GOVERNMENT OF KERALA

Abstract

Health & Family Welfare Department-Standard Operating Procedures For Block Level AMR Committees in Kerala-Orders Issued

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HEALTH & FAMILY WELFARE (F) DEPARTMENT

G.O.(Rt)No.2118/2023/H&FWD Dated,Thiruvananthapuram, 18-08-2023

Read:- Letter No.MH3/6619/2023/DHS from Additional Director of Health Services (Medical) dated 02/08/2023 and 05/08/2023

ORDER

Government are pleased to issue Standard Operating Procedures for Block Level AMR Committees in Kerala detailing Constitution, Objectives, Activities, Monitoring and Evaluation as annexed to this order.

(By order of the Governor)
A P M MOHAMMED HANISH
PRINCIPAL SECRETARY

The State Mission Director -National Health Mission, Thiruvananthapuram.
The Commissioner of Food Safety, Thiruvananthapuram.
The Director, Animal Husbandry Department.
The Director, Fisheries Department.
The Principal Director, Local Self Government Department.
The Director of Health Services, Thiruvananthapuram.
The Director of Medical Education, Thiruvananthapuram.
The Drugs Controller, Thiruvananthapuram.
Additional Director of Health Services (Medical), Thiruvananthapuram.
All District Medical Officers (Health).
All Members, KARSAP Working Committee.
Nodal Officer, KARSAP.
Principal Accountant General (A&E/Audit) Kerala.
Information & Public Relations (Web & New Media) Department.
Stock File/ Office Copy(to File F1/223/2023-HEALTH).

Forwarded /By order

Signed by
Vilasjni K V
Section Officer
Date: 18-08-2023 15:02:13

Copy to: Private Secretary, Minister H,W&CD

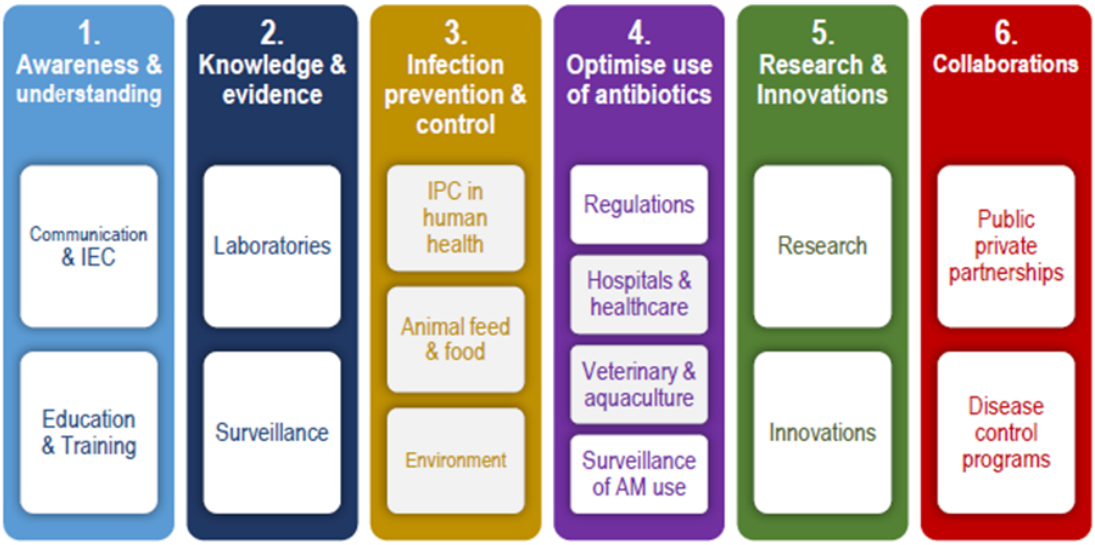
G.O.(Rt)No.2118/2023/H&FWD

PS to Principal Secretary,H&FWD

Annexure

STANDARD OPERATING PROCEDURES FOR BLOCK LEVEL AMR COMMITTEES IN KERALA

Kerala was the first state to release the AMR action plan KARSAP in 2018. The following are the six focus areas under the Strategic priorities of KARSAP



Kerala state has set the goal of becoming an antibiotic-literate State by November 2023 and to materialise the same, the importance of block-level AMR committees is immense. Block-level AMR committee should be constituted in all health blocks in each district. Block medical officers as the focal person, block AMR committees are the subdistrict bodies to disseminate the mandates on AMR programs in the field and among health care professionals and monitor the AMR activities happening in each LSGD under the block, including urban areas against the mandates of KARSAP and its goals. This will be the key body to take the program forwards. KARSAP has been drafted keeping in mind the principles of one health and hence block AMR committees ideally should incorporate members from animal husbandry, fisheries, aquaculture, food safety, agriculture and environment sectors wherever available.

1. **Constitution:**
   a. Block medical officer- Chairman

b. Members- HS& PHNS, PRO -LO from block, AMR charge medical officers, HI, PHNs, representatives of pharmacist, nursing officer, JHI, JPHN, PROs, ASHA, MLSP, Kudumbasree members from all institutions under block. Agriculture officers, animal husbandry/fisheries/aquaculture, food safety, pollution control, and any other required representative from the health department or other related line departments can also be included.
c. Also can include representatives from IMA, IAP, API, AFPI etc.
d. Also ensure support from all LSGDs under the block.
e. Can invite representatives from any organisations which can contribute to committee activities.
f. All block AMR committee chairmen will be members of the district AMR committee.
g. Block AMR committees should meet once every month, and productive discussions and decisions should be minuted and submitted to DMO with a copy to District AMR nodal officer.

2. **Objectives of block AMR committee:**
   a. Universal awareness about infection prevention and control practices- among public and healthcare professionals/ institutions
   b. Universal awareness about consuming antibiotics only with specific indications and on a prescription by a qualified medical officer.
   c. Universal awareness about the importance of having access to antibiotic free food and water.
   d. Universal awareness about the importance of safe disposal of unused and expired antibiotics/drugs.
   e. Universal awareness about the one health program and its importance in AMR control activities.
   f. Ensure the practice of infection prevention and control in all public and private hospitals under the block; ensure functional IPC committees in all health care institutions meet once every month.
   g. Work to achieve an antibiotic smart health care institution.
   h. Ensuring functional antibiotic stewardship committees(AMSP) in all hospital under block which meet once in every month.
   i. Ensure that prescription audit is conducted in all hospitals under the block in a structured way and random audit can be conducted in addition to the structured audit.
   j. Culture & sensitivity facility should be ensured to all indicated cases through identifying required spokes from hospitals under block and linkage to District AMR hub labs.

k. With the help of the pharmacists, antibiotic usage metrics with respect of antibiotics from Access, Watch, Reserve category should be calculated at the institutional level with aim of ensuring 95% of antibiotic prescription among OPD cases and 60% of antibiotic prescription among overall antibiotic usage from access group only.
l. Block AMR committee can support to achieve and sustain quality standards in all hospitals under the block- NQAS, LAQSHYA, KAYAKALP etc..

3. Activities that can be under taken by Block AMR committees:

a. Awareness classes for PRI members, public, students, teachers, health care professionals, kudumbasree workers, ASHAs etc…
b. Display of IEC materials about AMR components in public places, health care institutions -both public and private
c. Dissemination of IEC materials as hard copies to all houses in the LSGDs through ASHAs and Kudumbasree workers or any other trained volunteers or through local social media groups on a regular basis.
d. Display of posters in all public hospitals- posters oriented to public as well as health care professionals regarding AMR mandates.
e. Awareness of all medical officers, pharmacists and nursing staff on WHO-AWaRe classification of antibiotics.
f. A time sensitive IEC calender should be in place.
g. Monitor that prescription audit and antibiotic stewardship program is functional in all institutions under each block.
h. For IEC materials, those from WHO AMR sites/ state and district IEC wings can be used- prototype materials to be generated and disseminated from state.
i. Block AMR committee should take lead role in attaining and sustaining quality standards in all institutions under block- IPC activities, antibiotic stewardship program, antibiotic guidelines/ policy and clean hospital initiative.
j. Quality fund of NHM, HMC fund, KASP fund, One health fund etc may be used for activities.
k. These are few of the activities that can be done through block AMR committee. But any other innovative ideas also can be planned and implemented after getting concurrence from district AMR committee and informing state AMR team.

4. **Monitoring and Evaluation framework for Block-Level AMR committees**

- Percentage of hospitals having functional infection prevention and control committees in the health block.

- Percentage of hospitals having antimicrobial stewardship(AMSP) committee in the block
- Percentage of hospitals conducting monthly Hospital infection control committee (HICC) meetings in the health block.
- Percentage of hospitals conducting prescription audits in the block.
- Percentage of health care workers trained in IPC in the block.
- Percentage of hospitals observed antibiotic awareness week (WAAW) in the block.
- Percentage of hospitals observed World hand hygiene and global handwashing days in the block.
- Percentage of hospitals in the block conducting monthly hand hygiene compliance audit in the block
- Percentage of antibiotic smart hospitals under the health block.
- Percentage of PRI members (block/ grama panchayath/ municipality/corporation) sensitised about AMR.
- Percentage of LSGDs under health block where sensitisation about AMR has been conducted during Board/ committee meetings.
- Percentage of school teachers under health block sensitised about AMR
- Percentage of schools under health block where AMR awareness classes have been conducted.
- Percentage of residents associations under health block where sensitisation about AMR has been conducted during residents association meetings.

Detailed descriptions regarding Antibiotic SMART PHC/FHC/BFHC/CHC/ Hospitals, Prescription audit, Monitoring and Evaluation framework for Block Level AMR committees is as follows;

1.**Antibiotic SMART PHC/FHC/BFHC/CHC/ Hospitals**

- Posters on AMR in malayalam should be displayed in the Hospital.
- All health care workers should be trained in infection prevention and control and antimicrobial stewardship
- Prescription Audit must be conducted quarterly
- Functional Hospital Infection control and Antimicrobial Stewardship Committee must be present.
- IEC for public should be conducted every fortnight.
- Antibiotic utilisation metrics with regard to dispensed antibiotics from Pharmacy based on AWaRe classification should be calculated quarterly
- Hospital should be NQAS certified/should have a plan to work for obtaining certification in next one year

- Posters on AWaRe classification of antibiotics should be displayed in all prescribing areas.
- More than 95% antibiotic prescription in OPDs should be from Access category
- PROUD Program or initiative for proper disposal of expired , un used antibiotics should be implemented in hospitals

2. **Prescription audit:**

Aims of prescription Audit

- Detection of prescribing errors with their reasons
- To assess & reduce the irrational usage of antibiotics, syrups, injections etc
- To identify opportunities for the improvement and developing benchmarks.
- To channelise the good practice of writing complete, legible and rational prescriptions.

Expected Outcome

- Improve prescription quality at public health facilities.
- Promote the rational use of drugs **.**
- Reduce the cost of treatment (on Hospital & patient) by reducing unnecessary prescriptions (e.g. Antibiotics), efficient use of therapeutic agents.
- Encourage generic medicines and reducing polypharmacy.

Prescription audit should be conducted in two ways

1.**Structured-quarterly on a fixed day.**

At least 100 prescriptions to be verified.

2.**Random**

At least 50 prescriptions to be verified monthly in all institutions.

Audit Frame Work

1. Percentage of prescriptions written in BLOCK letters.

2. Percentage of prescriptions where provisional/final diagnosis is clearly written.

3. Percentage of prescriptions where salient features of clinical examination are recorded.

4. Percentage of prescriptions where **Generic drugs** are prescribed.

5. Percentage of prescriptions where schedule/dosages are clearly written.

6. Percentage of OPD prescriptions where Access category antibiotics are prescribed.

7. Percentage of prescriptions where more than two antibiotics are used.

8. Percentage of IPD prescriptions where access,watch ,reserve category antibiotics are prescribed.

9. Percentage of IPD prescriptions where day of antibiotic usage and planned duration is clearly documented.

10. Percentage of prescriptions where history of drug hypersensitivity is documented.

3. Monitoring and Evaluation framework for Block-Level AMR committees

1. Percentage of hospitals having a functional Infection Control Committee in the Block

	2023-24		2024-25		2025-26		2026-27	
	Current	Optimal	Current	Optimal	Current	Optimal	Current	Optimal
% of hospitals having a functional Infection Control Committee		100%		100%		100%		100%

2. Percentage of hospitals having an antimicrobial stewardship [ASP] committee in the Block

	2023-24		2024-25		2025-26		2026-27	
	Current	Optimal	Current	Optimal	Current	Optimal	Current	Optimal
% of hospitals having an ASP committee		100%		100%		100%		100%

3. Percentage of hospitals conducting monthly HICC meeting

	2023-24		2024-25		2025-26		2026-27	
	Current	Optimal	Current	Optimal	Current	Optimal	Current	Optimal
% of hospitals conducting monthly HICC meeting		100%		100%		100%		100%

4. Percentage of hospitals conducting prescription audit in the Block

	2023-24		2024-25		2025-26		2026-27	
	Current	Optimal	Current	Optimal	Current	Optimal	Current	Optimal
% of hospitals conducting prescription audit		100%		100%		100%		100%

5. Percentage of hospitals with NQAS certification in the Block

	2023-24		2024-25		2025-26		2026-27	
	Current	Optimal	Current	Optimal	Current	Optimal	Current	Optimal
% of hospitals with NQAS certification in the Block		100%		100%		100%		100%

6. Percentage of healthcare workers trained in IPC in the Block

	2023-24		2024-25		2025-26		2026-27	
	Current	Optimal	Current	Optimal	Current	Optimal	Current	Optimal
% of HCWs trained in IPC in Block		100%		100%		100%		100%

7. Percentage of hospitals which observed World Antibiotic Awareness Week in the Block (Yearly evaluation)

	2023-24		2024-25		2025-26		2026-27	
	Current	Optimal	Current	Optimal	Current	Optimal	Current	Optimal
% of hospitals which observed World Antibiotic Awareness week		100%		100%		100%		100%

8. Percentage of Hospitals which observed World Hand Hygiene Day and Global Handwashing Day in the Block(Yearly evaluation)

	2023-24		2024-25		2025-26		2026-27	
	Current	Optimal	Current	Optimal	Current	Optimal	Current	Optimal
% of Hospitals that observed World Hand Hygiene and Global Handwashing Day.		100%		100%		100%		100%

9. Percentage of hospitals in the block conducting monthly hand hygiene compliance Audit

	2023-24		2024-25		2025-26		2026-27	
	Current	Optimal	Current	Optimal	Current	Optimal	Current	Optimal
% of hospitals conducting hand hygiene compliance Audit		100%		100%		100%		100%

10. Percentage of antibiotic smart hospitals under Block

	2023-24		2024-25		2025-26		2026-27	
	Current	Optimal	Current	Optimal	Current	Optimal	Current	Optimal
% of Antibiotic Smart Hospitals		100%		100%		100%		100%

11. Percentage of School Teachers under Block sensitised about AMR (Quarterly evaluation)

	2023-24		2024-25		2025-26		2026-27	
	Current	Optimal	Current	Optimal	Current	Optimal	Current	Optimal
% of School Teachers sensitised about AMR		100%		100%		100%		100%

12. Percentage of Schools under Block where AMR awareness classes have been conducted(Quarterly evaluation)

	2023-24		2024-25		2025-26		2026-27	
	Current	Optimal	Current	Optimal	Current	Optimal	Current	Optimal
% of Schools – AMR awareness conducted		100%		100%		100%		100%

13. Percentage of Block and Panchayat members sensitised about AMR(Quarterly evaluation)

	2023-24		2024-25		2025-26		2026-27	
	Current	Optimal	Current	Optimal	Current	Optimal	Current	Optimal
% of Block and Panchayat Members sensitised about AMR		100%		100%		100%		100%

14. Percentage of Panchayats under Block where sensitisation about AMR has been conducted during Panchayat Committee Meetings (Quarterly evaluation)

	2023-24		2024-25		2025-26		2026-27	
	Current	Optimal	Current	Optimal	Current	Optimal	Current	Optimal
% of Panchayats sensitised about AMR		100%		100%		100%		100%

15. Percentage of Residents' Associations under Block where sensitisation about AMR has been conducted during Residents Association Meetings(Quarterly evaluation)

	2023-24		2024-25		2025-26		2026-27	
	Current	Optimal	Current	Optimal	Current	Optimal	Current	Optimal
% of Residents Association sensitised about AMR		100%		100%		100%		100%

The monthly reports on the above indicators are to be submitted to DMO and are to be evaluated during the monthly conferences. District medical officers are to report the consolidated reports from blocks to DHS and ADHS Medical & Hospital administration.

The reports are to be analysed on a monthly basis and presented in SMO conferences to take corrective actions.

A separate record of AMR activity should be maintained at all institution / block/ district levels.