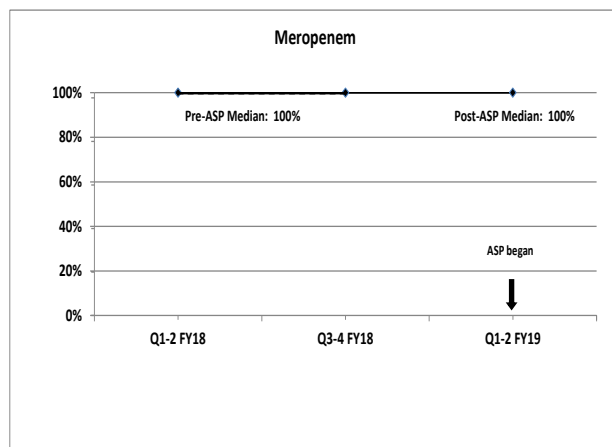
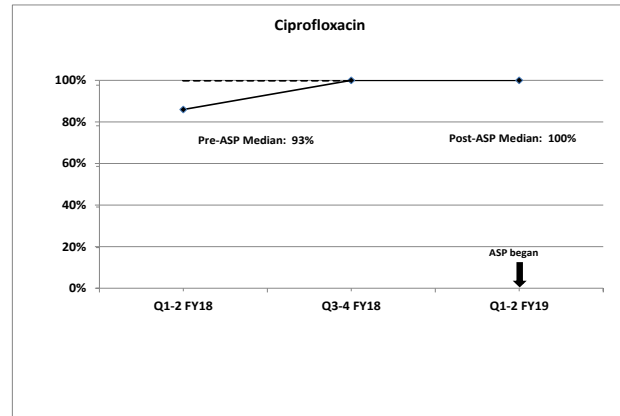
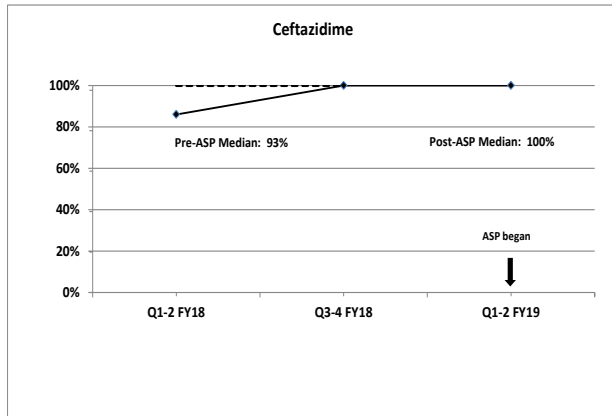


Table 8: Yeast Species Isolated in Blood – Toronto General Hospital Cardiac ICU



NB: In past Quarterly Reports, if a patient had more than one culture of different organisms, it was counted as 0.5 each. Starting with the Q3 2017/18 Quarterly Report and moving forward, it will be counted as 1.

TGH CICU Pseudomonas Susceptibility

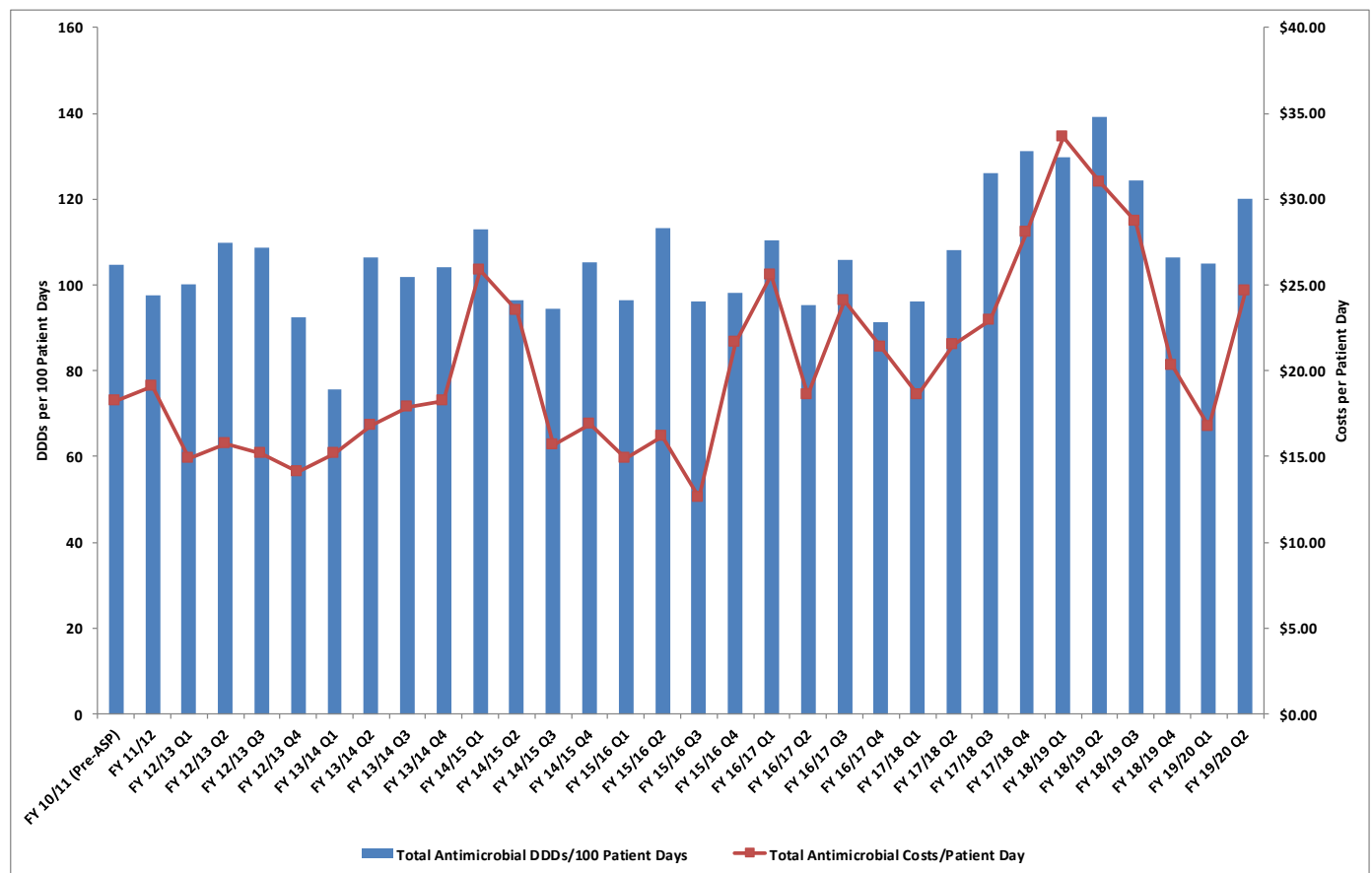


Toronto General Hospital: Cardiovascular ICU

The FY 19/20 Q2 summary includes:

- Antimicrobial consumption (using defined daily doses (DDDs) per 100 patient days) decreased (↓) by 14.0% compared to YTD last year.
 - Antimicrobial costs per patient day decreased (↓) by 40.0% compared to YTD last year.
 - Antibacterial costs per patient day decreased (↓) by 46.2% compared to YTD last year.
 - Antifungal costs per patient day decreased (↓) by 24.4% compared to YTD last year.
- NB: micafungin prophylaxis in heart transplant patients had stopped in October 2015 and was then reinstated in March of 2016
- These increases in cost and consumption are associated with a few patients with prolonged stays and complicated infectious issues.

Toronto General Hospital: Cardiovascular ICU Antimicrobial Consumption and Costs Per Patient Day



Toronto General Hospital: Cardiovascular ICU Antimicrobial Consumption as Defined Daily Dose Versus Antimicrobial Consumption as Days of Therapy

- Antibacterial Days of Therapy (DOT) per 100 patient days decreased (↓) by 33.3% compared to YTD last year.
- Antifungal Days of Therapy (DOT) per 100 patient days decreased (↓) by 42.3% compared to YTD last year.

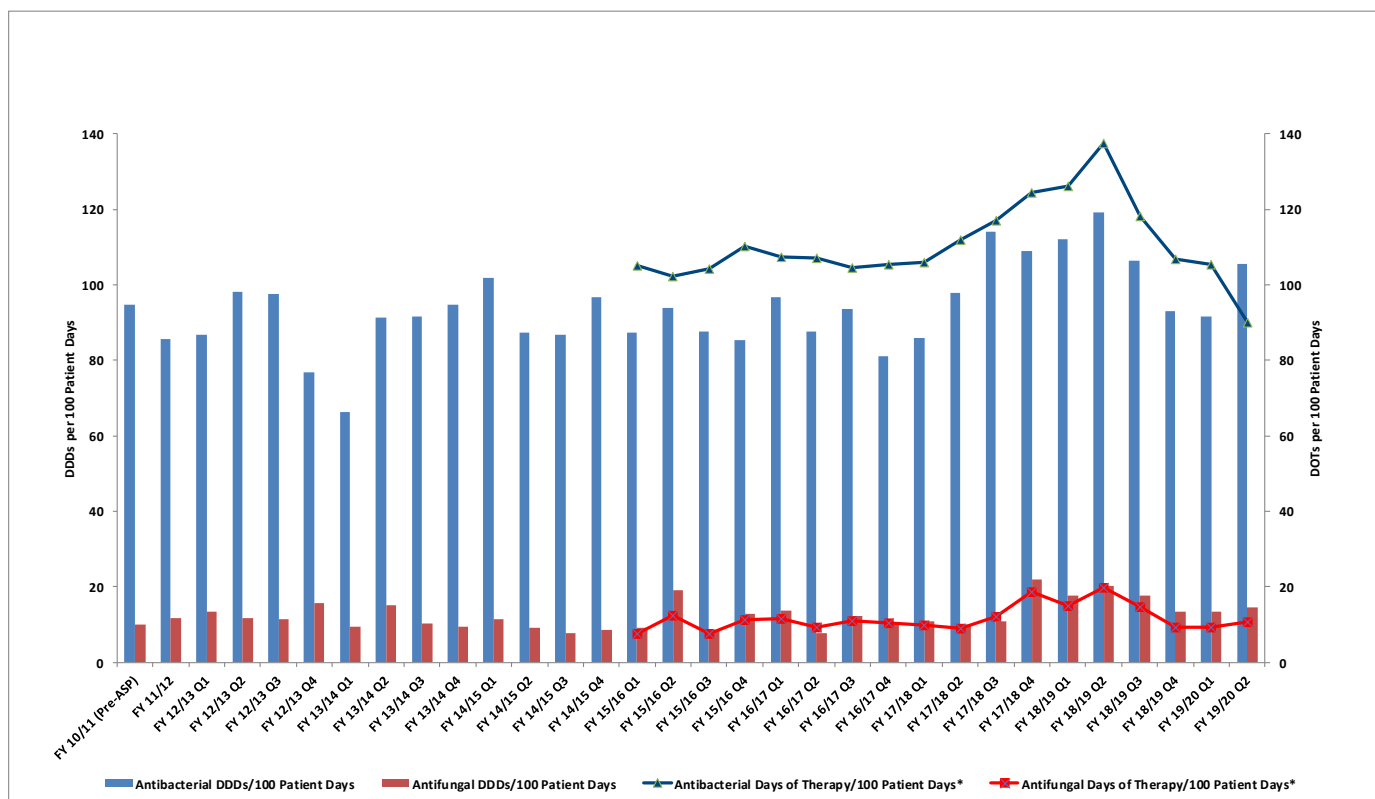


Table 9: Toronto General Hospital: Cardiovascular ICU

Indicators	FY 10/11 (Pre-ASP)	FY 11/12	FY 12/13	FY 13/14	FY 14/15	FY 15/16	FY 16/17	FY 17/18	FY 18/19	FY 19/20 Performance					YTD of Previous Year
										Q1	Q2	Q3	Q4	YTD	
Antimicrobial Usage and Costs															
Total Antimicrobial DDDs/100 Patient Days	105	98	102	97	102	101	101	115	125	105	120			112	130
Systemic Antibacterial DDDs/100 Patient Days	95	86	89	86	93	89	90	102	108	92	106			98	112
Systemic Antifungal DDDs/100 Patient Days	10	12	13	11	9	13	11	14	17	13	14			14	18
Total Antimicrobial Costs	\$108,172	\$108,464	\$85,916	\$100,736	\$129,314	\$110,716	\$153,093	\$160,790	\$191,845	\$28,651	\$32,100			\$60,751	\$53,453
Total Antimicrobial Costs/Patient Day	\$18.20	\$19.06	\$14.99	\$17.00	\$20.46	\$16.34	\$22.44	\$22.80	\$28.30	\$16.76	\$24.67			\$20.18	\$33.62
Systemic Antibacterial Costs	\$100,375	\$99,261	\$74,232	\$80,204	\$91,366	\$85,343	\$96,782	\$112,228	\$131,651	\$19,691	\$19,251			\$38,942	\$38,222
Systemic Antibacterial Costs/Patient Day	\$16.89	\$17.44	\$12.95	\$13.54	\$14.45	\$12.60	\$14.19	\$15.92	\$19.42	\$11.52	\$14.80			\$12.94	\$24.04
Systemic Antifungal Costs	\$7,797	\$9,204	\$11,684	\$20,532	\$37,948	\$25,373	\$56,311	\$48,562	\$60,194	\$8,960	\$12,849			\$21,809	\$15,231
Systemic Antifungal Costs/Patient Day	\$1.31	\$1.62	\$2.04	\$3.47	\$6.00	\$3.75	\$8.26	\$6.89	\$8.88	\$5.24	\$9.88			\$7.25	\$9.58
Antibacterial Days of Therapy/100 Patient Days*	n/a	n/a	n/a	n/a	129	105	106	115	122	105	90			84	126
Antifungal Days of Therapy/100 Patient Days*	n/a	n/a	n/a	n/a	28	10	11	13	15	9	11			9	15
Patient Care Outcomes															
Hospital-Acquired C. difficile Cases (rate per 1,000 pt days)	2 (0.34)	5 (0.88)	6 (1.05)	7 (1.18)	7 (1.11)	7 (1.03)	6 (0.88)	19 (2.69)	4 (0.59)	1 (0.59)	0 (0)			1 (0.33)	0 (0)
ICU Average Length of Stay (days)	3.12	2.95	2.97	3.20	3.46	3.45	3.48	3.22	3.55	3.23	3.09			3.16	3.65
ICU Mortality Rate (as a %)	3.5	3.0	3.0	4.6	4.6	4.0	3.7	4.3	2.80	2.8	2.8			2.80	2.5
ICU Readmission Rate Within 48 Hrs (as a %)	1.6	2.2	1.8	2.2	2.4	1.6	2.0	2.0	1.6	1.6	1.6			1.6	1.7
Central Line Infection Rate (per 1000 pt days)	0.73	0.17	0.34	0.16	0.15	0.53	0.84	2.41	0.70	0.5	0.72			0.60	0.8
Ventilator-Associated Pneumonia Rate (per 1,000 pt days)	2.99	2.80	1.91	1.73	2.81	0.94	4.06	4.11	3.10	0	2.34			1.17	3.225
ICU Multiple Organ Dysfunction Score (MODS)	6.22	6.07	5.51	5.77	5.60	5.83	6.04	5.44	3.99	4.24	4.03			4.14	3.95
ICU Ventilator Days	3015	3571	3676	4049	3925	4239	4917	4555	3906	1006	853			1859	1876

Total Antimicrobial DDDs is the sum of systemic antibacterial DDDs + systemic antifungal DDDs; non-systemic antimicrobials and antivirals are excluded.

Data Sources: Antimicrobial DDD and Costs (Centricity). *An error in DDD calculation for Pip-tazo was detected in Q3 2013; all historical data prior to this was rerun, resulting in minor changes to antibacterial DDDs.

There was a calculation error for the ICU Readmission Rate for FY 16/17 Q3. That figure has now been corrected.

Table 10: TGH CVICU FY 19/20 Q2 Top 5 Antimicrobials by Usage (DDDs per 100 patient days) and Expenditures

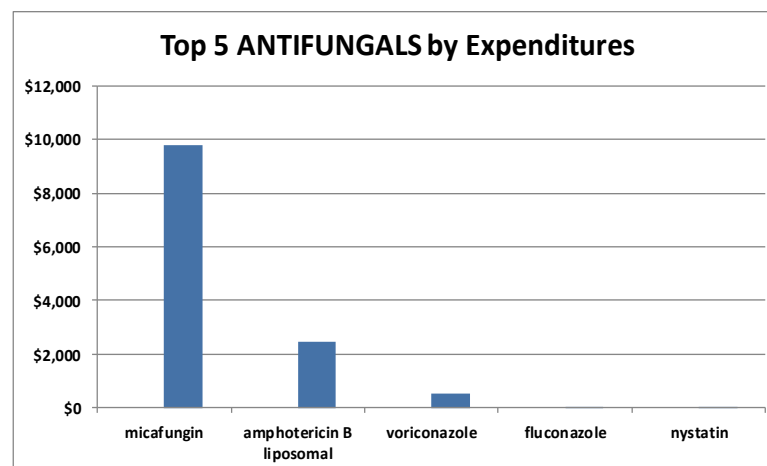
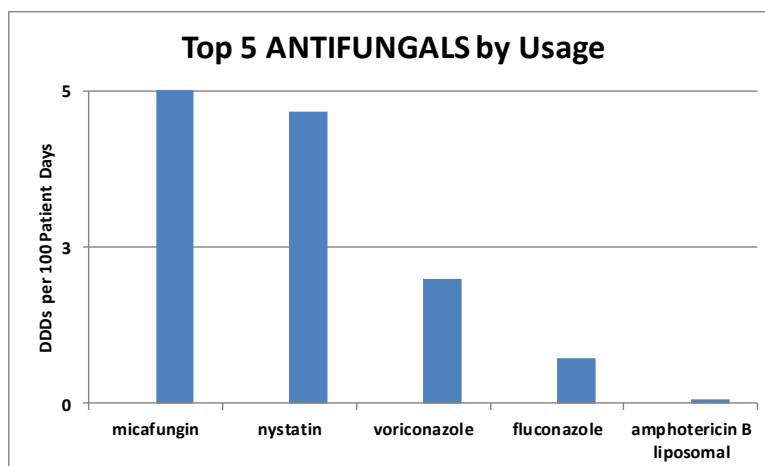
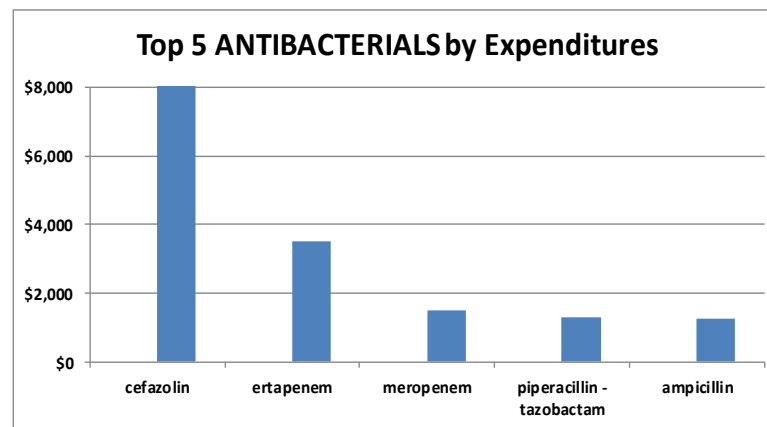
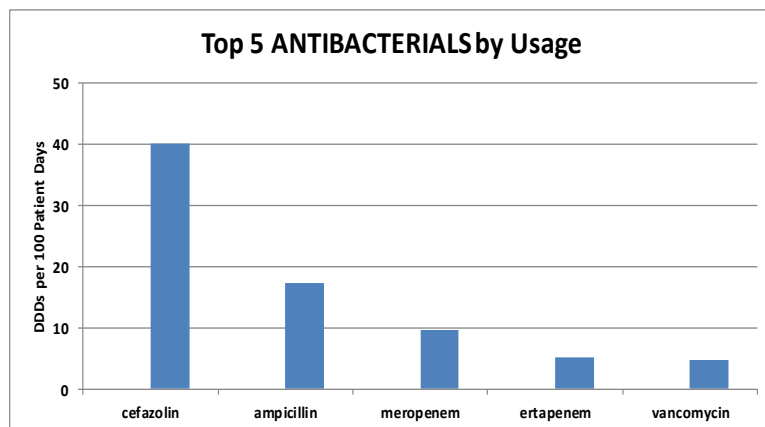


Table 11: Daptomycin Use – Toronto General Hospital Cardiovascular ICU

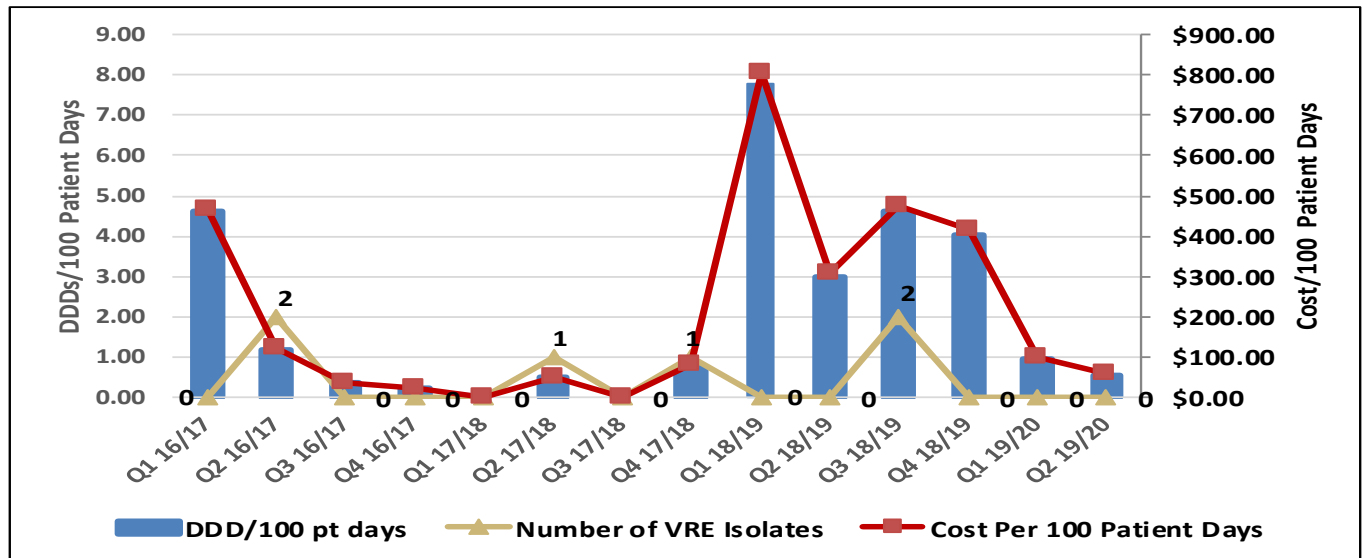
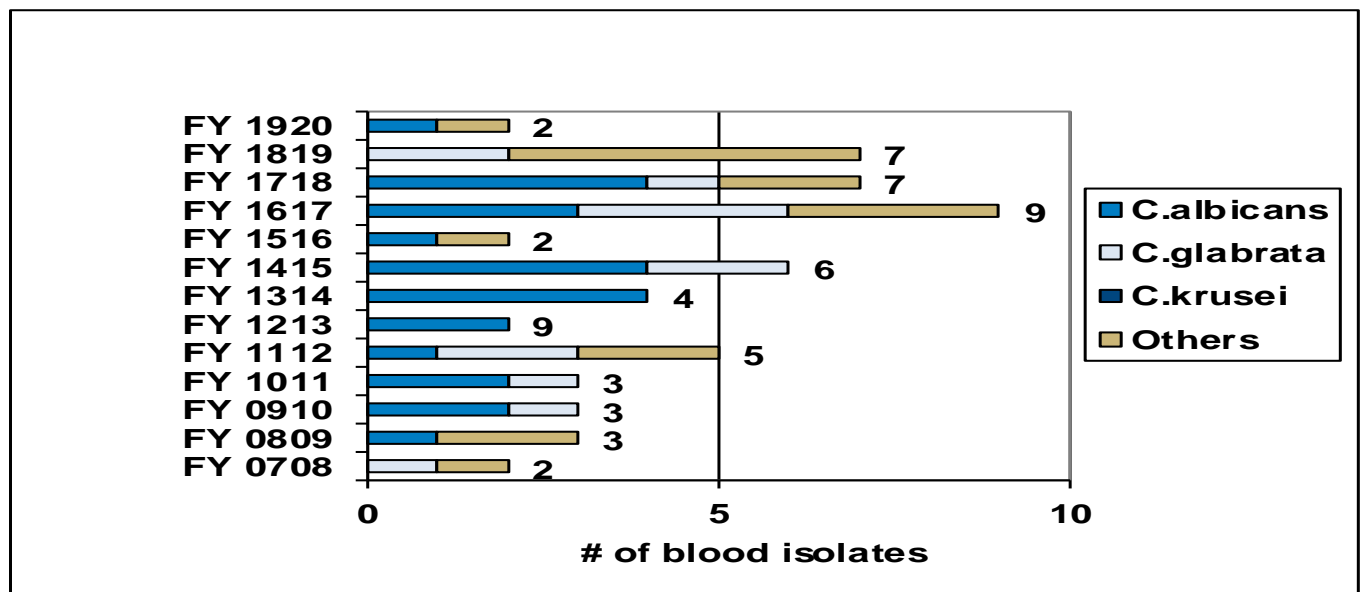


Table 12: Yeast Species Isolated in Blood – Toronto General Hospital Cardiovascular ICU



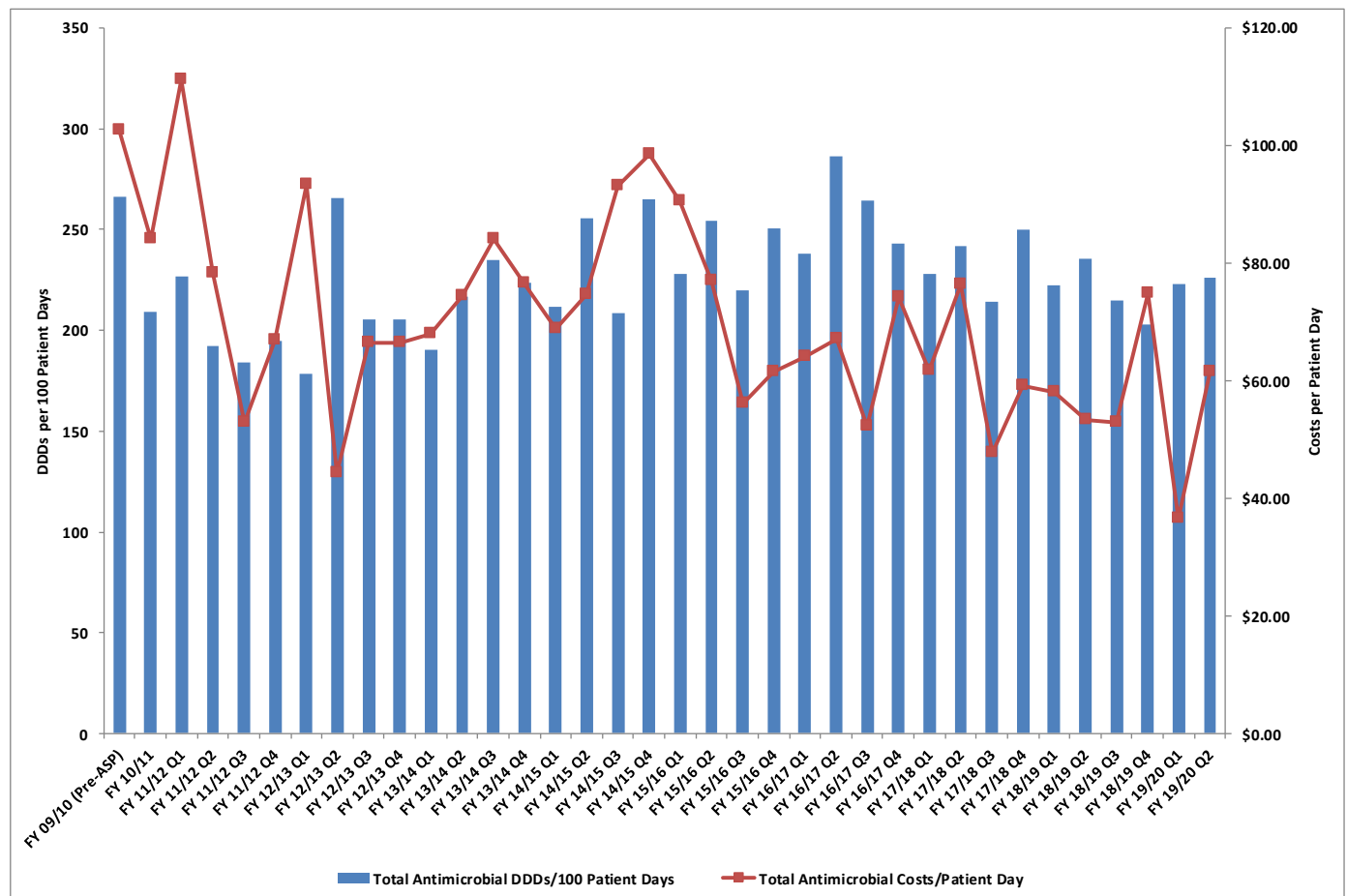
NB: In past Quarterly Reports, if a patient had more than one culture of different organisms, it was counted as 0.5 each. Starting with the Q3 2017/18 Quarterly Report and moving forward, it will be counted as 1.

Toronto General Hospital: Medical Surgical ICU

The FY 19/20 Q2 summary includes:

- Antimicrobial consumption (using defined daily doses (DDDs) per 100 patient days) increased (↑) by 1.0% compared to YTD last year.
- Antimicrobial costs per patient day decreased (↓) by 15.7% compared to YTD last year.
- Antibacterial costs per patient day decreased (↓) by 20.2% compared to YTD last year.
- Antifungal costs per patient day decreased (↓) by 9.7% compared to YTD last year.

Toronto General Hospital: Medical Surgical ICU Antimicrobial Consumption and Costs Per Patient Day



To view **Appendix 1: FY 19/20 Q2 Top 5 Antimicrobials by Usage (DDDs per 100 Patient Days) and Expenditures by ICU Site**, please click [here](#).

Toronto General Hospital: Medical Surgical ICU Antimicrobial Consumption as Defined Daily Dose Versus Antimicrobial Consumption as Days of Therapy

- Antibacterial Days of Therapy (DOT) per 100 patient days decreased (↓) by 0.7% compared to YTD last year.
- Antifungal Days of Therapy (DOT) per 100 patient days increased (↑) by 0.5% compared to YTD last year.

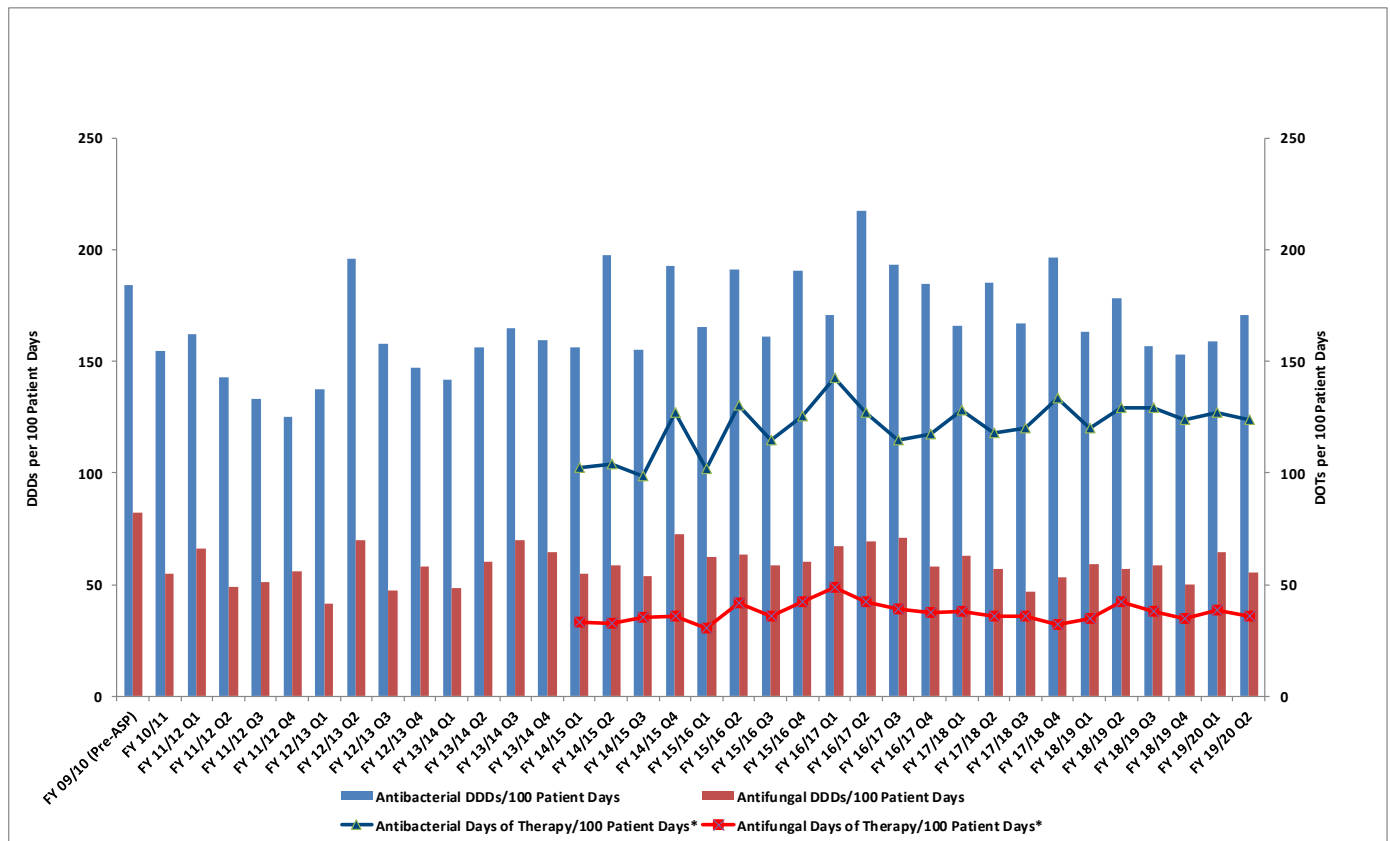


Table 13: Toronto General Hospital: Medical Surgical ICU

Indicators	FY 09/10 (Pre-ASP)	FY 10/11	FY 11/12	FY 12/13	FY 13/14	FY 14/15	FY 15/16	FY 16/17	FY 17/18	FY 18/19	FY 19/20 Performance				YTD of Previous Year	
											Q1	Q2	Q3	Q4		YTD
Antimicrobial Usage and Costs																
Total Antimicrobial DDDs/100 Patient Days	266	209	199	213	217	235	239	258	234	219	223	226			225	222
Systemic Antibacterial DDDs/100 Patient Days	184	155	143	159	156	175	178	191	179	163	159	171			165	163
Systemic Antifungal DDDs/100 Patient Days	82	55	55	54	61	60	84	66	55	56	64	55			60	59
Total Antimicrobial Costs	\$701,451	\$629,472	\$567,532	\$473,613	\$584,018	\$686,577	\$587,950	\$557,091	\$521,004	\$586,604	\$91,041	\$151,528			\$242,569	\$137,236
Total Antimicrobial Costs/Patient Day	\$102.52	\$84.06	\$76.93	\$63.75	\$75.71	\$83.65	\$71.06	\$64.53	\$61.18	\$59.83	\$36.49	\$61.57			\$48.94	\$58.03
Systemic Antibacterial Costs	\$390,209	\$375,436	\$292,355	\$231,171	\$225,557	\$293,126	\$254,392	\$267,107	\$259,216	\$278,131	\$52,858	\$76,155			\$129,013	\$77,195
Systemic Antibacterial Costs/Patient Day	\$57.03	\$50.14	\$39.63	\$31.12	\$29.24	\$35.71	\$30.75	\$30.94	\$30.44	\$28.37	\$21.19	\$30.94			\$26.03	\$32.64
Systemic Antifungal Costs	\$311,242	\$254,036	\$275,176	\$242,443	\$358,461	\$393,451	\$333,559	\$289,984	\$261,788	\$308,473	\$38,183	\$75,373			\$113,556	\$60,041
Systemic Antifungal Costs/Patient Day	\$45.49	\$33.93	\$37.30	\$32.63	\$46.47	\$47.94	\$40.31	\$33.59	\$30.74	\$31.46	\$15.30	\$30.63			\$22.91	\$25.39
Antibacterial Days of Therapy/100 Patient Days*	n/a	n/a	n/a	n/a	n/a	107.9	118.3	126	125	126	127	124			119	120
Antifungal Days of Therapy/100 Patient Days*	n/a	n/a	n/a	n/a	n/a	34.1	37.7	42	35	37	38	36			35	35
Patient Care Outcomes																
Hospital-Acquired C. difficile Cases (rate per 1,000 pt days)	10 (1.46)	10 (1.33)	11 (1.49)	11 (1.48)	12 (1.56)	10 (1.22)	10 (1.21)	15 (1.74)	9 (1.06)	14 (1.43)	2 (0.8)	2 (0.81)			4 (0.81)	6 (1.26)
ICU Average Length of Stay (days)	8.24	8.61	8.85	7.79	8.22	8.08	7.62	7.94	7.10	8.01	8.20	8.28			8.24	7.91
ICU Mortality Rate (as a %)	16.2	15.7	16.3	16.0	17.8	17.2	17.2	16.8	15.7	16.30	11.8	17.0			14.37	16.8
ICU Readmission Rate Within 48 Hrs (as a %)	3.8	4.4	4.4	2.8	3.5	3.0	3.4	3.2	2.3	3.40	2.5	2.4			2.41	3.9
ICU Ventilator Days	5399	6256	6507	6458	24620	7330	7048	7657	7670	8305	1940	1986			3926	3875
Apache II Score	n/a	n/a	16.1	15.8	15.9	15.1	15.4	16.7	16.9	16.60					0.00	
ICU Multiple Organ Dysfunction Score (MODS)										5.83	5.81	5.94			5.88	5.84

Total Antimicrobial DDDs is the sum of systemic antibacterial DDDs + systemic antifungal DDDs; non-systemic antimicrobials and antivirals are excluded.

Data Sources: Antimicrobial DDD and Costs (Centricity). *An error in DDD calculation for Pip-tazo was detected in Q3 2013; all historical data prior to this was rerun, resulting in minor changes to antibacterial DDDs.

There was a calculation error for the ICU Readmission Rate for FY 16/17 Q3. That figure has now been corrected.

Table 14: Daptomycin Use – Toronto General Hospital: Medical Surgical ICU

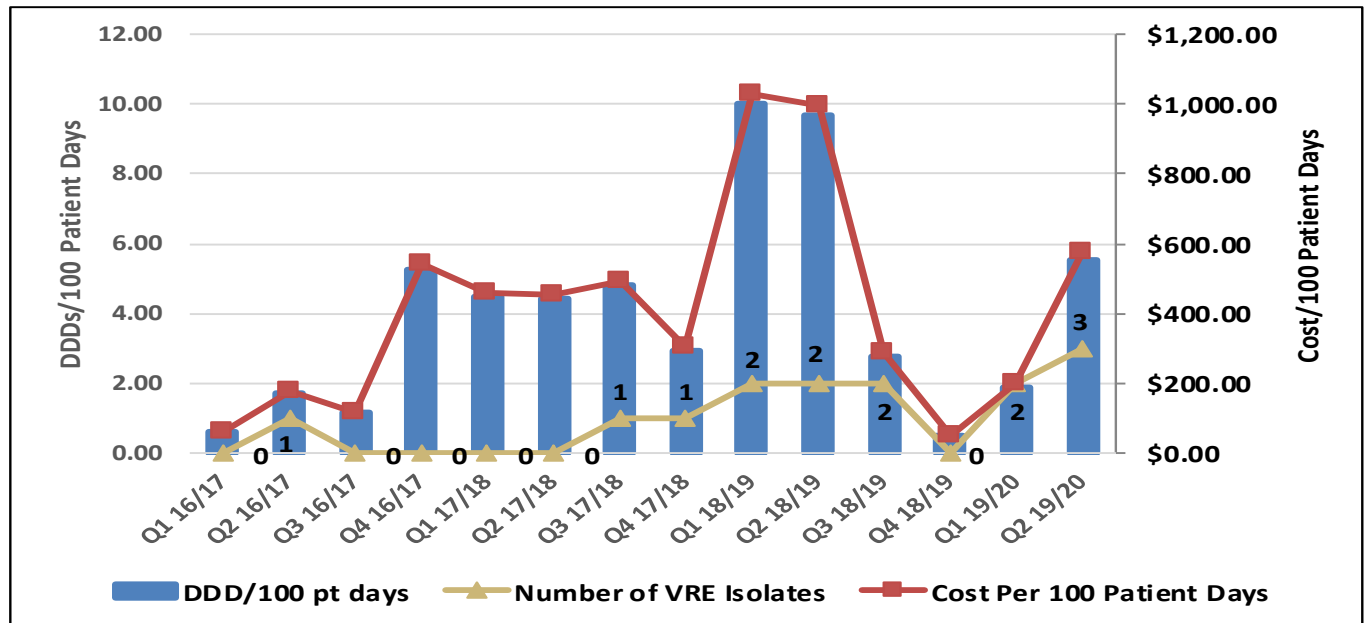
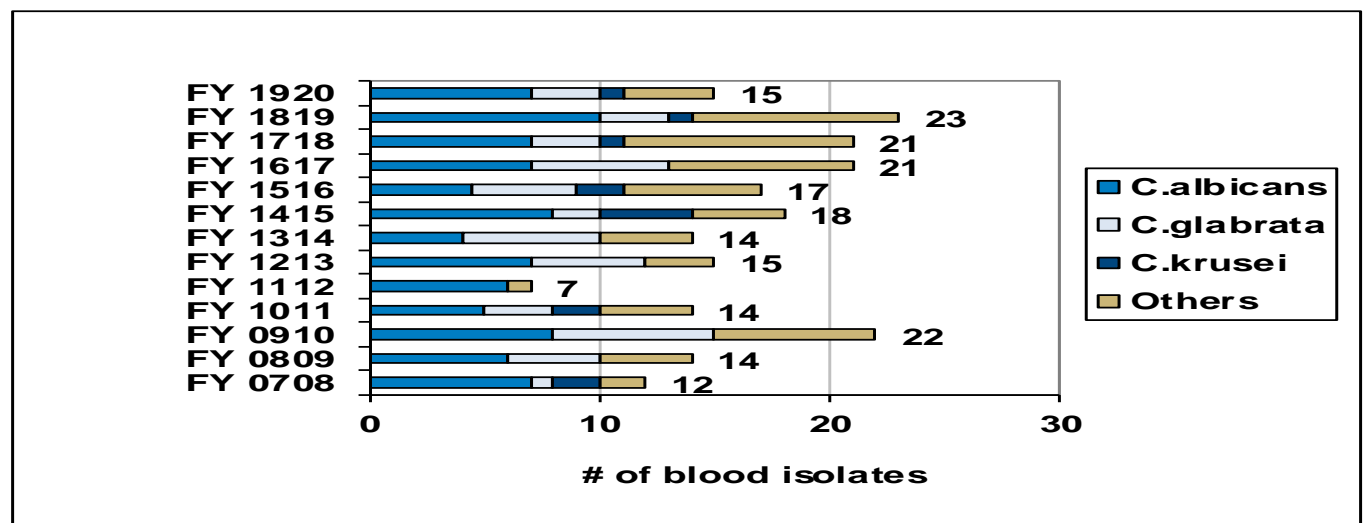
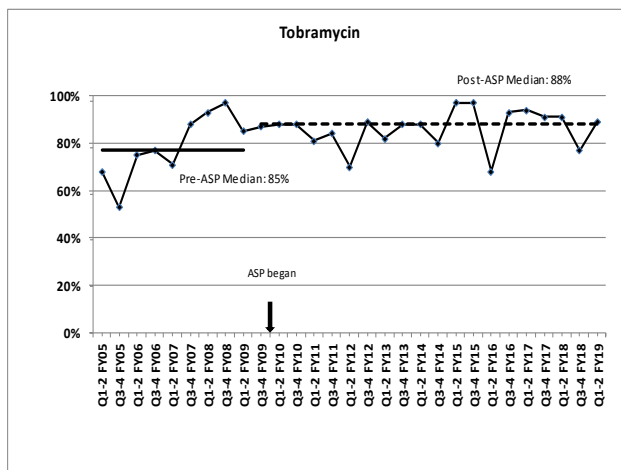
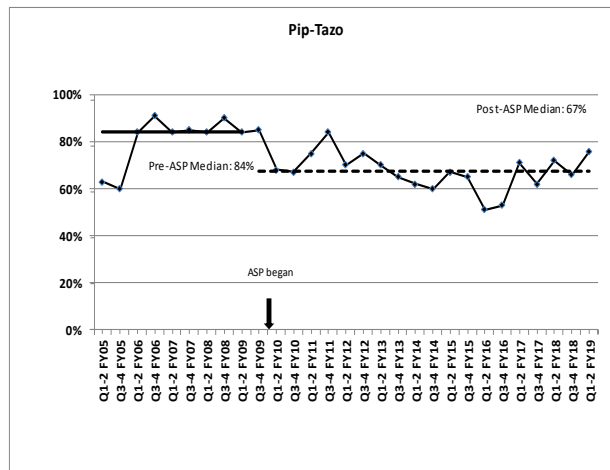
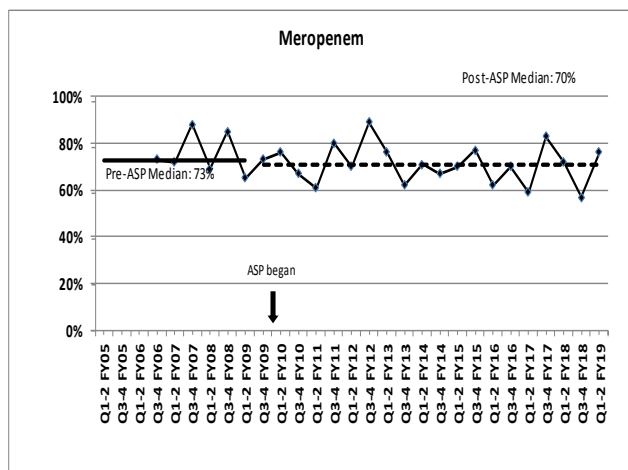
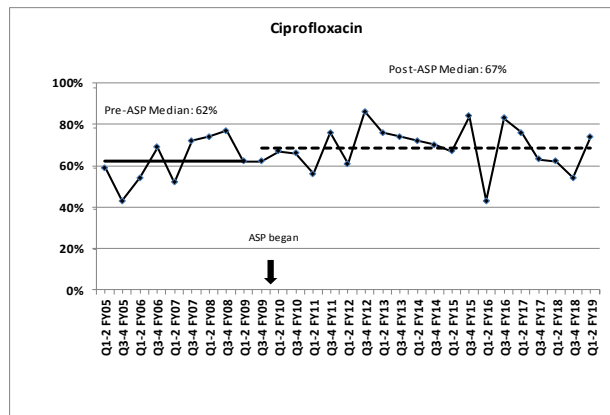
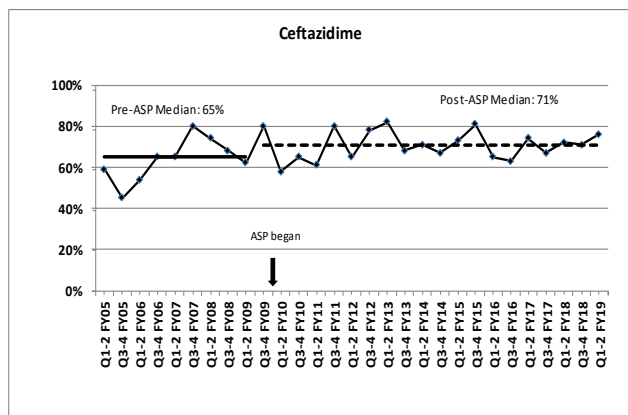


Table 15: Yeast Species Isolated in Blood – Toronto General Hospital: Medical Surgical ICU



NB: In past Quarterly Reports, if a patient had more than one culture of different organisms, it was counted as 0.5 each. Starting with the Q3 2017/18 Quarterly Report and moving forward, it will be counted as 1.

TGH MSICU Pseudomonas Susceptibility

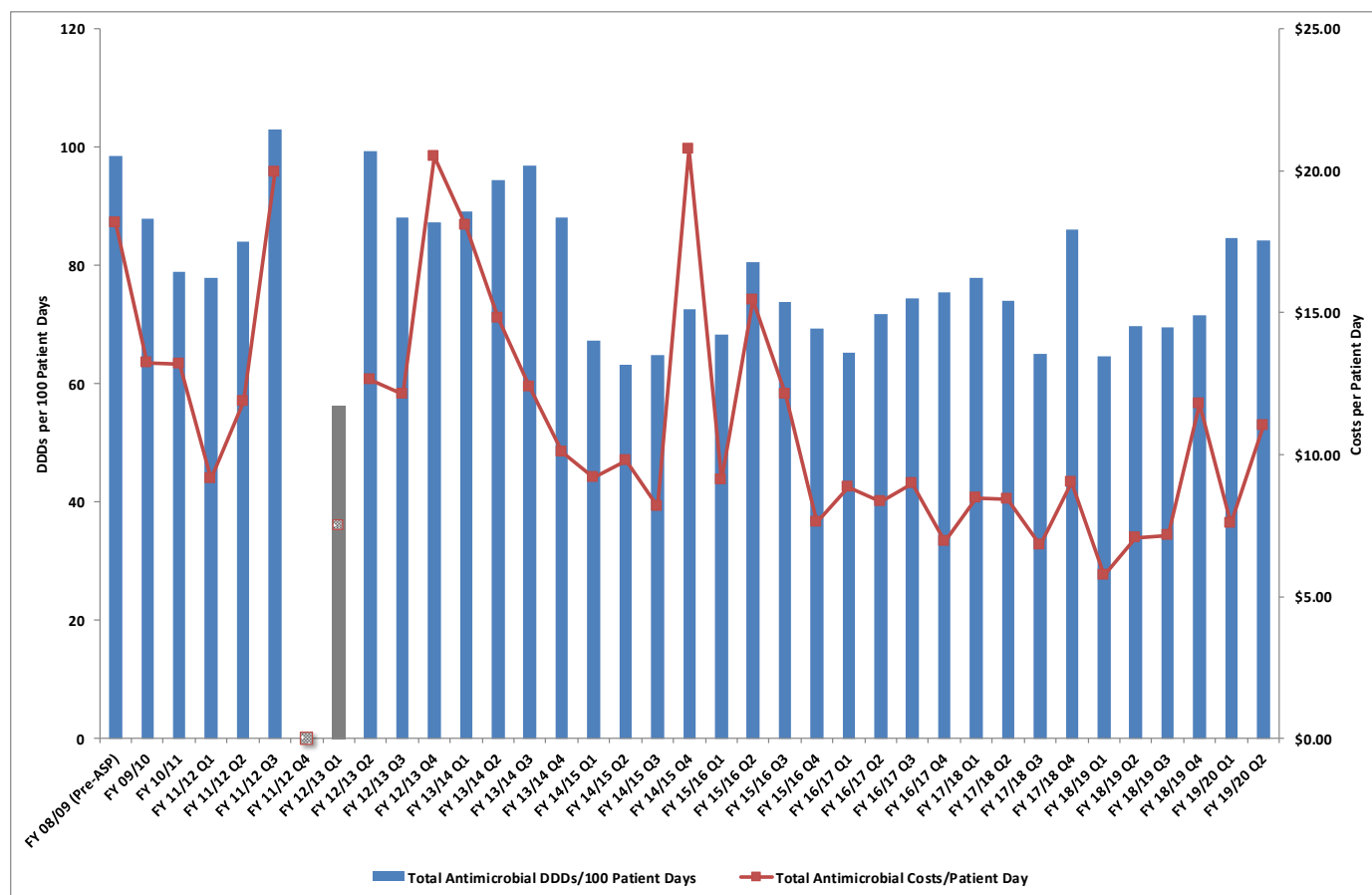


Toronto Western Hospital: Medical, Surgical, and Neurosurgical ICU

The FY 19/20 Q2 summary includes:

- Antimicrobial consumption (using defined daily doses (DDDs) per 100 patient days) increased (↑) by 25.7% compared to YTD last year.
- Antimicrobial costs per patient day increased (↑) by 44.0% compared to YTD last year.
- Antibacterial costs per patient day increased (↑) by 42.0% compared to YTD last year.
- Antifungal costs per patient day increased (↑) by 59.5% compared to YTD last year.

Toronto Western Hospital: Medical, Surgical, and Neurosurgical ICU Antimicrobial Consumption and Costs Per Patient Day

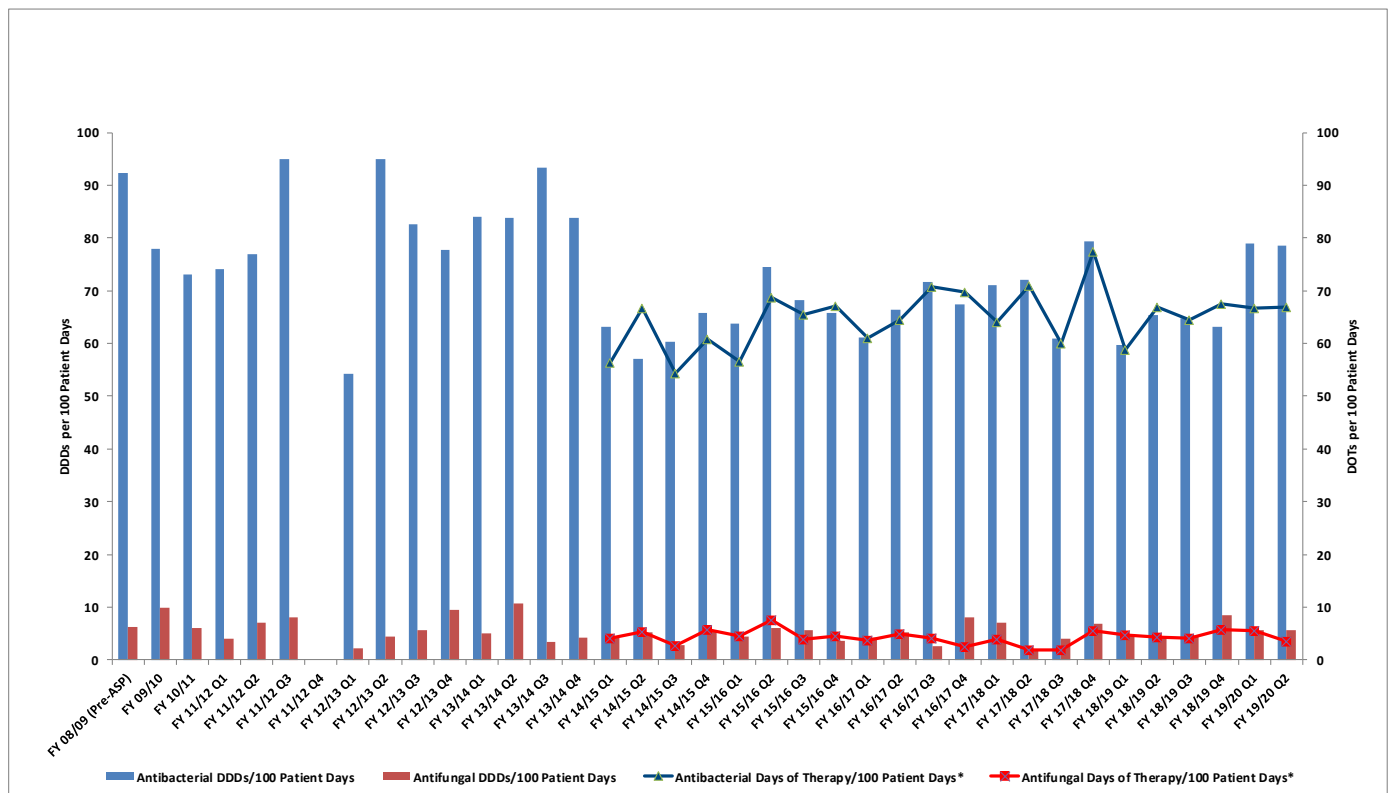


Due to an error in the Centricity Pharmacy database, we are not able to provide accurate DDD data and utilization cost for the Toronto Western Hospital ICU for FY 11/12 Q4. This also affected the recovery in FY 12/13 Q1 so neither quarter is reflected in the above graph.

To view **Appendix 1: FY 19/20 Q2 Top 5 Antimicrobials by Usage (DDDs per 100 Patient Days) and Expenditures by ICU Site**, please click [here](#).

Toronto Western Hospital: Medical, Surgical, and Neurosurgical ICU Antimicrobial Consumption as Defined Daily Dose Versus Antimicrobial Consumption as Days of Therapy

- Antibacterial Days of Therapy (DOT) per 100 patient days increased (↑) by 0.7% compared to YTD last year. Compared to DDD/100 patient days, this suggests a more profound increase in daily drug dose than initiation events.
- Antifungal Days of Therapy (DOT) per 100 patient days decreased (↓) by 5.6% compared to YTD last year.



Due to an error in the Centricity Pharmacy database, we are not able to provide accurate DDD data and utilization cost for the Toronto Western Hospital ICU for FY 11/12 Q4.

Table 16: Toronto Western Hospital: Medical, Surgical, and Neurosurgical ICU

Indicators	FY 08/09 (Pre-ASP)	FY 09/10	FY 10/11	FY 11/12	FY 12/13	FY 13/14	FY 14/15	FY 15/16	FY 16/17	FY 17/18	FY 18/19	FY19/20 Performance					YTD of Previous Year
												Q1	Q2	Q3	Q4	YTD	
Antimicrobial Usage and Costs																	
Total Antimicrobial DDDs/100 Patient Days	99	88	79	83	83	92	67	77	72	76	69	85	84			84	67
Systemic Antibacterial DDDs/100 Patient Days	92	78	73	77	78	86	62	68	67	71	63	79	79			79	63
Systemic Antifungal DDDs/100 Patient Days	6	10	6	6	5	6	5	9	5	5	6	6	6			6	5
Total Antimicrobial Costs	\$136,758	\$100,408	\$101,191	\$105,899	\$102,978	\$120,538	\$138,014	\$127,293	\$98,672	\$93,958	\$93,848	\$22,411	\$29,790			\$52,201	\$37,579
Total Antimicrobial Costs/Patient Day	\$18.16	\$13.24	\$13.17	\$13.60	\$13.37	\$13.49	\$11.97	\$11.10	\$8.28	\$8.18	\$7.94	\$7.57	\$11.04			\$9.22	\$6.40
Systemic Antibacterial Costs	\$123,314	\$87,445	\$79,280	\$89,784	\$70,099	\$85,916	\$89,382	\$74,877	\$69,868	\$73,007	\$64,386	\$19,914	\$25,681			\$45,595	\$33,284
Systemic Antibacterial Costs/Patient Day	\$16.37	\$11.53	\$10.32	\$11.53	\$9.10	\$9.61	\$7.75	\$6.53	\$5.86	\$6.35	\$5.45	\$6.72	\$9.51			\$8.05	\$5.67
Systemic Antifungal Costs	\$13,444	\$12,963	\$21,911	\$16,115	\$32,879	\$34,623	\$48,631	\$52,416	\$28,805	\$20,951	\$29,462	\$2,497	\$4,109			\$6,606	\$4,295
Systemic Antifungal Costs/Patient Day	\$1.79	\$1.71	\$2.85	\$2.07	\$4.27	\$3.87	\$4.22	\$4.57	\$2.42	\$1.82	\$2.49	\$0.84	\$1.52			\$1.17	\$0.73
Antibacterial Days of Therapy/100 Patient Days*	n/a	n/a	n/a	n/a	n/a	n/a	60	65	67	68	64	67	67			63	63
Antifungal Days of Therapy/100 Patient Days*	n/a	n/a	n/a	n/a	n/a	n/a	4	5	4	3	5	5	4			4	5
Patient Care Outcomes																	
Hospital-Acquired C. difficile Cases (rate per 1,000 pt days)	6 (0.79)	9 (1.18)	4 (0.52)	13 (1.66)	5 (0.65)	12 (1.34)	10 (1.16)	9 (0.78)	8 (0.67)	10 (0.87)	20 (1.69)	2 (0.68)	0 (0)			2 (0.35)	10 (1.7)
ICU Average Length of Stay (days)	8.39	7.44	10.68	9.71	7.98	7.68	8.7	8.01	9.5	8.2	8.405	8.45	8.3			8.35	8.665
ICU Mortality Rate (as a %)	19.6	19.9	18.1	17.0	16.4	17.1	19.0	17.9	18.5	16.3	13.6	18.1	14.6			16.345	12.8
ICU Readmission Rate Within 48 Hrs (as a %)	3.9	4.7	4.9	3.21	3.00	3.85	3.40	2.54	1.34	2.61	2.37	0.52	1.86			1.19	3.61
ICU Ventilator Days	4617	6305	5960	5578	4947	5523	5180	5414	4937	4755	4484	1142	910			2052	2380
ICU Apache II Score	15.0	14.7	13.7	13.8	12.9	12.8	13.2	13.0	14.0	13.4	13.5						
ICU Multiple Organ Dysfunction Score (MODS)											3.26	3.49	3.64			3.565	3.12

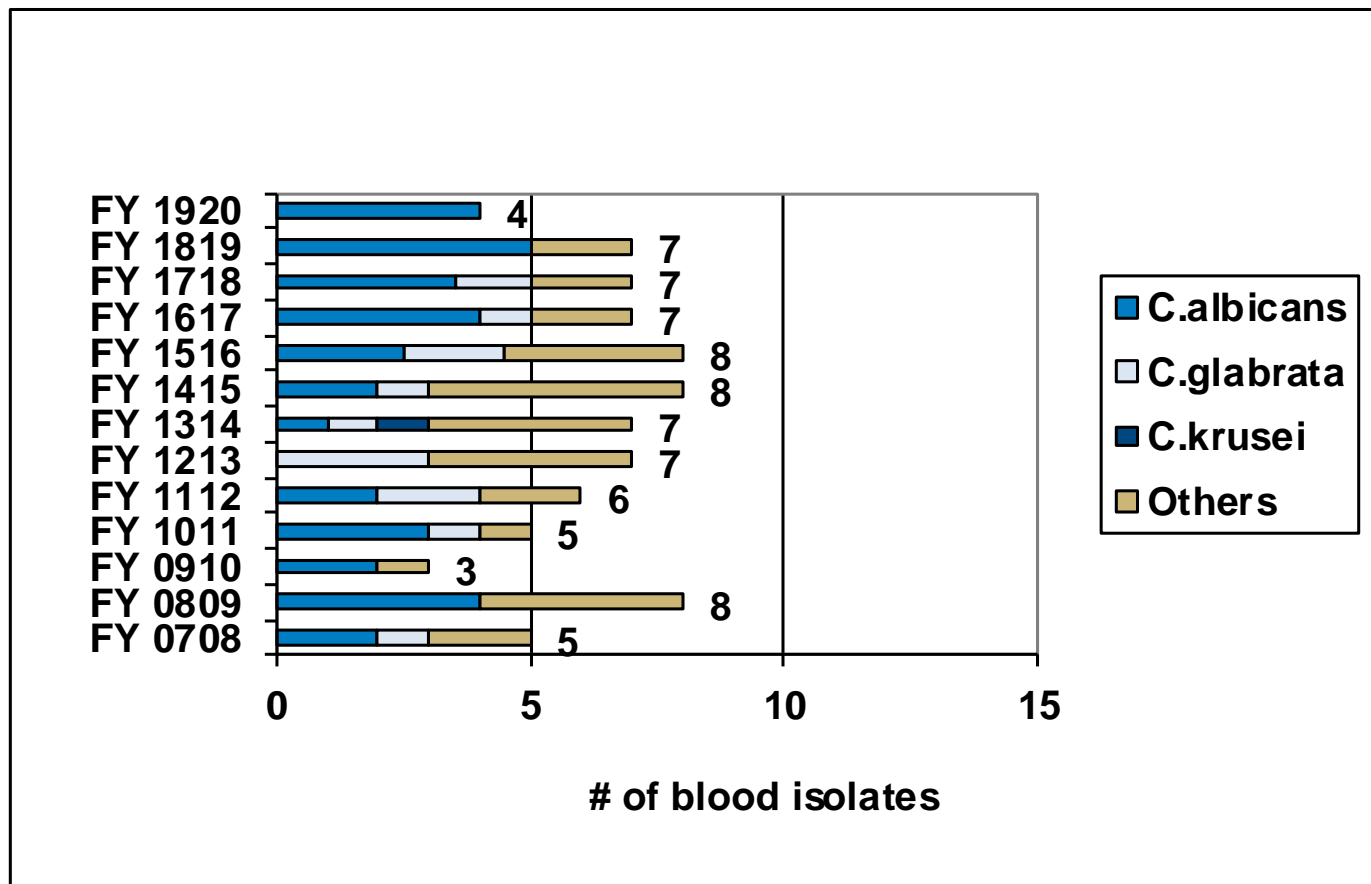
Notes: Data beginning in Q4 13/14 data consists of MSNICU patients (including eight ICU II patients).

Total Antimicrobial DDDs is the sum of systemic antibacterial DDDs + systemic antifungal DDDs; non-systemic antimicrobials and antivirals are excluded.

Data Sources: Antimicrobial DDD and Costs (Centricity) *An error in DDD calculation for Pip-tazo was detected in Q3 2013; all historical data prior to this was rerun, resulting in minor changes to antibacterial DDDs.

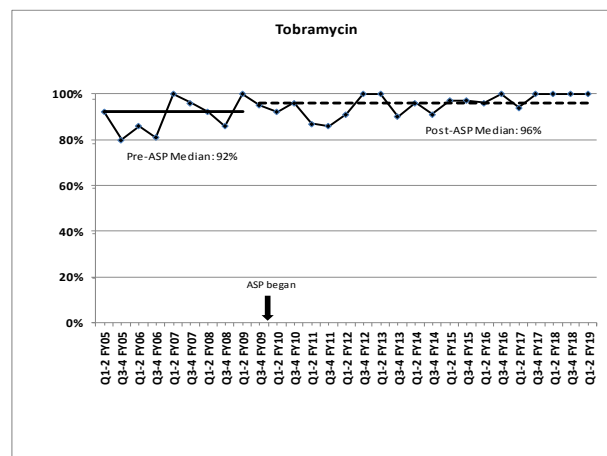
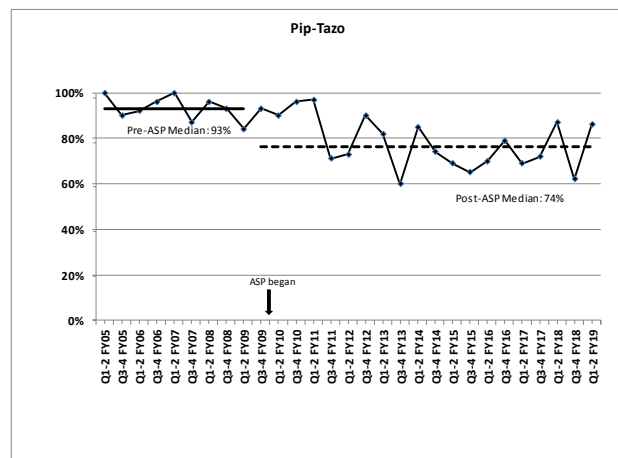
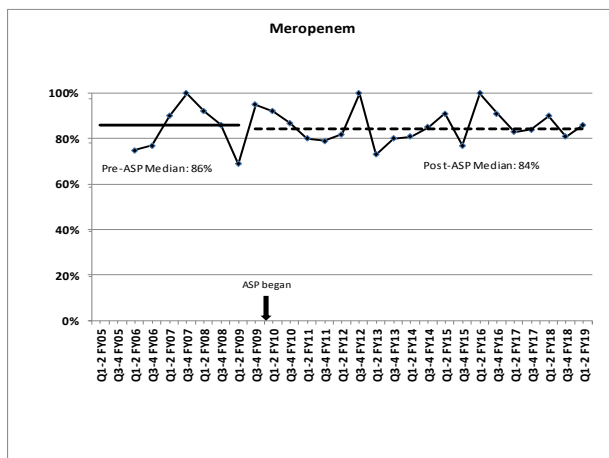
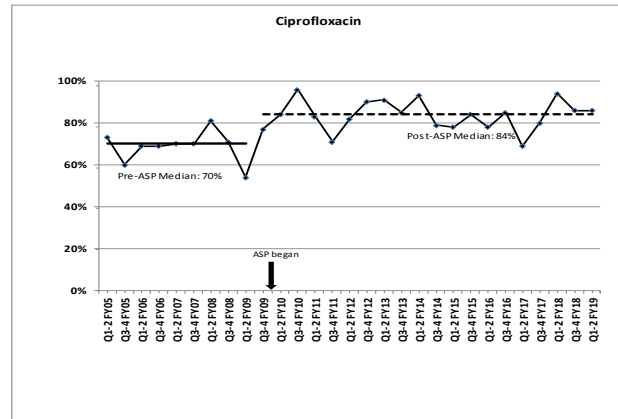
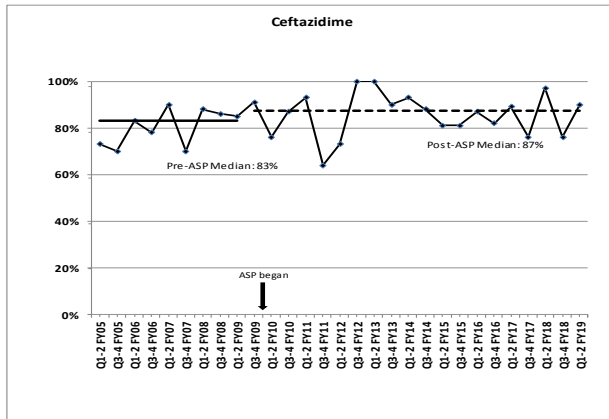
There was a calculation error for the ICU Readmission Rate for FY 16/17 Q3. That figure has now been corrected.

Table 17: Yeast Species Isolated in Blood – Toronto Western Hospital: Medical, Surgical, and Neurosurgical ICU



NB: In past Quarterly Reports, if a patient had more than one culture of different organisms, it was counted as 0.5 each. Starting with the Q3 2017/18 Quarterly Report and moving forward, it will be counted as 1.

TWH MSNICU Pseudomonas Susceptibility



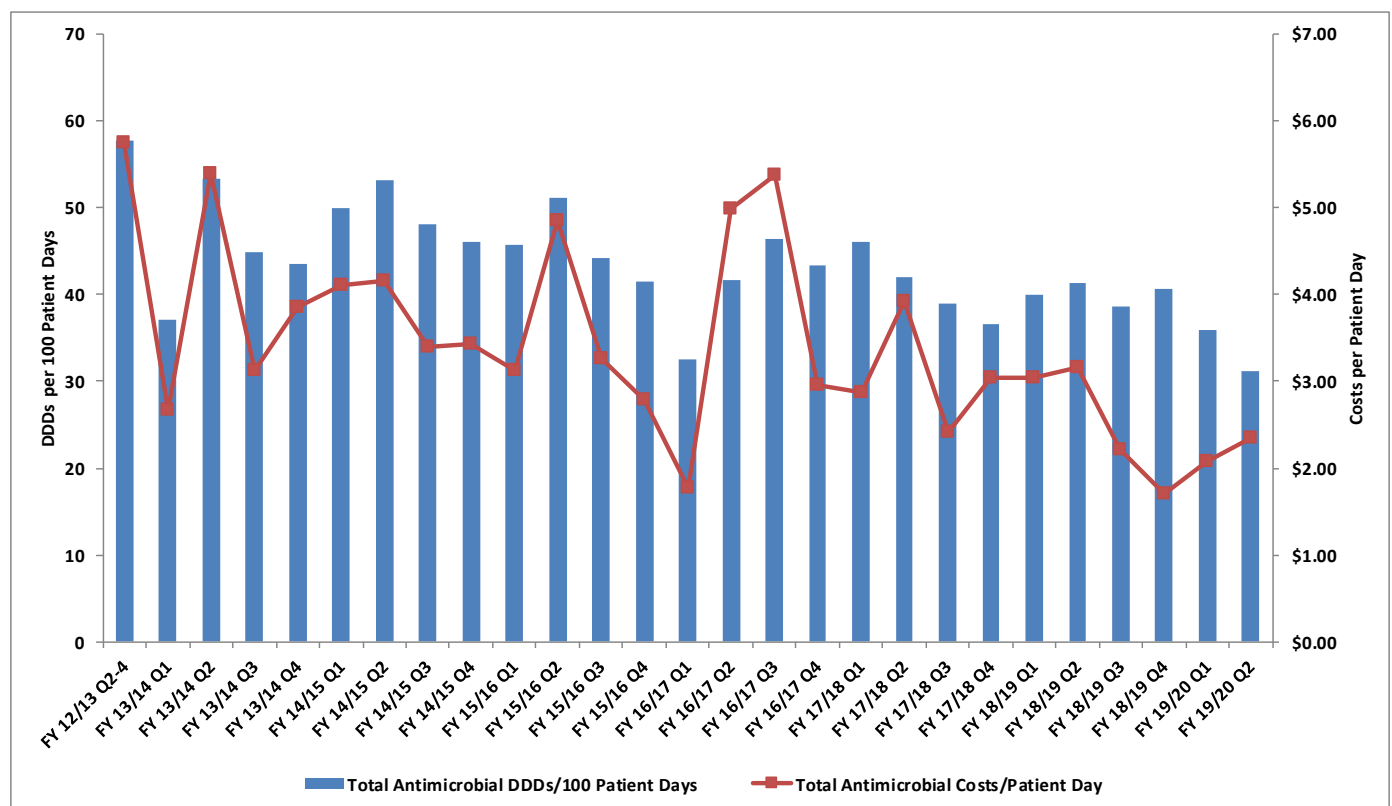
GENERAL INTERNAL MEDICINE

Mount Sinai Hospital: General Internal Medicine

The FY 19/20 Q2 summary includes:

- Antimicrobial consumption (using defined daily doses (DDDs) per 100 patient days) decreased (↓) by 17.6% compared to YTD last year.
 - Antimicrobial costs per patient day decreased (↓) by 19.7% compared to YTD last year.
 - Antibacterial costs per patient day decreased (↓) by 25.6% compared to YTD last year.
 - Antifungal costs per patient day increased (↑) by 41.8% compared to YTD last year.
- NB: Usage data calculated for patients admitted by admission to GIM medical service at MSH.

Mount Sinai Hospital: General Internal Medicine Antimicrobial Consumption and Costs Per Patient Day



To view **Appendix 2: General Internal Medicine FY 19/20 Q2 Top 5 Antimicrobials by Usage (DDDs per 100 patient days) and Expenditures**, please click [here](#).

Table 18: Mount Sinai Hospital: General Internal Medicine

Indicators	FY 12/13 (Q2-4)	FY 13/14	FY 14/15	FY 15/16	FY 16/17	FY 17/18	FY 18/19	FY 19/20 Performance					YTD of Previous Year
								Q1	Q2	Q3	Q4	YTD	
Antimicrobial Usage and Costs													
Total Antimicrobial DDDs/100 Patient Days	58	45	48	43	41	41	40	36	31			33	41
Systemic Antibacterial DDDs/100 Patient Days	53	41	43	39	37	37	36	32	29			30	36
Systemic Antifungal DDDs/100 Patient Days	3	3	3	3	3	3	3	3	2			2	4
Total Antimicrobial Costs	\$125,012	\$123,737	\$128,661	\$106,518	\$126,283	\$105,254	\$88,219	\$22,057	\$25,259			\$47,316	\$50,727
Total Antimicrobial Costs/Patient Day	\$5.74	\$3.76	\$3.63	\$2.92	\$3.69	\$3.04	\$2.35	\$2.08	\$2.35			\$2.21	\$2.76
Systemic Antibacterial Costs	\$105,621	\$99,731	\$104,822	\$84,173	\$78,418	\$81,436	\$76,628	\$19,473	\$19,458			\$38,931	\$45,007
Systemic Antibacterial Costs/Patient Day	\$4.85	\$3.03	\$2.96	\$2.31	\$2.29	\$2.35	\$2.04	\$1.83	\$1.81			\$1.82	\$2.45
Systemic Antifungal Costs	\$15,422	\$20,153	\$16,352	\$15,983	\$42,012	\$17,644	\$6,476	\$1,443	\$5,060			\$6,503	\$3,946
Systemic Antifungal Costs/Patient Day	\$0.71	\$0.61	\$0.46	\$0.44	\$1.23	\$0.51	\$0.17	\$0.14	\$0.47			\$0.30	\$0.21
Patient Care Outcomes													
Hospital-Acquired C. difficile Cases (rate per 1,000 patient days)	16 (0.64)	8 (0.32)	7 (0.27)	7 (0.28)	9 (0.35)	13 (0.55)	11 (0.44)	1 (0.15)	0 (0)			1 (0.08)	9 (0.75)

Total Antimicrobial DDDs is the sum of systemic antibacterial DDDs + systemic antifungal DDDs + systemic antivirals; non-systemic antimicrobials are excluded.

Data Sources: Antimicrobial DDD and Costs (PharmNet), C difficile (Infection Control Dashboards).

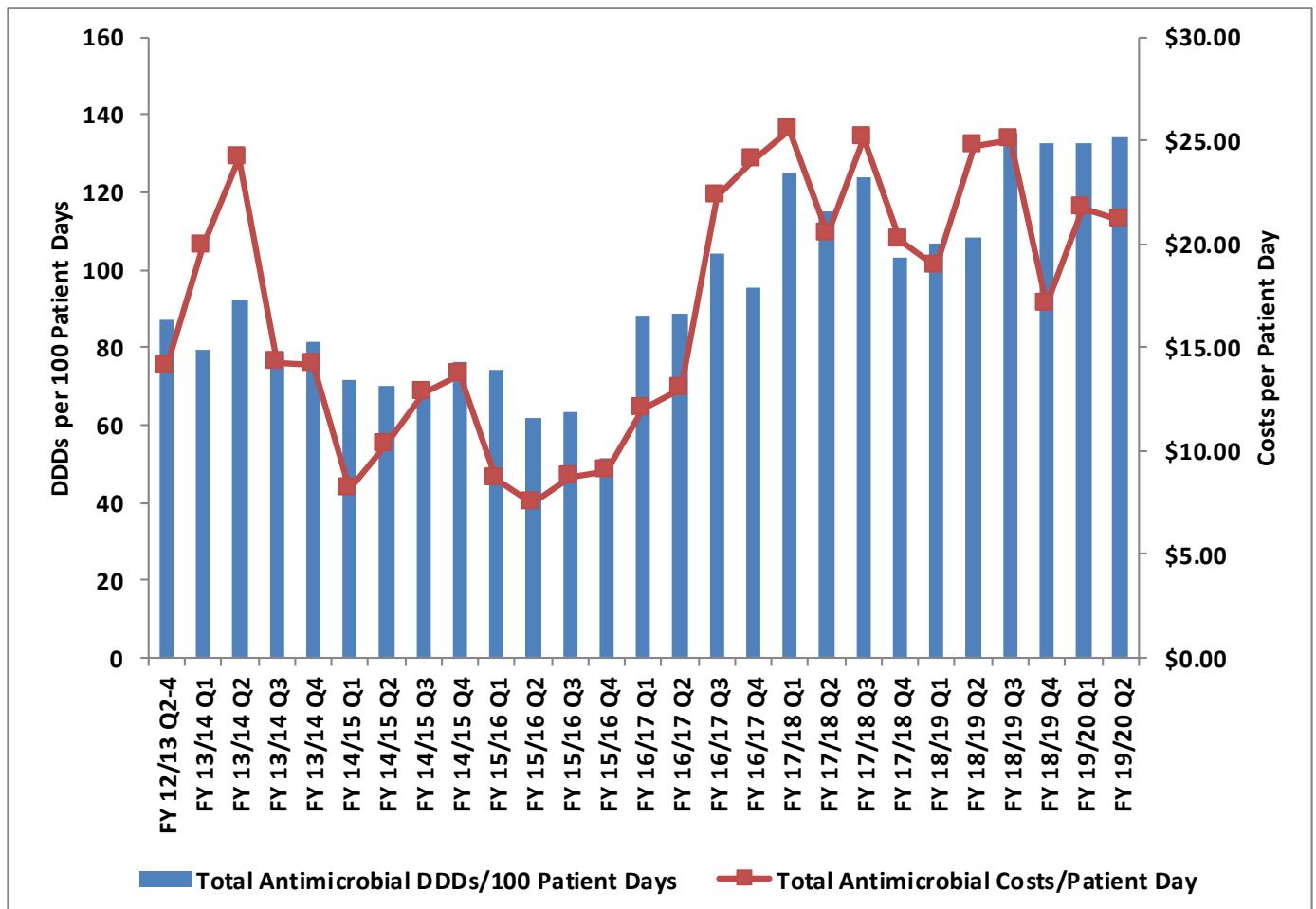
Historical antimicrobial usage and cost data updated due to the discovery that selected added drug dosages (Fluconazole 400mg/200ml bag, Pip-Tazo 13.5gm vial, Daptomycin 500mg vial) were not included in the report. Data have been revised to include Fluconazole starting August 2013, Pip-Tazo January 2015, and Daptomycin, November 2015.

Toronto General Hospital: General Internal Medicine

The 19/20 Q2 summary includes:

- Antimicrobial consumption (using defined daily doses (DDDs) per 100 patient days) increased (↑) by 24.1% compared to YTD last year.
 - Antimicrobial costs per patient day decreased (↓) by 1.9% compared to YTD last year.
 - Antibacterial costs per patient day increased (↑) by 17.7% compared to YTD last year.
 - Antifungal costs per patient day decreased (↓) by 10.7% compared to YTD last year.
- NB: Usage data calculated for patients admitted to primary GIM units at TGH.

Toronto General Hospital: General Internal Medicine Antimicrobial Consumption and Costs Per Patient Day



To view **Appendix 2: General Internal Medicine FY 19/20 Q2 Top 5 Antimicrobials by Usage (DDDs per 100 patient days) and Expenditures**, please click [here](#).

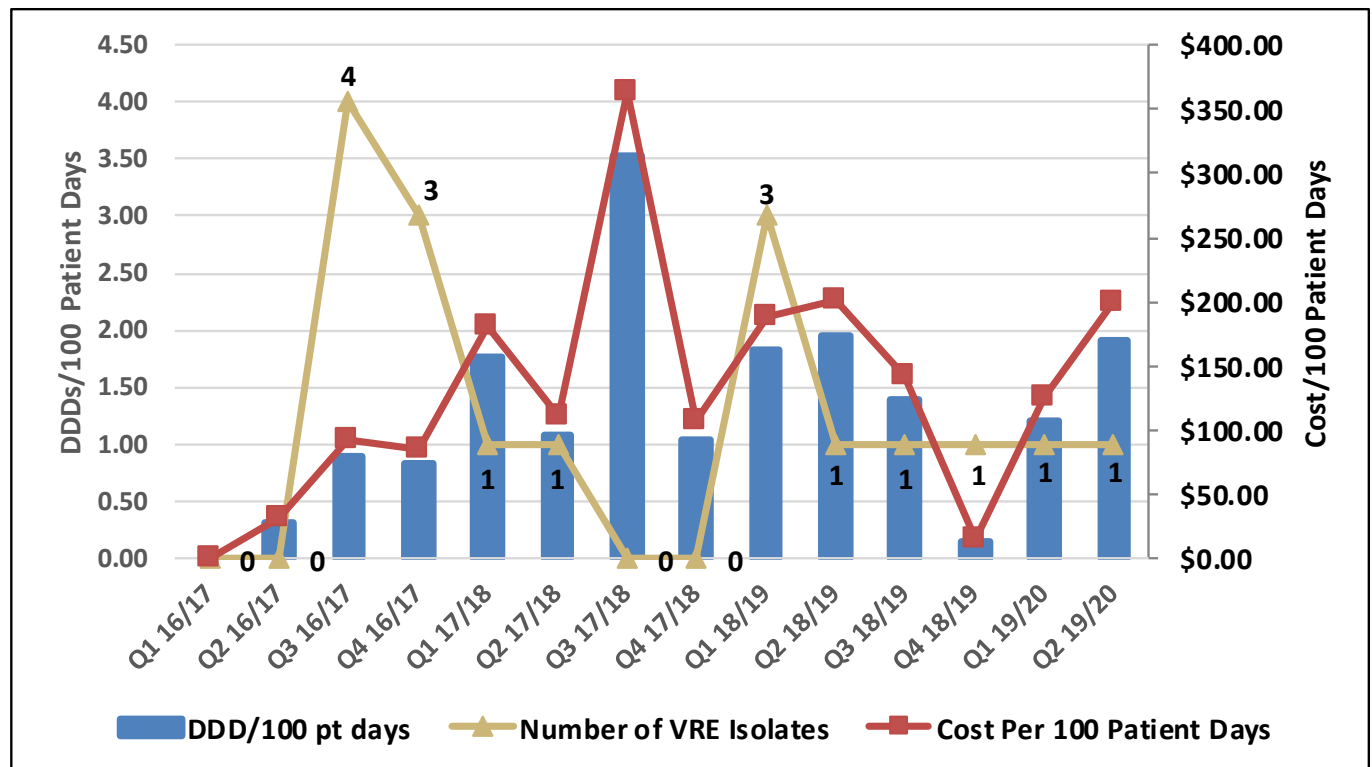
Table 19: Toronto General Hospital: General Internal Medicine

Indicators	FY 12/13 (Q2-4)	FY 13/14	FY 14/15	FY 15/16	FY 16/17	FY 17/18	FY 18/19	FY 19/20 Performance					YTD of Previous Year
								Q1	Q2	Q3	Q4	YTD	
Antimicrobial Usage and Costs													
Total Antimicrobial DDDs/100 Patient Days	87	83	83	63	94	117	120	133	134			134	108
Systemic Antibacterial DDDs/100 Patient Days	77	70	73	55	78	99	104	115	119			117	91
Systemic Antifungal DDDs/100 Patient Days	11	13	10	8	16	17	16	18	15			16	16
Total Antimicrobial Costs	\$279,644	\$471,342	\$352,036	\$313,464	\$494,787	\$640,238	\$576,907	\$145,142	\$145,068			\$290,210	\$300,832
Total Antimicrobial Costs/Patient Day	\$14.10	\$18.05	\$13.30	\$8.48	\$17.77	\$22.84	\$21.44	\$21.69	\$21.15			\$21.42	\$21.83
Systemic Antibacterial Costs	\$171,817	\$225,491	\$221,389	\$202,012	\$250,100	\$370,814	\$348,326	\$93,142	\$103,875			\$197,017	\$170,266
Systemic Antibacterial Costs/Patient Day	\$8.67	\$8.64	\$8.36	\$5.47	\$8.98	\$13.23	\$12.94	\$13.92	\$15.14			\$14.54	\$12.36
Systemic Antifungal Costs	\$107,827	\$245,851	\$130,647	\$111,452	\$244,687	\$269,424	\$228,581	\$52,000	\$62,692			\$114,692	\$130,566
Systemic Antifungal Costs/Patient Day	\$5.44	\$9.42	\$4.93	\$3.02	\$8.79	\$9.61	\$8.49	\$7.77	\$9.14			\$8.46	\$9.47
Patient Care Outcomes													
Hospital-Acquired C. difficile Cases (rate per 1,000 patient days)	15 (0.76)	16 (0.61)	15 (0.68)	14 (0.6)	5 (0.19)	15 (0.54)	7 (0.26)	3 (0.45)	3 (0.44)			6 (0.44)	3 (0.22)

Total Antimicrobial DDDs is the sum of systemic antibacterial DDDs + systemic antifungal DDDs; non-systemic antimicrobials and antivirals are excluded.

Data Sources: Antimicrobial DDD and Costs (Centricity). *An error in DDD calculation for Pip-tazo was detected in Q3 2013; all historical data prior to this was rerun, resulting in minor changes to antibacterial DDDs.

Table 20: Daptomycin Use – Toronto General Hospital: General Internal Medicine



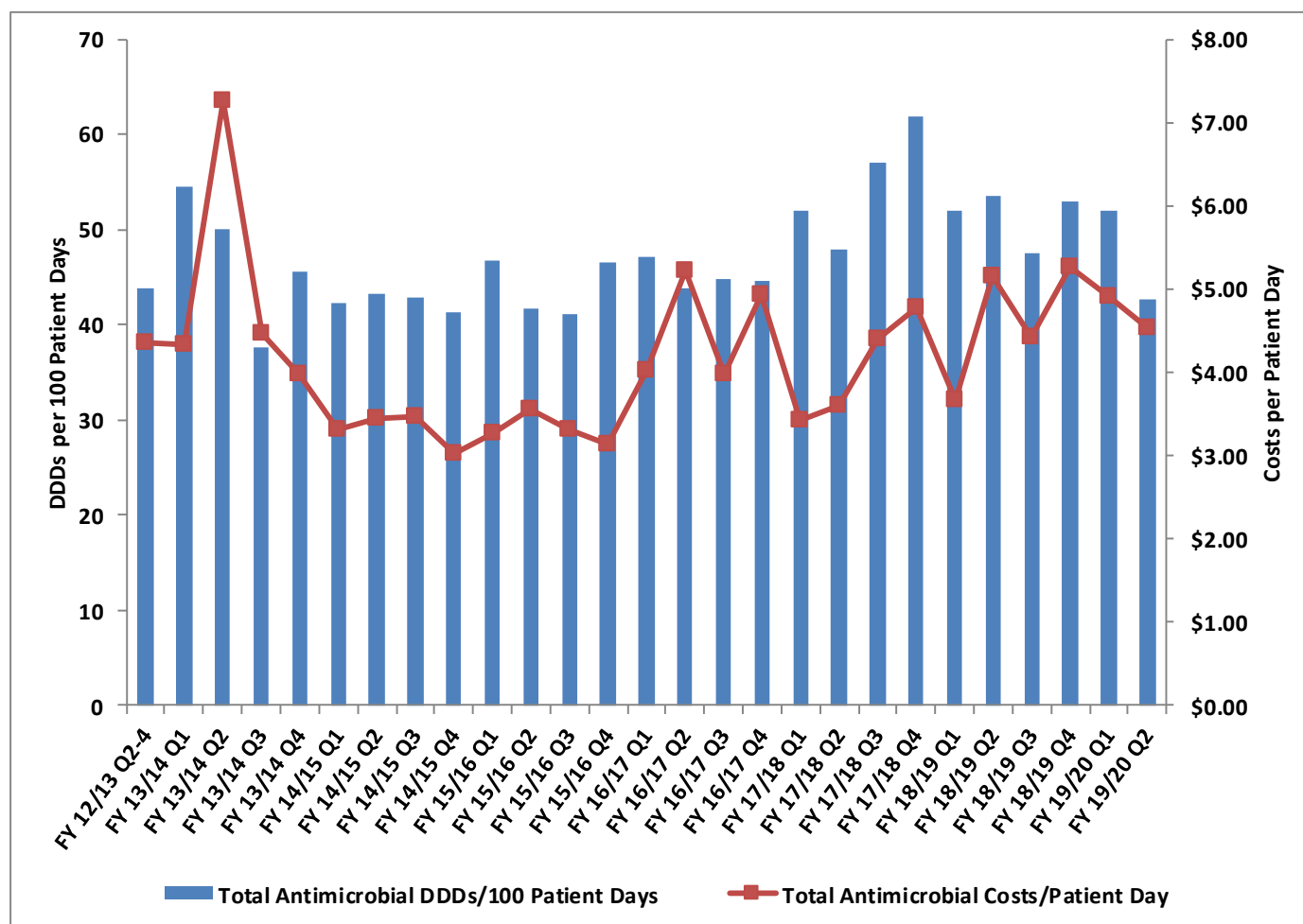
Toronto Western Hospital: General Internal Medicine

The FY 19/20 Q2 summary includes:

- Antimicrobial consumption (using defined daily doses (DDDs) per 100 patient days) decreased (↓) by 10.8% compared to YTD last year.
- Antimicrobial costs per patient day increased (↑) by 6.9% compared to YTD last year.
- Antibacterial costs per patient day decreased (↓) by 1.6% compared to YTD last year.
- Antifungal costs per patient day increased (↑) by 273.7% compared to YTD last year*.

NB: Usage data calculated for patients admitted to primary GIM units at TWH.

Toronto Western Hospital: General Internal Medicine Antimicrobial Consumption and Costs Per Patient Day



To view **Appendix 2: General Internal Medicine FY 19/20 Q2 Top 5 Antimicrobials by Usage (DDDs per 100 patient days) and Expenditures**, please click [here](#).

Table 21: Toronto Western Hospital: General Internal Medicine

Indicators	FY 12/13 (Q2-4)	FY 13/14	FY 14/15	FY 15/16	FY 16/17	FY 17/18	FY 18/19	FY 19/20 Performance					YTD of Previous Year
								Q1	Q2	Q3	Q4	YTD	
Antimicrobial Usage and Costs													
Total Antimicrobial DDDs/100 Patient Days	44	47	42	47	45	54	51	52	43			47	53
Systemic Antibacterial DDDs/100 Patient Days	41	44	40	42	42	51	49	51	40			45	49
Systemic Antifungal DDDs/100 Patient Days	3	3	3	6	3	3	3	1	3			2	3
Total Antimicrobial Costs	\$74,737	\$115,919	\$110,889	\$108,612	\$146,214	\$121,275	\$135,824	\$36,251	\$36,418			\$72,669	\$62,418
Total Antimicrobial Costs/Patient Day	\$4.36	\$5.01	\$3.32	\$3.32	\$4.52	\$4.04	\$4.63	\$4.90	\$4.53			\$4.71	\$4.41
Systemic Antibacterial Costs	\$60,999	\$93,779	\$103,080	\$105,744	\$118,506	\$93,880	\$124,868	\$35,950	\$28,871			\$64,821	\$60,491
Systemic Antibacterial Costs/Patient Day	\$3.56	\$4.05	\$3.09	\$3.23	\$3.67	\$3.13	\$4.26	\$4.86	\$3.59			\$4.20	\$4.27
Systemic Antifungal Costs	\$13,738	\$22,140	\$7,810	\$2,868	\$27,708	\$6,569	\$10,956	\$300	\$7,547			\$7,847	\$1,927
Systemic Antifungal Costs/Patient Day	\$0.80	\$0.96	\$0.23	\$0.09	\$0.86	\$0.22	\$0.37	\$0.04	\$0.94			\$0.51	\$0.14
Patient Care Outcomes													
Hospital-Acquired C. difficile Cases (rate per 1,000 patient days)	7 (0.41)	14 (0.6)	11 (0.33)	7 (0.21)	10 (0.31)	14 (0.47)	11 (0.38)	3 (0.41)	2 (0.25)			5 (0.32)	6 (0.42)

Total Antimicrobial DDDs is the sum of systemic antibacterial DDDs + systemic antifungal DDDs; non-systemic antimicrobials and antivirals are excluded.

Data Sources: Antimicrobial DDD and Costs (Centricity). *An error in DDD calculation for Pip-tazo was detected in Q3 2013; all historical data prior to this was rerun, resulting in minor changes to antibacterial DDDs.

IMMUNOCOMPROMISED HOST

Princess Margaret Cancer Centre: Leukemia Service

The FY 19/20 Q2 summary includes:

- Current year-to-date (YTD) antimicrobial consumption in defined daily doses (DDDs) per 100 patient days decreased (↓) by 5.0% compared to last year.
- YTD antimicrobial costs per patient day decreased (↓) by 17.6% compared to last year.
- YTD antibacterial costs per patient day decreased (↓) by 4.8% compared to last year.
- YTD antifungal costs per patient day decreased (↓) by 22.2% compared to last year.
- Drs. So, Husain, and Morris and Yoshiko Nakamachi continue to work with PM's Senior Leadership Team to optimize the impact of antimicrobial stewardship interventions in malignant haematology.

Princess Margaret Cancer Centre: Leukemia Service Antimicrobial Consumption and Costs

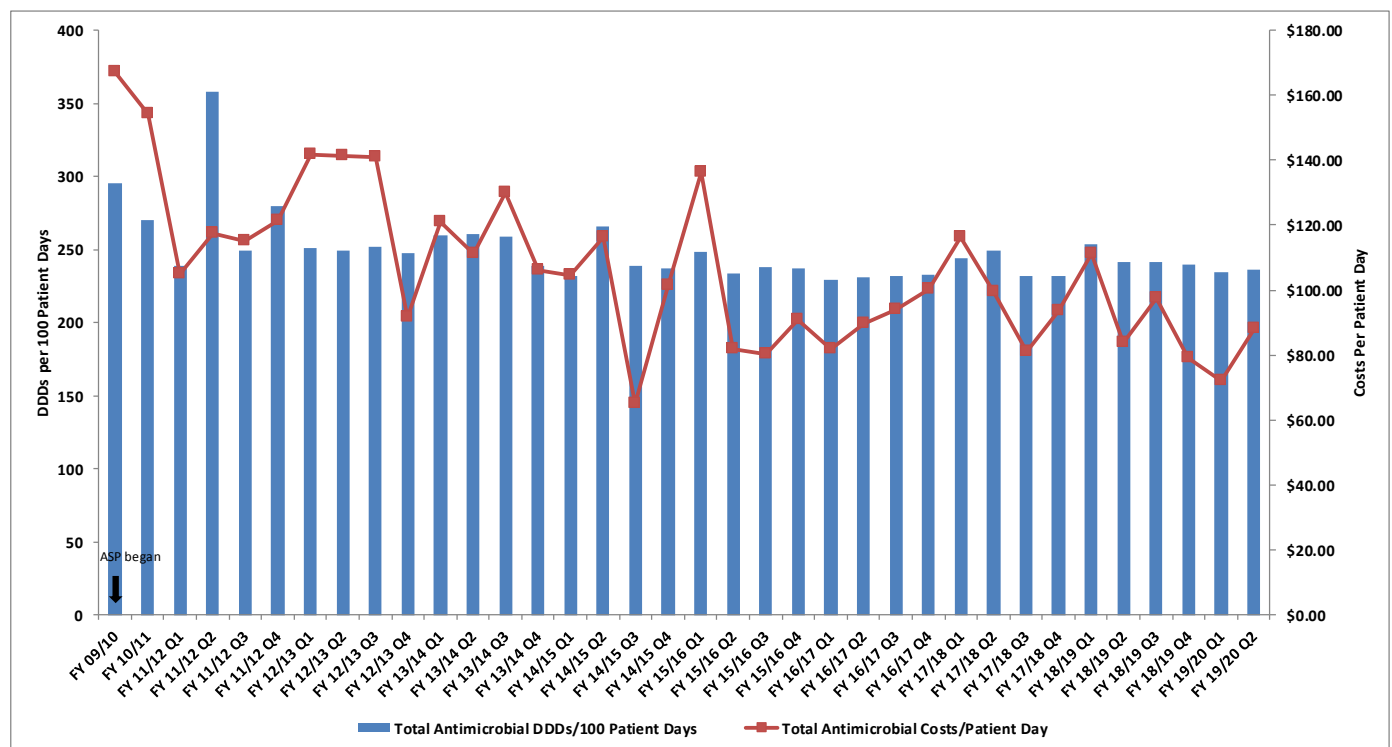


Table 22: Princess Margaret Cancer Centre: Leukemia Service

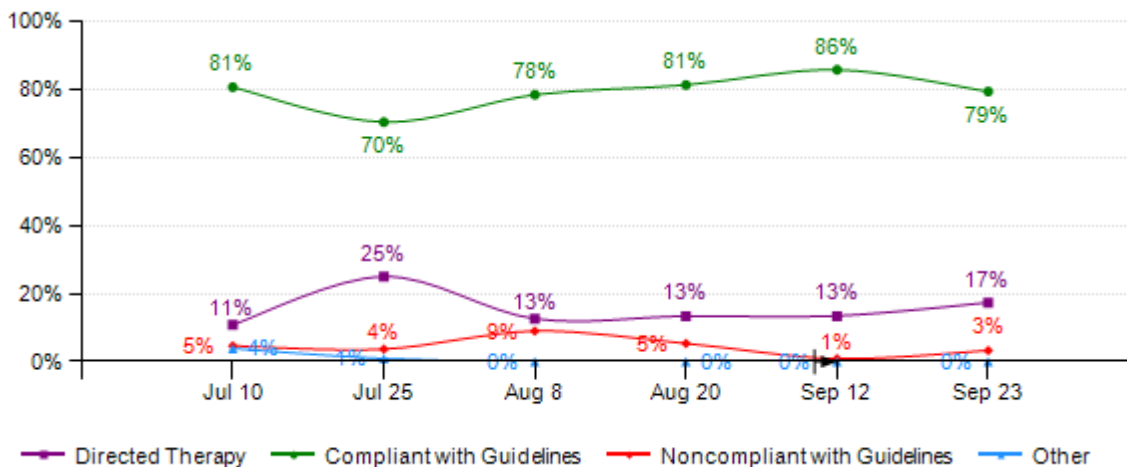
Indicators											FY 19/20 Performance				YTD of Previous Year	
	FY 09/10	FY 10/11	FY 11/12	FY 12/13	FY 13/14	FY 14/15	FY 15/16	FY 16/17	FY 17/18	FY 18/19	Q1	Q2	Q3	Q4		YTD
Antimicrobial Usage and Costs																
Total Antimicrobial DDDs/100 Patient Days	295	270	239	250	255	244	239	231	239	244	234	236			235	248
Systemic Antibacterial DDDs/100 Patient Days	191	163	134	146	138	136	138	132	140	142	138	145			141	143
Systemic Antifungal DDDs/100 Patient Days	104	107	105	104	117	108	101	99	99	102	97	91			94	105
Total Antimicrobial Costs	\$1,768,317	\$1,641,331	\$1,310,857	\$1,695,539	\$1,534,499	\$1,412,805	\$1,479,103	\$1,469,522	\$1,568,972	\$1,487,404	\$283,401	\$349,348			\$632,750	\$789,930
Total Antimicrobial Costs/Patient Day	\$167.12	\$154.32	\$115.13	\$128.91	\$117.10	\$96.46	\$96.98	\$91.50	\$97.45	\$93.10	\$72.17	\$88.09			\$80.17	\$97.32
Systemic Antibacterial Costs	\$659,034	\$609,747	\$663,175	\$422,438	\$485,263	\$471,597	\$403,399	\$376,733	\$433,025	\$405,965	\$92,634	\$100,518			\$193,152	\$208,588
Systemic Antibacterial Costs/Patient Day	\$62.28	\$57.33	\$58.24	\$45.85	\$37.03	\$32.20	\$26.45	\$23.46	\$26.89	\$25.41	\$23.59	\$25.34			\$24.47	\$25.70
Systemic Antifungal Costs	\$1,109,283	\$1,031,584	\$647,637	\$1,092,448	\$1,049,236	\$941,208	\$1,075,705	\$1,092,789	\$1,135,947	\$1,081,438	\$190,767	\$248,830			\$439,597	\$581,342
Systemic Antifungal Costs/Patient Day	\$104.84	\$96.99	\$56.88	\$83.06	\$80.07	\$64.26	\$70.53	\$68.04	\$70.55	\$67.69	\$48.58	\$62.74			\$55.69	\$71.62
Patient Care Outcomes																
Hospital-Acquired C. difficile Cases (rate per 1,000 patient days)	6 (0.56)	7 (0.65)	14 (1.17)	5 (0.51)	11 (0.84)	13 (0.89)	14 (0.92)	13 (0.81)	14 (0.87)	4 (0.25)	2 (0.51)	3 (0.76)			5 (0.63)	3 (0.37)

Total Antimicrobial DDDs is the sum of systemic antibacterial DDDs + systemic antifungal DDDs; non-systemic antimicrobials and antivirals are excluded.

Data Sources: Antimicrobial DDD and Costs (Centricity). *An error in DDD calculation for Pip-tazo was detected in Q3 2013; all historical data prior to this was rerun, resulting in minor changes to antibacterial DDDs.

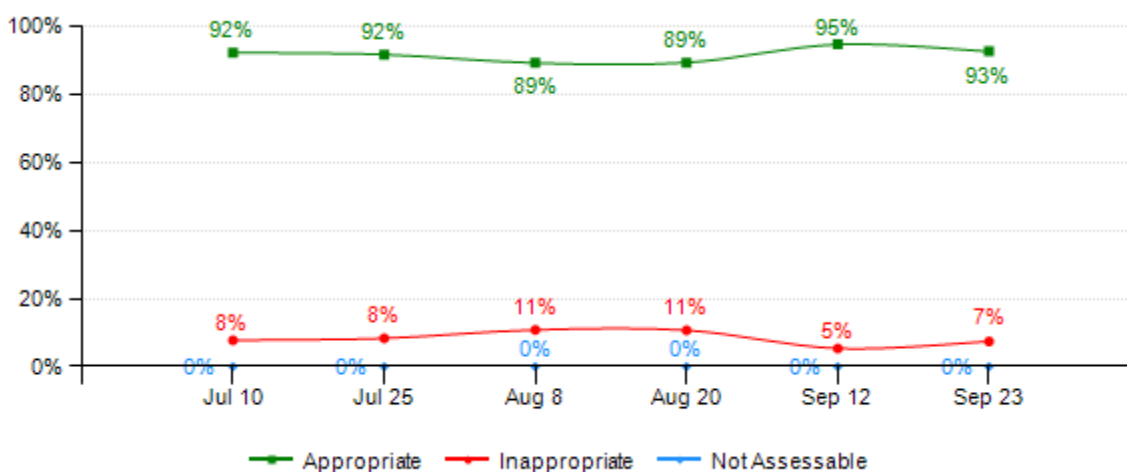
Antimicrobial Prescribing Survey in Leukemia Service July-September 2019 NAPS Dashboard Report

Compliance with High Risk Febrile Neutropenia Guideline and Directed Therapy



Appropriate use = Compliance with guidelines + Directed Therapy

Appropriateness of Antimicrobial Therapy



Hospital NAPS appropriateness definitions

		If endorsed guidelines are <u>present</u>	If endorsed guidelines are <u>absent</u>
Appropriate	1 Optimal ¹	Antimicrobial prescription follows endorsed local/ regional/ provincial guidelines <i>optimally</i> , including antimicrobial choice, dosage, route and duration ²	The antimicrobial prescription has been reviewed and endorsed by an infectious diseases clinician or a clinical microbiologist OR The prescribed antimicrobial will cover the likely causative or cultured pathogens and there is not a narrower spectrum or more appropriate antimicrobial choice, dosage, route or duration ² available
	2 Adequate	Antimicrobial prescription does not optimally follow the endorsed local/ regional/ provincial guidelines (including antimicrobial choice, dosage, route or duration ²) however, is a reasonable alternative choice for the likely causative or cultured pathogens OR For surgical prophylaxis, as above and duration ² is less than 24 hours	Antimicrobial prescription (including antimicrobial choice, dosage, route and duration ²) is not the most optimal, however, is a reasonable alternative choice for the likely causative or cultured pathogens OR For surgical prophylaxis, as above and duration ² is less than 24 hours
Inappropriate	3 Suboptimal	There may be a mild or non-life-threatening allergy mismatch OR Antimicrobial prescription (including antimicrobial choice, dosage, route and duration ²) is an unreasonable choice for the likely causative or cultured pathogens, including: <ul style="list-style-type: none"> spectrum excessively broad, unnecessary overlap in spectrum of activity, dosage excessively high or duration excessively long failure to appropriately de-escalate with microbiological results 	
	4 Inadequate	Antimicrobial prescription (including antimicrobial choice, dosage, route or duration ²) is unlikely to treat the likely causative or cultured pathogens OR The documented or presumed indication does not require any antimicrobial treatment OR There may be a severe or possibly life-threatening allergy mismatch, or the potential risk of toxicity due to drug interaction OR For surgical prophylaxis, the duration ² is greater than 24 hours (except where local guidelines endorse this)	
	5 Not assessable	The indication is not documented and unable to be determined from the notes OR The notes are not comprehensive enough to assess appropriateness OR The patient is too complex due to multiple co-morbidities, allergies or microbiology results, etc.	

¹ Taking into account acceptable changes due to the patient's weight or renal function, if this information is available

² Duration should only be assessed if the guidelines state a recommended duration and the antimicrobial has already been dispensed for longer than this, or if there is a clear planned 'end date' documented

Table 23: Daptomycin Use – Princess Margaret Cancer Centre: Leukemia Service

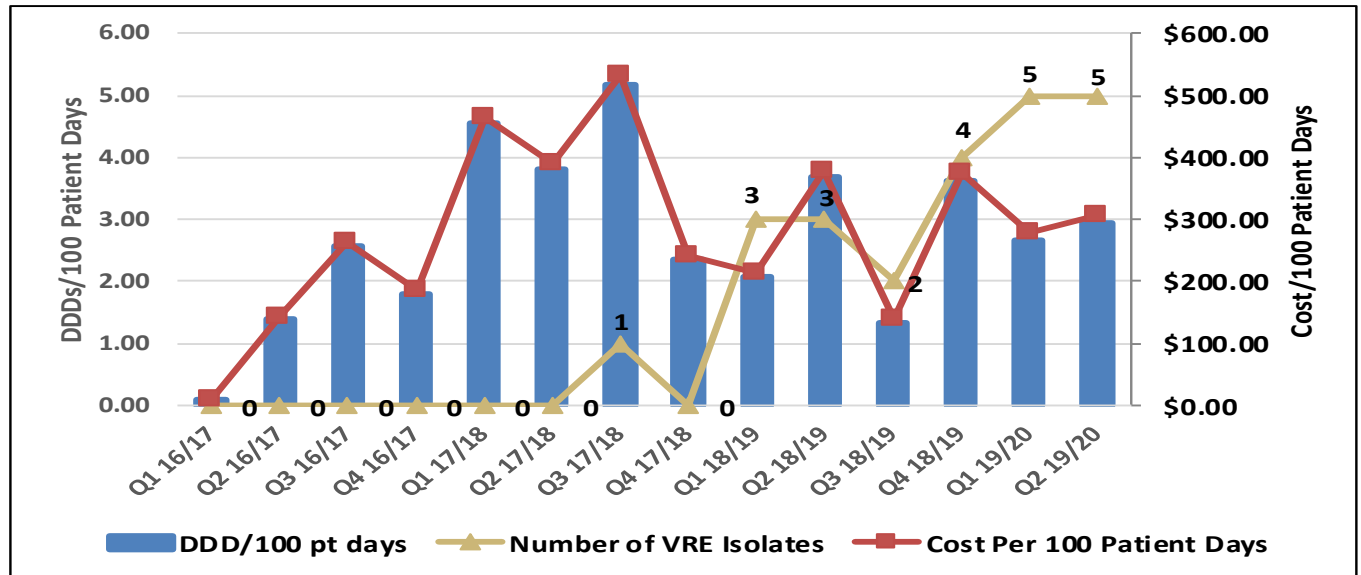
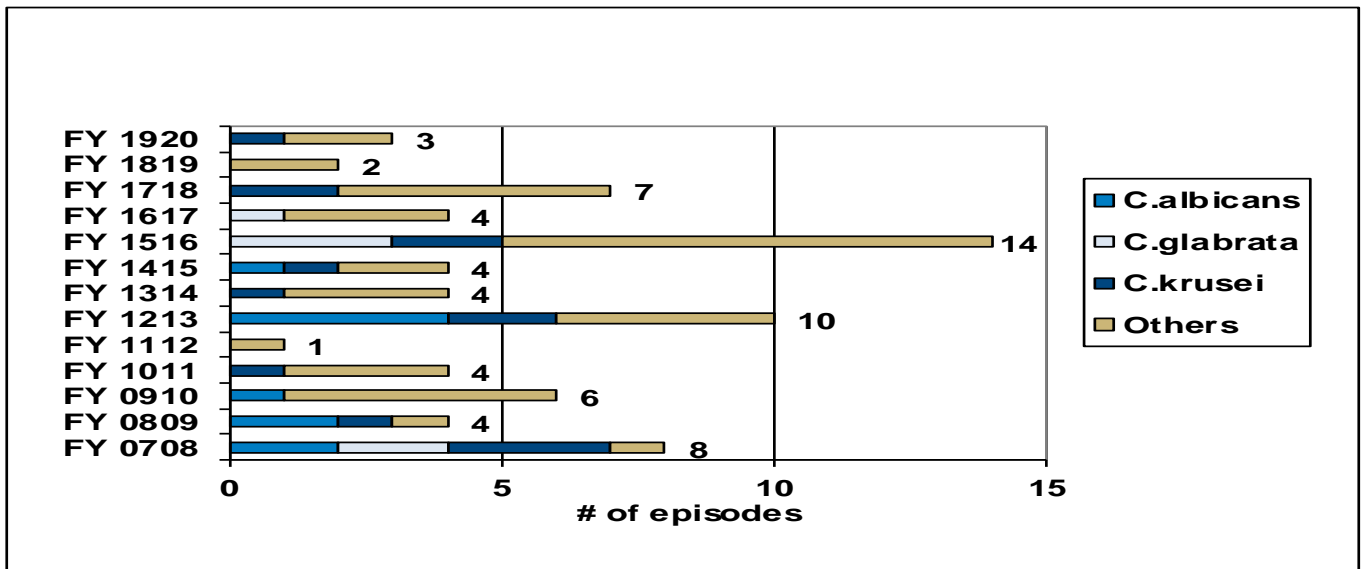
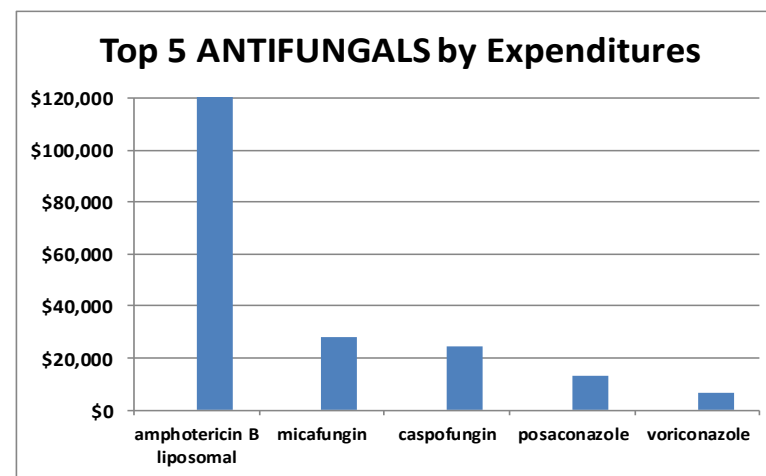
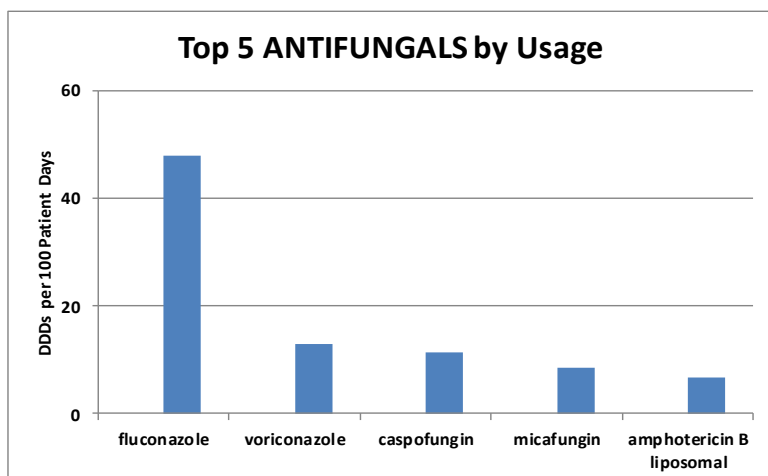
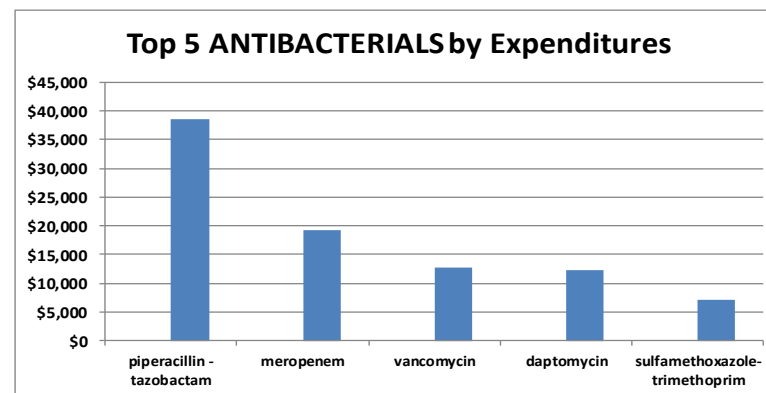
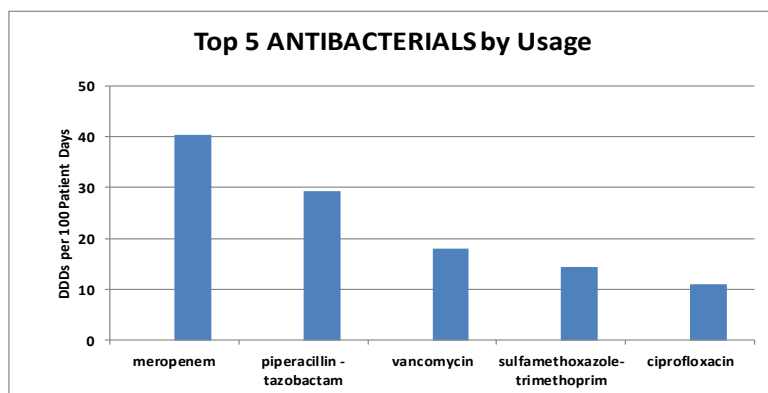


Table 24: Yeast Species Isolated in Blood – Princess Margaret Cancer Centre: Leukemia Service



NB: In past Quarterly Reports, if a patient had more than one culture of different organisms, it was counted as 0.5 each. Starting with the Q3 2017/18 Quarterly Report and moving forward, it will be counted as 1.

Table 25: Princess Margaret Cancer Centre: Leukemia FY 19/20 Q2 Top 5 Antimicrobials by Usage and Expenditures



Princess Margaret Cancer Centre: Allogeneic Bone Marrow Transplant

The FY 19/20 Q2 summary includes:

- Year-to-date (YTD) antimicrobial consumption in defined daily doses (DDDs) per 100 patient days decreased (↓) by 1.3% compared to last year.
- YTD antimicrobial costs per patient day decreased (↓) by 15.9% compared to last year.
- YTD antibacterial costs per patient day decreased (↓) by 16.8% compared to last year.
- YTD antifungal costs per patient day decreased (↓) by 15.7% compared to last year.

Princess Margaret Cancer Centre: Allogeneic Bone Marrow Transplant Antimicrobial Consumption and Costs

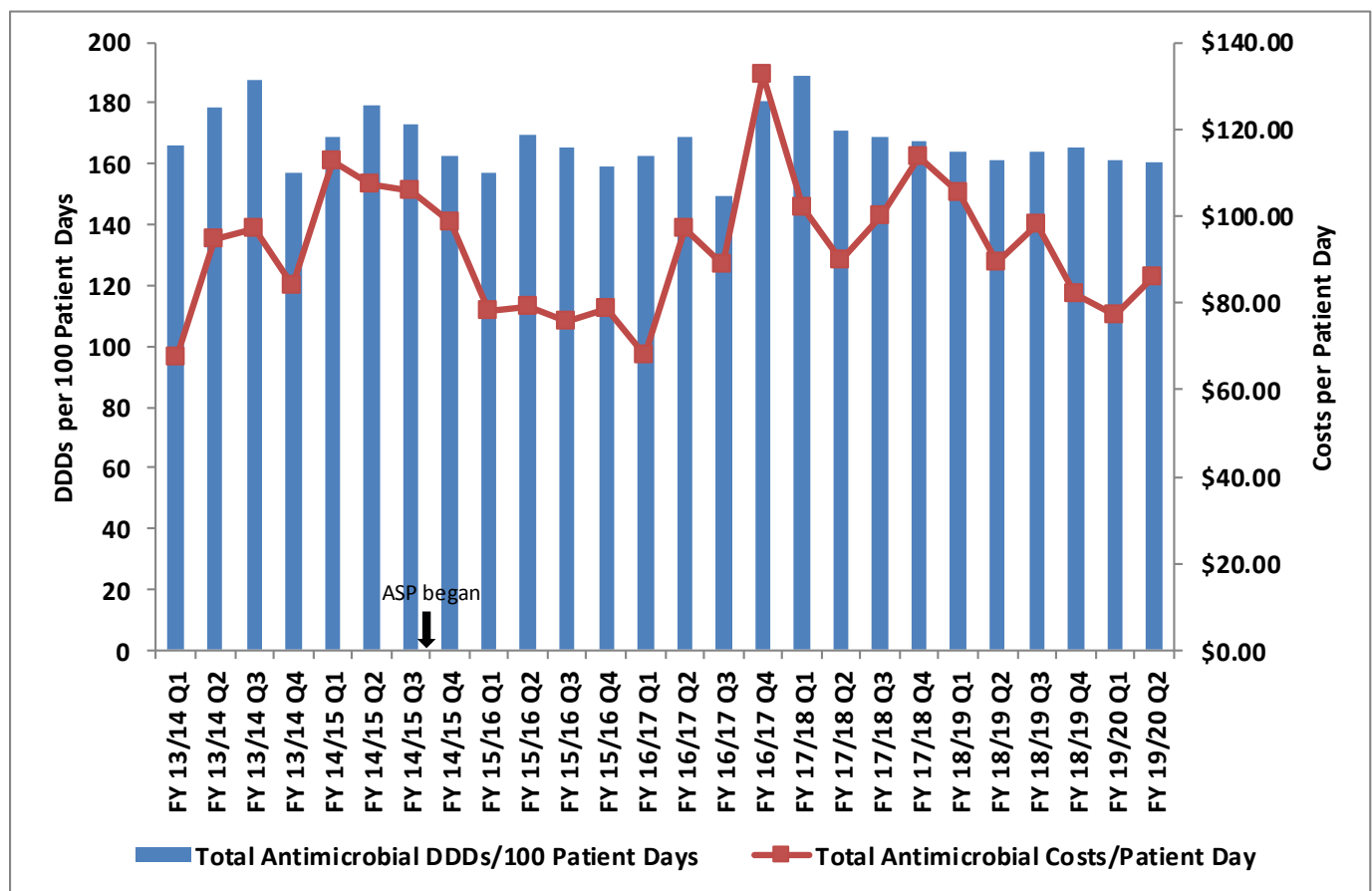


Table 26: Princess Margaret Cancer Centre: Allogeneic Bone Marrow Transplant

Indicators							FY 19/20 Performance					YTD of Previous Year
	FY 13/14	FY 14/15	FY 15/16	FY 16/17	FY 17/18	FY 18/19	Q1	Q2	Q3	Q4	YTD	
Antimicrobial Usage and Costs												
Total Antimicrobial DDDs/100 Patient Days	172	171	163	163	173	164	161	161			161	163
Systemic Antibacterial DDDs/100 Patient Days	114	104	107	107	123	110	110	114			112	110
Systemic Antifungal DDDs/100 Patient Days	59	67	56	56	50	54	51	46			49	53
Total Antimicrobial Costs	\$416,614	\$512,300	\$381,633	\$381,633	\$689,940	\$791,632	\$162,261	\$188,770			\$351,031	\$418,165
Total Antimicrobial Costs/Patient Day	\$85.65	\$106.13	\$77.62	\$77.62	\$102.50	\$93.68	\$77.01	\$86.12			\$81.65	\$97.13
Systemic Antibacterial Costs	\$75,219	\$78,038	\$60,088	\$60,088	\$111,250	\$138,437	\$30,629	\$33,229			\$63,858	\$76,899
Systemic Antibacterial Costs/Patient Day	\$15.46	\$16.17	\$12.22	\$12.22	\$16.53	\$16.38	\$14.54	\$15.16			\$14.85	\$17.86
Systemic Antifungal Costs	\$341,395	\$434,261	\$321,545	\$321,545	\$578,690	\$653,195	\$131,632	\$155,541			\$287,173	\$341,267
Systemic Antifungal Costs/Patient Day	\$70.19	\$89.97	\$65.39	\$65.39	\$85.97	\$77.30	\$62.47	\$70.96			\$66.80	\$79.27
Patient Care Outcomes												
Hospital-Acquired C. difficile Cases (rate per 1,000 patient days)	4 (0.82)	12 (2.49)	7 (1.42)	7 (1.42)	13 (1.93)	11 (1.3)	2 (0.95)	3 (1.37)			5 (1.16)	4 (0.93)

Total Antimicrobial DDDs is the sum of systemic antibacterial DDDs + systemic antifungal DDDs; non-systemic antimicrobials and antivirals are excluded.

Data Sources: Antimicrobial DDD and Costs (Centricity). *An error in DDD calculation for Pip-tazo was detected in Q3 2013; all historical data prior to this was rerun, resulting in minor changes to antibacterial DDDs.

Table 27: Daptomycin Use – Princess Margaret Cancer Centre: Allogeneic Bone Marrow Transplant

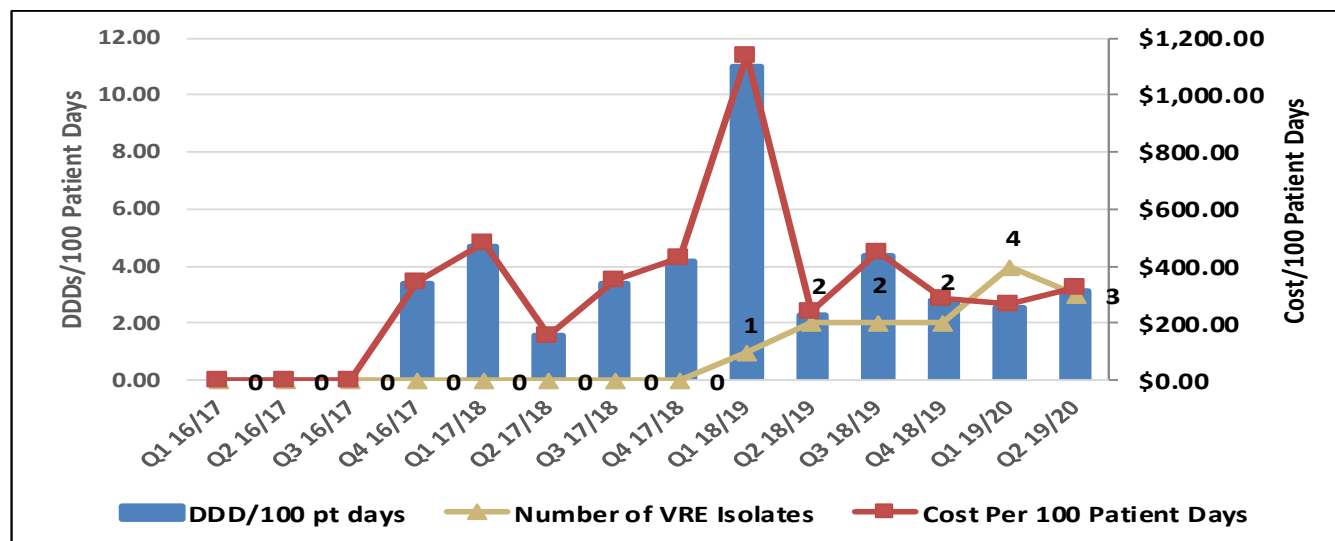
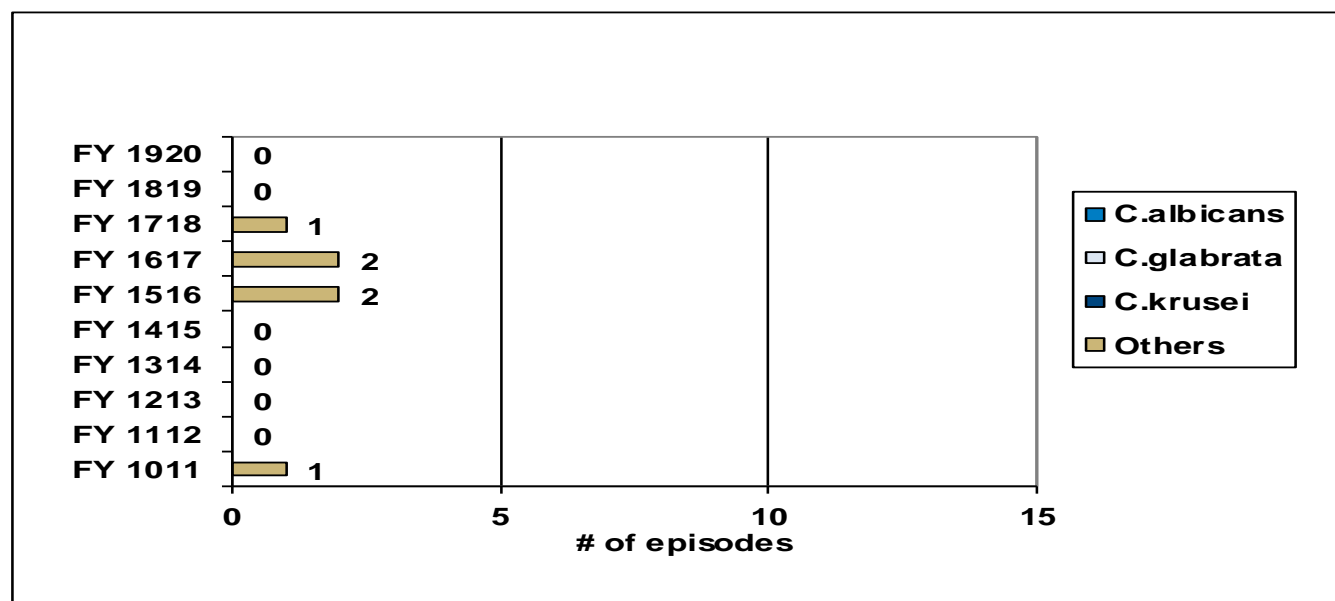
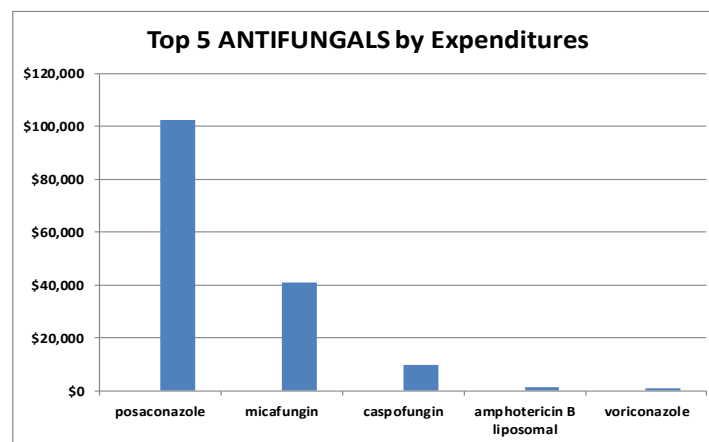
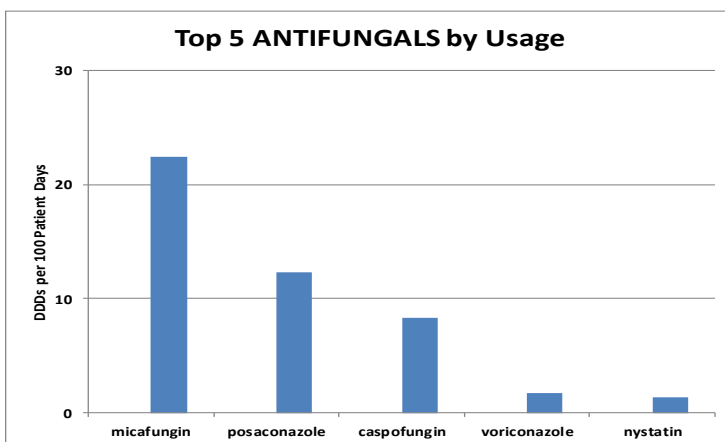
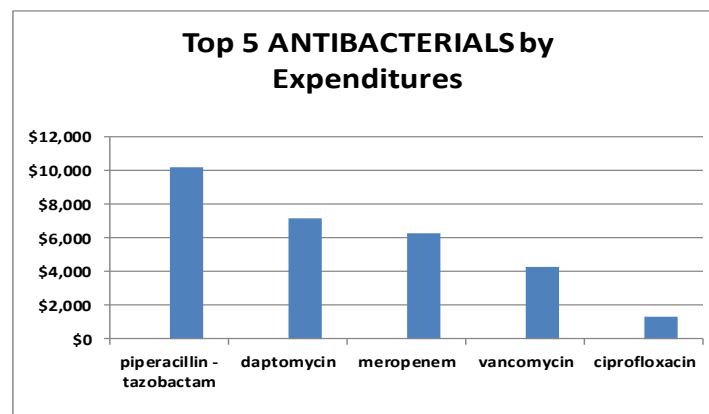
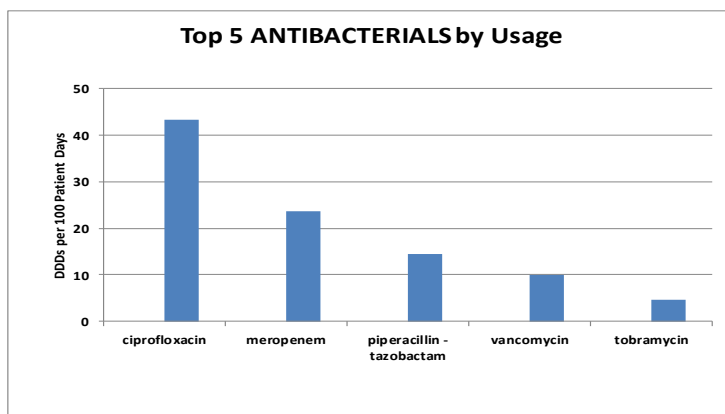


Table 28: Yeast Species Isolated in Blood – Princess Margaret Cancer Centre: Allogeneic Bone Marrow Transplant



NB: In past Quarterly Reports, if a patient had more than one culture of different organisms, it was counted as 0.5 each. Starting with the Q3 2017/18 Quarterly Report and moving forward, it will be counted as 1.

Table 29: Princess Margaret Cancer Centre: Allogeneic Bone Marrow Transplant 19/20 Q2 Top 5 Antimicrobials by Usage (DDDs per 100 patient days) and Expenditures



Toronto General Hospital: Multi-Organ Transplant Program (MOTP)

The FY 19/20 Q2 summary includes:

- Year-to-date (YTD) antimicrobial consumption in defined daily doses (DDDs) per 100 patient days decreased (↓) by 2.0% compared to last year.
- YTD antimicrobial costs per patient day decreased (↓) by 21.5% compared to last year.
- YTD antibacterial costs per patient day decreased (↓) by 18.7% compared to last year.
- YTD antifungal costs per patient day decreased (↓) by 26.0% compared to last year.

Toronto General Hospital: Multi-Organ Transplant Program (MOTP) Antimicrobial Consumption and Costs

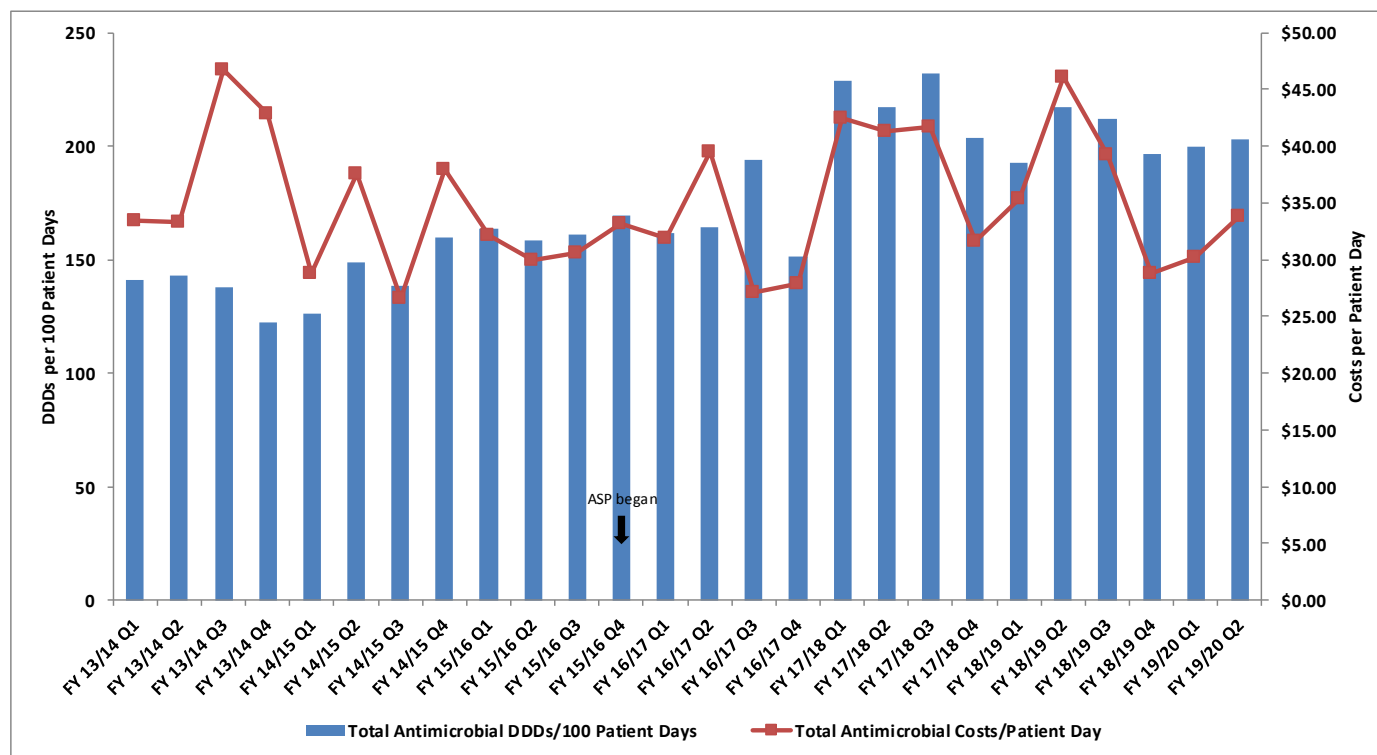


Table 30: Toronto General Hospital: Multi-Organ Transplant Program (MOTP)

Indicators							FY 19/20 Performance					YTD of Previous Year
	FY 13/14	FY 14/15	FY 15/16	FY 16/17	FY 17/18	FY 18/19	Q1	Q2	Q3	Q4	YTD	
Antimicrobial Usage and Costs												
Total Antimicrobial DDDs/100 Patient Days	136	143	211	156	220	205	200	203			201	205
Systemic Antibacterial DDDs/100 Patient Days	93	98	112	108	155	143	138	146			142	143
Systemic Antifungal DDDs/100 Patient Days	43	45	99	48	65	62	62	57			60	62
Total Antimicrobial Costs	\$837,263	\$725,411	\$709,892	\$904,028	\$859,544	\$765,566	\$158,837	\$173,518			\$332,355	\$417,876
Total Antimicrobial Costs/Patient Day	\$39.16	\$32.69	\$31.47	\$31.57	\$40.78	\$37.52	\$30.21	\$33.88			\$32.02	\$40.78
Systemic Antibacterial Costs	\$327,831	\$379,748	\$342,941	\$452,266	\$519,656	\$470,402	\$103,236	\$110,826			\$214,063	\$260,002
Systemic Antibacterial Costs/Patient Day	\$15.33	\$17.11	\$15.20	\$15.79	\$24.66	\$23.05	\$19.63	\$21.64			\$20.62	\$25.38
Systemic Antifungal Costs	\$509,433	\$345,664	\$366,951	\$451,762	\$339,887	\$295,164	\$55,600	\$62,692			\$118,292	\$157,874
Systemic Antifungal Costs/Patient Day	\$23.82	\$15.58	\$16.26	\$15.78	\$16.13	\$14.47	\$10.57	\$12.24			\$11.40	\$15.41
Patient Care Outcomes												
Hospital-Acquired C. Difficile Cases (rate per 1,000 patient days)	14 (0.65)	18 (0.81)	11 (0.49)	17 (0.59)	11 (0.52)	16 (0.78)	2 (0.38)	7 (1.37)			9 (0.87)	5 (0.49)

Table 31: Daptomycin Use – Toronto General Hospital: Multi-Organ Transplant Program (MOTP)

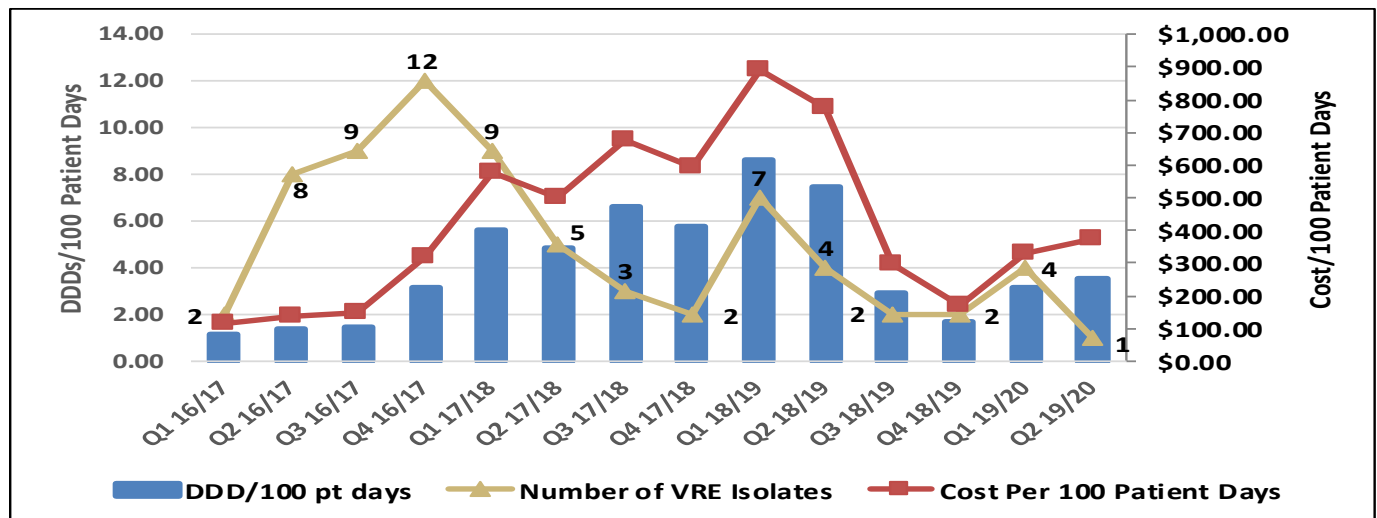
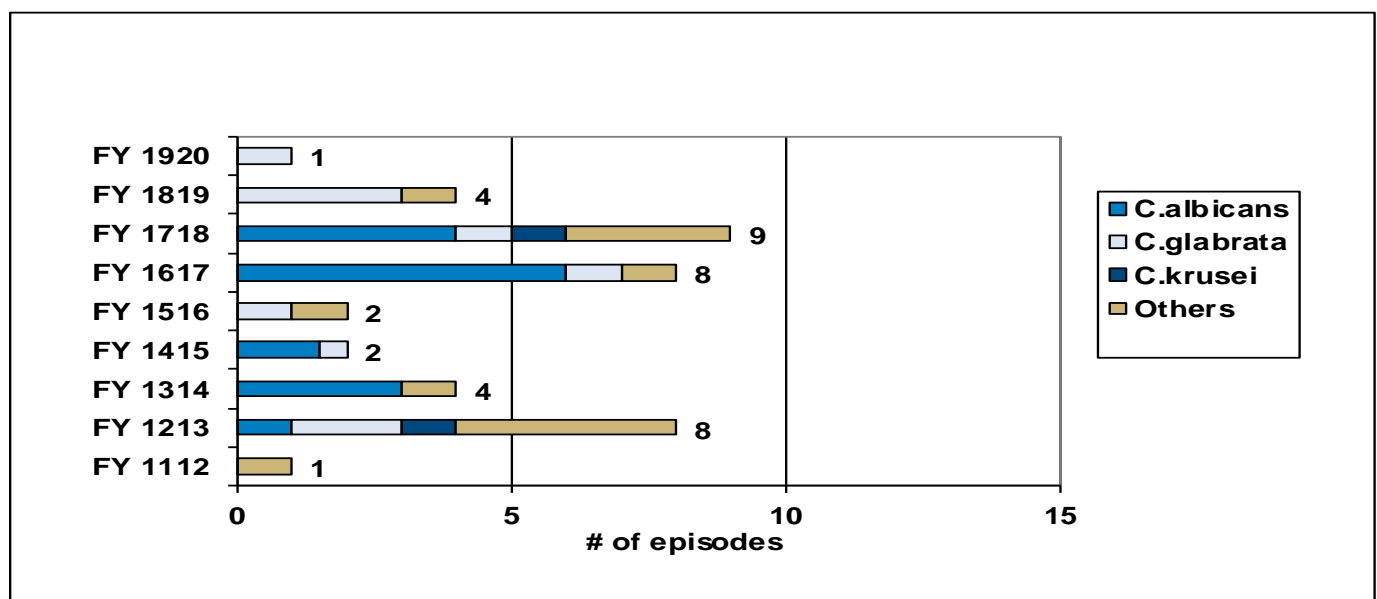


Table 32: Yeast Species Isolated in Blood – Toronto General Hospital: Multi-Organ Transplant Program (MOTP)



NB: In past Quarterly Reports, if a patient had more than one culture of different organisms, it was counted as 0.5 each. Starting with the Q3 2017/18 Quarterly Report and moving forward, it will be counted as 1.

TORONTO REHABILITATION INSTITUTE

Toronto Rehabilitation Institute: Bickle

The FY 19/20 Q2 summary includes:

- Antimicrobial consumption (using defined daily doses (DDDs) per 100 patient days) increased (↑) by 5.7% compared to YTD last year.
- Antimicrobial costs per patient day increased (↑) by 39.5% compared to YTD last year.
- Antibacterial costs per patient day increased (↑) by 42.8% compared to YTD last year.
- Antifungal costs per patient day decreased (↓) by 23.0% compared to YTD last year.

Toronto Rehabilitation Institute: Bickle Antimicrobial Consumption and Costs Per Patient Day

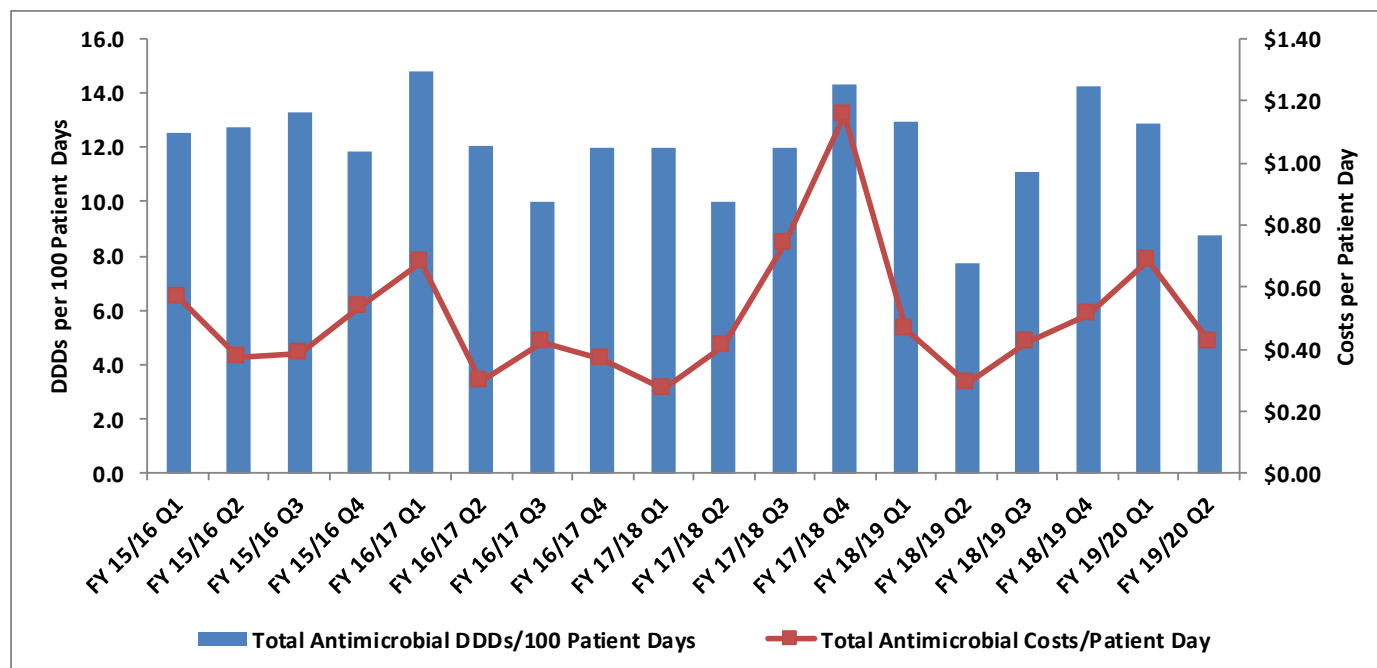


Table 33: Toronto Rehabilitation Institute: Bickle

Indicators					FY19/20 Performance					YTD of Previous Year
	FY 15/16	FY 16/17	FY 17/18	FY 18/19	Q1	Q2	Q3	Q4	YTD	
Antimicrobial Usage and Costs										
Total Antimicrobial DDDs/100 Patient Days	13	12	12	11	13	9			11	10
Systemic Antibacterial DDDs/100 Patient Days	11	11	11	11	12	8			10	9
Systemic Antifungal DDDs/100 Patient Days	2	2	1	1	1	1			1	1
Total Antimicrobial Costs	\$31,326	\$28,952	\$38,119	\$26,945	\$11,199	\$6,629			\$17,828	\$12,035
Total Antimicrobial Costs/Patient Day	\$0.46	\$0.44	\$0.63	\$0.43	\$0.68	\$0.42			\$0.56	\$0.40
Systemic Antibacterial Costs	\$29,933	\$23,571	\$26,056	\$26,265	\$11,091	\$6,251			\$17,341	\$11,439
Systemic Antibacterial Costs/Patient Day	\$0.44	\$0.36	\$0.43	\$0.42	\$0.68	\$0.40			\$0.54	\$0.38
Systemic Antifungal Costs	\$1,393	\$5,381	\$12,063	\$679	\$109	\$378			\$487	\$596
Systemic Antifungal Costs/Patient Day	\$0.02	\$0.08	\$0.20	\$0.01	\$0.01	\$0.02			\$0.02	\$0.02
Patient Care Outcomes										
Hospital-Acquired C. Difficile Cases (rate per 1,000 patient days)	7 (0.10)	7 (0.11)	4 (0.07)	1 (0.02)	0 (0)	0 (0)			0 (0)	1 (0.03)

Toronto Rehabilitation Institute: Lyndhurst

The FY 19/20 Q2 summary includes:

- Antimicrobial consumption (using defined daily doses (DDDs) per 100 patient days) increased (↑) by 30.1% compared to YTD last year.
- Antimicrobial costs per patient day decreased (↓) by 37.9% compared to YTD last year.
- Antibacterial costs per patient day decreased (↓) by 31.1% compared to YTD last year.
- Antifungal costs per patient day decreased (↓) by 96.6% compared to YTD last year.

Toronto Rehabilitation Institute: Lyndhurst Antimicrobial Consumption and Costs Per Patient Day

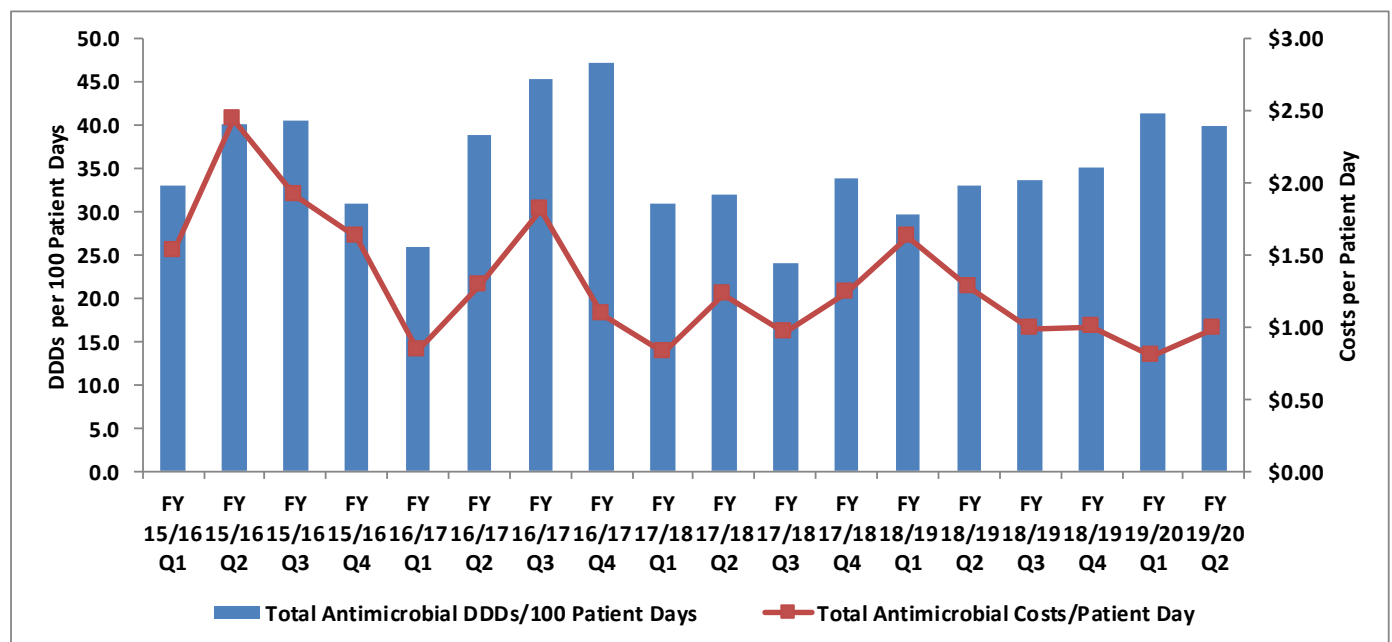


Table 34: Toronto Rehabilitation Institute: Lyndhurst

Indicators	FY 15/16	FY 16/17	FY 17/18	FY 18/19	FY19/20 Performance					YTD of Previous Year
					Q1	Q2	Q3	Q4	YTD	
Antimicrobial Usage and Costs										
Total Antimicrobial DDDs/100 Patient Days	36	39	30	33	41	40			41	31
Systemic Antibacterial DDDs/100 Patient Days	34	38	30	32	41	40			40	31
Systemic Antifungal DDDs/100 Patient Days	2	1	1	0	1	1			1	0
Total Antimicrobial Costs	\$35,817	\$23,520	\$19,991	\$23,262	\$3,866	\$4,870			\$8,736	\$13,697
Total Antimicrobial Costs/Patient Day	\$1.88	\$1.26	\$1.06	\$1.22	\$0.80	\$0.99			\$0.90	\$1.45
Systemic Antibacterial Costs	\$35,473	\$23,404	\$18,691	\$21,813	\$3,841	\$4,845			\$8,686	\$12,262
Systemic Antibacterial Costs/Patient Day	\$1.86	\$1.26	\$0.99	\$1.14	\$0.80	\$0.99			\$0.89	\$1.29
Systemic Antifungal Costs	\$344	\$116	\$1,300	\$1,450	\$24	\$25			\$50	\$1,435
Systemic Antifungal Costs/Patient Day	\$0.02	\$0.01	\$0.07	\$0.08	\$0.01	\$0.01			\$0.01	\$0.15
Patient Care Outcomes										
Hospital-Acquired C. Difficile Cases (rate per 1,000 patient days)	3 (0.16)	1 (0.05)	1 (0.05)	1 (0.05)	0 (0)	0 (0)			0 (0)	0 (0)

Toronto Rehabilitation Institute: University Centre

The FY 19/20 Q2 summary includes:

- Antimicrobial consumption (using defined daily doses (DDDs) per 100 patient days) increased (↑) by 20.6% compared to YTD last year.
- Antimicrobial costs per patient day increased (↑) by 74.0% compared to YTD last year.
- Antibacterial costs per patient day decreased (↓) by 6.7% compared to YTD last year.
- Antifungal costs per patient day increased (↑) by 468.7% compared to YTD last year.

Toronto Rehabilitation Institute: University Centre Antimicrobial Consumption and Costs Per Patient Day

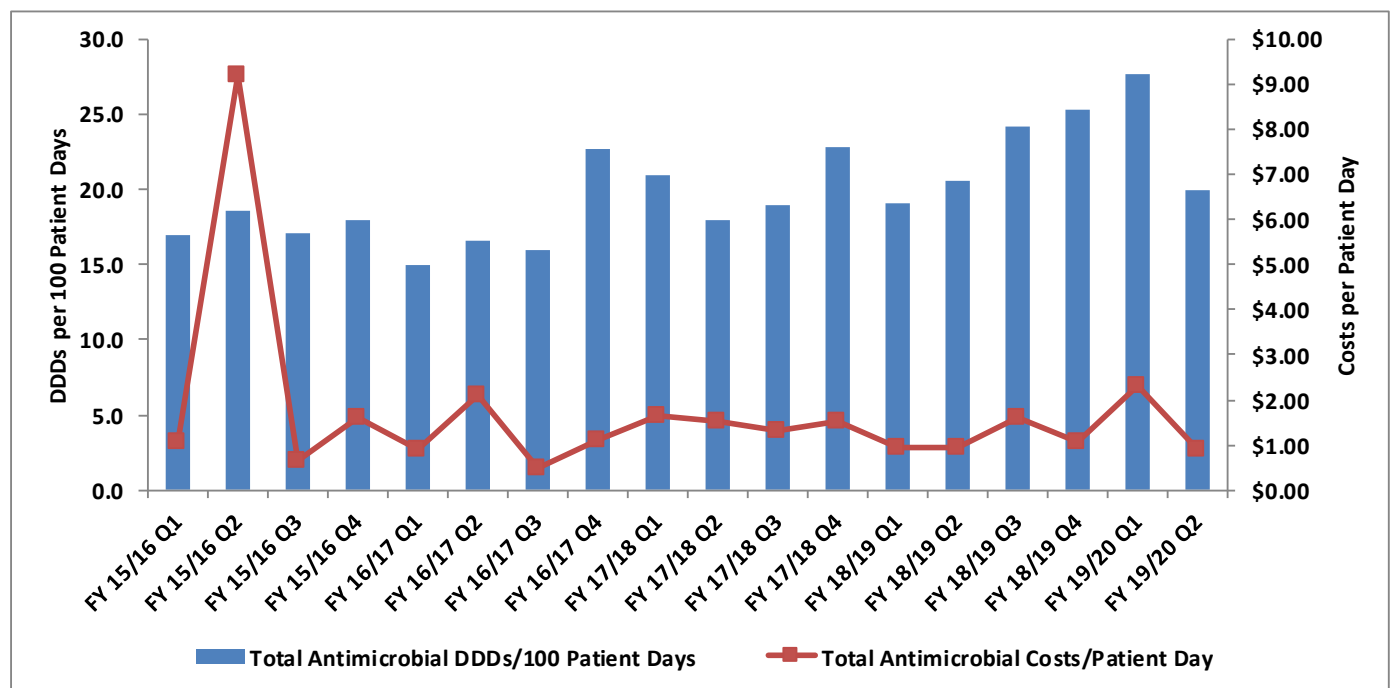


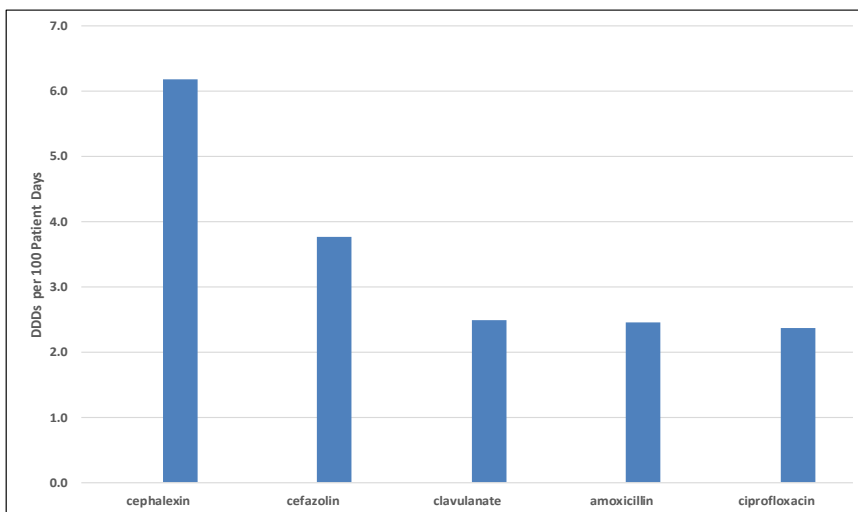
Table 35: Toronto Rehabilitation Institute: University Centre

Indicators	FY 15/16	FY 16/17	FY 17/18	FY 18/19	FY19/20 Performance					YTD of Previous Year
					Q1	Q2	Q3	Q4	YTD	
Antimicrobial Usage and Costs										
Total Antimicrobial DDDs/100 Patient Days	18	18	18	22	28	20			24	20
Systemic Antibacterial DDDs/100 Patient Days	16	15	15	19	23	17			20	17
Systemic Antifungal DDDs/100 Patient Days	1	3	3	4	4	3			4	3
Total Antimicrobial Costs	\$154,345	\$58,364	\$58,364	\$59,142	\$30,759	\$12,019			\$42,777	\$24,219
Total Antimicrobial Costs/Patient Day	\$3.09	\$1.14	\$1.14	\$1.14	\$2.33	\$0.92			\$1.63	\$0.93
Systemic Antibacterial Costs	\$52,505	\$30,908	\$30,908	\$43,669	\$11,684	\$7,355			\$19,039	\$20,107
Systemic Antibacterial Costs/Patient Day	\$1.05	\$0.60	\$0.60	\$0.84	\$0.88	\$0.56			\$0.72	\$0.78
Systemic Antifungal Costs	\$1,840	\$27,456	\$27,456	\$15,473	\$19,075	\$4,663			\$23,738	\$4,113
Systemic Antifungal Costs/Patient Day	\$0.04	\$0.54	\$0.54	\$0.30	\$1.44	\$0.36			\$0.90	\$0.16
Patient Care Outcomes										
Hospital-Acquired C. Difficile Cases (rate per 1,000 patient days)	2 (0.04)	2 (0.04)	2 (0.04)	4 (0.08)	1 (0.08)	0 (0)			1 (0.04)	0 (0)

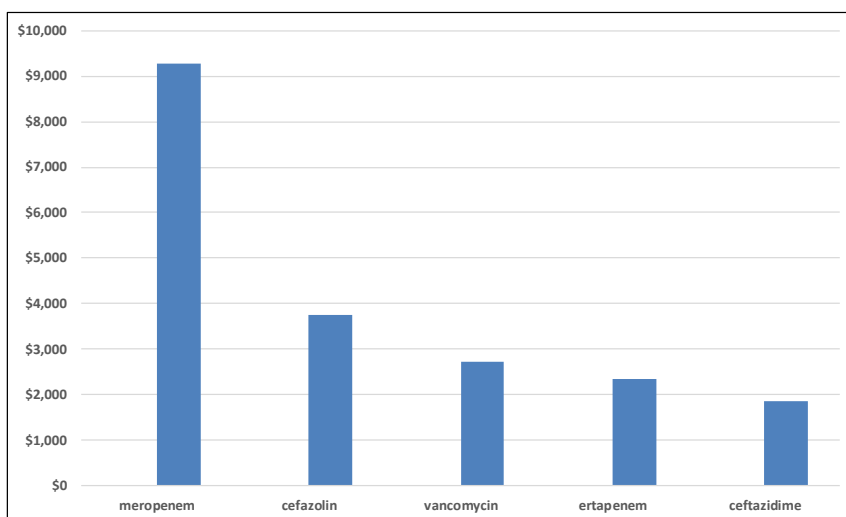
BRIDGEPOINT HEALTH

Bridgepoint Health: Hospital-Wide

Bridgepoint Health: Hospital-Wide Top 5 ANTIBACTERIALS by Usage 2019/20 YTD



Bridgepoint Health: Hospital-Wide Top 5 ANTIBACTERIALS by Expenditures 2019/20 YTD



BEST PRACTICE GUIDELINES AND ALGORITHMS

- Drs. Husain and So have implemented the ASP MOT Common Infections Management Guidelines for Solid Organ Transplant Patients. The guidelines have undergone consultative reviews by content experts in MOT and Transplant Infectious Diseases and have been introduced to all the transplant teams.
- The ASP-Allogeneic Bone Marrow Transplant Working Group was formed to update the antimicrobial prophylaxis guideline for allogeneic bone marrow transplant recipients. It is currently being formatted for incorporation into the existing High-Risk Febrile Neutropenia Protocol. Drs. Husain and So would like to thank the members of the Working Group for their contributions.
- Clinical summaries continue to be available on the [ASP website](#) and on [mobile device web browsers](#) for a series of common and important conditions. We continuously review and update all our clinical summaries – ensuring that they reflect best practices based on the current clinical literature.
- Whiteboard animation videos continue to be available on [our program's YouTube channel](#).

EDUCATION

- As part of our General Internal Medicine (GIM) initiative, the ASP team has been providing ongoing education and support to GIM Pharmacists at both MSH and UHN. The ASP team provides education and tools to physicians and medical trainees through several means, including ASP/ID GIM case-based noon rounds and via a mobile ASP web application (<http://www.antimicrobialstewardship.com/treatment>) to provide efficient access to resources.
- Once a month the ASP team meets with all Nurse Practitioners from the Malignant Hematology program for case rounds.
- The Leslie Dan Faculty of Pharmacy at the University of Toronto is the first institution to offer an elective in Antimicrobial Stewardship in the Entry-to-Practice Doctor of Pharmacy Curriculum. Drs. Linda Dresser and Mark McIntyre are the course coordinators, with contributions from other ASP team members.
- The SHS-UHN ASP continues to provide ASP rotations for residents and fellows from across the country and internationally.
- The Michener Critical Care RN Infection Module has been offered four times now, once a quarter.

MEMBERSHIPS

Public Health Agency of Canada

Dr. Andrew Morris is an invited member of EAGAR (Expert Advisory Group on Antimicrobial Resistance), chaired by the Federal Chief Medical Officer of Health, Dr. Theresa Tam.

Association of Medical Microbiology and Infectious Diseases Canada

Dr. Andrew Morris is a physician member of AMMI Canada's Antimicrobial Stewardship and Resistance Committee. Dr. Linda Dresser is a pharmacist member of this committee.

Society for Hospital Epidemiology of America (SHEA)

Dr. Andrew Morris is Chair of SHEA's Antimicrobial Stewardship and Resistance Committee.

Federal/Provincial/Territorial Pan-Canadian Antimicrobial Stewardship Task Group

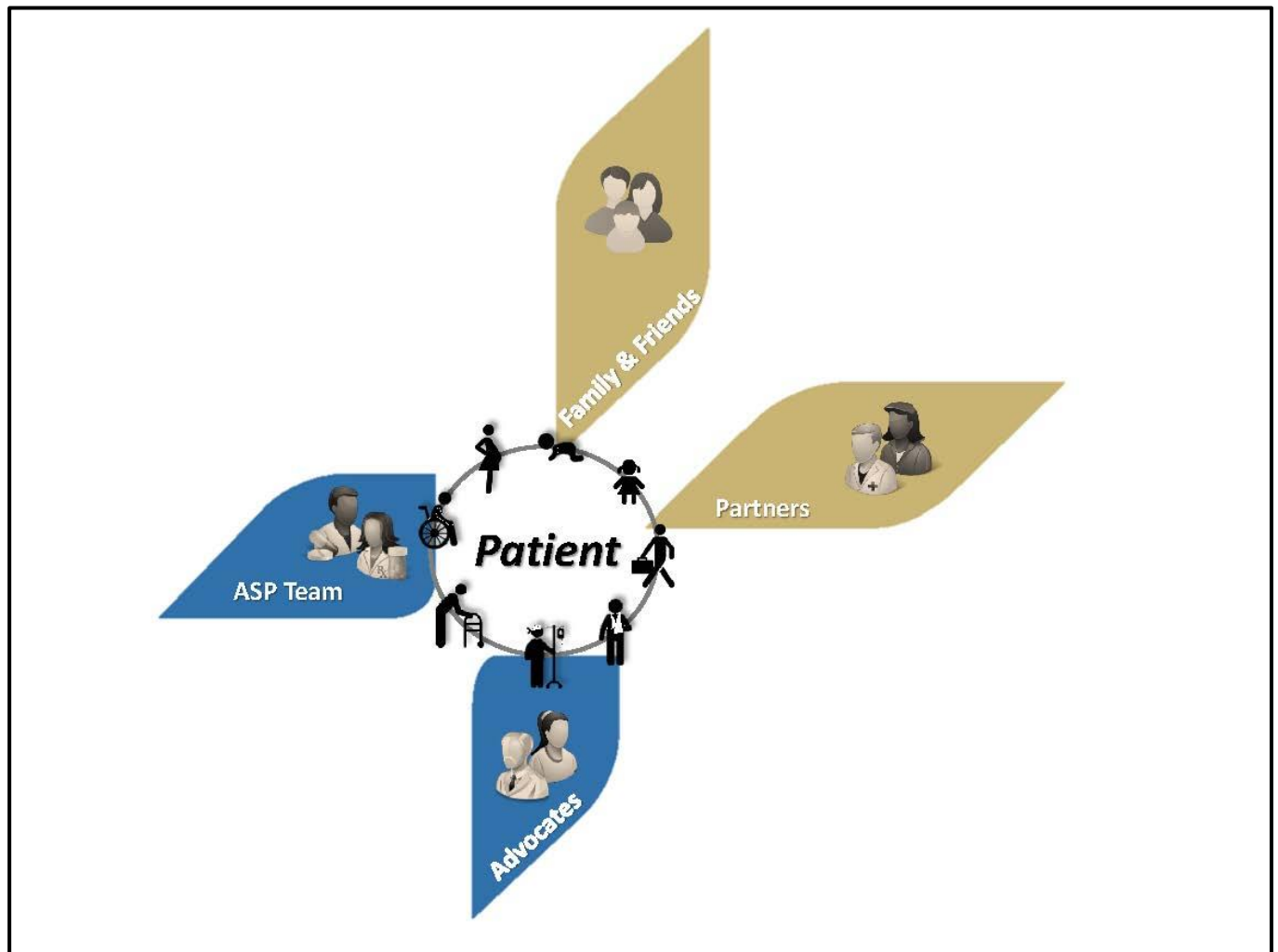
Yoshiko Nakamachi is a member of the Federal/Provincial/Territorial Pan-Canadian Antimicrobial Stewardship Task Group for the development of the Pan-Canadian AMR Action Plan.

Ontario College of Pharmacists

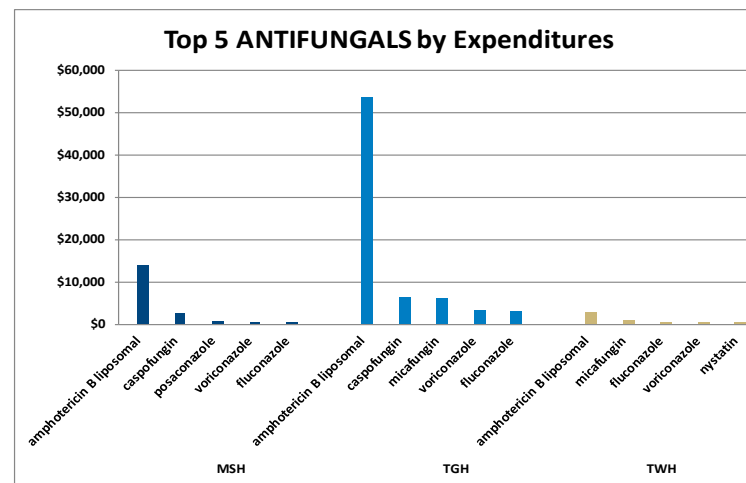
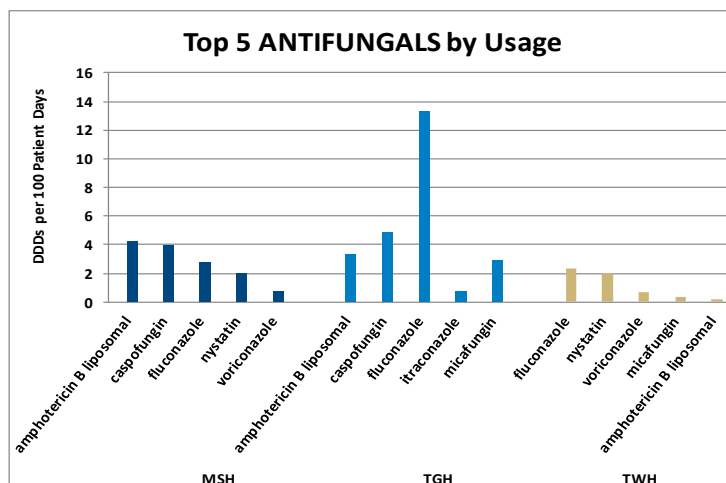
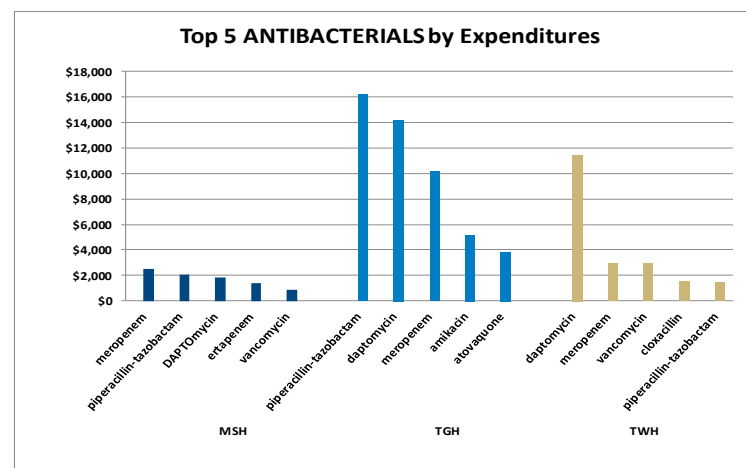
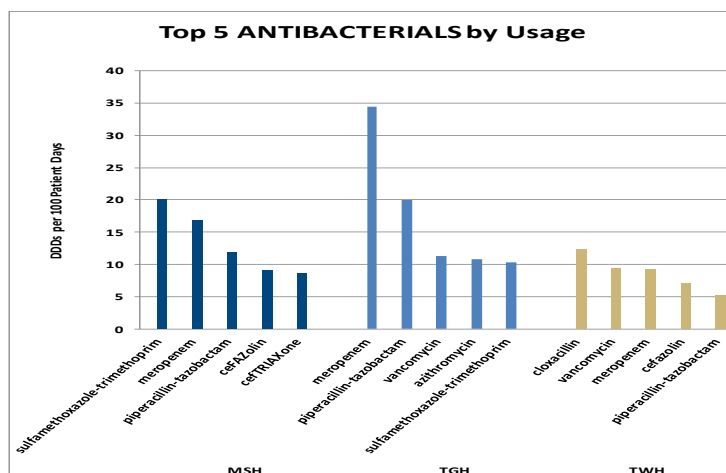
Yoshiko Nakamachi and Drs. Andrew Morris and Mark McIntyre are members of the Minor Ailments Advisory Group, which will provide recommendations that will inform the regulatory submission on expanded scope of practice for Ontario pharmacists.

STRATEGIC PLANNING

The ASP team developed the SHS-UHN ASP Strategic Plan 2016-2019. Please contact Yoshiko Nakamachi (Yoshiko.Nakamachi@uhn.ca) if you would like a copy.



Appendix 1: FY 19/20 Q2 Top 5 Antimicrobials by Usage (DDDs per 100 Patient Days) and Expenditures by ICU Site



Appendix 2: General Internal Medicine FY 19/20 Q2 Top 5 Antimicrobials by Usage (DDDs per 100 patient days) and Expenditures

