AMS in Aged Care – 2026 update

Prof Lisa Hall
16 September 2026
ACIPC Aged Care webinar

NCAS National Centre for Antimicrobial Stewardship

GUIDANCE GROUP

VICNISS HEALTHCARE ASSOCIATED INFECTION SURVEILLANCE

Outline

Background

- The policy landscape

What's new?

- The size of the problem – insights from Aged Care NAPS
- What do programs look like at the moment?
- New research underway:
  - Understanding the system – a human factors lens
  - Beyond residential care – Safe at Home

What's next?

- Data for action – monitoring appropriateness

Who receives aged care in Australia?

At 30 June 2025, or during the 2024-25 financial year for home support		
Category	**No. of providers**	**No. of services (outlets)**
Home support	1,388	3,638
Home care	923	2,363
Residential aged care*	707	2,590 (204,000 residents)

*Refers to 24-hour accommodation, personal care, and nursing care provided in a staffed facility for older people who can no longer live independently at home.

Ref: https://www.gen-agedcaredata.gov.au/topics

Aged Care Quality Standards (July 1st, 2019)

July 1st, 2019

Aged Care Quality and Safety Commission

Standard 3 – Care and services
Requirement 3(g): Minimisation of infection-related risk through implementing: standard and transmission-based precautions to prevent and control infection; **practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics**.

Standard 8 – Organisational governance
Requirement 8(3)(e): Effective organisation-wide systems are required for preventing, managing and controlling infections and antimicrobial resistance. **A clinical governance framework should include, but is not limited to, antimicrobial stewardship.**

Strengthened Aged Care Quality Standards
(Nov 1st, 2025)

Strengthened Aged Care Quality Standards
(Nov 1st, 2025)

Outcome 5.2: Preventing and controlling infections in delivering clinical care services

Outcome statement:

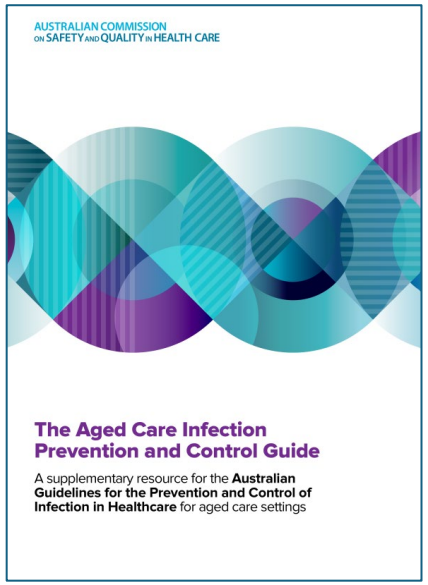
The provider must ensure that individuals, aged care workers, registered health practitioners and others are encouraged and supported to use antimicrobials appropriately to reduce risks of increasing resistance.

The provider must ensure that infection risks are minimised and, if they occur, are controlled effectively.

Actions:

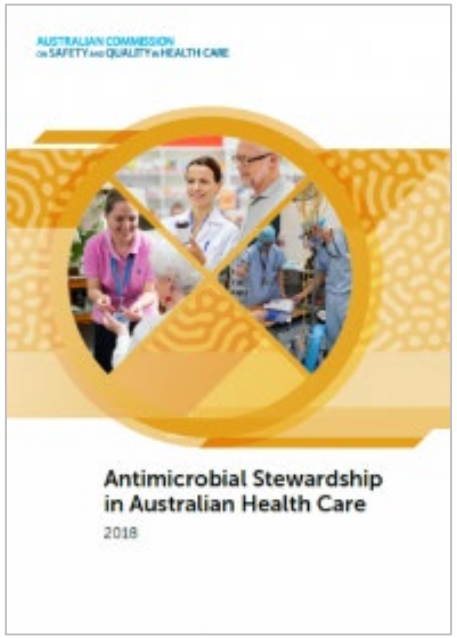
5.2.1 The provider implements an antimicrobial stewardship system that complies with contemporary, evidence-based practice and is relevant to the service context.

Key ACSQHC Documents



- Published 2024
- Supplements the acute-healthcare-oriented guidelines, specifically addressing the aged care context (residential + community)

- Key principles include **AMS in aged care:**
  - Implementing structured AMS programs
  - Education and training
  - Multidisciplinary approach
  - Regular surveillance
  - IPC measures
  - Reviewing prescriptions
  - Empowering care recipients and their carers
  - Setting guidelines



Aged care chapter 2020

AMS Clincial care standard guidance (Nov 2024)

Highlighted is the importance of **involving residents (or their families) in care decisions**, particularly in terms of:

1. **Treatment preferences**
2. **Quality of life**
3. **Informed consent**

Aged Care Workforce (in RACHs 2021/2024)

April 2021

IPC Leads (nurses)

Responsibilities include:

Overseeing AMS programs in the facility (monitoring antibiotic use, participating in national surveys) is an increasingly part of the role.

July 2024

Aged Care On-site Pharmacist

Responsibilities include:

Medication reviews, high-risk medication oversight and implementation of facility-wide quality use of medicines activities which explicitly include AMS-related tasks.

Quantifying the size of the problem….

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AGED CARE NAPS

NAPS
National Antimicrobial Prescribing Surveillance

- ✓ Point prevalence methodology – both infections and antimicrobials
- ✓ 2026 dates: June 1 – December 31
- ✓ For more info and to register - https://naps.org.au/

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NAPS Participation (2016-2024)

Category		2016	2017	2018	2019	2020	2021	2022	2023	2024
State and territory	ACT	0	0	4	6	6	8	9	11	10
	NSW	30	33	60	135	171	136	157	165	185
	NT	0	0	2	1	1	0	0	0	0
	QLD	26	19	49	81	100	92	91	106	112
	SA	7	8	36	66	89	87	63	90	96
	TAS	10	5	6	28	30	25	14	9	15
	VIC	160	178	194	217	287	233	262	324	324
	WA	13	21	35	88	129	94	134	136	141
Provider type	Government	156	184	220	227	270	220	226	247	242
	Not for profit	75	71	147	326	419	392	362	355	379
	Private	15	9	19	69	124	63	142	239	262
Total		**246**	**264**	**386**	**622**	**813**	**675**	**730**	**841**	**883**

NAPS Results - Prevalence (2016-2024)

On survey day	2016	2017	2018	2019	2020	2021	2022	2023	2024
Residents with signs and/or symptoms of **at least one suspected infection**	3.2	3.0	2.9	2.8	2.9	3.1	3.0	3.6	**4.0**
Residents prescribed **at least one antimicrobial**	10.1	9.2	9.9	9.9	11.8	13.8	12.5	11.9	**11.5**
Residents prescribed **at least one antimicrobial (excluding topical antimicrobials)**	7.2	6.4	6.6	6.3	6.4	6.8	6.9	6.9	**6.8**

How do we compare?

Measurement	Aged Care NAPS 2024	HALT 2023-2024
Number of residents present	59,216	61,045
Resident who had at least one HAI	-	3.1% Crude prevalence
Residents with signs and symptoms of at least one suspected infection	**4.0%**	-
Resident prescribed at least one antimicrobial, **excluding** topical agents	**6.8%**	4.1%* Crude prevalence Excluding too antiviral agents for systemic use (J05; other than for COVID-19),
Resident prescribed at least one antimicrobial, **including** topical agents	**11.5%**	-

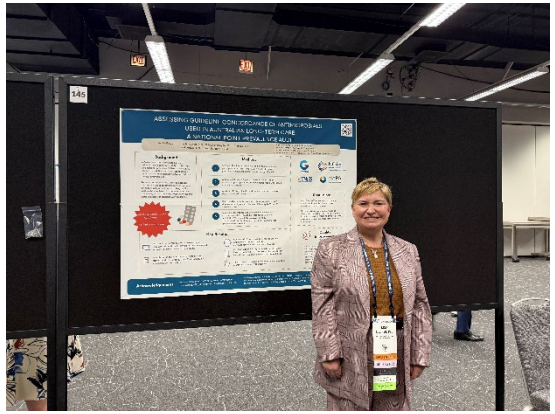
ECDC **HALT** = Healthcare-associated infections in long-term care facilities

A deeper dive….

ASSESSING GUIDELINE CONCORDANCE OF ANTIMICROBIALS USED IN AUSTRALIAN LONG-TERM CARE: A NATIONAL POINT PREVALENCE AUDIT

Lisa Hall (1,2,3), Josephine Wen (1,2), Michael Malloy (4), Karin Thursky (1,2), Rod James (1,2), Noleen Bennett (1,2,4)

1. Royal Melbourne Hospital Guidance Group
2. National Centre for Antimicrobial Stewardship
3. School of Public Health, University of Queensland
4. Victorian Healthcare Associated Infection Surveillance System (VICNISS)



Retrospective analysis was undertaken of Aged Care NAPS data collected by auditors between 1 January 2020 and 31 December 2024.

Guideline concordance was evaluated for the five most common indications, based on Therapeutic Guidelines: Antibiotic 16th edition. [https://www.tg.org.au]
This included cystitis, tinea, non-surgical wound infection, pneumonia, and cellulitis.

STAFF MEMBER

Josephine Wen

Antimicrobial Stewardship Pharmacist and Guidance Project Officer

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1,372 residential aged care homes

41,786 prescriptions

Presented at ACIPC 25 and SHEA Spring 2026.
Publication under review

Key Results

Incorrect antimicrobial choices were common e.g. cefalexin and roxithromycin for pneumonia and amoxicillin-clavulanic acid for cellulitis.

Prevalence of dosing errors ranged from 3.4% (trimethoprim for cystitis) to 81.9% (amoxicillin-clavulanic acid for cystitis.

Over **40.0%** of the prescriptions for the top five antimicrobials for each indication exceeded recommended treatment duration.

Cefalexin was commonly incorrectly dosed (70.3% incorrect for cystitis; 72.8% incorrect for non-surgical wound infections and 68.2% incorrect for cellulitis).

Tinea cases often involved antimicrobial use beyond six months and routine PRN prescribing.

Conclusions

Aged Care NAPS shows promise as a tool for monitoring the quality of antimicrobial prescribing in long term care.

This analysis has identified antimicrobial stewardship targets for improving prescribing, including a focus on improving antibiotic choice, dosing and treatment duration for common indications.

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What do AMS programs in aged care look like at the moment?

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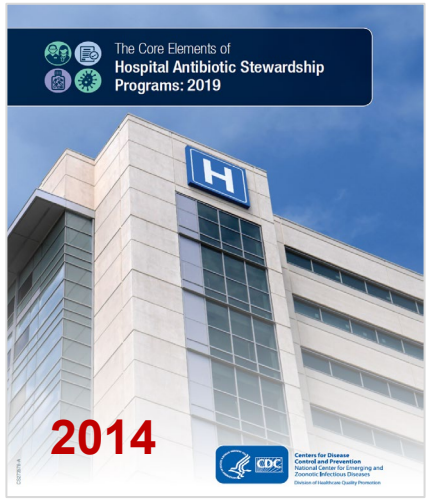
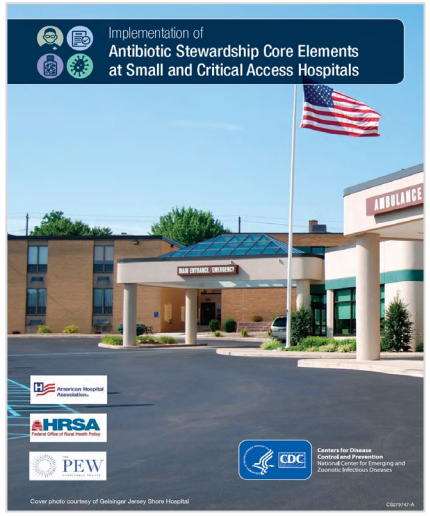
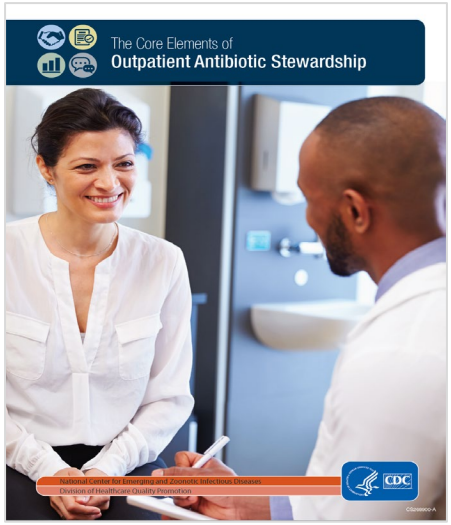
Based on AMS Frameworks (2015-2020)







CORE elements
1. Leadership
2. Accountability
3. Drug Expertise
4. Action
5. Tracking
6. Reporting
7. Education

Aged care chapter 2020

Structure and leadership of Antimicrobial Stewardship Programs in post-acute care:

Findings from the APIC MegaSurvey 2025

AUTHORS

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AFFILIATIONS

1. University of Queensland, Australia
2. Association for Professionals in Infection Control and Epidemiology (APIC)
3. Children's Mercy Hospital, Kansas City
4. University of Missouri-Kansas City
5. Villanova University

METHODS

1. Infection Preventionists (IPs) were invited to participate in the 5-yearly Association for Professionals in Infection Prevention (APIC) Megasurvey.
2. The electronic survey was advertised using snowball recruitment by APIC between June 6 and July 31, 2025.
3. Data were collected on ASP characteristics, including structure and leadership of programs, and resources available to support appropriate prescribing.
4. Descriptive statistics were used to summarize the data.

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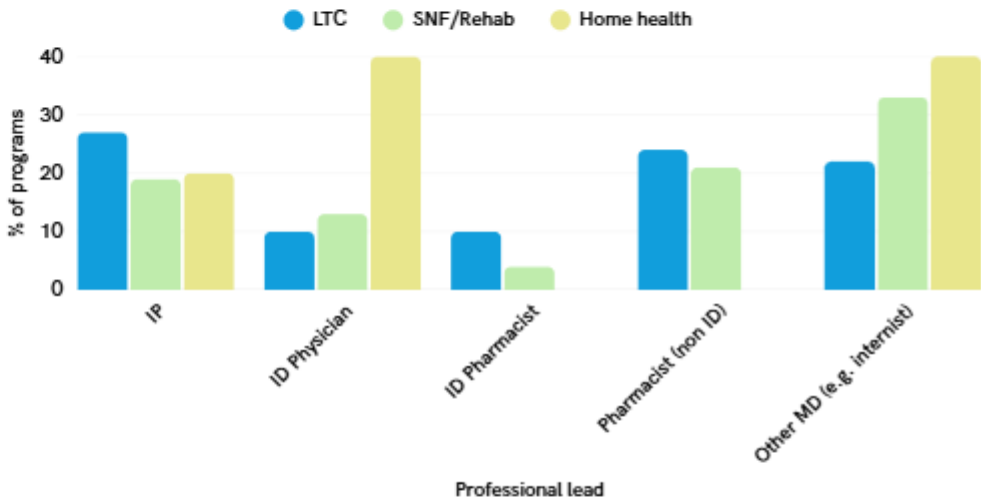
KEY RESULTS

489 IPs working in post-acute care

Infection preventionists reported.....

	Long-term care (n=239)	Skilled Nursing Facility/ Rehabilitation (n=226)	Home Health (n=24)
The existence of an antimicrobial stewardship program (ASP)	82%	93%	29%
Where an ASP is in place:	(n=195)	(n=210)	(n=7)
ASP committee has governance oversight	86%	80%	71%
Up-to-date recommendations and guidelines are available for infection management	88%	83%	43%
Teams hold regular patient or antimicrobial stewardship rounds to allow inquiry about appropriate antibiotic prescribing	52%	53%	52%
Teams provide education about appropriate antibiotic prescribing	71%	75%	57%

Who leads antimicrobial stewardship programs in post-acute care?



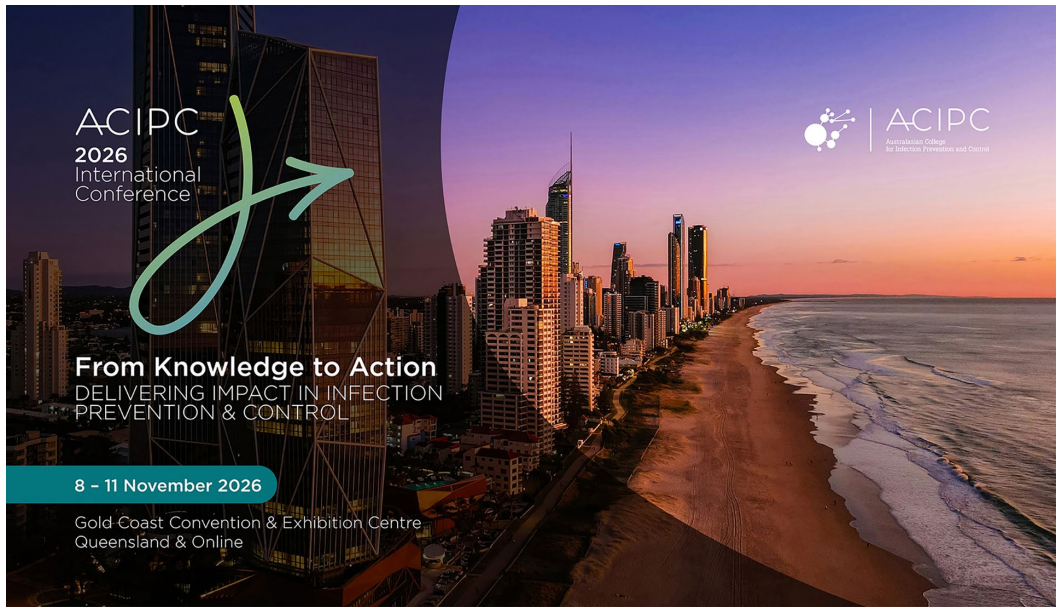
CONCLUSION

This study provides unique insights into ASP in post-acute care. Programs are now well-established in many facility types.

More work is needed to understand and help IPs develop ASP expertise relevant for post-acute settings, particularly in home health.

OzMegaSurvey results coming soon….

ACIPC 2026 conference presentation!



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New research!

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A human factors lens

Check out May 2026 Webinar recording here: https://www.ncas-australia.org/seminar-series-recordings-2026

Aim 1: To understand how antimicrobial medication management is supported in RACHs, and how digital and non-digital tools are integrated into everyday clinical workflows.

Aim 2: To co-design, with RACH staff involved in antimicrobial medication management, a possible solution to support AMS.

Figure 2: Professional Practice Standards medicines management cycle[2]

Beyond residential care – “Safe at Home”

NISPAC
National Infection Surveillance Program for Aged Care
Safe At Home

STAFF MEMBER
Associate Professor Noleen Bennett
Aged Care NAPS Project Officer | Senior Infection Control Consultant VICNISS

A novel infection and antimicrobial use surveillance program for vulnerable Australians using in-home aged care services

What does this research project seek to investigate?

- ✓ What key elements are required for a surveillance program that monitors infections and antimicrobial use and is to be implemented in-home aged care services
- ✓ To what extent this surveillance program can be implemented as intended.
- ✓ If it is feasible for this surveillance program to be implemented into all Australian in-home aged care services.

Collaborative effort with consumers, clinicians, providers and academics.

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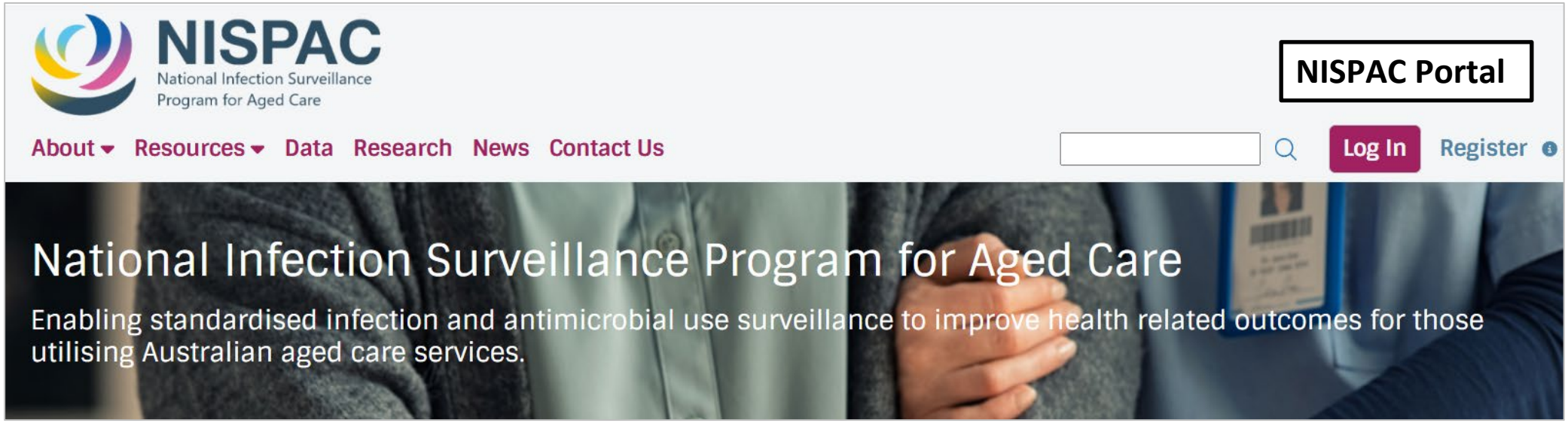
DON'T FORGET!
National Infection Surveillance Program for Aged Care



ONE STOP SHOP

About	Resources	Data	Research	News
• What is Surveillance • NISPAC Overview • Quality Standards • Data Privacy and Security	• Publications • Presentations • Useful Documents • Useful Links • Glossary	• Pilot NISPAC RACHs • Resident vaccination rates • Staff influenza vaccination status • UTI aggregate rates	• Safe at Home Research Project • NISPAC Research Project • **NISPAC Publications**	• ACSQHC's Antimicrobial Use in the Community: 2024 • NCAS 10-year celebration Nov 2025

The new frontier – assessing quality of prescribing

Photo by Element5 Digital on Unsplash

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Scenario: How many of these antimicrobials were appropriately prescribed?

Hypothetical Aged Care NAPS results:

Measurement	2024		2025	
	Aged Care NAPS	**Your RACH**	Aged Care NAPS	**Your RACH**
Resident prescribed **at least one antimicrobial**, including topical agents	11.9%	**13.0%** (25 prescriptions)	11.5%	**7.0%** (15 prescriptions)

Inappropriately prescribed antimicrobials (misuse) can lead to treatment failure, drug toxicity or side effects, *C. difficile* infection and selection of resistant organisms.

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Antimicrobial prescribing (Now)

On survey day	2016	2017	2018	2019	2020	2021	2022	2023	2024
Residents prescribed **at least one antimicrobial**	10.1	9.2	9.9	9.9	11.8	13.8	12.5	11.9	**11.5**

- Prevalence data – no insight into appropriateness without extra data and analysis.
- Need to consider these factors:
  - **Resident**: Age, allergies, comorbidities, organ function and clinical microbiology
  - **Infection:** Site, severity and microbiology results
  - **Antimicrobial**: Key prescribing elements (choice, dose, frequency, route, duration)

- Some ACHs may have high prevalence but optimal AMS prescribing, while others may have low prevalence but **inappropriate** and sub-optimal AMS prescribing.

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Why do we need antimicrobial appropriateness assessments ?

- **Give actionable insights**
  Diagnose the cause (e.g. too many broad-spectrum antimicrobials were commenced without indication).
  Allow the implementation of targeted education and interventions.
- **Reduce costs**
  Prevalence alone can't show which prescriptions are wasteful or unnecessary.
- **Align with recommended AMS performance indicators**
  National and international bodies emphasise appropriateness as a key performance indicator for AMS, not just prevalence.

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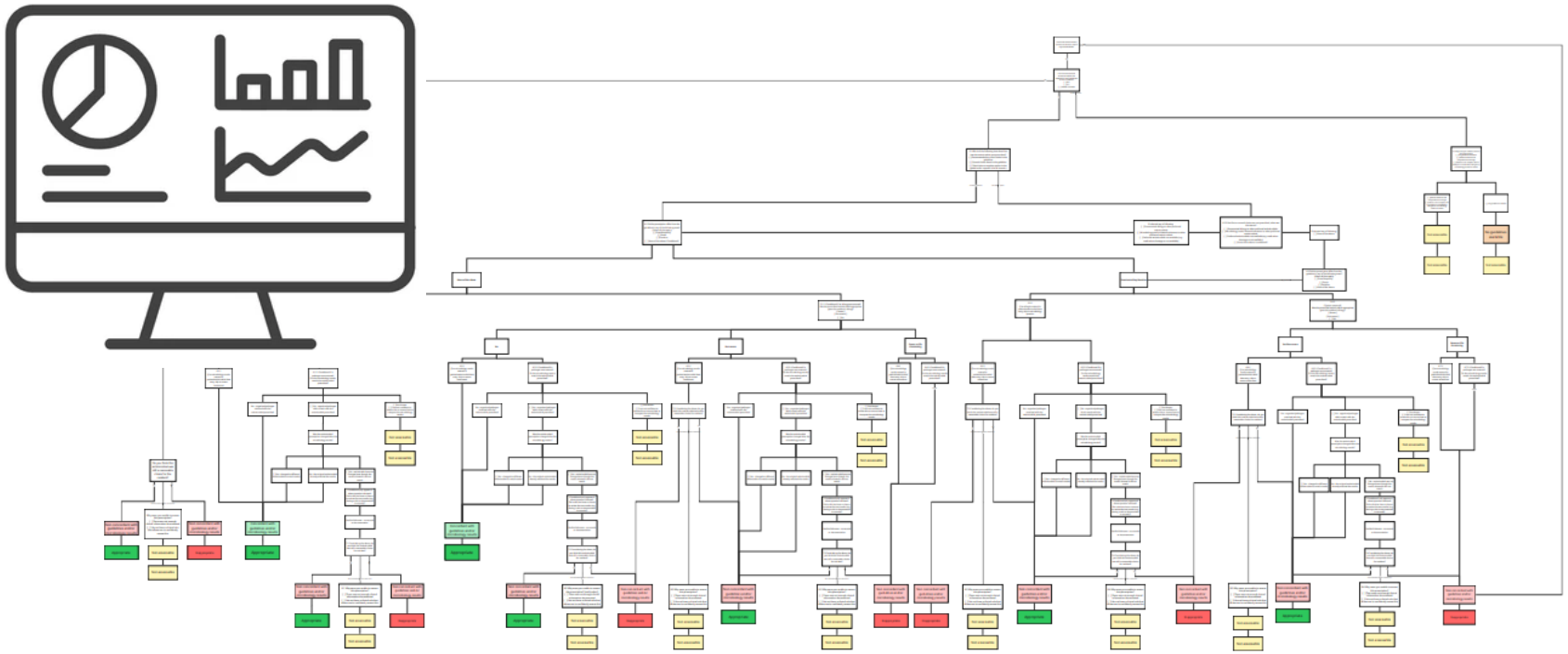
Working towards antimicrobial appropriateness assessment in the new NAPS……



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If interested in participating in a consultation group: support@naps.org.au

We thank all NAPS contributors for their commitment to collecting data related to antimicrobial stewardship.

Together we can provide safer, quality care and reduce the risk of antimicrobial resistance.

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