



SHPA's response to the Victorian Antimicrobial Resistance Strategy consultation

Part 1: Sector-specific challenges and priorities for action on AMR (human health, animal health, and environment sectors)

1. Please indicate if your submission is:

On behalf of an organisation

2. Please indicate which best describes your interest in the Victorian AMR Strategy

Human health professional

3. What do you see as your sector's role and responsibilities in Victoria's response to AMR?

Safe and effective use of medications is the core business of hospital pharmacists. Hospital pharmacists play a critical role in antimicrobial resistance, collaborating with clinicians and consumers to ensure appropriate prescribing and use of antimicrobial agents.

The Society of Hospital Pharmacists of Australia (SHPA) is the national professional organisation for more than 5,200 pharmacists, pharmacists in training, pharmacy technicians and associates working across Australia's health system. SHPA convenes an Infectious Diseases Speciality Practice Group with 1,363 pharmacists who work in a variety of hospital and other settings. The objectives of an infectious disease pharmacy service outlined in SHPA's *Standard of practice in infectious diseases for pharmacy services*, are to optimise the use of antimicrobials, minimise the emergence of resistance to antimicrobials and ensure the safe and effective use of antimicrobial agents to improve patient health outcomes.

4. What are your sector's perceived gaps and challenges in the response to AMR?

There are few challenges that face the hospital pharmacy sector in their response to AMR:

- Hospital and health facility management and governance structures are not attuned to the importance and value of infectious diseases pharmacists in optimising the use of antimicrobials and minimising the emergence of resistance to antimicrobials. Greater awareness and support of these roles are needed to ensure timely access to infectious disease pharmacy services whenever antimicrobials are being considered or used.
- The variation in the level of digital infrastructure implemented in hospitals is a challenge in responding to AMR. Whilst some hospitals are equipped with electronic medication management systems that allow for quick and simple extraction of medication prescribing and usage data, others still use handwritten medical records. SHPA members advise that the ability to provide continuous feedback on prescribing in real-time will have a significant impact on practice change necessary as part of the AMR strategy.
- The lack of a state-wide electronic database to inform AMR strategies is a gap that impacts on Victoria's ability to respond to AMR. SHPA believes there is a need for state-wide oversight of antimicrobial prescribing and dispensing data as well as central and consistent antimicrobial approval pathways. These approaches are used in other jurisdictions such as Queensland.
- Persistent hospital pharmacy workforce shortages and under-resourcing are yet another challenge in responding to AMR, particularly in rural and regional settings. Strategies that can be utilised to supplement healthcare to remote areas include using electronic medical records and electronic medication management systems to enable remote surveillance of AMS programs and telehealth platforms by a central organisation that consists of a multidisciplinary team including a pharmacist.



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Infectious diseases pharmacists or antimicrobial stewardship pharmacists should be embedded into antimicrobial stewardship teams in all healthcare facilities that use antimicrobials to treat patients. This is required to meet the Antimicrobial Stewardship Clinical Care Standard published by the Australian Commission on Safety and Quality of Health Care.

- The lack of clear and timely communication when patients are transitioning between care settings contributes to the antimicrobial resistance issues facing Victoria at the moment. Hospital pharmacists are not always able to follow up with patients post hospital discharge to ensure they are following the intended antimicrobial regimen, been reviewed by their general practitioner as advised, or have ceased their therapy as planned. Hospital-led pharmacy outreach services would assist the transitions of care process and appropriately support Victoria's AMR strategies.

5. What could your sector do better?

Hospital infectious diseases pharmacists are medication experts and should be involved in leading, implementing and evaluating Antimicrobial Stewardship (AMS) program activities and initiatives at an organisation level, this includes managing formularies, approval systems, monitoring use and evaluating interventions, and delivering AMS training and education.

Infectious diseases pharmacists should also, wherever possible, be involved in hospital governance teams and, infection prevention and control teams, to ensure medication management and safe and quality use of medications is a primary focus of overall governance and strategic planning of clinical services within a hospital, health service or health organisation. The role of infectious diseases pharmacists during the current global COVID-19 pandemic, highlighted the importance of ensuring they are integrated within the Infectious Diseases and Infection Prevention and Control systems to support pandemic preparedness as well as the day-to-day management of infectious diseases outbreaks.

Infectious diseases pharmacists are also moving into innovative, future-focused services such as infectious disease in primary care, and AMS in aged care facilities, as there is growing evidence of improved patient outcomes.

6. What are the perceived challenges when working across sectors?

Efforts to change the practice of health professionals from a different sector, for example, hospital practitioners attempting to monitor antimicrobial use in the post-discharge phase when a patient is under community care, can at times be an unwelcomed attempt. In the post-discharge phase, hospital pharmacists are keen to undertake follow-up clinical activities for high-risk patients or patients taking complex antimicrobial regimens, and ensuring these are appropriately prescribed by community practitioners where necessary.

It often takes time to develop trust and professional respect necessary to overcome this barrier and facilitate change. Support from a senior member of the sector you require to collaborate with, is a useful way to engage more junior members of the same sector and drive change.

7. What is already being done within your sector to respond to AMR in Victoria and nationally?

Please include sector-specific and cross-sector collaborative projects

Hospital pharmacists in Victoria are passionate about safe and quality use of medications and have been working for years to implement AMR strategies within their local hospitals, including leading and implementing multidisciplinary AMS programs.

8. What are the AMR-related research priorities for your sector?

Research priorities for hospital pharmacists relate to the impact of safe use of medications and advanced pharmacy care for patients with infectious diseases. This may include identifying evidence gaps and implementing evidence-based practice in the optimal practice of infectious diseases. The research question and study design should be of interest to the infectious diseases and collaborating teams and be



of benefit to patients. The research should focus on improved quality of life for patients, addressing the ongoing healthcare burden and minimising deficits. Examples of pharmacy research in infectious diseases include:

- studies to rationalise and optimise antimicrobial prophylaxis in at-risk patients, including in the peri-operative period
- optimised dosing of antimicrobials including the use of therapeutic drug monitoring
- establishing protocols for evidence-based use of antimicrobials in relevant scenarios, including in the area of antimicrobial stewardship activities
- assessing the adherence to and impact of antimicrobial stewardship ward rounds
- multidisciplinary research e.g. prescribing behaviours for antimicrobials
- expanding roles of pharmacists e.g. partnered pharmacist medication charting, clinic participation, pharmacist delivery of immunisations
- expanding roles of pharmacy technicians in infectious disease admissions (e.g. stewardship or infectious disease rounds), quality use of medicines and services
- study of medicine safety e.g. electronic prescribing, digital health records, transitions of care
- cost-effectiveness studies
- health services, including implementation science, studies
- pharmacist-led penicillin allergy de-labelling
- development and/or validation of antimicrobial stewardship tools e.g. prescribing surveys and audits.

9. What does success look like for Victoria in addressing the AMR threat?

Success in addressing the AMR threat in Victoria requires dedicated infectious diseases pharmacists or antimicrobial stewardship pharmacists embedded into antimicrobial stewardship teams in all healthcare facilities that use antimicrobials to treat patients. This is required to meet the Antimicrobial Stewardship Clinical Care Standard published by the Australian Commission on Safety and Quality of Health Care.

It should also include a state-wide real-time monitoring and approval of antimicrobial prescribing and dispensing, as well as a live antimicrobial decision aid support integrated in all hospital electronic medication management systems.

Part 2: Victorian Antimicrobial Resistance Strategy - Vision, Objectives and Cross-Sector Priorities for Action

10. Is the vision statement appropriate for the Victorian Antimicrobial Resistance Strategy?

Yes

Objective 1: Clear Governance for Victorian AMR Initiatives

11. Is Objective 1 appropriate for the Victorian Antimicrobial Resistance Strategy?

Yes

12. Are the priority areas for objective 1 action appropriate?

Yes

13. Do you have any additional feedback in relation to this objective?

It is imperative to have hospital pharmacist involvement in all governance activities and in an AMR Steering Committee to ensure medication management and the safe and quality use of antimicrobials is a focus of Victorian AMR initiatives.

Objective 2: Best Practice Infection Prevention and Control

14. Is Objective 2 appropriate for the Victorian Antimicrobial Resistance Strategy?

Yes



15. Are the priority areas for objective 2 appropriate?

Yes

16. Do you have any additional feedback in relation to this objective?

No

Objective 3: Engage the Public and Key Stakeholders on AMR

17. Is Objective 3 appropriate for Victorian Antimicrobial Resistance Strategy?

Yes

18. Are the priority areas for objective 3 appropriate?

Yes

19. Do you have any additional feedback in relation to this objective?

The hospital pharmacy sector should be recognised as a key stakeholder.

Objective 4: Optimal Antimicrobial Usage and Stewardship Practices

20. Is Objective 4 appropriate for the Victorian Antimicrobial Resistance Strategy?

Yes

21. Are the priority areas for objective 4 appropriate?

Yes

22. Do you have any additional feedback in relation to this objective?

The role of infectious disease pharmacists and antimicrobial stewardship should be recognised to optimise antimicrobial usage and stewardship practices. Infectious diseases pharmacists or antimicrobial stewardship pharmacists should be embedded into antimicrobial stewardship teams in all healthcare facilities that use antimicrobials to treat patients. This is required to meet the Antimicrobial Stewardship Clinical Care Standard published by the Australian Commission on Safety and Quality of Health Care.

Objective 5: An Integrated One Health Surveillance and Response System

23. Is Objective 5 appropriate for the Victorian Antimicrobial Strategy?

Yes

24. Are the priority areas for objective 5 appropriate?

Yes

25. Do you have any additional feedback in relation to this objective?

SHPA members advise that the ability to provide continuous feedback on prescribing in real-time will have a significant impact on practice change necessary as part of the AMR strategy. It should also include a state-wide real-time monitoring and approval of antimicrobial prescribing and dispensing, as well as a live antimicrobial decision aid support integrated in all hospital electronic medication management systems.

Objective 6: Establish a Strong, Coordinated Cross-Sector Research, Translation and Innovation

Agenda

26. Is Objective 6 appropriate for the Victorian Antimicrobial Strategy?

Yes

27. Are the priority areas for objective 6 appropriate?

Yes

28. Do you have any additional feedback in relation to this objective?

No



Objective 7: Establish strong collaboration and leadership to contribute to the nation and global AMR response

29. Is objective 7 appropriate for the Victorian Antimicrobial Strategy?

Yes

30. Are the priority areas for objective 7 appropriate?

Yes

31. Do you have any additional feedback in relation to this objective?

No



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