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IMPLEMENTING GUIDELINES FOR THE PRESCRIBING OF VANCOMYCIN AND TEICoplanin

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Inappropriate over prescribing of vancomycin and teicoplanin is widely believed to have led to nosocomial infections due to vancomycin resistant enterococci in many parts of the world (especially N America) as well as intermediate levels of such resistance spreading to *Staphylococcus aureus* species. In anticipation of such problems developing in our hospital, we set out to determine whether we could successfully implement a policy to curb unnecessary prescribing of these two drugs. Our strategy was based on 'Immediate Concurrent Feedback' (ICF), a technique we had already deployed successfully to influence the prescribing of other drugs.

An 8 week hospital wide audit revealed that 151/182 (83%) of prescriptions did not conform with CDC guidelines. The audit was followed by education (ward rounds, bulletins) directed at relevant clinical staff about the appropriate prescribing of vancomycin and teicoplanin. Thereafter, a programme of ICF directed at prescribing of these two drugs for inpatients was gradually introduced throughout the hospital. This entailed review of respective patient records of all those prescribed either drug on the previous day. Whenever prescribing was deemed not to conform to CDC guidelines, the corresponding doctor was immediately issued a memo (with a copy to the supervising Medical Officer): i) detailing the incident, ii) describing appropriate usage based on CDC guidelines, and iii) giving explicit advice to desist from such prescribing and if necessary prescribe alternative therapy. Where ICF was instituted, the extent of prescribing which did not conform to CDC guidelines over the ensuing 19 months, dropped to 254/883 (29%). Monthly usage of these drugs (expressed as DDDs) also declined substantially following the introduction of ICF. In conclusion, using ICF it was possible to enhance rational prescribing of vancomycin and teicoplanin in our hospital.