

SUPPLEMENTARY TABLE: Table showing study flow and PDSA cycles

	<i>PLAN</i>	<i>DO</i>	<i>STUDY</i>	<i>ACT</i>
PDSA 1 July 2017 (Pre-intervention phase)	Antimicrobial stewardship as QI initiative	Prospective baseline data collection on SSAP and SSI rate. Departmental policy drafted and presented to the whole department for discussion and reaching a consensus. Antimicrobial Stewardship Form created	Very few women received SSAP Rate of SSI in the department was 9.6% in July 2017.	ADAPT
PDSA 2 August 2017 (Interim phase)	Implementation in one unit	Sensitisation of unit residents, and consultants to AMR and SSAP protocol Availability of AMR forms in ward and antibiotic in operation theatre was ensured. Consultants were asked to do risk assessment and include SSAP in their preoperative orders for low-risk patients planned for elective surgery. Collection of data for SSAP and SSI by the nodal officer	18/26 low risk patients (69.2%) received SSAP in one unit. 35.2% (18/51) received SSAP in the department. None of the patients receiving SSAP in pilot unit developed SSI. Overall rate of SSI was 3.9% in the department	ADAPT <u>Lesson learnt</u> Leading by example and sharing data is effective for motivating others
PDSA 3 September 2017 (Interim phase)	Implementation in all units	Protocol of SSAP use and risk assessment was shared amongst all residents and consultants by their unit heads The data was collected by the nodal officer at the end of each month.	Percentage of patients receiving SSAP increased slightly to 49.3% in the department Of patients receiving SSAP, 2% were reported to have had SSI.	ADAPT <u>Lesson learnt</u> There was lack of ownership in different units.

			Overall rate of SSI was 6.1%.	
PDSA 4 October 2017 (Interim phase)	Increasing ownership	One consultant per unit was included to ASTF to encourage adoption of SSAP within their respective unit and collect data	52.2% women received SSAP SSI noticed in 2.3%. One percent of women receiving SSAP had SSI.	ADAPT <u>Lesson learnt</u> Some consultants were extending antibiotics for trivial reasons like adhesions, technically difficult surgery etc. Need for focussed group discussions as felt.
PDSA 5 November 2017 (Interim phase)	AMR week workshop	Workshop was held for consultants and residents during AMR week. The data was shared again especially with respect to rate of SSI. All reasons for unjustified continuation of antibiotics were discussed. Meeting of the team leader with surgeons extending antibiotic coverage and understanding the reasons It was suggested that decreasing the duration of giving antibiotics for 24 hrs (instead of 7 days) may be considered by these surgeons to allay their fears and then gradually adopt SAP policy	SSAP received by 62.5% of women. No patient receiving SSAP had SSI. SSI occurred in 3.2% postoperative women.	ADAPT <u>Lesson learnt</u> Closer monitoring of process measures is required to address the concerns of those not confident of following SAP protocol

<p>PDSA 6 December 2017 (Interim phase)</p>	<p>Expansion of team for surveillance</p>	<p>Inclusion of nursing officers in antimicrobial stewardship team to flag patients receiving extended antibiotics.</p>	<p>59.2% women received SSAP. Overall 4.1% women had SSI. The group receiving SSAP had no SSI.</p>	<p>ADOPT</p>
<p>PDSA 7 January 2018 (Interim phase)</p>	<p>Sharing monthly data</p>	<p>Unit-wise data for SSAP and SSI was shared during monthly departmental statistics meeting as bar charts for highlighting comparison. A WhatsApp group was created for the ASTF for quick communication and taking collective decision about patients requiring continuation of antibiotics of antibiotics.</p>	<p>SSAP received by 67.7% of low risk women. Of the patients receiving SSAP, 1% had SSI. SSI noticed in 3.1% cases overall.</p>	<p>ADOPT</p> <p>Lesson learnt</p> <p>Sharing of data keeps everyone interested. Appreciation for good performers is essential to encourage others.</p> <p>Need for continuous training for sustenance was felt as new residents joined and operating teams rotated</p>
<p>PDSA 8 February 2018 (Post-intervention phase)</p>	<p>Continued training strategy</p>	<p>Integration of antimicrobial stewardship program in induction training for new residents</p>	<p>SSAP received by 75% of low risk women. No woman from SSAP group had SSI. Overall rate of SSI was 3.5%.</p>	<p>ADOPT</p> <p>Continuous upward trend in women receiving SSAP and no increase in SSI in these women encouraged consultants and operating teams to follow recommended protocol.</p>

				The antimicrobial stewardship has now extended to focus on other procedures like normal deliveries and emergency Caesarean sections to ensure rational use of antibiotics.
--	--	--	--	--