



EVALUATING ANTIMICROBIAL PATHWAYS (AMPS) ACROSS WACHS

An independent mixed-methods evaluation was conducted by UTS of the uptake, effectiveness and staff experience of AMPS across Western Australia Country Health Service (WACHS).

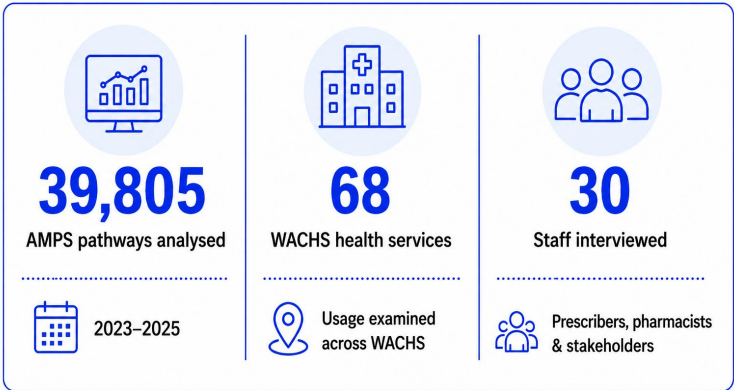
Prescribing outcomes were compared between 3 adopter and 5 non-adopter sites using NAPS/SNAPS data (3,917 audited prescriptions) alongside AMPS usage data (all services) and qualitative interviews

AMPS improved prescribing quality where it was adopted - but uptake was uneven.

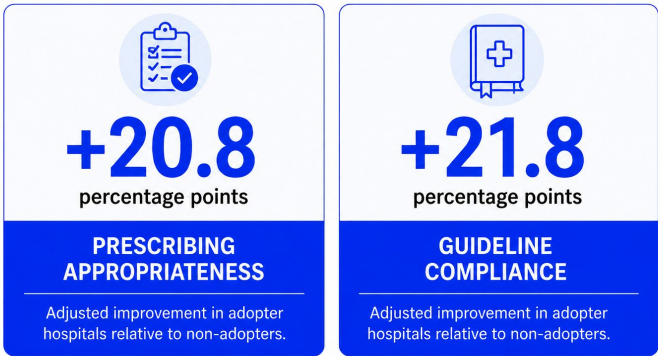
There was no or minimal use in almost three quarters of WACHS sites (49/68) while only 9 sites had strong or sustained use.

Uptake was strongest in smaller and more remote services, while pharmacists and senior prescribers were prominent users.

THE EVALUATION AT A GLANCE



IMPROVED PRESCRIBING QUALITY WHERE AMPS WAS ADOPTED



Results adjusted for differences in patient characteristics, workforce composition, hospital factors and time trends.

Interviews helped explain the quantitative findings

WHAT WE OBSERVED	WHAT STAFF TOLD US
Prescribing quality improved in adopter hospitals	AMPS supported evidence-based decisions, helped confirm prescribing choices and increased confidence.
Uptake was strongest in smaller and more remote services	AMPS was particularly valuable when specialist infectious diseases advice was difficult to access.
Pharmacists and senior prescribers were prominent users	Pharmacists reinforced use through stewardship activities, while senior medical endorsement helped normalise AMPS.
Many services had little or no sustained use	Awareness, training, workforce turnover and workflow barriers constrained adoption.



KEY MESSAGE

AMPs improves prescribing quality where it is adopted. The opportunity is to extend those benefits more consistently across WACHS.

WHAT AMPS USERS VALUED



Supports decisions

Supports rather than replaces clinical judgement, helping prescribers confirm and structure antimicrobial decisions.



Supports independent practice

Provides accessible specialist-informed guidance when direct specialist support is limited.



Locally relevant

Incorporates regional resistance patterns, epidemiology and rural-specific prescribing considerations.



Supports stewardship

Provides pharmacists and prescribers with a shared evidence base for AMS discussions.

WHY WAS UPTAKE INCONSISTENT?

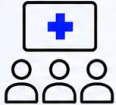
Interviews revealed:

- Low awareness due to limited formal training
- High workforce turnover
- Systems access and workflow friction
- Overreliance on a small number of local champions

Users generally valued and trusted the tool. The main barriers were in its implementation and embedding, rather than acceptance of AMPS itself.

THREE PRIORITIES FOR IMPLEMENTATION

1



BUILD CAPABILITY

Make AMPS part of routine orientation and ongoing education

- Embed AMPS in orientation across relevant professions.
- Provide short, role-specific training.
- Reinforce capability through refresher education.

2



MAKE AMPS EASIER TO ACCESS

Reduce friction at the point of care

- Improve visibility and integration with clinical systems.
- Simplify access.
- Progress mobile/offline access where feasible.

3



EMBED AND SUSTAIN USE

Make AMPS part of everyday stewardship practice

- Strengthen pharmacist and senior medical champion networks.
- Use AMPS routinely in stewardship rounds, case review and education.
- Monitor uptake and provide feedback.
- Strengthen approval code processes.

CONCLUSION



AMPs can make a meaningful contribution to antimicrobial stewardship in regional, rural and remote healthcare.

The next step is to move from successful adoption in some services to more consistent implementation across WACHS.