The Reward and Punishment System for Improving the Microbial Testing Rate Before Antimicrobial Treatment in Hospitalized Patients

Purpose

To standardize the management of clinical application of antimicrobial drugs, improve the rate of pathogen testing, promote rational medication use, reduce the risk of bacterial resistance, and ensure the quality and safety of medical care, this system is formulated in accordance with the relevant documents of the National Health Commission and in conjunction with the actual situation of this hospital.

Basis

1. “Letter on the Issuance of the Guidance on the Special Action to Improve the Pathogen Testing Rate for Antimicrobial Treatment in Hospitalized Patients” (National Institute of Hospital Administration, NHC. [2021] No. 198)

2. “Regulations on the Clinical Application Management of Antimicrobial Drugs” (Ministry of Health Order No. 84)

3. Hospital “Clinical Application Management Guidelines for Antibacterial Drugs”

Scope of Application

All clinical departments in the hospital and medical staff using antimicrobial drugs.

Standards for Rewards and Punishments

Objective Requirements

1. The rate of microbiological testing before the therapeutic use of antimicrobial drugs should not be less than 50%.

2. The submission rate for pathogenic diagnosis related to hospital-acquired infections should not be less than 90%.

3. The pre-test rate for combined use of antibacterial drugs should not be lower than 100%.

Reward and Punishment Measures

1. Inpatients undergoing antimicrobial therapy must have a microbiological testing rate of not less than 50% before the use of antimicrobial drugs; if it is below 50%, 5 points will be deducted.

2. Patients with hospital-acquired infections should have a pathogen-related testing rate for the diagnosis of hospital infections not lower than 90%; a rate below 90% will result in a deduction of 5 points.

3. Inpatients who are receiving two or more key medications in combination should have a microbiological testing submission rate of 100%; a deduction of 5 points will be applied if this rate is not met.

4. For each decrease of 10% above, an additional 0.5 points will be deducted.

5. Standard achievement reward adds 5 points per item (100 yuan per point).

Implementation Process

1. Data monitoring: The Infection Management Department, Pharmacy Department, and Laboratory Department jointly monitor the submission rate dynamically through the Hospital Information System (HIS, LIS). Data is summarized and publicly announced each month, ranked by department.

2. Result feedback: The Infection Management Department provides a list of issues to each department monthly and offers suggestions for rectification. When indicators are abnormal, the department should analyze and rectify the situation.

3. Implementation of rewards and punishments: The results of the rewards and punishments will be implemented by the finance department and human resources department after being reviewed by the hospital's pharmacy management and infection management committee.

Supervision and Continuous Improvement

1. Joint supervision by multiple departments: The Medical Department, Infection Management Department, and Pharmacy Department regularly conduct special inspections, focusing on the standardization of the specimen submission process and the authenticity of the data.

2. Training and education: Organize targeted training for departments that do not meet standards to strengthen awareness of pathogen specimen submission.

3. Regular assessment: Analyze the effectiveness of the reward and punishment system every quarter and adjust management measures dynamically.

Supplementary Provisions

1. This system is interpreted by the hospital’s pharmacy administration and infection management committee.

2. This regulation shall be implemented from the date of its release, and in case of any conflict with the original provisions, this regulation shall prevail.

Formulating departments: Medical Affairs Department, Infection Management Division, Pharmacy Department

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