



**ANWESHAN** Pvt. Ltd.  
*Redefining Research*

# NATIONAL ANTIMICROBIAL PRESCRIPTION SURVEY PHASE II REPORT

AMU/SURVEILLANCE STRENGTHENING

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*Capturing Data on Antimicrobial Resistance Patterns and Trends in Use in Regions of Asia (CAPTURA II) Project*

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## Submitted to

CAPTURA II/TACE

International Vaccine  
Institute

Seoul, Korea

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## List of Abbreviations

|          |                                                                                          |
|----------|------------------------------------------------------------------------------------------|
| NAPS:    | National Antimicrobial Prescription Survey                                               |
| CAPTURA: | Capturing Data on Antimicrobial Resistance Patterns and Trends in Use in Regions of Asia |
| IRB      | Internal Review Board                                                                    |
| NACS:    | National Centre for Antimicrobial Stewardship                                            |
| QSRD:    | Quality, Standards and Regulation Division                                               |
| MoHP:    | Ministry of Health and Population                                                        |
| SPH:     | Seti Provincial Hospital                                                                 |

## Report Brief

This Report details the entirety of NAPS phase II, conducted under the CAPTURA II AMU/C surveillance strengthening workstream. It provides a comprehensive overview of all survey activities, from their initiation to completion.

For clarity and ease of understanding, the report is structured as a timeline, highlighting the following key stages:

1. NAPS II refresher Training
2. Data Collection
3. Survey Findings and Analysis

## Formal Correspondence and Meeting

| Activity                   | Date          |                               |
|----------------------------|---------------|-------------------------------|
| NAPS II Refresher Training | Bir Hospital  | 3 <sup>rd</sup> September     |
|                            | Seti Hospital | 6 <sup>th</sup> September     |
| Data Collection            | Bir Hospital  | 4-18 <sup>th</sup> September  |
|                            | Seti Hospital | 17-25 <sup>th</sup> September |

## NAPS II Refresher Training

The refresher training took place on 3<sup>rd</sup> and 6<sup>th</sup> September for Bir Hospital and Seti Provincial Hospital respectively. The interface and methodology of NAPS Phase II were consistent with those used in Phase I. However, a brief orientation was provided to participants on the interface, alongside presentations that reflected on the key activities and lessons from Phase I, and outlined the objectives and methodology of Phase II.



### Objectives of NAPS Round II

The second round of the Hospital NAPS aimed to:

1. Track progress on antimicrobial use (AMU) data since Phase I, identifying improvements achieved and areas requiring further attention.
2. Contribute AMU data that can be benchmarked across hospitals, thereby informing hospital policies and procedures.
3. Provide evidence to policymakers and healthcare professionals to support the design and implementation of targeted national antimicrobial stewardship (AMS) programmes.
4. Contribute to the development of a national AMU surveillance system.

### Training Approach

The training for Phase II was deliberately designed as a practical, hands-on exercise, building upon the knowledge and experience gained during Phase I. Its purpose was to clarify areas of confusion, promote consistency among data auditors, and develop standardised approaches to recurring challenges.

Auditors were encouraged to present their experiences and challenges from the first round, followed by case-based exercises within the system. These sessions concluded with group discussions and a review of the recording and reporting process.

### Key Clarifications from Plenary Discussions

Several important clarifications were made during the plenary discussions:

- **Surgical NAPS:** A new module designed to directly audit antimicrobial use in surgical procedures. As a point prevalence survey, it audits prescribing before, during, and after surgery.
- **Time series tool:** Can be used to track hospital-level AMU trends across multiple years.
- **Data export tab:** Enables auditors to view and edit data.
- **Survey manager authority:** Survey managers have the ability to delete incomplete surveys, but this must be done individually.
- **Hospital-specific issues:** For Seti Hospital, Phase I data showed cases where prescribing was guideline-compliant but considered not appropriate, which was logically inconsistent. It was agreed that in some cases, records may need reclassification from compliant to non-compliant. For Bir Hospital, appropriateness results were largely correct; however, some cases required further review, particularly concerning compliance and optimal prescribing determinations.
- **Non-compliance criteria:** If any indicator within the “assessment criteria” is marked “yes” then the overall case is automatically categorised as non-compliant. Also, If a guideline specifies drug is used only under certain conditions, but the patient does not meet those conditions, the case should be categorised as non-compliant. . If no clauses are given then any choice between preferred or alternative shall be compliant with guidelines.
- **Reference guidelines:** Only guidelines officially endorsed or recognised by the hospital administration may be used for compliance assessments. International guidelines without such endorsement cannot be considered compliant.
- **Directed therapy:** Cases involving microbiology results should be categorised as “directed therapy,” while guidelines are generally written for empirical therapy.
- **Diagnosis limitations:** Many diagnoses are missing from the antimicrobial indication drop-down menu. Auditors should select the closest available option. This limitation does not significantly affect overall results, but auditors were advised to document missing diagnoses. A list of unmatched indications will be shared with NCAS (Ron) for further assessment. To prevent “other” from becoming a dominant category, auditors should also record detailed diagnoses in the clinical notes for review.
- **Approval processes:** Since both sites lack restrictions on antimicrobial prescribing, the “approval given” option will always be marked as not applicable. Auditors need to choose “no guideline available” if not compliant with any national or locally endorsed guidelines
- **Guideline compliance criteria:** To be guideline-compliant, all aspects of treatment—drug choice, dose, strength, duration, and route—must match the guideline exactly.
- **Documentation of indication:** If the indication is presumed by the auditor and not explicitly recorded, it should be marked as “NO” under indication documentation.

- **Draft saving:** Cases requiring additional clinical judgement or consultation should be saved as drafts.
- **Microbiology mismatch:**
  - If the prescribed drug is resistant based on AST results, auditors must record “YES” for microbiology mismatch.
  - If a clinician uses a drug not tested in the AST report, auditors should also select “YES” for microbiology mismatch.

### Challenges Identified from Phase I

Auditors reflected on several challenges experienced during NAPS I:

- **Subjectivity in decision-making:** Discrepancies within auditor teams created conflicts due to varied interpretations.
- **Need for clinician input:** Approximately 30–35% of cases required direct consultation with clinicians to reach a final decision.
- **Availability of residents:** The quality of the audit was strongly influenced by the presence or absence of residents during the process.
- **Incomplete documentation:** Even when operating theatre notes were available, the indication for antimicrobial use was not always explicitly recorded, limiting the clarity of assessments.



## Data Collection

The data collection for the National Antimicrobial Prescribing Survey (NAPS) was conducted at two major sites: Seti Provincial Hospital and Bir Hospital. The data collection period at Bir Hospital spanned from 4<sup>th</sup> to 18<sup>th</sup> September, while at Seti Provincial Hospital it was conducted from 17<sup>th</sup> to 25<sup>th</sup> September.

### Bir Hospital

Data collection at Bir Hospital was conducted over 15 days, with a total of 282 audits completed across various departments. The audit involved a comprehensive ward-wise assessment of antimicrobial use, targeting both ICU and general wards. Below is a sample summary of the auditing outcomes:

| Day | Date                  | Ward/ Department            | No. of bed | No. of patients admitted till 8 AM | No. of Patients prescribed with antibiotics | No. of Audits done |
|-----|-----------------------|-----------------------------|------------|------------------------------------|---------------------------------------------|--------------------|
| 1   | 4 <sup>th</sup> Sept  | Urology                     | 46         | 40                                 | 21                                          | 21                 |
| 2   | 5 <sup>th</sup> Sept  | 2 <sup>nd</sup> Floor Cabin | 16         | 10                                 | 6                                           | 17                 |
|     |                       | Gastro                      | 48         | 20                                 | 8                                           |                    |
|     |                       | SICU                        | 9          | 3                                  | 3                                           |                    |
| 3   | 6 <sup>th</sup> Sept  | AICU                        | 12         | 12                                 | 11                                          | 24                 |
|     |                       | Post Operative ward         | 19         | 13                                 | 13                                          |                    |
| 4   | 7 <sup>th</sup> Sept  | Hepatology ward             | 24         | 20                                 | 18                                          | 18                 |
| 5   | 8 <sup>th</sup> Sept  | Female Medical Ward         | 34         | 20                                 | 15                                          | 15                 |
| 6   | 9 <sup>th</sup> Sept  | Ortho-plastic ward          | 48         | 33                                 | 30                                          | 30                 |
| 7   | 10 <sup>th</sup> Sept | General Surgery             | 45         | 14                                 | 10                                          | 13                 |
|     |                       | Oncology                    | 16         | 13                                 | 3                                           |                    |
| 8   | 11 <sup>th</sup> Sept | CTVS                        | 46         | 22                                 | 17                                          | 26                 |
|     |                       | 1 <sup>st</sup> floor Cabin | 15         | 5                                  | 3                                           |                    |
|     |                       | Hepatology ICU              | 9          | 7                                  | 6                                           |                    |
| 9   | 12 <sup>th</sup> Sept | Kidney transplant ward      | 5          | 3                                  | 3                                           | 10                 |
|     |                       | 4 <sup>th</sup> Floor HDU   | 8          | 6                                  | 6                                           |                    |
|     |                       | Male Surgical Cabin         | 10         | 3                                  | 1                                           |                    |
| 10  | 13 <sup>th</sup> Sept | 3 <sup>rd</sup> Floor Cabin | 18         | 7                                  | 5                                           | 25                 |
|     |                       | Neuro ICU                   | 9          | 8                                  | 7                                           |                    |
|     |                       | Neurological ward           | 47         | 30                                 | 13                                          |                    |
| 11  | 14 <sup>th</sup> Sept | Male medical ward           | 35         | 19                                 | 12                                          | 21                 |
|     |                       | ENT                         | 39         | 16                                 | 9                                           |                    |
| 12  | 15 <sup>th</sup> Sept | Burn                        | 10         | 5                                  | 5                                           | 14                 |
|     |                       | Respiratory ICU             | 5          | 3                                  | 1                                           |                    |
|     |                       | Respiratory HDU             | 8          | 3                                  | 1                                           |                    |

| Day | Date                  | Ward/ Department     | No. of bed | No. of patients admitted till 8 AM | No. of Patients prescribed with antibiotics | No. of Audits done |
|-----|-----------------------|----------------------|------------|------------------------------------|---------------------------------------------|--------------------|
|     |                       | Burn ICU             | 5          | 1                                  | 1                                           |                    |
|     |                       | Respiratory ward     | 25         | 15                                 | 6                                           |                    |
| 13  | 16 <sup>th</sup> Sept | Nephrology ward      | 20         | 19                                 | 12                                          | 17                 |
|     |                       | Medical ICU          | 8          | 6                                  | 5                                           |                    |
| 14  | 17 <sup>th</sup> Sept | Geriatric ward       | 18         | 14                                 | 13                                          | 16                 |
|     |                       | Neuro-endo ward      | 18         | 11                                 | 3                                           |                    |
| 15  | 18 <sup>th</sup> Sept | CCU                  | 8          | 5                                  | 2                                           | 16                 |
|     |                       | Cardiology           | 18         | 16                                 | 5                                           |                    |
|     |                       | Gastro medicine ward | 18         | 14                                 | 9                                           |                    |

### Seti Provincial Hospital

At Seti Provincial Hospital, the audit was carried out over a continuous seven-day period. A total of 152 cases were audited. Below is the summary of the auditing schedule and results:

| Day | Date                  | Ward/ Department                        | No. of bed | No. of patients admitted till 8 AM | No. of Patients prescribed with antibiotics | No. of Audits done |
|-----|-----------------------|-----------------------------------------|------------|------------------------------------|---------------------------------------------|--------------------|
| 1   | 17 <sup>th</sup> Sept | Medicine ward                           | 35         | 27                                 | 23                                          | 23                 |
| 2   | 18 <sup>th</sup> Sept | ICU A and B                             | 15         | 15                                 | 15                                          | 15                 |
| 3   | 19 <sup>th</sup> Sept | NICU and Mother's side                  | 19         | 17                                 | 17                                          | 17                 |
| 4   | 20 <sup>th</sup> Sept | Maternity, Post-op, gynae and labour    | 80         | 69                                 | 47                                          | 47                 |
| 5   | 21 <sup>st</sup> Sept | Pediatric, observation and TB isolation | 29         | 28                                 | 22                                          | 22                 |
| 6   | 22 <sup>nd</sup> Sept | General Surgery                         | 38         | 30                                 | 20                                          | 20                 |
| 7   | 23 <sup>rd</sup> Sept | Pre-op and Post-op Surgery              | 21         | 9                                  | 8                                           | 8                  |

### Key Issues/Challenges:

- Due to unpredicted conflict in the country, we were unable to conduct the survey in time as planned initially.
- Network problem was one of the main issues during Hospital NAPS. Most of the time the pages had to be reloaded during submission which caused the repetition of the work hence resulting more time for same case.

- Some of the auditors had to take leave during the survey causing more task for other auditors.
- Time management for survey: All the auditors had to manage their time for survey and their regular hospital duty during these days. It was challenging for them to manage both duties.

#### Measures Taken:

- All auditors were provided top up cost for mobile data to maintain smooth auditing process.
- The timing for survey was arranged after 2 PM each day such that those auditors can do morning duty of hospital and can also conduct data audit.

## Survey Findings

### Bir Hospital

#### 1. Survey Overview

- **Institution:** National Academy of Medical Sciences, Bir Hospital
- **Survey Type:** Hospital-wide point prevalence survey (NAPS II 2025)
- **Sample Size:** 458 patients
- **Patients on Antimicrobials:** 61.8% (283 patients)
- **Number of Audits conducted:** 283

#### 2. Appropriateness of Antimicrobial Prescriptions

- **Appropriate (Optimal + Adequate):** 53.5%
- **Inappropriate (Suboptimal + Inadequate):** 39.4%
- **Not Assessable:** 7.2%

Although over half of the prescriptions were considered appropriate, a significant 39.4% were deemed inappropriate. This highlights considerable scope for improvement in antimicrobial stewardship.

#### 3. Compliance with Guidelines

- **Compliant with Guidelines:** 35.6%
- **Non-compliant with Guidelines:** 40.0%
- **Directed Therapy:** 13.2%
- **Other (None Available / Not Assessable):** 11.2%

Less than half of prescriptions adhered to hospital or national antimicrobial guidelines. The 40% non-compliance rate is concerning and suggests the need for improved dissemination and enforcement of antimicrobial prescribing protocols.

#### 4. Documentation Practices

Two key documentation standards were assessed:

- **Indication Documented:** 80.8%
- **Review or Stop Date Documented:** 8.7%

Documentation of indication was fair but still below the ideal threshold of 95%. However, documentation of a review or stop date was critically low at only 8.7%. This deficiency represents one of the most serious stewardship gaps identified in the survey. Without clear stop or review dates, antimicrobials are likely to be continued unnecessarily, increasing the risks of resistance, toxicity, and cost escalation.

#### 5. Surgical Prophylaxis

- **Prescriptions Assessed:** 82
- **Surgical Prophylaxis given greater than 24 hours:** 58.5% (48 of 82)
- **Appropriate:** 22 (26.8%)
- **Inappropriate:** 58 (70.7%)
- **Not Assessable:** 2 (2.4%)

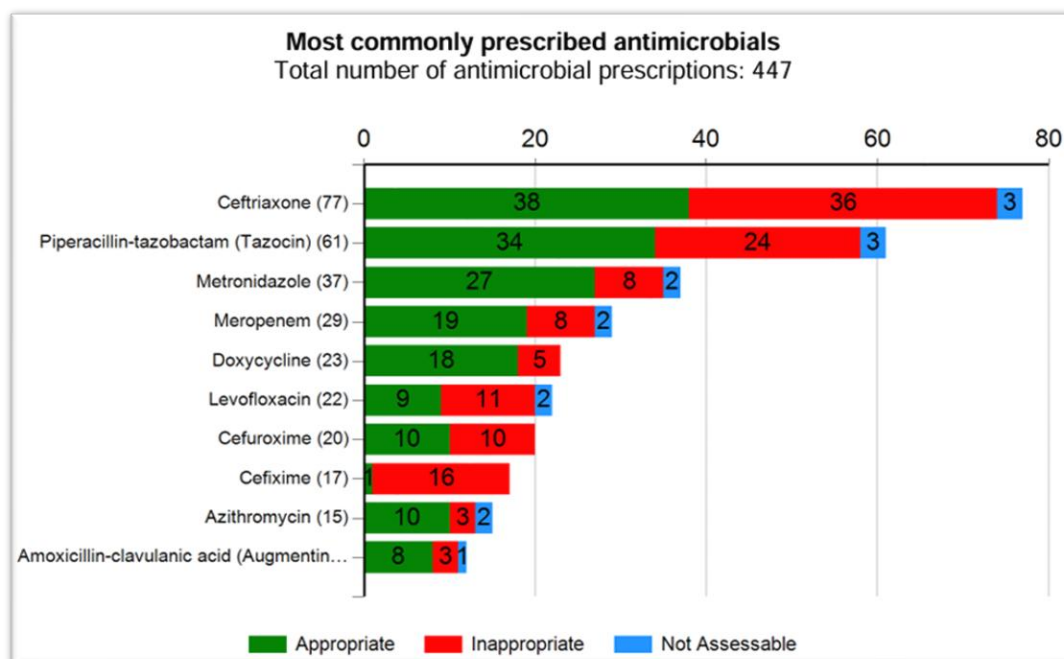
A total of 82 surgical prophylaxis prescriptions were assessed during the survey. Of these, 58.5% (48 prescriptions) were administered for longer than 24 hours post-surgery, which significantly exceeds the best practice benchmark of less than 5%.

In terms of overall appropriateness, only 22 prescriptions (26.8%) were deemed appropriate, while 58 prescriptions (70.7%) were classified as inappropriate, and 2 (2.4%) were not assessable.

These findings indicate substantial overuse and prolonged duration of prophylactic antimicrobials following surgery, reflecting poor adherence to recommended surgical prophylaxis guidelines. Such practices contribute to unnecessary antimicrobial exposure, heightened risk of resistance, and increased healthcare costs. Targeted interventions—including enforcement of a strict 24-hour limit, prescriber education, and regular auditing—are therefore essential to improve compliance and optimise surgical antimicrobial stewardship.

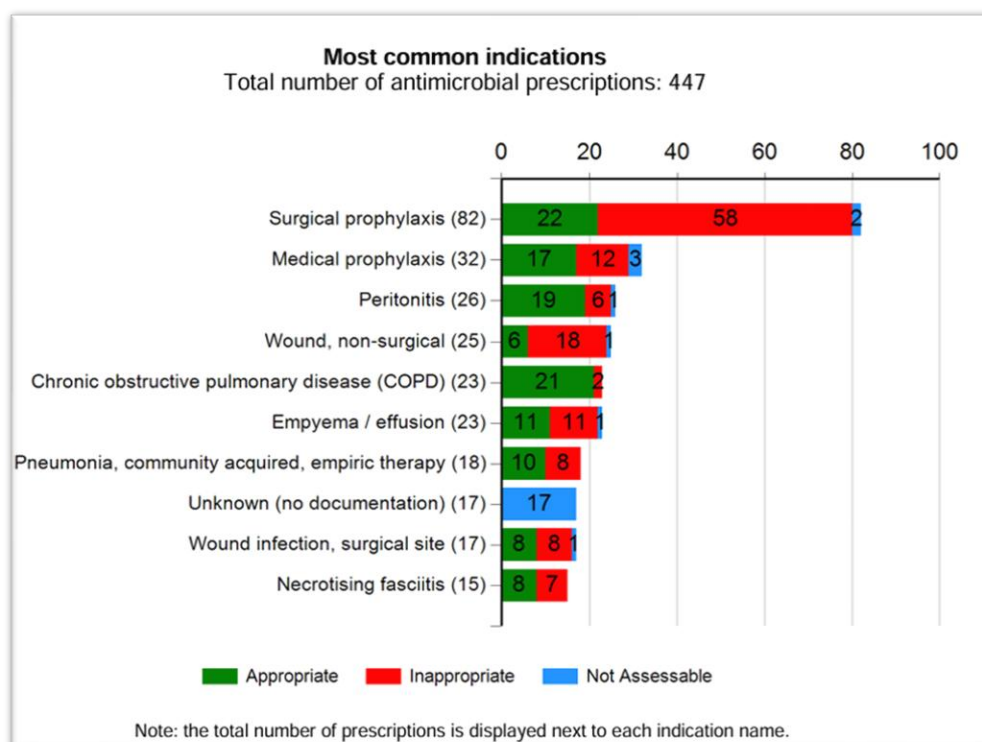
#### 6. Antimicrobial Usage Patterns

Ceftriaxone is the most commonly prescribed antimicrobial with 49.4% of its use appropriate followed by Piperacillin-tazobactam with 55.7% of its use being appropriate. The detailed breakdown is shown in the chart below:



## 7. Common Indications for Antimicrobial Use

The findings of NAPS II suggest that Surgical Prophylaxis and Medical Prophylaxis are the most common indications for antimicrobial use, with surgical prophylaxis use dominating the chart as shown below:



## Analysis and Interpretation

At 61.8%, antimicrobial usage at Bir Hospital exceeds ideal stewardship benchmarks seen in similar tertiary hospitals globally (typically 30–50%). This high rate suggests potential over prescription and highlights the importance of rational antimicrobial use initiatives.

The discrepancy between appropriate (53.5%) and guideline-compliant (35.6%) prescribing indicates that even some prescriptions considered “appropriate” may not strictly adhere to institutional or national guidelines. The 39.4% inappropriate rate underscores a lack of uniformity in prescribing practices and possible diagnostic uncertainty or empirical overuse.

The finding that 70.7% of surgical prophylaxis prescriptions were inappropriate is critical. Extended prophylaxis contributes to antimicrobial resistance, postoperative complications, and increased hospital costs. This area represents a major target for intervention through prescriber education, protocol enforcement, and audit-feedback mechanisms.

The documentation of indication, recorded at 80.8%, while relatively fair, is contrasted by an alarmingly low 8.7% for documentation of review or stop dates. Both figures fall well below the recommended benchmark of 95%, undermining effective antimicrobial review and accountability. Strengthening these documentation practices is essential to enhance antimicrobial stewardship, promote timely therapy review, and support more accurate prescribing audits.

## Seti Provincial Hospital

### 1. Survey Overview

- **Institution:** Seti Provincial Hospital
- **Survey Type:** Hospital-wide point prevalence survey (NAPS SPH II, 2025)
- **Sample Size:** 195 patients
- **Patients on Antimicrobials:** 77.9% (152 patients)
- **Number of Audits Conducted:** 152

This indicates that more than three-quarters of admitted patients were receiving antimicrobial therapy, suggesting very high utilisation rates compared to typical stewardship benchmarks (usually 30–50%).

### 2. Appropriateness of Antimicrobial Prescriptions

- **Appropriate (Optimal + Adequate):** 64.8%
- **Inappropriate (Suboptimal + Inadequate):** 33.5%
- **Not Assessable:** 1.8%

Nearly two-thirds of antimicrobial prescriptions were appropriate, which represents a relatively positive finding compared with national averages in similar institutions. However, one-third (33.5%) of prescriptions were inappropriate, signalling ongoing gaps in prescribing quality and stewardship adherence.

### 3. Compliance with Guidelines

- **Compliant with Guidelines:** 24.2%
- **Non-compliant with Guidelines:** 70.9%
- **Directed Therapy:** 3.1%
- **Other (None Available / Not Assessable):** 1.8%

Despite a fair proportion of prescriptions being deemed “appropriate”, **compliance with guidelines is extremely low**. Over 70% of prescriptions did not comply with established treatment protocols. This discrepancy implies that many “appropriate” prescriptions may be judged adequate clinically but not in strict accordance with national or institutional guidelines.

### 4. Documentation Practices

- **Indication documented:** 74.4%
- **Review or stop date documented:** 4.4%

At 74.4%, the documentation of indication shows moderate adherence but still falls short of the recommended benchmark. In contrast, the documentation of a review or stop date was recorded in only 4.4% of prescriptions, indicating a critical gap in antimicrobial stewardship practice.

Such poor documentation significantly hampers the ability to review, optimise, or discontinue antimicrobial therapy in a timely manner. Strengthening these practices—through prescriber training, regular audits, and incorporation of mandatory documentation fields—would substantially improve accountability and the quality of antimicrobial use across the hospital.

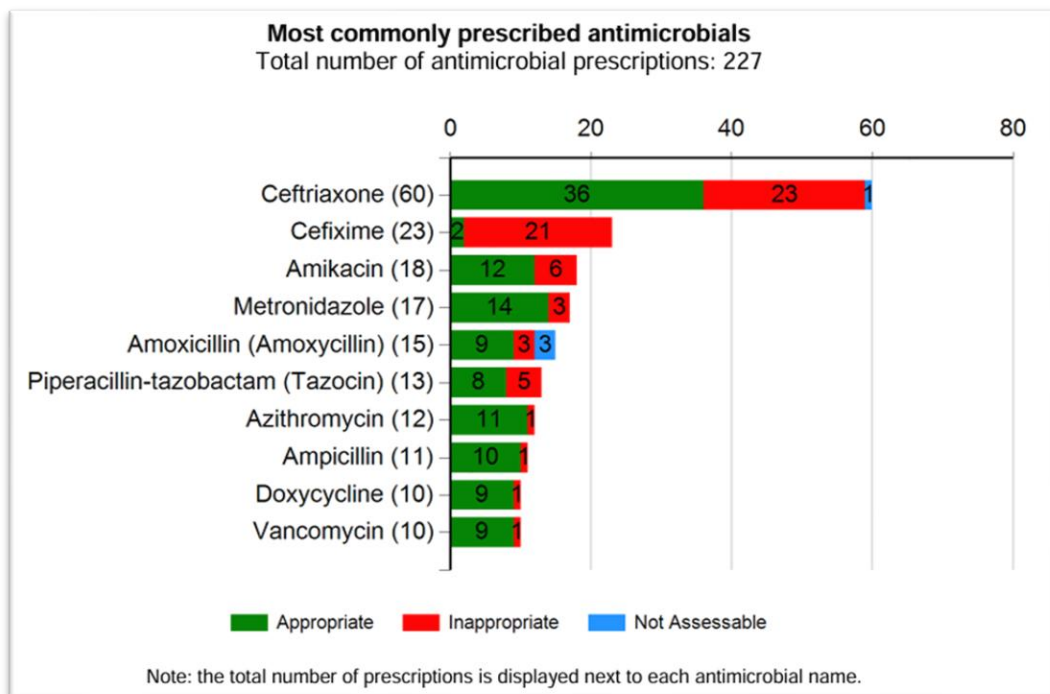
### 5. Surgical Prophylaxis

- **Total Prescriptions:** 53
- **Surgical Prophylaxis given greater than 24 hours:** 60.4% (32 of 53)
- **Appropriate:** 23 (43.4%)
- **Inappropriate:** 30 (56.6%)
- **Not Assessable:** 0 (0.0%)

Surgical prophylaxis practices remain suboptimal. Over half of the prophylactic prescriptions were inappropriate, exceeding the recommended 24-hour postoperative duration and deviating from best practice guidelines (target: <5% prolonged prophylaxis). Nonetheless, Seti Provincial Hospital’s results are comparatively better than those seen at Bir Hospital, where inappropriateness reached over 70%.

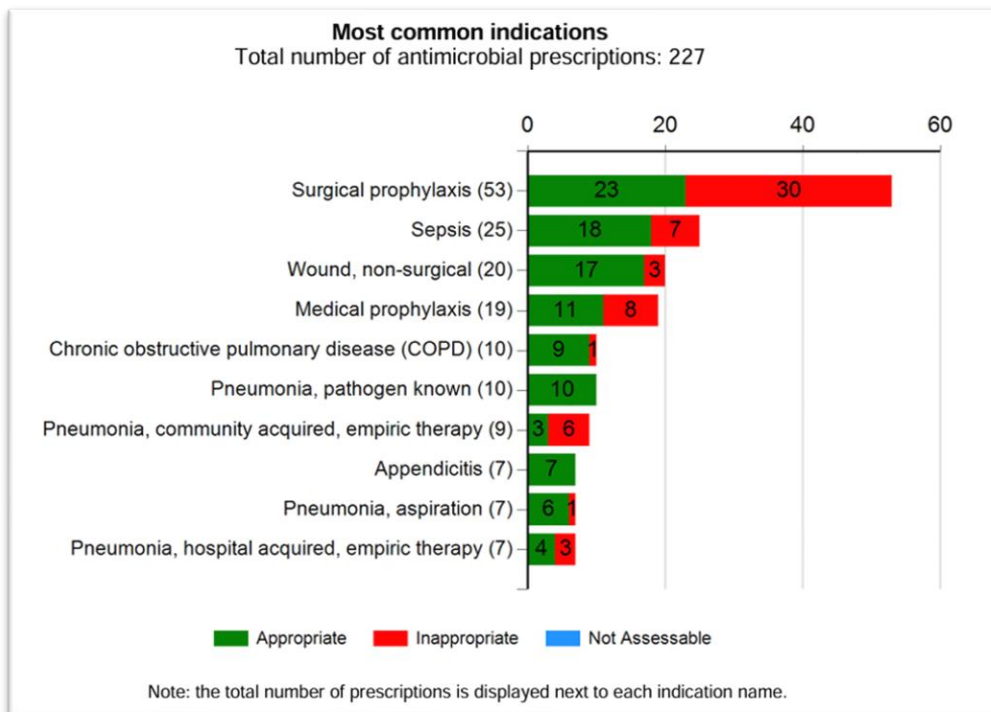
### 6. Antimicrobial Usage Patterns

Ceftriaxone is the most commonly prescribed antimicrobial with 60% of its use appropriate followed by Cefixime with only 8.7% of its use being appropriate. The detailed breakdown is shown in the chart below:



## 7. Common Indications for Antimicrobial Use

The findings of NAPS II suggest that Surgical Prophylaxis followed by Sepsis are the most common indications for antimicrobial use, with surgical prophylaxis use dominating the chart as shown below:



## Analysis and Interpretation

The proportion of patients on antimicrobials (77.9%) is among the highest reported in NAPS datasets comparing the two sites. This level of usage may reflect both high infection burden and potential over prescription, warranting closer investigation of prescribing drivers—such as empirical therapy, diagnostic capacity, and clinical culture.

While 64.8% appropriateness is encouraging, the 70.9% non-compliance with guidelines reveals a major stewardship concern. It suggests that prescribers may be relying heavily on personal or departmental practice rather than standardised national or hospital guidelines, undermining consistency and safety in antimicrobial use.

Over half (56.6%) of surgical prophylaxis prescriptions were inappropriate. Extended prophylaxis beyond 24 hours increases risk for antimicrobial resistance. While marginally better than Bir Hospital's performance, Seti Hospital must still address this through stricter adherence to prophylaxis protocols.

The documentation of indication at 74.4% and review or stop date at 4.4% both alarming below the 95% benchmark, signify an urgent need for improvement. Documentation ensures accountability and enables timely review or cessation of therapy which are core pillars of antimicrobial stewardship.

## **Comparison of Findings between NAPS I and NAPS II**

| <b>Findings</b>                    | <b>NAPS I</b> | <b>NAPS II</b> |
|------------------------------------|---------------|----------------|
| <b>Bir Hospital</b>                |               |                |
| Number of Audits                   | 294           | 282            |
| Appropriate antimicrobial use      | 47.4%         | 53.5%          |
| Inappropriate antimicrobial use    | 44.7%         | 39.4%          |
| Compliance with guidelines         | 50.9%         | 35.6%          |
| Non-compliant with guideline       | 37.0%         | 40.0%          |
| Directed Therapy                   | 6.0%          | 13.2%          |
| Documentation of Indication        | 51.5%         | 80.8%          |
| Review or stop date documented     | 12.2%         | 8.7%           |
| Surgical Prophylaxis >24 hours     | 60.0%         | 58.5%          |
| Appropriate surgical prophylaxis   | 20.0%         | 26.8%          |
| Inappropriate surgical prophylaxis | 75.8%         | 70.7%          |

*\*Please note that we are waiting for minor revision in the information gathered in NAPS phase II in Bir hospital based on the comment from Ron. Therefore, there might be few changes in the statistics presented here after finalization.*

| Findings                           | NAPS I | NAPS II |
|------------------------------------|--------|---------|
| <b>Seti Hospital</b>               |        |         |
| Number of Audits                   | 124    | 152     |
| Appropriate antimicrobial use      | 29.2%  | 64.8%   |
| Inappropriate antimicrobial use    | 70.8%  | 33.5%   |
| Compliance with guidelines         | 14.9%  | 24.2%   |
| Non-compliant with guideline       | 78.0%  | 70.9%   |
| Directed Therapy                   | 7.1%   | 3.1%    |
| Documentation of Indication        | 57.1%  | 74.4%   |
| Review or stop date documented     | 2.4%   | 4.4%    |
| Surgical Prophylaxis >24 hours     | 88.9%  | 60.4%   |
| Appropriate surgical prophylaxis   | 5.6%   | 43.4%   |
| Inappropriate surgical prophylaxis | 94.4%  | 56.6%   |

## Annex

### Refresher Training Agenda

| Time                                                | Activities                                                                                                                                                                                                                                                                         | Resource                                                                                                                                                                     |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>8:30 AM- 9:00 AM, Registration and Breakfast</b> |                                                                                                                                                                                                                                                                                    |                                                                                                                                                                              |
| 9:00 AM - 10:00 AM                                  | Welcome & Introduction                                                                                                                                                                                                                                                             | All participants                                                                                                                                                             |
| 10:00 AM - 10: 15 AM                                | - Opening remarks                                                                                                                                                                                                                                                                  | Dr. Saroj Sharma,<br>Chief, QSRD, MoHP<br><br>Ms. Usha Tandukar (Senior<br>Drug Administrator, QSRD<br>MoHP<br><br>Dr. Dilip Sharma, Hospital<br>Director, NAMS Bir hospital |
| 10:15 AM - 10: 45 AM                                | - NAPS Phase I key activities reflection<br>- Objective of Phase II NAPS and methodology                                                                                                                                                                                           | Ms. Sanju Maharjan                                                                                                                                                           |
| 10:45 AM - 11:10 AM                                 | - Overview of NAPS Phase I findings of Bir hospital                                                                                                                                                                                                                                | Dr. Bhakta Dev Shrestha<br>(Physician-Internal Medicine)                                                                                                                     |
| 11:10 AM - 11:35 AM                                 | - Overview of NAPS Phase I findings of Seti hospital                                                                                                                                                                                                                               | Ms. Kamala Bist<br>Senior Nursing Officer (Seti)                                                                                                                             |
| 11:35 AM -12:45 AM                                  | NAPS System Overview & Registration<br>• Review of the NAPS interface and data entry features<br>• <b>Case based review of NAPS I in system</b><br>• Familiarization with operational definition and paper-based data collection forms<br>• Q/A on issues and concerns from NAPS I | Mr. Ron Cheah<br><br><br><br><br>All participants                                                                                                                            |
| <b>12:45 PM - 1:30 PM Lunch Break</b>               |                                                                                                                                                                                                                                                                                    |                                                                                                                                                                              |
| 1:30 PM - 1:45 PM                                   | Challenges and experience sharing of auditors                                                                                                                                                                                                                                      | NAPS phase I auditors                                                                                                                                                        |
| 1:45 PM - 2:45 PM                                   | • Case based hands-on practice in the system followed by discussion                                                                                                                                                                                                                | All and hospital records                                                                                                                                                     |
| 2:45 PM- 3:00 PM                                    | • Recording and reporting sheet review process                                                                                                                                                                                                                                     | Anweshan and auditors                                                                                                                                                        |
| <b>(3:00 PM - 3:10PM) TEA BREAK</b>                 |                                                                                                                                                                                                                                                                                    |                                                                                                                                                                              |
| 3:10 PM- 3:30 PM                                    | • Planning for data collection at Bir hospital<br>• 14 days data collection plan                                                                                                                                                                                                   | Auditors and Survey Manager                                                                                                                                                  |
| 3:30 PM - 3:45 PM                                   | Discussion on Queries about NAPS II<br>And closing                                                                                                                                                                                                                                 | Sticky notes /meta cards                                                                                                                                                     |
| 3:45 PM - 4:00 PM                                   | Closing remarks                                                                                                                                                                                                                                                                    | Dr. Dilip Sharma                                                                                                                                                             |

## Some Glimpses

