

Graph Interpretations of Inpatient AWaRe Quality Indicator Dashboard



Introduction

- This is a guide to help you interpret the types of graphs found in the AWaRe-QI dashboard.
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Types of graphs in the AWaRe QI dashboard

The dashboard provides a variety of AWaRe Quality Indicator (QI) outputs in text, graphs, and table formats, illustrating prescribing patterns and their alignment with AWaRe Book recommendations.

Core Graphs

The following graphs are generated for most clinical conditions:

- **Choice Alignment:** Shows how antibiotic selection aligns with recommended guidelines.
- **Dosage Alignment:** Indicates the extent to which prescribed doses match recommended dosing standards.
- **AWaRe Categories:** Displays the distribution of antibiotic prescriptions across the AWaRe categories (Access, Watch, and Reserve).

Condition-Specific Graphs

For some clinical conditions, additional graphs are available to provide further insights:

- **Line of Treatment:** Illustrates whether the prescribed antibiotics were recommended as first-line or second-line treatments according to the AWaRe Book
- **Route of Administration:** Breaks down antibiotic use by administration route (Intravenous, Oral, or Other).
- **Proportion of Watch Antibiotics:** Highlights the share of Watch-category antibiotics used
- **Watch Antibiotics Classification:** Categorises Watch antibiotics into **Low**, **Medium**, or **High Watch** groups

General Summary Graphs

The screenshot shows a mobile application interface for the AWaRe-based Antibiotic Policy Group. At the top, there is a header bar with the group's logo and the URL <https://antibiotic-policy-group.shinyapps.io/AWaRe/>. Below the header, the main content area has a dark background. On the left, a sidebar contains several items: 'Data Upload', 'Overview', 'General Summary' (which is highlighted with a red rounded rectangle and a red arrow points to it from the title), 'Clinical Conditions' (with a checked radio button icon), 'Bone & Joint Infections' (with a bone icon), and 'Download Raw Data'. The 'General Summary' section lists several sub-options: 'Summary of patient distribution', 'Overall antibiotic use and conditions', 'Antibiotic use by AWaRe', 'Antibiotic use by condition', 'Antibiotic use by ward', 'Indication-treatment pattern by age', and 'Prophylaxis indications by age'. The 'Clinical Conditions' section is currently selected.

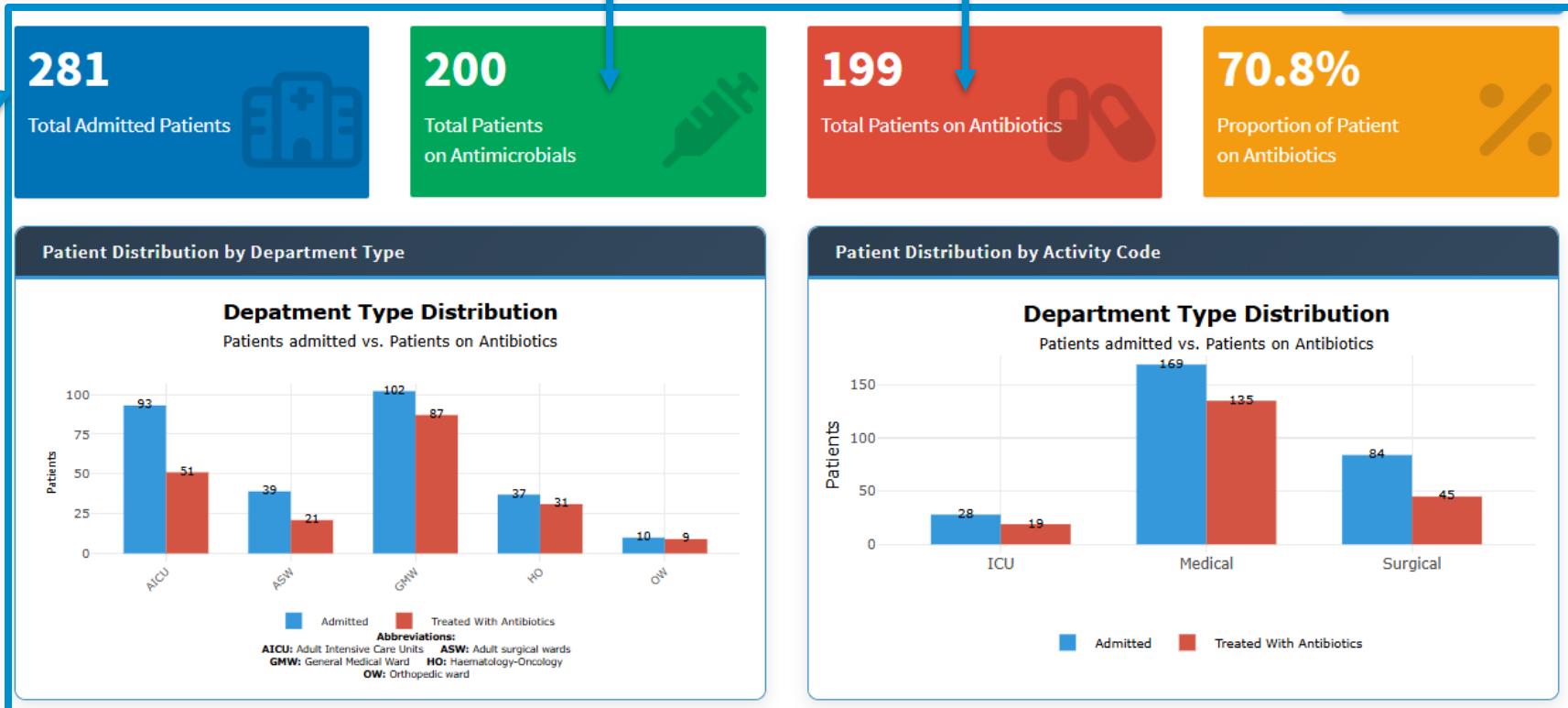
Summary of Patient Distribution

This is the number of patients prescribed **antimicrobials of all types** including antibiotics, antimalarials, antifungals, antivirals.

This is the number of total patients prescribed **ANTIBIOTICS**.

This is the number of total patients assessed for that round of the PPS.

Note: One patient can have more than one antibiotic prescribed.



Overall Antibiotic use and conditions

This table shows the disease make up of your facility based on Global PPS diagnosis codes

Note: One patient can have more than one clinical condition or antibiotic prescribed.

You can click this button to see the total prescriptions and QI eligible prescriptions within each clinical condition

The table shows the total treated patients with a clinical condition and the QI eligible patients

Diagnosis and Antibiotic Use Data

Treated Patients by Diagnosis **Antibiotic Prescriptions by Diagnosis**

This table summarizes all patients treated by diagnosis code, including QI-eligible cases.

Treated Patients by Diagnosis Code
Counts of all treated patients and QI-eligible treated patients (unique survey IDs)

Diagnosis code	Total treated patients	QI eligible treated patients
SEPSIS	54	43
Pneu	25	21
Pye	23	12
BJ	22	11
CNS	22	20
Proph	21	21
IA	15	11
SST	13	12
Proph BJ	8	0
GI	2	0

Showing 1 to 10 of 13 entries

Previous 1 2 Next

Overall Antibiotic Use

The **Green row** shows the number of patients that received/prescriptions of **Access** antibiotics

These columns show the **total patients** on antibiotics and **total antibiotic prescriptions** in your facility/ward

These columns show the eligible patients and the eligible prescriptions for the QI analysis. This is **all adult (>18) patients who received empiric treatment for a community-acquired infection**

Hospital-Wide				
	Total Patients	QI-Eligible Patients	Total Rx	QI-Eligible Rx
Access	62	37	64	38
Watch	124	97	127	100
Reserve	18	16	18	16
Not Recommended	5	3	5	3
Unclassified	1	1	1	1

Note: One patient can have more than one antibiotic prescribed.

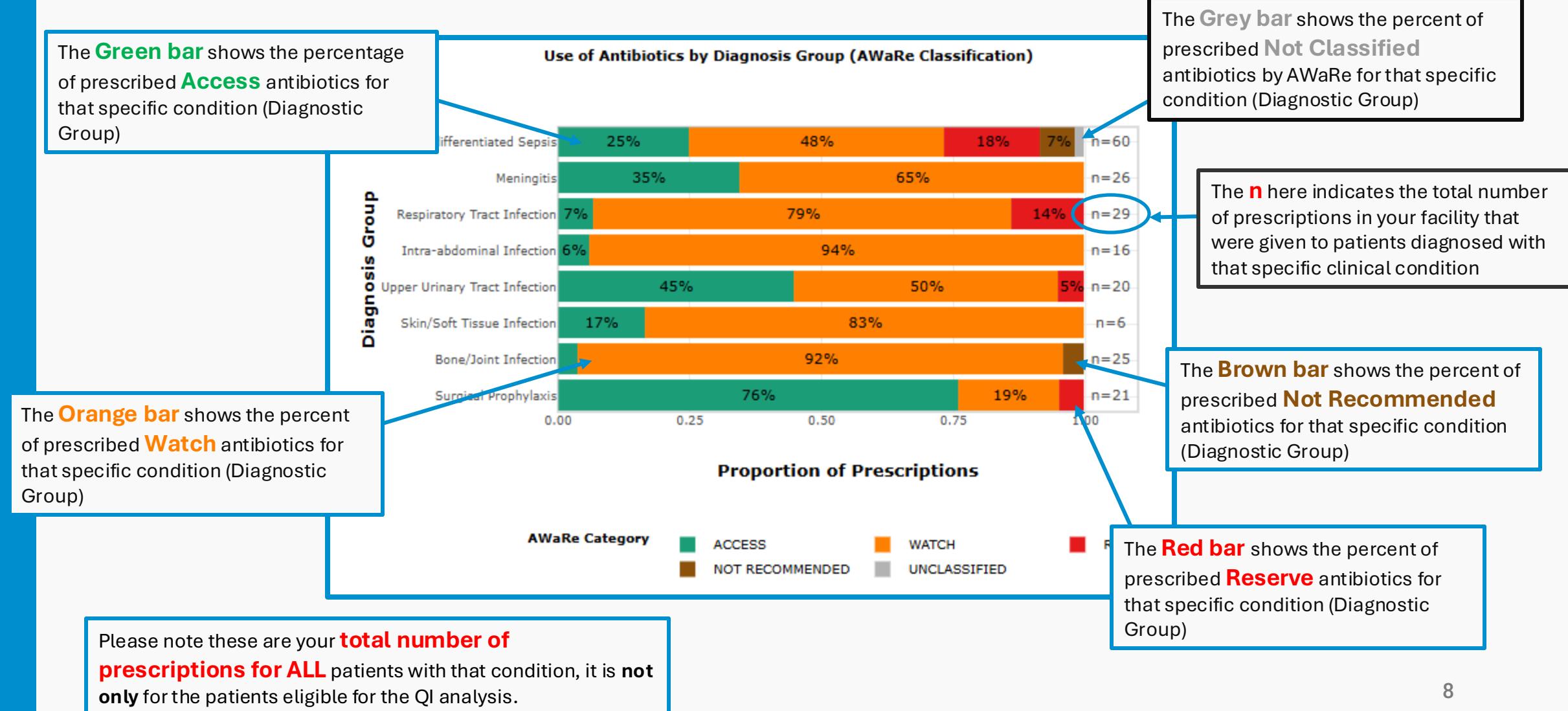
The **Red row** shows the number of patients that received prescriptions of **Reserve** antibiotics

The **Orange row** shows the number of patients that received/prescriptions of **Watch** antibiotics

The **Grey row** shows the number of patients that received prescriptions of antibiotics **Unclassified** by AWaRe

The **Brown row** shows the number of patients that received prescriptions of **Not Recommended** antibiotics

Condition-Specific Antibiotic Use



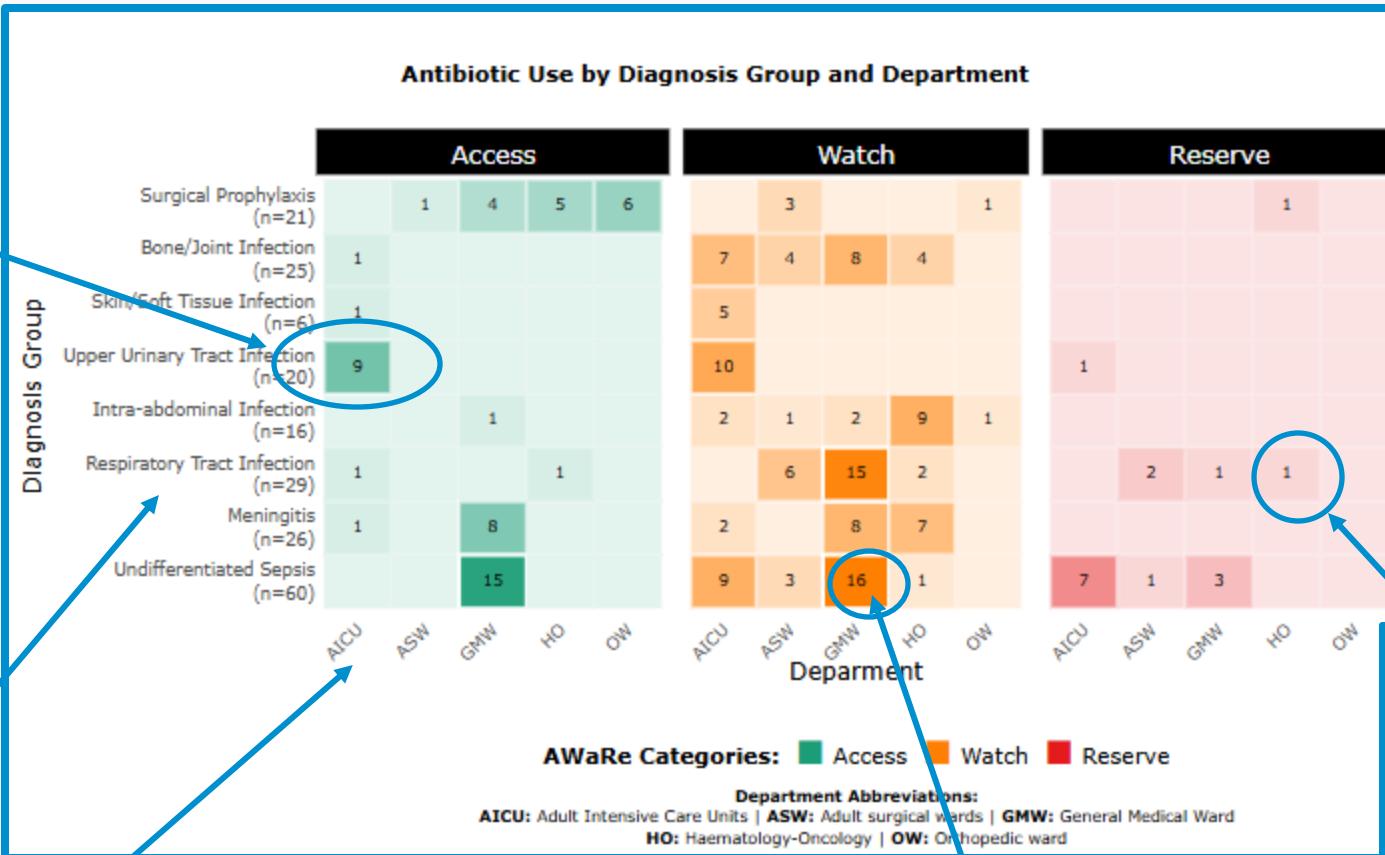
Condition-Department-Specific Antibiotic Use

Green boxes show total **Access** prescriptions in that specific ward for that specific condition.

For example, there are 9 prescriptions of Access antibiotics for Upper UTI in the Adult Intensive Care Unit (AICU).

The **y-axis** has the clinical conditions. '**n**' is the total number of prescriptions hospital wide for that condition listed.

The **x-axis** has the wards in your health facility.



Orange boxes show total **Watch** prescriptions in that specific ward for that specific condition.

For example. There are 16 prescriptions for Sepsis in the General Medical Ward (GMW) that involved Watch antibiotics.

The darker the colours are on this graph, the more prescriptions you have in that specific ward for that specific condition.

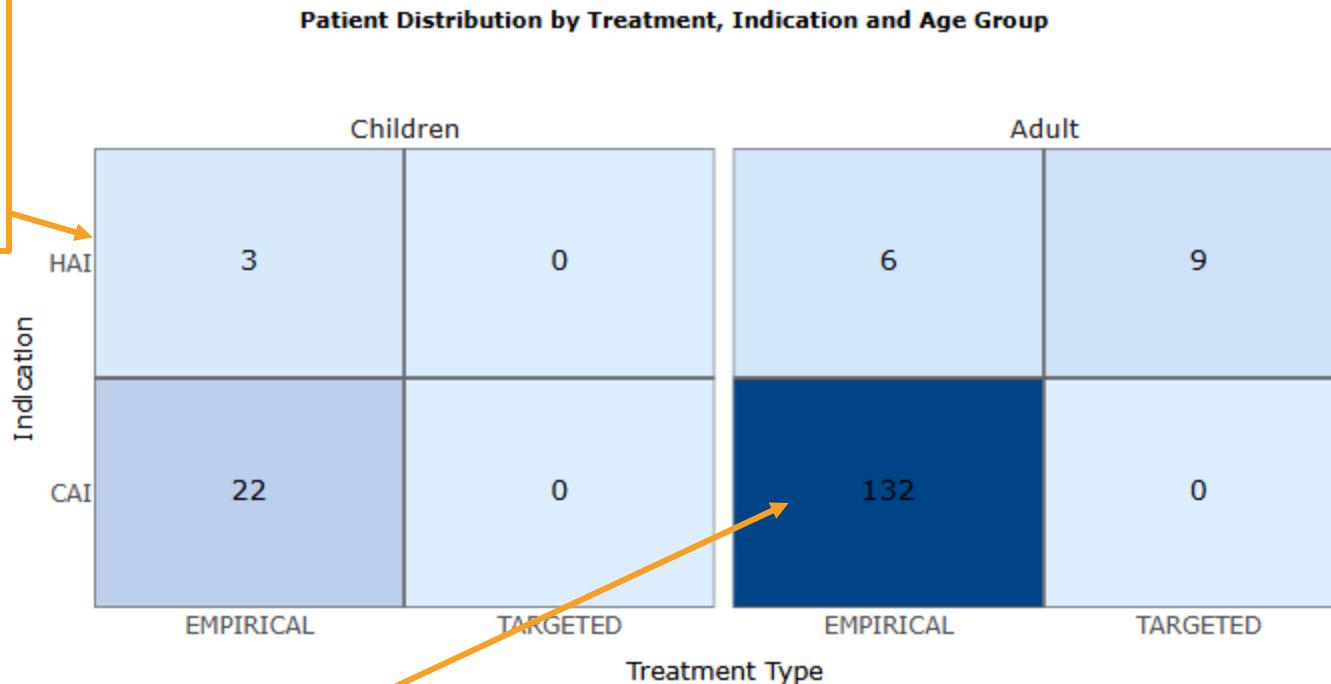
Your departments might look different to the examples shown here.

Red boxes show total **Reserve** prescriptions in that specific ward for that specific condition.

For example. There is 1 prescriptions for RTI in Haematology-Oncology Ward that involved Reserve antibiotics

Empiric vs Targeted Treatment by Age

Each box represents the number of patients that received either empirical/targeted treatment for a hospital/community-acquired infection. The boxes are divided into the child patients and adult (>18) patients)



For example, there are 132 adult patients with community-acquired infections who received empiric treatment

REMEMBER: AWare QIs currently focus on ADULTS with COMMUNITY-ACQUIRED INFECTIONS on EMPIRIC ANTIBIOTIC TREATMENT.

The darker the colours are on this graph, the more patients you have in that specific ward with that specific condition

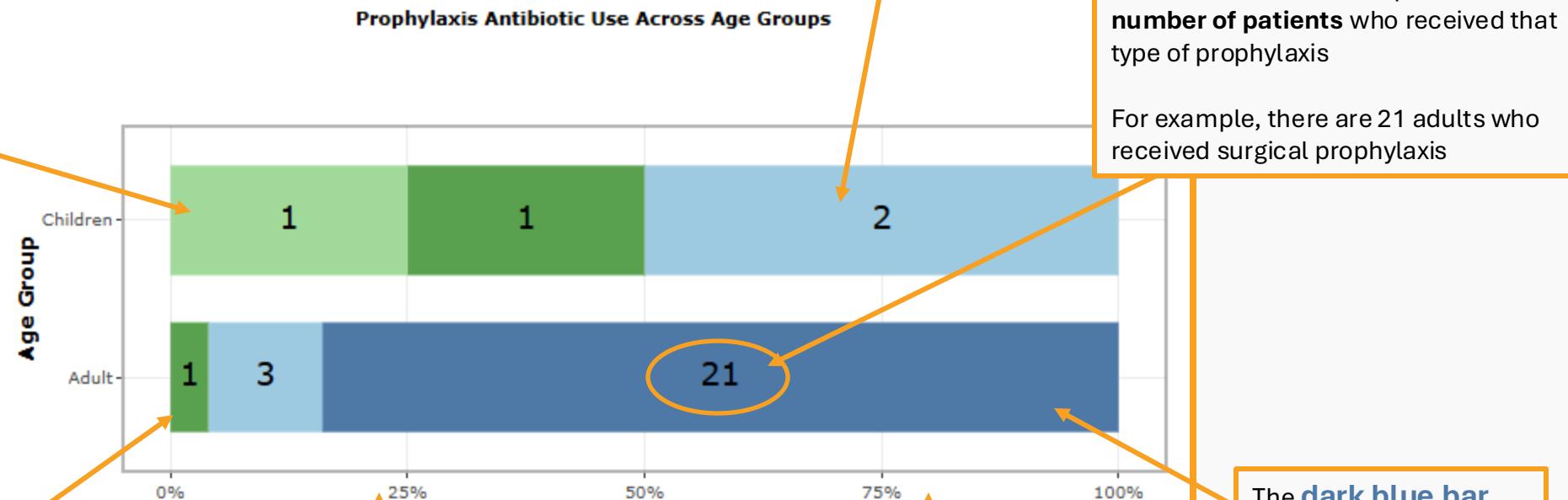
Your departments might look different to the examples shown here.

Age-Specific Prophylaxis

The **light green bar** represents the proportion of patients who received **treatment with unknown indication**

The bars are divided into the child patients and adult (≥ 18) patients

The **dark green bar** represents the proportion of patients who received **prophylaxis besides surgical or medical**.



The **light blue bar** represents the proportion of patients who received **medical prophylaxis**

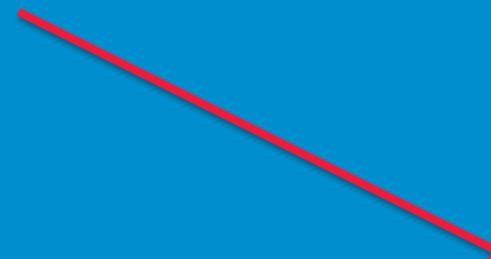
The number in the bar represents the **number of patients** who received that type of prophylaxis

For example, there are 21 adults who received surgical prophylaxis

The **dark blue bar** represents the percentage of patients who received **surgical prophylaxis**

X axis and the size of the bar relates to the percentage of Children/Adults on Prophylaxis

Clinical Conditions Graphs



Antibiotic Policy Group AWaRe-based Antibiotic Consumption and Resistance

- Data Upload
- Overview
- General Summary
- Clinical Conditions
- Bone & Joint Infections
 - Overview
 - Antibiotic use by AWaRe category
 - Choice Alignment
 - Dosage Alignment

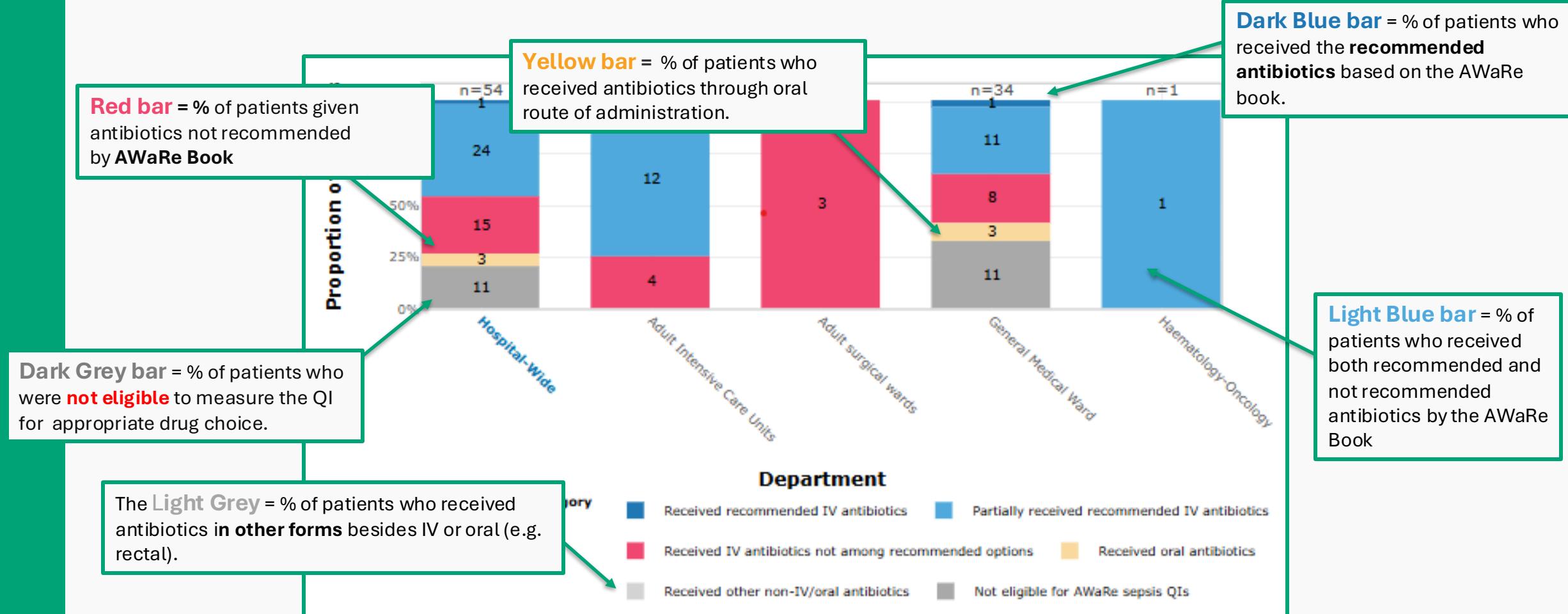
Download Raw Data

Definitions for choice alignment

- Choice alignment

Bar Colour	Meaning	Interpretation
Dark Blue	Received recommended IV antibiotics with recommended dosage	Ideal
Light Blue	Shows patients who received at least one AWaRe-recommended antibiotic but whose overall treatment does not fully align with the AWaRe recommendations for that condition	Investigate why
Yellow	Antibiotics received via the oral route	
Red	NONE of the antibiotics prescribed align with AWaRe Book recommendations	Not ideal. Investigate why
Light Grey	Antibiotics prescribed via other routes (Not oral or IV)	

Choice Alignment with AWaRe Book



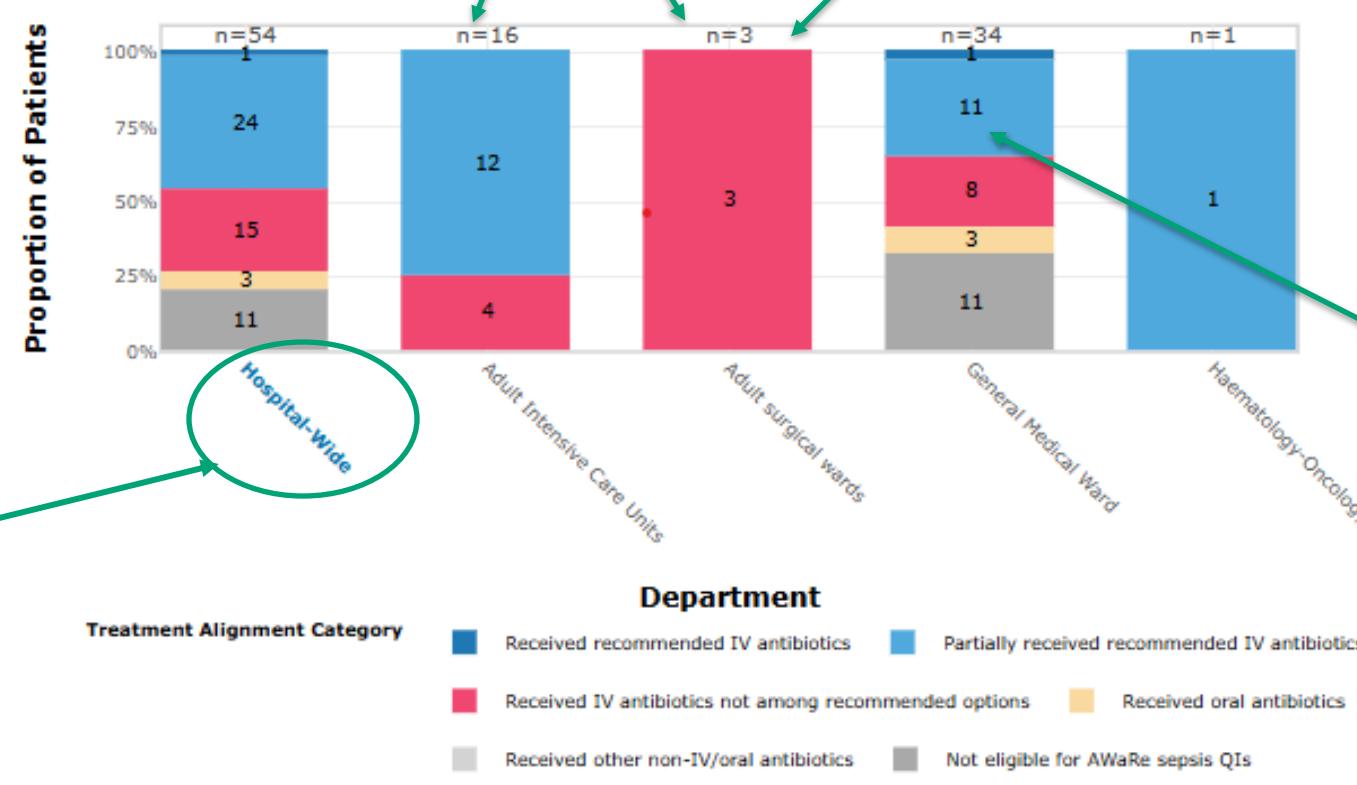
Choice Alignment Example

Be cautious of the number of patients in each ward when analysing data
i.e., there are only 3 eligible patients in the adult surgical ward

The following bars show the antibiotic choice per department/ward.

The first column shows hospital-wide info on how the antibiotic choice aligns with the AWaRe Book.

For example, in this adult surgical ward, the bar is all red because all 3 eligible patients in this ward received treatment NOT align with the AWaRe Book.

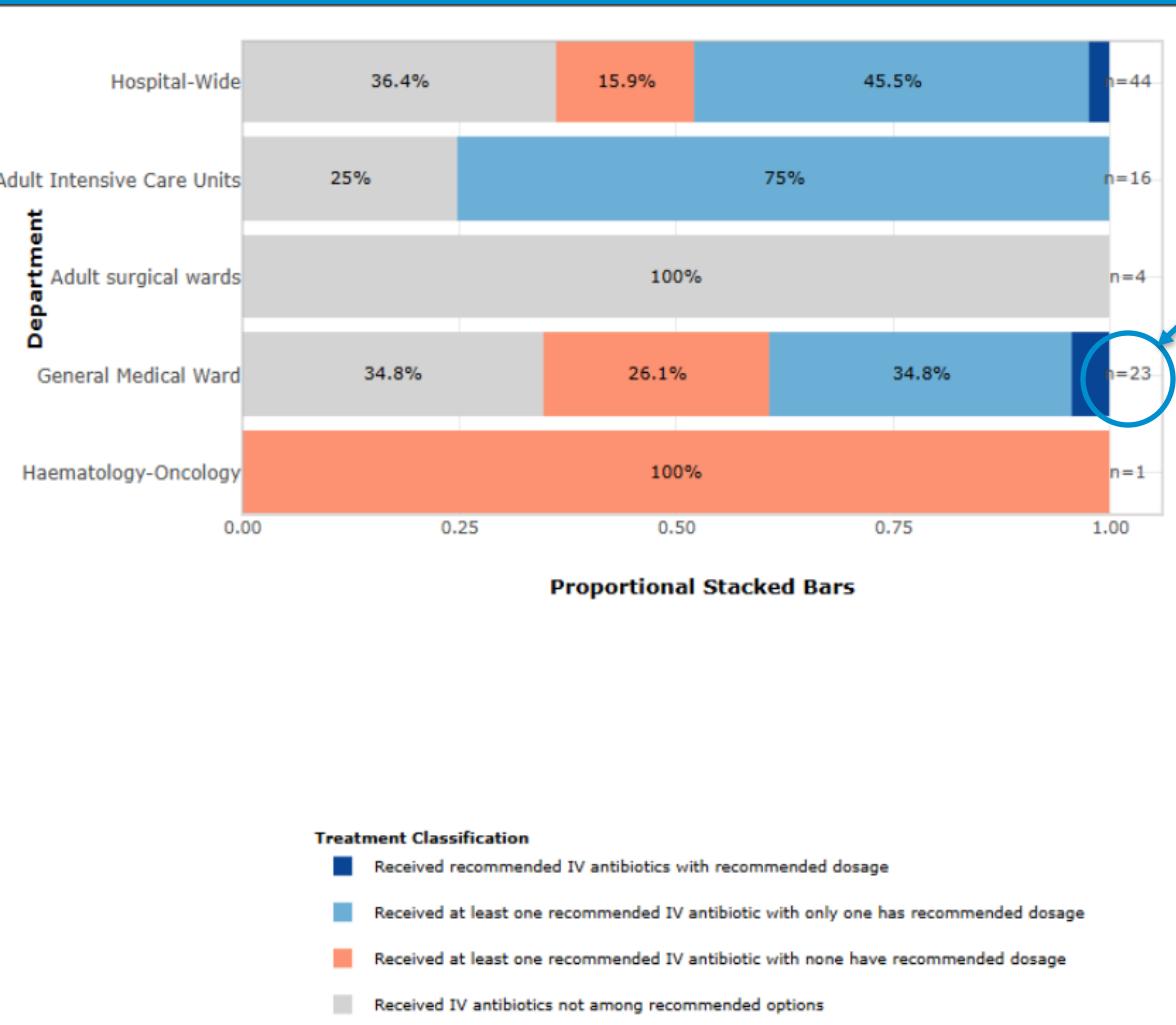


If the light blue bar. is bigger than the dark blue bar, that means more patients received a partially recommended treatment in that department.

Definitions for dosage alignment options

Bar Colour	Meaning	Interpretation
Dark Blue	Received recommended IV antibiotics with recommended dosage	Ideal
Light Blue	Shows patients who received at least one AWaRe-recommended antibiotic at a dosage consistent with AWaRe guidance, but whose overall treatment regimen does not fully align with AWaRe recommendations for that condition.	Investigate why
Light Orange	Shows patients who received at least one AWaRe-Book recommended antibiotic, but NOT the recommended dosage	Investigate why
Light Grey	None of the IV antibiotics received was among the recommended choices in the AWaRe Book	Investigate

Dosage Alignment with AWaRe Book: Denominator

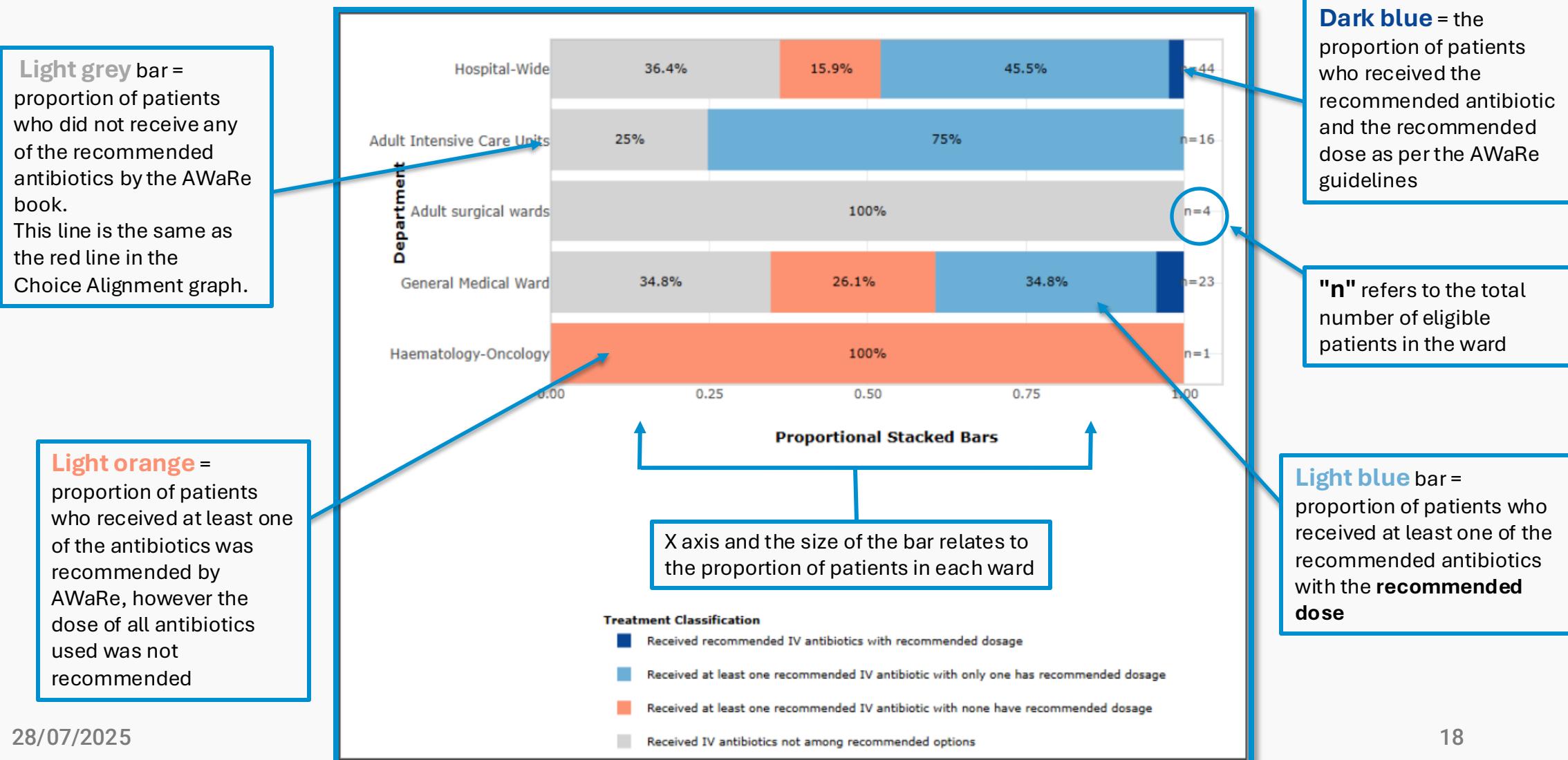


The denominator is the same as in the appropriate choice graph but **EXCLUDES** patients who received oral antibiotics when IV was recommended and those ineligible for the QI measure (e.g., targeted treatment after microbiological testing, age < 18, or hospital-acquired infections).

For example: 23 (out of 38) patients in the general medical ward were prescribed IV antibiotics.



Dosage Alignment with AWaRe Book

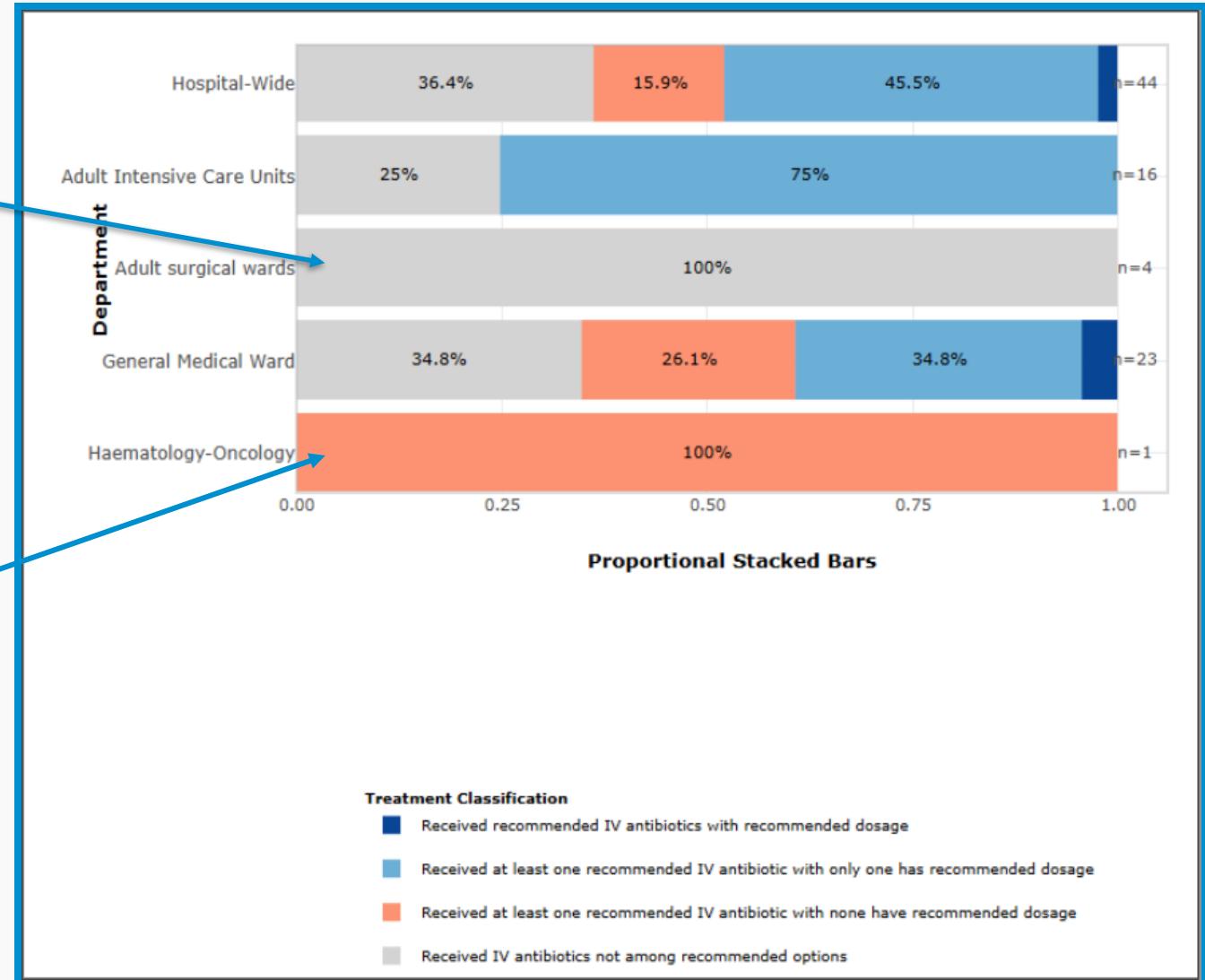


Dosage Alignment Example

A large proportion of light grey could mean several options:

- Local guidelines differ significantly from AWaRe Book
- Guidelines were not adhered to
- Recommended antibiotics were not

If you see a large section of **light orange** in your graph, this means that most patients are receiving the recommended antibiotic, but the dose does not follow the recommendation by the AWaRe book

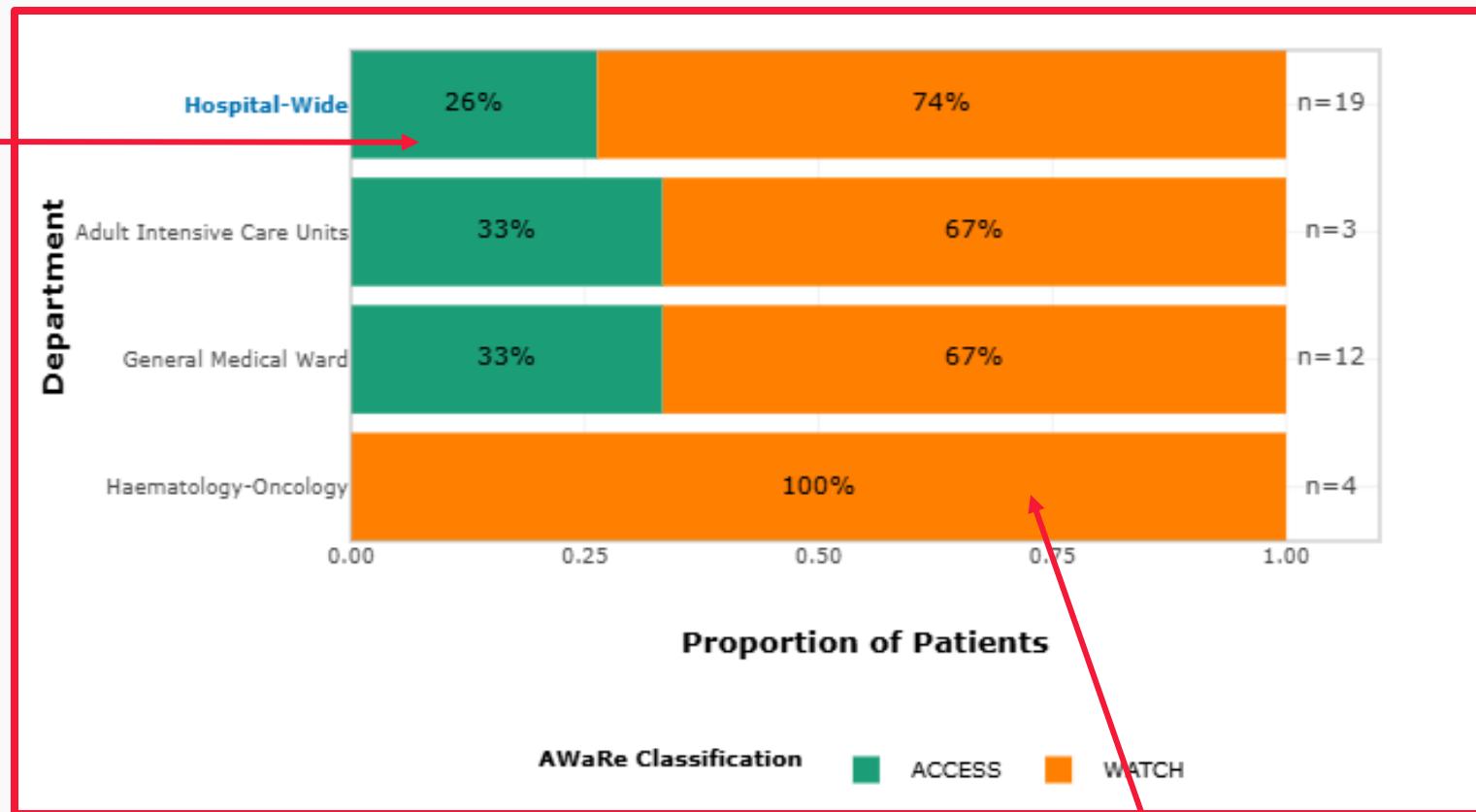


Antibiotic Choice Alignment by AWaRe Category

The **green bar** represents the proportion of patients who received Access antibiotics recommended by the AWaRe Book.

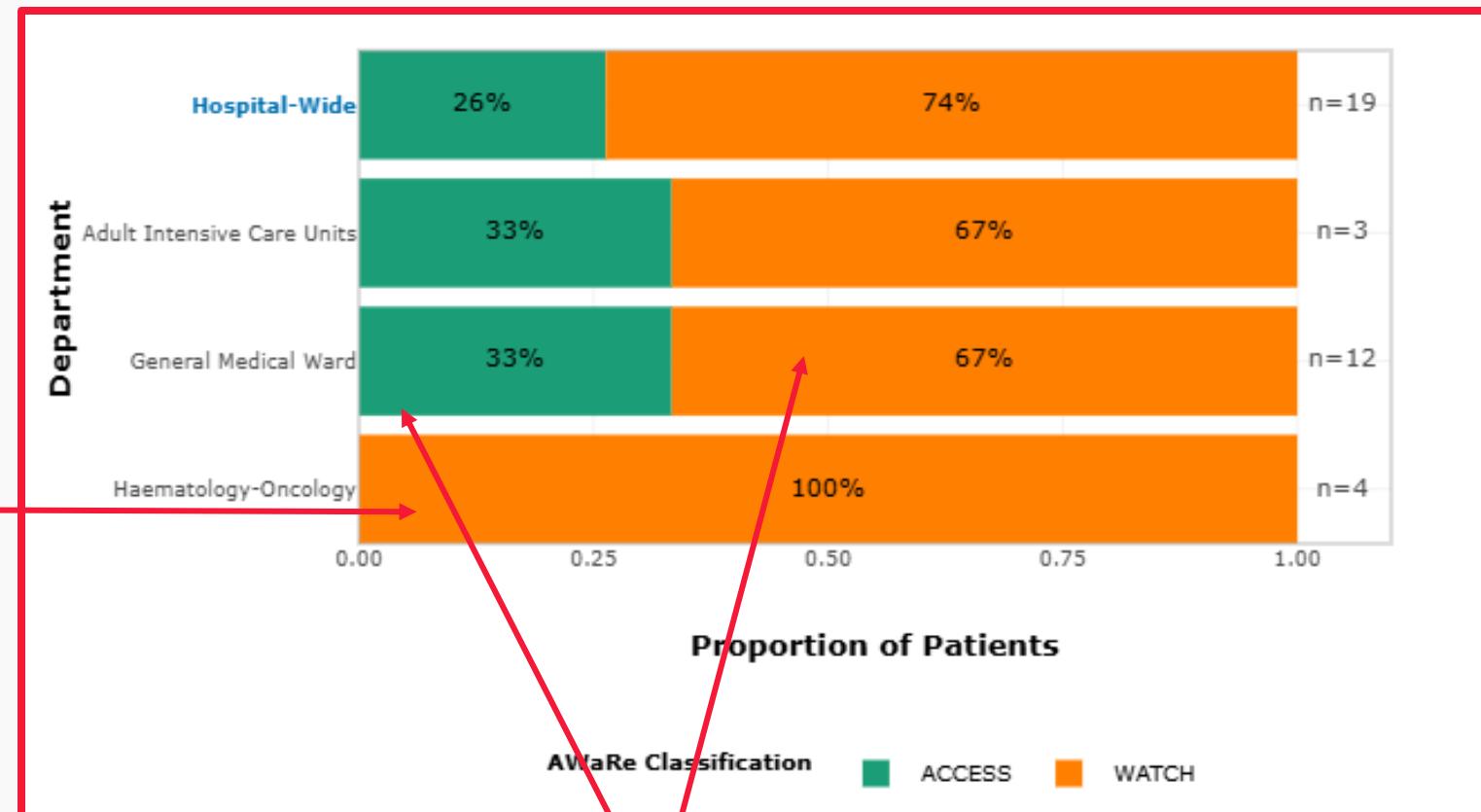
NOTE: This graph **INCLUDES ONLY** patients receiving **fully or partially recommended** antibiotics.

It **does not** include not recommended.



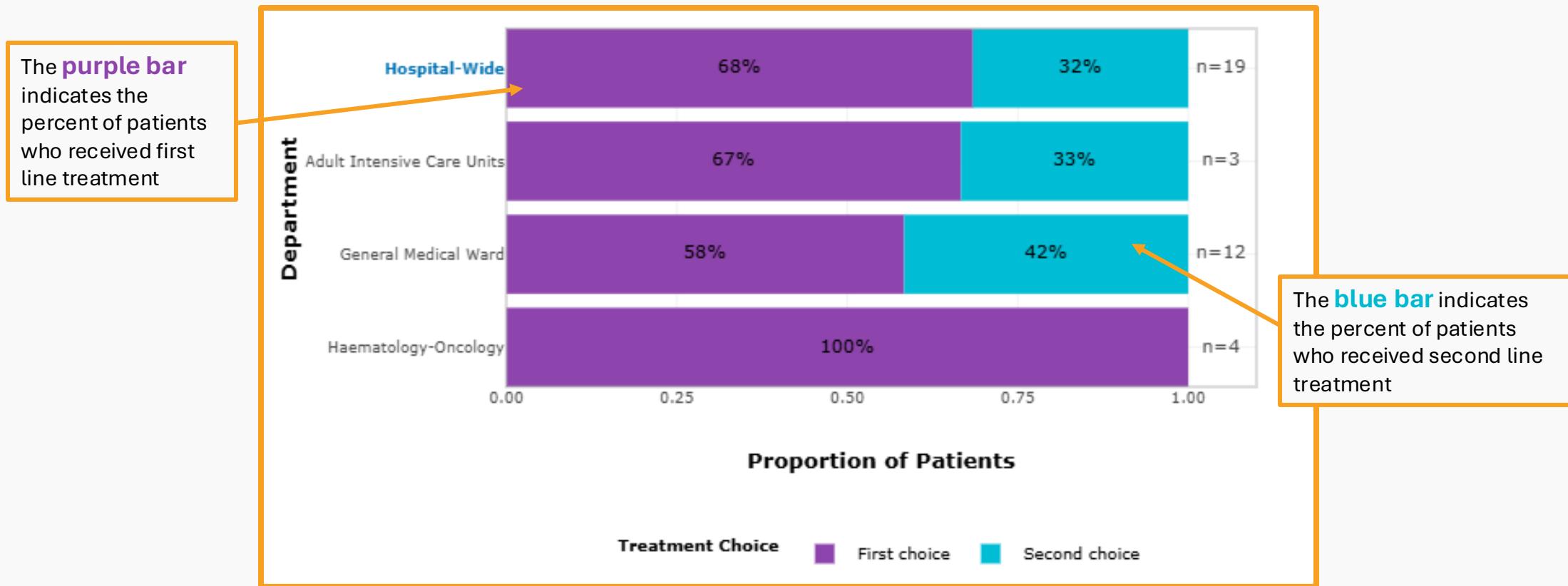
The **orange bar** represents the proportion of patients who received Watch Antibiotics recommended by the AWaRe Book.

Alignment by AWaRe Category Example



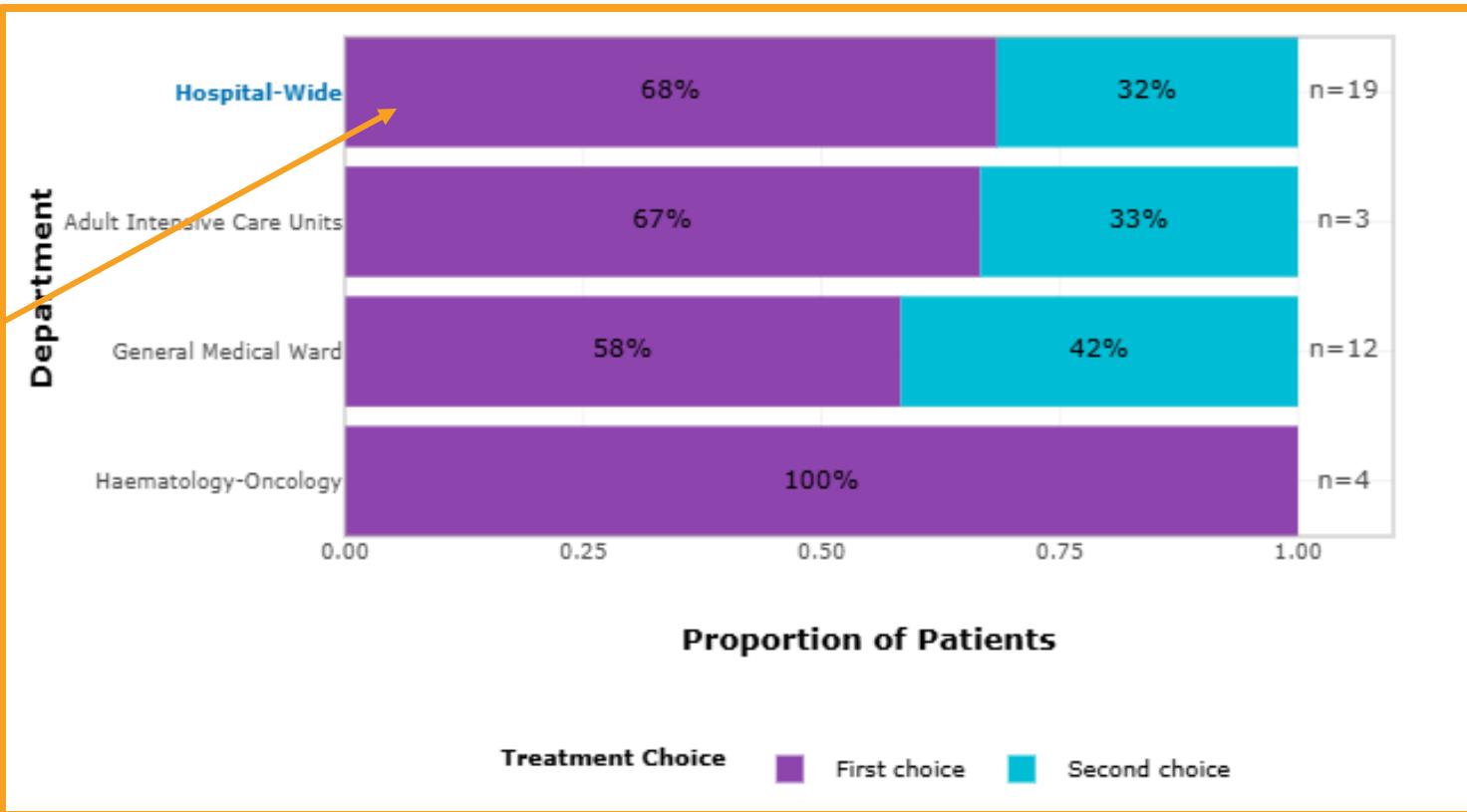
If your bar has both green and orange on it, it means that patients received recommended antibiotics by the AWaRe book are both Access and Watch

Antibiotic Choice Alignment by Line of Treatment



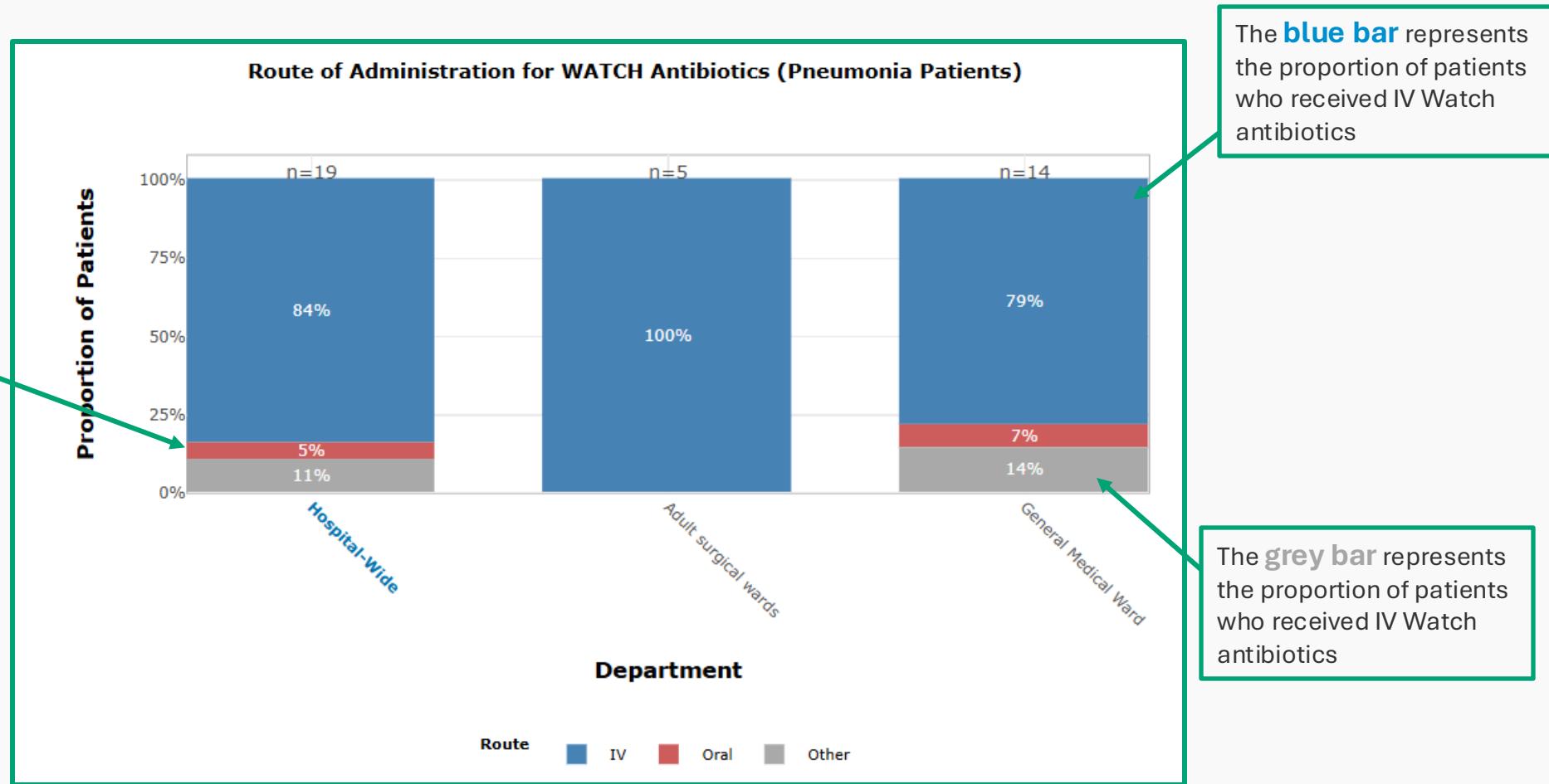
NOTE: This graph **INCLUDES ONLY** patients receiving **fully or partially recommended** antibiotics. It **does not** include patients receiving antibiotics not recommended by the AWaRe book.

Alignment by Line of Treatment Example



This graph will only show for indications that have First and Second line treatment recommendations by the AWaRe book

CAP: Watch antibiotics by Route of Administration



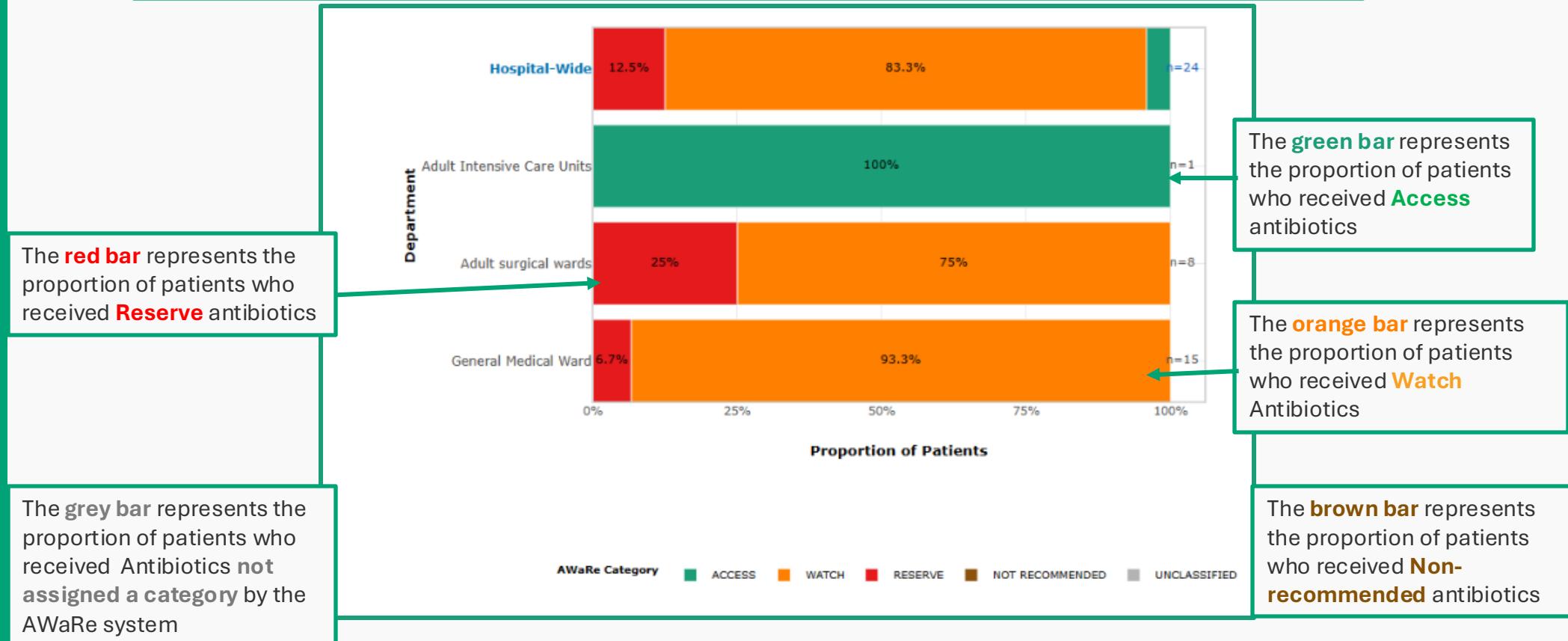
The red bar represents the proportion of patients who received Watch oral antibiotics

The blue bar represents the proportion of patients who received IV Watch antibiotics

The grey bar represents the proportion of patients who received IV Watch antibiotics

CAP: Treatment by AWaRe Classification

This graph shows all eligible patients who received an antibiotic for pneumonia, (**not necessarily only those antibiotics recommended by the AWaRe book**) split by different AWaRe categories

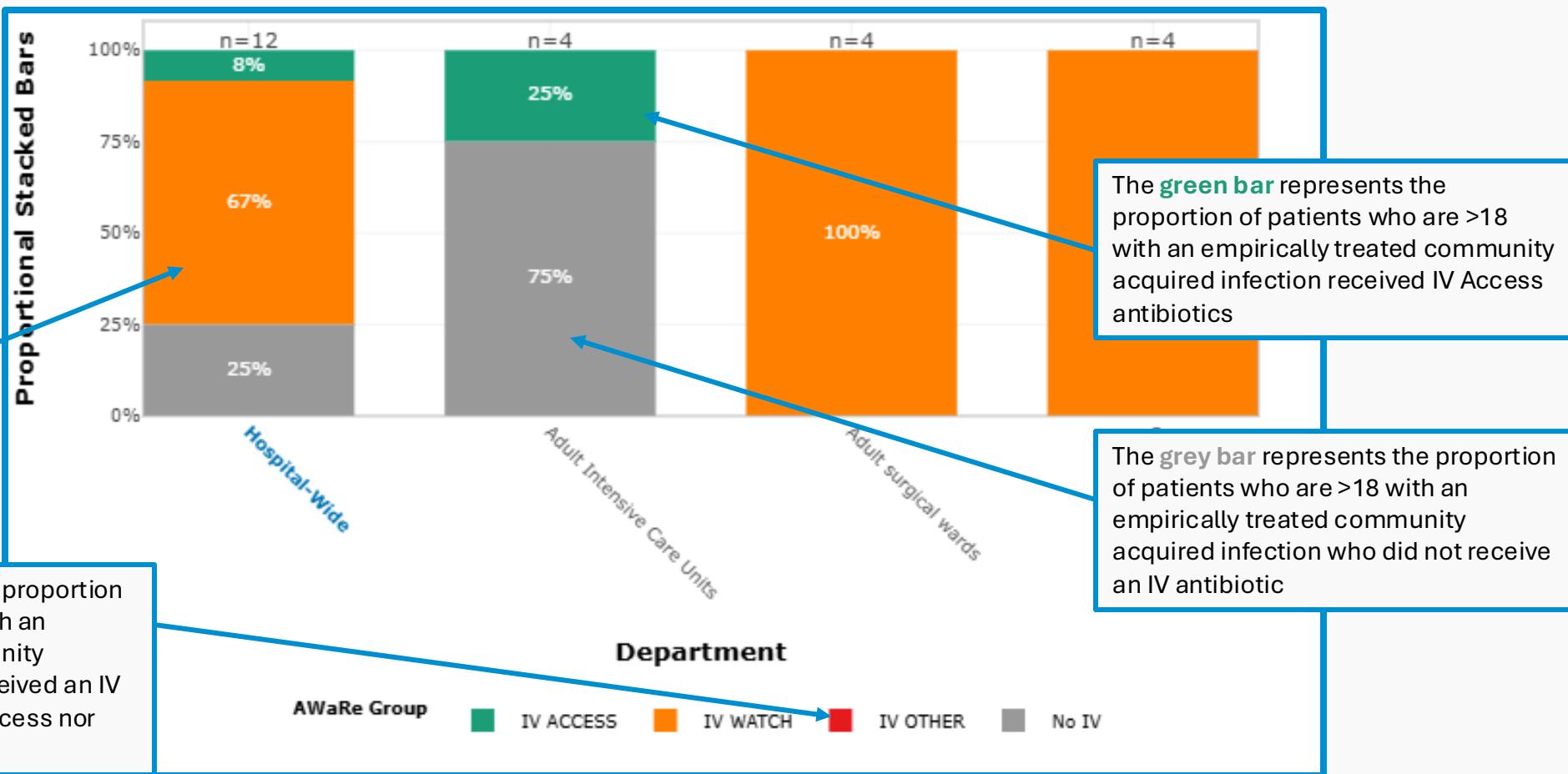


Bone and Joint Infections: Treatment by AWaRe Category

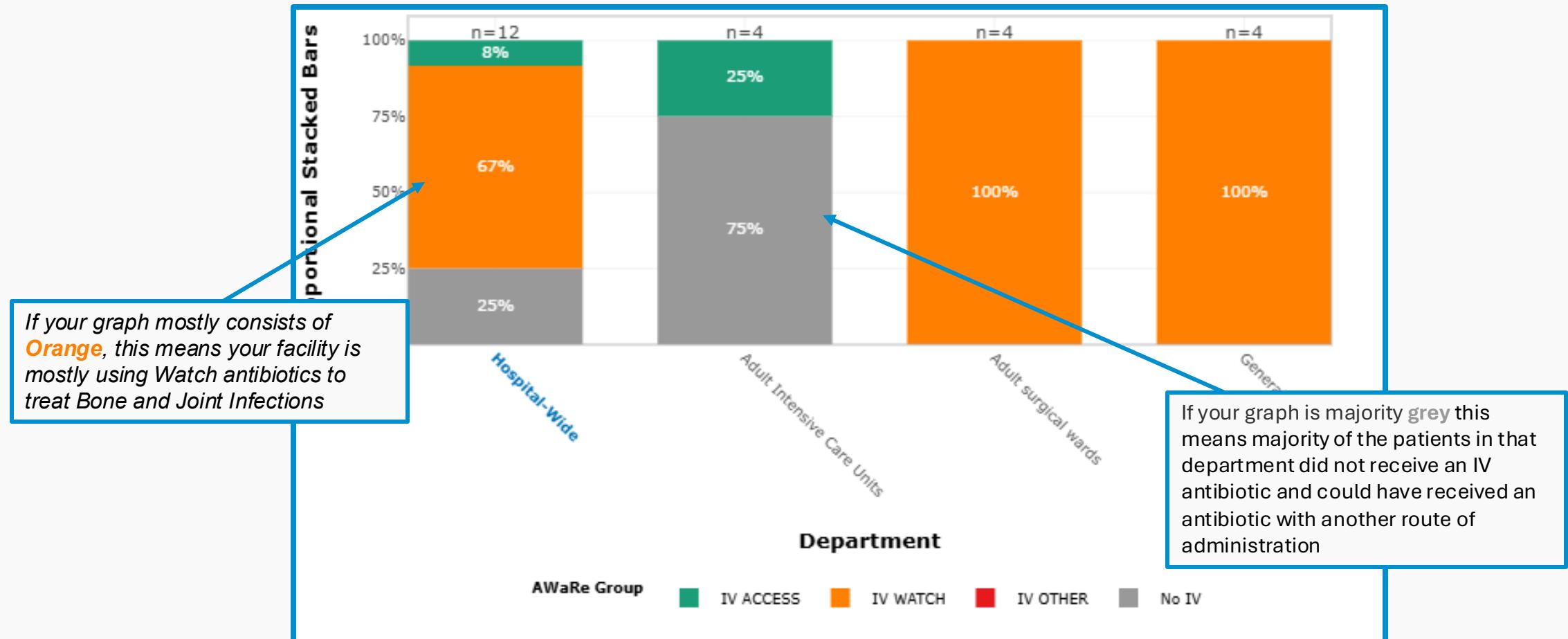
NOTE: These graphs represent **all antibiotic treatment** not just treatment recommended by the AWaRe book

The **orange bar** represents the proportion of patients who are >18 with an empirically treated community acquired infection who received IV Watch antibiotics

The **red bar** represents the proportion of patients who are >18 with an empirically treated community acquired infection who received an IV antibiotic that is neither Access nor Watch



Bone and Joint Infections: Treatment by AWaRe Category Example

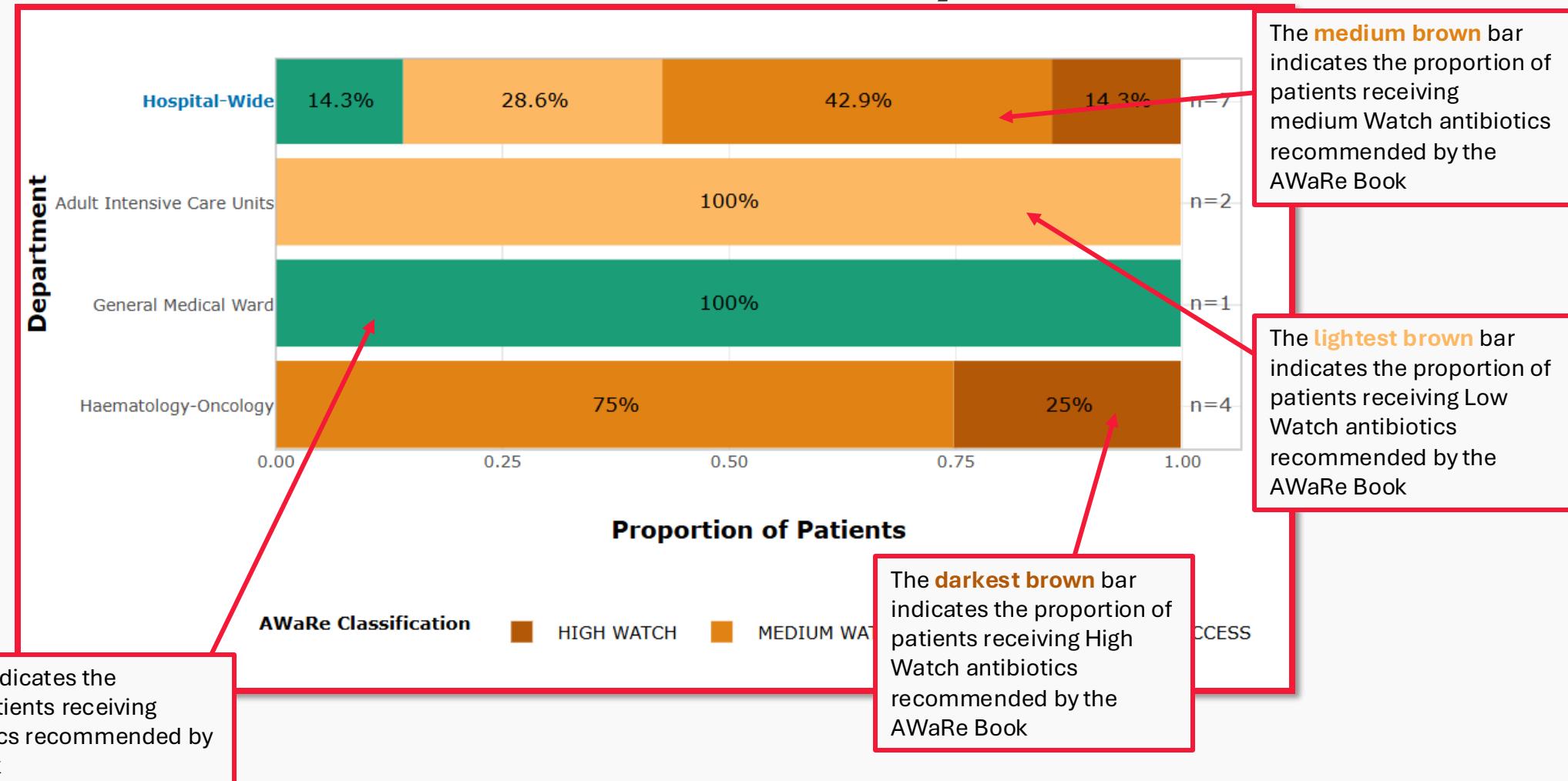


Treatment by Watch Level- category definitions

- The 'Watch' category is divided into three subgroups to guide use based on resistance risk; and to reserve higher-priority antibiotics for when lower-priority options are ineffective or unsuitable.

Bar Colour	Meaning	Note
Low watch (Lightest brown)	Included in the WHO AwaRe Book guidance (and Essential Medicines List), e.g. third generation cephalosporins.	This graph only appears in the indicators for intra-abdominal infections (IAIs), as at least one AwaRe book's recommended antibiotic for IAIs falls within the different Watch subcategories.
Medium Watch (Medium brown)	Regimens with partial anti-extended-spectrum beta-lactamase (ESBL) or pseudomonal activity (e.g., piperacillin-tazobactam, ceftazidime, fluoroquinolone-based)	
High Watch (Darkest brown)	Carbapenems e.g. meropenem	

Intra-Abdominal Infection: Treatment by Watch Level



Intra-Abdominal Infection: Treatment by Watch Level Example

