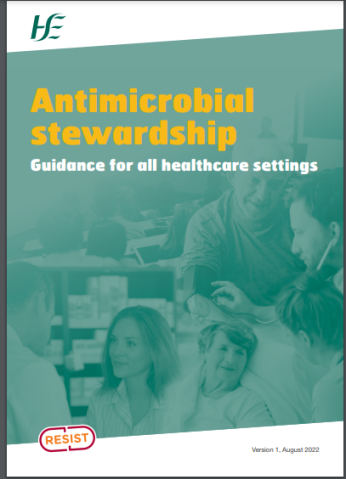
**\*\*TEMPLATE\*\***

This template contains sample content that can be edited, it is advised to retain headings and subheadings and to edit other content to align with local activity, please refer to “AMS guidance for all healthcare settings” as reference guidance*.*

**Antimicrobial Stewardship Oversight Committee and Operational Team**

**Terms of Reference**

**[](https://www.hse.ie/eng/services/list/2/gp/antibiotic-prescribing/antibicrobial-stewardship-audit-tools/hse-amric-antimicrobial-stewardship-guidance-for-all-healthcare-settings-v1-published-august-2022.pdf)**

|  |  |  |
| --- | --- | --- |
| Date | Version | Updated by |
| 16th Dec 2024 | V1 | AMRIC Acute Services, Access & Integration |

1. **Role of the Antimicrobial Stewardship (AMS) Oversight Committee**
2. The role of the Antimicrobial Stewardship (AMS) Oversight Committee is to provide strategic direction, governance and leadership in supporting the AMS operational team in the effective implementation and ongoing function of the AMS programme at (hospital). This may be a standalone AMS committee, an Infection Prevention Control (IPC)/AMS committee, be part of the local Drugs & Therapeutics Committee, a quality improvement committee or a patient/medication safety committee.
3. The role of the AMS Operational Team is to provide clinical leadership on AMS within the hospital. The operational team is responsible for the design, implementation, and reporting on the effectiveness of the AMS programme. The overarching aim of the team is to achieve optimal use of antimicrobials by developing systems and structures to support safe and effective antimicrobial use at (hospital).

**2 (a) Responsibilities of the AMS Oversight Committee**

The responsibility of the AMS oversight committee is to provide strategic direction, oversight and leadership to the AMS operational team.

Governance

* Ensure that AMS is recognised as a strategic quality and safety initiative within the hospital.
* Facilitate the chair of the AMS oversight committee providing feedback to the hospital executive team.
* Ensure the clinical lead for AMS can add to the hospital risk register if necessary.
* Contribute to regional IPC/AMS/Healthcare Associated Infection (HCAI) committee.
* Communicate and report on relevant AMS related items to XXX committees/hospital management as necessary.
* The Oversight committee will advocate for appropriate resources such as human, financial, and information and communication technology (ICT) for AMS.
* Approve an annual AMS report and annual AMS plan as appropriate to the scale of the service.

Measurement and monitoring

* Review antimicrobial consumption data and local antimicrobial resistance (AMR) data periodically and evaluate if amendments need to be made to local antimicrobial guidance based on the data analysis.
* Review audit recommendations and patient safety incidents related to antimicrobials and feedback to clinical teams and hospital management as appropriate.

AMS QI Initiatives & Audit

* Approve planned AMS audits and agree AMS audit plan annually.
* Approve quality improvement projects and provide support to the AMS operational team in undertaking quality improvement (QI) projects.
* Provide support to AMS team in setting up working groups for targeted initiatives.
* Provide strategic direction, oversight and leadership to the project working groups for specific initiatives e.g. Surgical Antibiotic Prophylaxis, including approval of identified work streams to achieve the project aims and objectives.

Education, Training and Guidance

* Approve antimicrobial prescribing guidelines.
* Review AMS operational team feedback, discuss and action as appropriate.
* Approve AMS policies such as a hospital specific antimicrobial restriction policy
* Support the introduction of new antimicrobials within the facility.

**2 (b) Responsibilities of the AMS Operational Team**

The operational AMS team will develop and implement interventions which address local AMS requirements.

Governance

* Develop an annual AMS work plan and annual AMS report for approval via the AMS oversight committee (or local equivalent).

Measurement and monitoring

* Monitor antimicrobial consumption, AMR trends, and antimicrobial related patient safety incidents.
* Review antimicrobial consumption data, audit recommendations, and patient safety incidents related to antimicrobials and feedback to clinical teams and hospital management as appropriate.
* Conduct antimicrobial stewardship rounds to include *(decide locally):*
* Review patients on intravenous antimicrobials for potential switch to oral therapy
* Review patients receiving antimicrobials with duplicate spectra, or other potentially inappropriate drug combinations to include under-treatment
* Review patients on selected broad-spectrum or reserve antimicrobials.
* Review patients with documented sterile site infections (e.g. bloodstream infection, meningitis) or other specific infections (e.g. *C. difficile*) to ensure appropriate antimicrobial therapy is in place.
* Review patients receiving antimicrobials for a duration that exceeds recommendations in the prescribing guidelines.

AMS QI Initiatives & Audit

* Plan AMS audits and QI initiatives based on national AMRIC initiatives and/or strategic objectives and based on local feedback, for sign off by AMS oversight committee.
* Conduct timely antimicrobial audits and feedback with clinical teams.
* Participate in the annual national Point Prevalence Survey.

Education, Training and Guidance

* Formulate or review antimicrobial guidelines in light of local AMR data and current clinical evidence.
* Develop pathways in the diagnosis and management of common infections.
* Provide education on optimal antimicrobial use to those who prescribe, dispense, and administer antimicrobials
* Participate in the IPC programme.
* Review of the hospital specific antimicrobial reserve policy for approval via the AMS Oversight committee.

1. **Functioning of the AMS Oversight/Operational Committee/Team**

Members will agree to:

* Review minutes/agreed actions when circulated and advise minute taker of any corrections.
* Read circulated notes in advance of meetings.
* Advise the Chair of any conflict of interest, for example if project group work duplicates/conflicts with other work being undertaken within the HSE.
* Make decisions as a collective group and hold joint responsibility for decisions and actions taken.
* Send Chair and minute taker apologies in a timely manner where possible, if unable to attend a meeting.
* Notify chair in advance of the meeting if nominating a colleague to attend in your absence.

1. **Meetings**

|  |  |  |
| --- | --- | --- |
|  | AMS Oversight Committee | AMS Operational Team |
| Meeting Frequency | Quarterly\* | Monthly\* |
| Minimum Quorum for meeting to be held | X+ chairs for meeting to be held  X+ chair for guideline approval | X+ chairs for meeting to be held |
| Minimum Quorum for decision making | X+ chair | X+ chair |
| Agenda | Include standing items (reserve antimicrobial use, AMS round metrics, medication safety incidents) and additional items as required. Recommended format includes items  1. For note 2.Items for decision 3.Items for discussion | |
| Meeting Administration | Responsibility for preparing agendas, issuing notices for meetings, ensuring all necessary documentation is provided, recording attendances and recording minutes should be either assigned to a team member or rotated around the group. | The position of secretary will be provided by a nominated AMS operational team member who will record the minutes and provide the following:  Prepare agendas and issue notices for meetings, distribute the agenda two weeks prior to meeting date, recording attendances and apologies for each meeting, distribute the draft minutes to all governance group members within two weeks of the meeting after they have been reviewed by the chair. |

\*additional meetings if required

1. **Membership**

Edit this template table as appropriate to your setting. Review Section 2.1.5.2 of “HSE AMS guidance for all healthcare settings” 2022.

|  |  |  |
| --- | --- | --- |
| Membership of hospital AMS Oversight Committee | | |
|  | Name | Title |
|  |  | Clinical Lead for AMS (Chair) |
|  |  | Representative of the service manager or executive management team |
|  |  | AMS Pharmacist |
|  |  | Clinical microbiologist |
|  |  | Infectious Diseases Consultant |
|  |  | Clinical Microbiology or Infectious Disease SPR(s) |
|  |  | Infection Control team member |
|  |  | Clinicians from varying disciplines appropriate to the size, complexities, and specialities of the service (e.g. medicine, surgery, emergency medicine, intensive care, transplant unit, general practice or medical officers, dentist) |
|  |  | Director of nursing |
|  |  | Pharmacy Executive Manager |
|  |  | Surveillance Scientist |
|  |  | Communications representative |
|  |  | NCHD representative |
|  |  | Full membership as per “Antimicrobial stewardship Guidance for all healthcare settings” section 2.1.5.3 |

|  |  |  |
| --- | --- | --- |
| Membership of hospital AMS Operational Team | | |
|  | Name | Title |
|  |  | Clinical Lead for AMS (Chair) |
|  |  | AMS Pharmacist |
|  |  | Clinical microbiologist |
|  |  | Infectious Diseases Consultant |
|  |  | Clinical microbiology or Infectious Disease SPR(s) |
|  |  | Surveillance Scientist |
|  |  | Full membership as per “Antimicrobial stewardship Guidance for all healthcare settings” 2022 section 2.1.5.3 |

The Terms of Reference for the x hospital AMS Oversight committee were formally approved and adopted with members as recorded in the minutes of meeting held on x date 202x.

The Terms of Reference will be reviewed on an annual basis from the date of approval, or before such date should a need be identified.

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Dr x, Clinical Lead for AMS at x hospital