Terms of Reference

Antimicrobial Stewardship (AMS) Statewide Clinical Network

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Statewide Clinical Networks	Statewide Clinical Networks (SCNs) are central to advancing clinical excellence and collaboration across South Australia's (SA) health system. The Antimicrobial Stewardship (AMS) SCN, hosted by the Commission on Excellence and Innovation in Health (CEIH), brings together health professionals, consumers, and subject matter experts to provide clinical leadership, strategic direction, and drive innovation. SCNs build partnerships and engagement across institutional and professional boundaries, allowing for improved working relationships and open sharing of information to solve system-level problems, create excellence in care delivery, and improve health outcomes.
Antimicrobial Stewardship Statewide Clinical Network	The AMS SCN provides statewide clinical leadership for antimicrobial stewardship across SA. There is increasing evidence for the link between excessive or inappropriate use of antimicrobials and the development, amplification and spread of antimicrobial resistance. Adoption of antimicrobial stewardship programs in all SA healthcare settings will assist in limiting the prevalence and impact of antimicrobial-resistant organisms. The AMS SCN's Objectives are to: - Collaborate to exchange information, experiences, challenges and ideas and identify innovative solutions to address key system priorities related to AMS. - Collaborate to support individual health service compliance with NSQHS Preventing and Controlling Infections Standard (Actions 3.18 and 3.19) and the AMS Clinical Care Standard. - Promote alignment with the Antimicrobial Stewardship Policy Directive, for SA Health facilities.

	- Advise the SAH Safety and Quality Committee, Clinical Council and SA Medicines Advisory Committee (SAMAC) on AMS issues and priorities. - Review SA antimicrobial usage and appropriateness and multi-resistant organism surveillance data (NAUSP/NAPS/AURA/CARAlert*) to identify risks, target improvements and advise on system responses and interventions. - Provide a mechanism for consultation, advice and endorsement on related antimicrobial issues, guidelines and fact sheets for antimicrobial use in SA health services. - Promote consistent communication regarding implementation of policies and guidelines to reduce unwarranted variation in antimicrobial prescribing across Local Health Networks (LHNs), private and public providers, and community settings. - Support and promote local and national campaigns aligned with antimicrobial resistance awareness. - Partner with Priority Focus Area projects and other SCN as appropriate (e.g. Sepsis Improvement, Rheumatic Fever and Primary Care SCN) - Provide clinical advice regarding emerging technologies which may impact AMS. Out of Scope: - Custodianship of AMS policies or antimicrobial clinical guidelines. - Custodianship of LHN operational prescribing governance and approval systems, and local AMS committee business, unless escalated for statewide consistency or risk. - SA Health AMS and Antimicrobial Resistance Webpages – managed by Public Health, DHW. - SA Health Medicines and Drugs webpages managed by DHW Office of Chief Pharmacist. *National Antimicrobial Utilisation Surveillance Program (NAUSP); National Antimicrobial Prescribing Survey (NAPS) Antimicrobial Use and Resistance in Australia (AURA); Critical Antimicrobial Resistance Alert system (CARAlert)
Membership and Responsibilities	**Membership** The AMS SCN brings together a diverse range of professions and perspectives from across SA's health system to support statewide leadership, best-practice guidance and implementation of antimicrobial stewardship. Membership is intended to reflect diversity across professions, and settings (metro/regional; public/private; hospital/ community). - Clinical Lead / Chair - Deputy Chair (as nominated by the Chair) - LHN representation: A minimum of one representative from each of the LHN Antimicrobial Stewardship Committees from any of the professions/groups below:

- Medicine - Infectious Diseases, Clinical Microbiology and/or Public Health physicians
- Pharmacy - AMS pharmacists from SA Pharmacy - metropolitan and regional LHN
- Nursing – Infectious Diseases, Infection Prevention and Control
- A representative from the Regional LHN Antimicrobial Stewardship Forum

- Statewide representation by:
  - Public Health/Communicable Disease Control Branch, DHW
  - Office of the Chief Pharmacist, DHW
  - SA Ambulance Service
  - SA Pharmacy Statewide Clinical Support Services (SCSS)
  - SA Pathology SCSS
- National Antimicrobial Utilisation Surveillance Program (NAUSP) pharmacy representative
- Private Hospital Sector - Up to two private hospitals medical and/or pharmacy representatives responsible for Standard 3: Preventing & Controlling Infections.
- Private Pharmacy Sector - Up to 2 private pharmacy representatives
- Aboriginal Community Controlled Health Organisation representative
- Residential Care - Up to two private medical and/or pharmacy representatives.
- Academic and/or research expertise.
- Consumer representatives x 2 as per CEIH consumer engagement policy.

Members are appointed for a two-year renewable term.

Role and Responsibilities of Members

- Focus on performance, evidence-based practice, improved consumer outcomes and a sustainable, efficient health system.
- Collaborate across the sector on improvement opportunities.
- Actively participate in planning, design, implementation, and evaluation of work undertaken by the SCN.
- Provide feedback and engage in consultation with colleagues and clinical leaders.
- Attend meetings and undertake tasks/actions between meetings to ensure completion in the agreed timeframes.
- Act in the best interests of the SCN and broader health system.
- Report on AMS SCN activities into local AMS committees where relevant.

Role and Responsibilities of Clinical Lead

- Develop SCN objectives in collaboration with SCN members

	- Demonstrate leadership by building collaboration, sharing expertise, promoting improvement and innovation and ensuring effective communication across stakeholders.
	- Chair SCN meetings. Responsibilities include:
	  ○ ensuring effective and timely conduct of meetings
	  ○ encouraging broad participation from all members, including consumers
	  ○ summarising decisions and actions
	  ○ reviewing and approving meeting papers, communications, and correspondence
	  ○ communicating which discussions or decisions are to remain confidential
	  ○ nominating a Deputy Chair
	- Supported by a CEIH Clinical Network Advisor and Network Support Officer
	- Represent the AMS SCN as per the governance.
	
	Responsibilities of the CEIH support team (Network Adviser and Support Officer)
	- Facilitate connections and collaborations across the health system.
	- Facilitate access to system-level data and analytics as required.
	- Monitor progress and support communications across the broad health system.
	- Support SCN response to urgent concerns, such as Ministerial and CEO briefings.
	- Coordinate and guide the SCN through approval processes within CEIH or DHW.
	- Provide secretariat support (agendas, minutes, action logs, file management).
	
	Working Groups
	- The ASMS SCN may convene subcommittees or working groups for specific, time-limited objectives.
	- Chairs of subcommittees are responsible for reporting on progress at SCN meetings.
	- Secretarial support for subcommittees is to be discussed with the Network Portfolio Manager.

Governance and Reporting	- The SCN is accountable via the Clinical Lead to the Executive Director, Clinical and Consumer Partnerships (CEIH) and to the South Australian Medicines Advisory Committee (SAMAC).
	- The Clinical Lead is a member of the:
	  ○ HCEC Clinical Council
	  ○ South Australian Medicines Advisory Committee (SAMAC)
	  ○ SA Health Infection Control Group
	  ○ National AMS Advisory Committee – hosted by Australian Commission on Safety and Quality in Healthcare.

	- The Clinical Lead and members (if SA Health employees) have LHN support to participate in the SCN and maintain active participation in respective LHN AMS governance committees. - *SCNs are sponsored by an LHN CEO or senior clinical leader (TBC)* **Reporting:** - An annual workplan is recommended to guide the work of the SCN reports. - Status reports are provided to the HCEC Clinical Council by the Clinical Lead as required.
Communication and Collaboration	SCNs communicate and collaborate via: - Group email correspondence - MS Team Channel - SCN meetings and individual member discussions - Webpage, LinkedIn - Other methods as determined
Meetings	**Frequency** - The AMS SCN will meet every two months for 90 minutes. **Standing Agenda Items** <u>AMS SCN – standing agenda items</u> - Shared learning and updates on AMS programs, standards and governance (LHNs, public/private, community settings). - Surveillance and analytics updates - (NAUSP//NAPS/AURA/APAS, MRO trends) to identify risks and target improvements. - Policy and guideline – review or updates National or LHN. - Respond to consultation requests on AMS issues. - Guest presentations from national experts, research, or emerging technologies. - Escalations/advice/updates from national and state committees (SAMAC, HCEC Clinical Council, SAIRG). - Progress on shared workplan priorities – e.g. World AMR Awareness Week campaign planning. **Proxies** - Proxies are allowed and need to be appropriately briefed. - The Network Advisor and Clinical Lead will be notified in advance of the scheduled meeting. **Decision Making** - Consensus is preferred with a majority vote if needed. - Tied votes are considered at the next meeting and/or escalated to the CEIH Executive Director, Consumer and Clinical Partnerships. **Quorum** - 50% of members plus one. - Meetings may proceed if a quorum is not present. In-principal

	decisions are confirmed out-of-session if a quorum not met. **Attendance/Apologies** - Attendance is expected at 75% of meetings and events per year. - Repeated absences may require a member to step down at the discretion of the Clinical Lead.
Conduct, Confidentiality and Conflict of Interest	- Members act ethically, maintain confidentiality and declare any conflict of interest prior to joining the SCN and as needed. - If there is a declaration of conflict of interest, members will refrain either from voting/ participating in discussions. - Conflict of Interest forms are completed annually or as needed. - Decisions made by the SCN are binding. Members will comply with the decisions and not participate in dissent outside SCN meetings. - When speaking on behalf of the SCN (e.g. at conferences, workshops etc.) approval must be obtained from the Clinical Lead and in some cases CEIH Executive prior to speaking. - The Chair reserves the right to review the membership of any member who acts contrary to expectations. - Where discussions are deemed confidential, members will not disclose such information to any person outside of the SCN without the approval of the Clinical Lead.
Remuneration	- Sitting fees for consumers and private practitioners are paid per SA Health guidelines.
Review of Terms of Reference	- Terms of Reference are reviewed annually or as otherwise determined by the Chair. - Changes require endorsement by the Executive Director, Consumer and Clinical Partnerships.