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SA Health

Policy

Antimicrobial Stewardship Policy

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Government
of South Australia

SA Health

1. Name of Policy

Antimicrobial Stewardship Policy

2. Policy statement

The purpose of this policy is to establish the basis for antimicrobial stewardship (AMS) within SA Health facilities by:

- > Promoting the safe, responsible and appropriate prescribing of antimicrobials as a key element of preventing emergence of antimicrobial resistance and appropriately treating healthcare associated infections
- > Establishing the principles for effective implementation of systems to support the governance, implementation and monitoring of AMS in SA Health facilities
- > Describing the roles and responsibilities of employees of health service organisations in ensuring the safe, effective and appropriate use of antimicrobials.

This policy directive is to be read in conjunction with the [SA Health Antimicrobial Prescribing Clinical Guideline](#).

3. Applicability

This policy applies to all employees and contracted staff of SA Health; that is all employees and contracted staff of the Department for Health and Wellbeing, Local Health Networks (including state-wide services aligned with those Networks¹) and SA Ambulance Service.

Specific responsibilities are provided below.

3.1 Local Health Network (LHN) Chief Executive Officers will:

- assign responsibility for AMS to an appropriate delegate of the LHN management team;
- ensure responsibility for leadership and governance of antimicrobial stewardship is delegated to the AMS committee relevant to the LHN clinical governance structure;
- ensure adequate resources and training are available for the implementation of this policy throughout the LHN;
- maintain an effective mechanism for review of antimicrobial stewardship within the LHN;
- ensure the LHN meets standards for accreditation in relation to antimicrobial stewardship.

3.2 Roles of the SA expert Advisory Committee on Antimicrobial Resistance:

- Providing governance over the use of antimicrobial agents as per their Terms of Reference;
- Advise on, promote, lead the development of, and review statewide prescribing guidelines and factsheets on antimicrobial use;
- Provide advice on the appropriate use of antimicrobial drugs to relevant SA Health committees or practice areas with responsibility for developing guidelines, conducting research, formulary management or other activity impacting antimicrobial use in South Australia;
- Consult with relevant local and national organisations regarding the promulgation and implementation of policies and guidelines for antimicrobial use in South Australia;

¹ 'Statewide services' includes Statewide Clinical Support Services, Prison Health, SA Dental Service, BreastScreen SA and any other state-wide services that fall under the governance of the Local Health Networks

- Review South Australian antimicrobial usage and multi-resistant organism surveillance data and advise on emerging trends and suggest appropriate interventions.

3.3 LHN AMS Committees are responsible for:

- providing leadership for addressing requirements of the LHN relating to meeting the national standards related to AMS for accreditation;
- working collaboratively with other LHN committees, such as Drug and Therapeutics Advisory Committees and Infection Prevention and Control Committees, regarding formulary management and AMS issues as necessary;
- providing representation for the LHN on the SA expert Advisory Group for Antimicrobial Resistance (SAAGAR) and other relevant statewide committees;
- reviewing and providing input to the development of LHN guidelines on antimicrobial use where required;
- contributing to established national surveillance programs to monitor the appropriateness of antimicrobial use;
- coordinating actions in response to results of surveillance of antimicrobial use;
- providing leadership for the training of clinical staff throughout the LHN in relation to AMS.

3.4 Prescribers (including contracted staff) are responsible for:

- safe and appropriate prescribing and therapeutic monitoring of antimicrobials;
- ordering timely and relevant pathology tests and reviewing results to promote safe and appropriate prescribing;
- accessing relevant locally developed and approved guidelines or using the latest version of the Australian Therapeutic Guidelines: Antibiotic (TG) as part of their practice;
- documenting the reason for antimicrobial therapy and its expected duration or point of review on the medication chart or case notes;
- maintaining a work ethic that is in keeping with the principles of antimicrobial stewardship and the controls introduced by their LHN as part of the local AMS program. Where relevant, this involves seeking and documenting of expert advice on the management of infection, and approval for the use of restricted antimicrobials as required;
- provision of information to patients and their carers regarding their antimicrobial therapy and the systems to promote antimicrobial stewardship within SA Health.

3.5 Pharmacists (including contracted staff) are responsible for:

- working collaboratively with prescribers to support AMS principles;
- timely and accountable supply of antimicrobials in accordance with systems introduced by the LHN AMS program, including mechanisms to control access to restricted antimicrobials (where restrictions exist);
- safe, appropriate, and timely advice to prescribers and nurses with regard to the selection, dose, route, duration, and monitoring of antimicrobials;
- checking that restricted antimicrobials are accompanied by the appropriate approval documentation prior to their administration;
- provision of information to patients and their carers regarding their antimicrobial therapy and the systems to promote AMS within SA Health.

3.6 Nurses are responsible for:

- working collaboratively with prescribers to support AMS principles;
- ensuring safe and timely administration of prescribed antimicrobials;

- supporting timely collection and review of pathology specimens;
- being familiar with the principles of AMS and related systems within their LHN and supporting antimicrobial stewardship within SA Health;
- where it is within their scope of practice, checking that restricted antimicrobials are accompanied by the appropriate approval documentation prior to their administration and seeking advice from relevant prescribers and pharmacists if the appropriate documentation is missing;
- assisting patients and carers to obtain information and understanding of their antimicrobial therapy.

4. Policy principles

SA Health's approach to Antimicrobial stewardship (AMS) is underpinned by the following principles:

- > Antimicrobial stewardship (AMS) is a clinical strategy that aims to ensure appropriate antimicrobial use, optimise patient outcomes, and minimise adverse consequences of antimicrobial use, including the development of antimicrobial resistance.
- > AMS is one of a number of aligned strategies included in Australia's National Antimicrobial Resistance Strategy – 2020 and beyond, which aims to minimise the development and spread of antimicrobial resistance and ensure the continued availability of effective antimicrobials.
- > AMS strategies should maintain a patient-centred approach, while operating within the One Health paradigm across and between all sectors of the community. The focus of AMS is on improving antimicrobial prescribing, and all associated guidelines and programs should be structured to meet the National Safety and Quality Health Service Standards.
- > All SA Health LHN's should have an AMS program in place. Effective programs require robust governance arrangements with clear lines of communication and accountability to hospital and LHN management. This facilitates the appropriate provision of leadership and resources to optimise the effectiveness of the program.

5. Policy requirements

5.1 Clinical guidelines

- > The current version of the Australian Therapeutic Guidelines: Antibiotic (TG) is endorsed by SA Health as the primary reference for antimicrobial prescribing and should be available to prescribers in all clinical settings. Where additional detail is needed or differences in antimicrobial resistance patterns exist, state-wide (SAAGAR developed) guidelines should be utilised. LHN-specific guidelines should only be developed and adopted in the absence of a state-wide document, or where there is sufficient local variation to warrant a LHN guideline.

5.2 Antimicrobial surveillance

- > All SA Health LHN's should establish and/or maintain a surveillance strategy for antimicrobial use that monitors, assesses and uses data to support appropriate prescribing, reporting surveillance data to relevant parties. Surveillance activities underpin patient safety and governance decisions,

and fulfill Standard 3.4 of The National Safety and Quality Health Service (NSQHS) Standards (see Section 5.10).

- > Surveillance activities should be relevant to the size and scope of the facility, and where possible (with adequate/sufficient resources), include participation in both the National Antimicrobial Utilisation Surveillance Program (NAUSP) and (and/or) the National Antimicrobial Prescribing Survey (NAPS).

5.3 Access to specialist information for prescribers

- > SA Health LHNs should ensure that appropriate arrangements and resources are available to improve the effectiveness of AMS. Adequate access to specialist Infectious Diseases, Clinical Microbiology and Clinical Pharmacist services, to enable timely clinical consultation, as well as feedback and education to prescribers, pharmacists and relevant clinical staff is necessary. Electronic decision support tools may also be used to support clinicians and provide timely prescribing information, particularly where AMS resources are limited.

5.4 Directed Therapy

- > Guidance for directed therapy will be provided by the SA Pathology microbiology laboratory, or other contracted laboratory as appropriate. Where appropriate, these laboratories will utilise systems of cascade susceptibility reporting to direct prescribing of the narrowest spectrum suitable agent.

5.5 Antimicrobial Formulary

- > SA Health acknowledges that antimicrobial formulary management and restriction is a fundamental component of an AMS Program. SA Health has established the South Australian Medicines Formulary (SAMF), which provides a consistent approach to implementing antimicrobial formulary management across all SA Health acute care facilities. Amendments to antimicrobial listings on the SAMF require consultation with the SA expert Advisory Group on Antimicrobial Resistance (SAAGAR).

5.6 Information for patients / carers

- > Patients receiving antimicrobial therapy (as well as their family and/or carers), have a right to be informed regarding their disease state, medication use and therapeutic options, so as to optimise outcomes and minimise the risk of harm from antimicrobial therapy, including the risks of antimicrobial resistance. Clinical staff with appropriate knowledge and skills should be available within SA Health facilities to provide timely and appropriate counselling, along with written information to patients and those caring for them.

5.7 Sunrise considerations

- > Sunrise® order sets shall be developed and maintained with acknowledgement of AMS principles in consultation with the Chair of SAAGAR. Relevant documentation must be recorded by prescribers, pharmacists and nurses in the Sunrise® system (where available) as detailed in Section 3 Applicability.









5.8 Reporting

- > All SA Health facilities are required to meet their obligations in meeting National Accreditation Standard 3, which may involve participation in NAUSP and/or NAPS. AMS activities at LHN level will be reported to SAAGAR at quarterly meetings.

5.9 Evaluation

- > Evaluation of compliance with this policy directive will be included in the remit of AMS committees within each LHN. Compliance with this policy directive will be measured through:
 - o Participation in relevant surveillance programs and/or local audits of antimicrobial use
 - o Ongoing monitoring of key antibiotics associated with the emergence of resistance to ensure appropriate usage in accordance with local guidelines
 - o Use of the [SA Health AMS self-evaluation toolkit](#)

5.10 National Safety and Quality Health Service Standards

 National Standard 1 Clinical Governance	 National Standard 2 Partnering with Consumers	 National Standard 3 Preventing & Controlling Healthcare-Associated Infection	 National Standard 4 Medication Safety	 National Standard 5 Comprehensive Care	 National Standard 6 Communicating for Safety	 National Standard 7 Blood Management	 National Standard 8 Recognising & Responding to Acute Deterioration
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National Standard 1: Clinical Governance

Criterion 1.2 – The health service organization establishes and maintains a clinical governance framework and uses the processes within the framework to drive improvements in safety and quality.

National Standard 3: Preventing and Controlling Healthcare-Associated Infections

Criterion 3.15 – The health service organization has an antimicrobial stewardship program that:

- Includes an antimicrobial stewardship policy;
- Provides access to, and promotes the use of, current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing;
- Has an antimicrobial formulary that includes restriction rules and approval processes;
- Incorporates core elements, recommendations and principles from the current Antimicrobial Stewardship Clinical Care Standard.

Criterion 3.16 – The AMS program will:

- Review antimicrobial prescribing and use;
- Use surveillance data on antimicrobial resistance and use to support appropriate prescribing;

c. Evaluate performance of the program to identify areas for improvement, and take action to improve the appropriateness of antimicrobial prescribing and use;

d. Report to clinicians and the governing body regarding:

- Compliance with the AMS policy;
- Antimicrobial use and resistance;
- Appropriateness of prescribing and compliance with current evidence-based Australian therapeutic guidelines or resources on antimicrobial prescribing.

National Standard 4: Medication Safety

Criterion 4.13 - The health service organisation ensures that information and decision support tools for medicines are available to clinicians

5.11 Risk Management

Administration of medicines including antimicrobials carries inherent risks to both patients and staff. Risk is managed by quality use of medicines (QUM) initiatives at both a state and LHN level. Policies, procedures and clinical guidelines are aimed to mitigate risk. Adopting the principles of AMS is a key strategy in minimising the risk of increased development of healthcare associated infections.

6. Mandatory related documents

- > [Australia's National Antimicrobial Resistance Strategy 2020 and beyond](#)
- > [Australian Commission on Safety and Quality in HealthCare 2018. Antimicrobial Stewardship in Australian Health Care. Sydney, ACSQHC. 2020](#)
- > [ACSQHC. National Safety and Quality Health Services Standards](#)

7. Supporting information

- > [SA Health AMS self-evaluation toolkit](#)
- > [SA Health Antimicrobial Prescribing Guideline](#)

8. Definitions

ACSQHC: Australian Commission for Safety and Quality in Health Care.

AMS: Antimicrobial Stewardship, an effective approach to improving antimicrobial use in hospitals with a view to optimising patient outcomes and minimising adverse consequences of their use (including antimicrobial resistance, toxicity and unnecessary costs).

AMS Committee: Antimicrobial Stewardship Committee; the committee responsible for governance of antimicrobial use and implementation of antimicrobial stewardship in their respective Local Health Network.

Antimicrobial: a chemical (medication) used for the management of human disease which has an action to kill or stop the replication/growth of microbiological organisms. This includes medications which are being used for a non-infectious reason if they are known to also possess antimicrobial activity.

Clinical governance: a framework for ensuring organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care. This is achieved by creating an environment in which there is transparent responsibility and accountability for maintaining standards and by allowing excellence in

clinical care to flourish.

Clinical staff: all medical officers and registered allied health professionals including pharmacists, enrolled and registered nurses / midwives.

Formulary: a list of medications approved for use within SA Health facilities, such that use of a medication not on the list requires special application by the prescriber and consideration by an appropriate authority within the relevant clinical governance structure.

LHN: Local Health Network. The corporate structures established to link hospitals and health services based on geographical location or provision of specialist services based on geographical location or provision of specialist services, and to provide decentralized governance arrangements for SA Health facilities.

NAUSP: National Antimicrobial Utilisation Surveillance Program

NSQHSS: National Safety and Quality Health Service Standards

Prescriber: a registered health professional qualified to prescribe therapeutic substances (e.g. medical officer, dentist or nurse practitioner)

SAAGAR: South Australian expert Advisory Group on Antimicrobial Resistance

TG: Antibiotics: Australian Therapeutic Guidelines: Antibiotic

9. Compliance

This policy is binding on those to whom it **applies** or relates. Implementation at a local level may be subject to audit/assessment. The Domain Custodian must work towards the establishment of systems which demonstrate compliance with this policy, in accordance with the requirements of the [System-wide Integrated Compliance Policy](#).

Any instance of non-compliance with this policy should be reported to the Domain Custodian for the Clinical Governance Safety and Quality and the Domain Custodian for the Risk, Compliance and Audit Policy Domain.

10. Document ownership

Policy owner: Communicable Disease Control Branch

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11. Document history

Version	Date approved	Approved by	Amendment notes
V1.3	10/03/2022	Domain Custodian, Clinical Governance, Safety and Quality	Template change
V1.2	2/12/2020	SA Medicines Advisory Committee (SAMAC)	Revision and minor changes
V1.1	1/8/2017	Infection Control Service, Communicable Disease Control Branch, Public Health & Clinical Systems	Revision and minor changes
V1.0	4/12/14	Infection Control Service, Communicable Disease Control Branch, Public Health & Clinical Systems	PE approved version

12. Appendices

Nil