

ANTIMICROBIAL STEWARDSHIP (AMS) - CHW POLICY®

DOCUMENT SUMMARY/KEY POINTS

- The Children's Hospital at Westmead (CHW) addresses global antimicrobial resistance (AMR) through its Antimicrobial Stewardship (AMS) Program, which aims to optimise pediatric patient outcomes and promote responsible antimicrobial use.
- AMS at CHW involves a multidisciplinary team and collaborative partnerships guided by principles such as the "Six Rights of Antimicrobial Prescribing" and "Handle Antimicrobials with Care."
- CHW is shifting away from the "traffic light" formulary policy in 2024 due to identified limitations in effectiveness.
- Core AMS activities include a dynamic "Handshake Approach" led by the AMS pharmacist, emphasising real-time surveillance and flexible review mechanisms.
- Oversight involves steering the antibiotic formulary, and quality assurance is ensured through the National Antimicrobial Prescribing Survey.
- Outcome measures focus on optimising treatment of infections, reducing antibiotic use, pharmacy expenditure, and adverse events, with active engagement in pediatric antimicrobial stewardship research.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st April 2024	Review Period: 3 years
Team Leader:	Antimicrobial Stewardship Pharmacist	Area/Dept: Infectious Diseases

CHANGE SUMMARY

- Removed antibiotic approval based on the traffic light system.
- AMS prescriber workflow and escalation pathway.

READ ACKNOWLEDGEMENT

- Nursing, pharmacy and medical staff are required to read and acknowledge the document.
- The contents of this document will be audited as a part of [National Safety and Quality Health Service \(NSQHS\) Standards](#) 3.18 and 3.19 Antimicrobial stewardship.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

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Introduction

- Antimicrobial resistance (AMR) is a global health concern attributable to inappropriate antimicrobial prescribing. The Antimicrobial Stewardship (AMS) Program at CHW is a crucial strategy to combat further growth in AMR and improve patient outcomes.
- National AMR surveillance from the [AURA report](#) has shown stabilisation of Gram-negative and Gram-positive resistance trends with current AMS efforts. These trends are similar locally at CHW:

AMR bacteria	Australia 2020-21	CHW 2022
Cefotaxime resistant of <i>E. coli</i>	6-12%	9%
Methicillin Resistant <i>S. aureus</i>	15%	16%

- A well-functioning AMR program is required under the [National Safety and Quality Health Service \(NSQHS\) Standards](#) for health service organisations. This policy underscores the pivotal goal of our AMS program according to these standards and recognises the critical role of responsible antimicrobial use in pediatric healthcare.
- AMS is designed to optimise patient outcomes and establish a foundation of collaboration and education within CHW and managing infectious diseases.
- The two overarching principles of the AMS program at CHW are: ⁽²⁾

1.

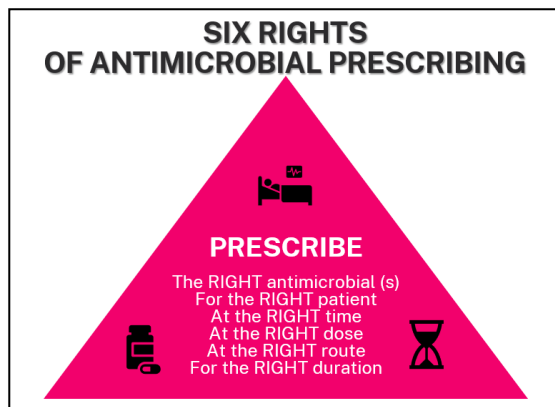


Figure 1: Six Rights of Antimicrobial Prescribing

2.

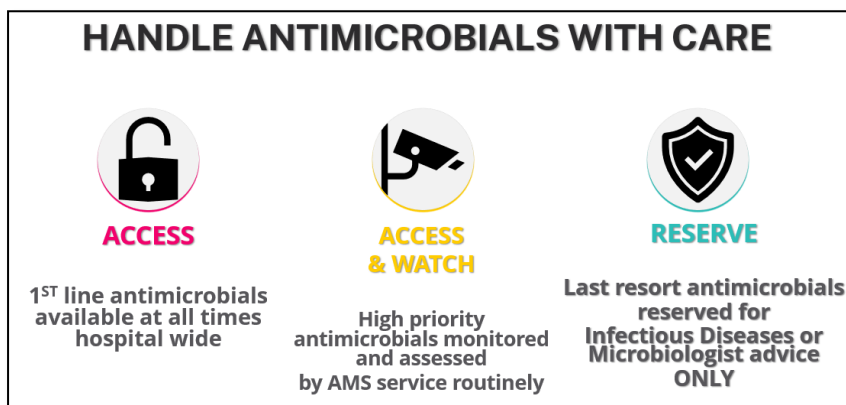


Figure 2: Handle antimicrobials with care

Program Structure

- Our program is implemented by a multidisciplinary core team comprising a dedicated Senior AMS Pharmacist supported by Paediatric Infectious Disease (ID) Specialists and Microbiologists.
- We prioritise collaborative partnerships, extending beyond the department of Infectious Diseases and Microbiology to include other hospital departments focusing on high-volume antimicrobial prescribers (E.g. paediatric and neonatal intensive care units, oncology, bone marrow transplant (BMT), solid organ transplants, respiratory, emergency and hospital in-the-home).

Changes from a "Traffic light" Antimicrobial Restriction Policy

- CHW has a long-standing history of using electronic antimicrobial approval with the "traffic light" restrictions since the inception of the program in 2006 ([CHW intranet ABS4KIDS](#))
- ABS4KIDS and the "traffic light" restrictions enabled a feedback mechanism for prescribers. This complemented the AMS workflow when prescribing, and medical notes were paper-based and most effective, with dedicated AMS staffing and availability after-hours. Prescribing workflows have evolved and are more visible with eMM.
- From 2024, CHW will formally move away from "traffic light" restrictions and approvals due to the following published and underappreciated limitations: ⁽³⁾
 - i. Restricting prescription use of antibiotics did not lead to a decrease in AMR in a recent meta-analysis ⁽⁴⁾
 - ii. "Stealth prescribing", e.g. prescribers inappropriately circumventing the restriction by waiting until after-hours to prescribe restricted antimicrobials ⁽⁵⁾
 - iii. Inaccurate patient data entered into AMS approval systems ^(6, 7)
 - iv. Increased workload and administrative burden on medical staff and pharmacy. Antimicrobial prescribing is senior medical staff driven, but the AMS restriction workflow is driven by junior staff as intermediaries ⁽⁸⁻¹⁰⁾

- v. Prescriber intrusiveness, resistance and challenging of clinician autonomy (11, 12)
- vi. Inflexibility and limited engagement (13)
 - Current eMM functionality (AMS Mpage see Figure 3) and Automatic Dispensing Cabinets (ADC) have allowed antimicrobial prescribing to be more transparently with real-time accessibility to AMS programs.

Review	Patient	Age	Location	Specialty	Antimicrobial	Dosage	Route	Indication	Comments	Duration	Blood Culture	Allergies/ADR
	Helen Macmillan PICU, Bed 20	14 months	Helen Macmillan PICU, Bed 20	Surgery	sulfamethoxazole-trimETHOPRIM (Bactrim)	40 mg = 5 mL, THREE times a week (Tue, Thu & Sat)	Oral	Other (specify in indication), PUP Prophylaxis		213 day(s)	+	+
	Helen Macmillan PICU, Bed 20	14 months	Helen Macmillan PICU, Bed 20	Surgery	varIGANCiclovir	125 mg = 2.5 mL, daily	Oral	Cytomegalovirus - Prophylaxis		45 day(s)	+	+
	Helen Macmillan PICU, Bed 19	11 months	Helen Macmillan PICU, Bed 19	Respiratory	sulfamethoxazole-trimETHOPRIM (Bactrim DS)	20 mg = 2.5 mL, BD (on Mon, Wed & Fri)	Oral	Pneumocystis jiroveci - Prophylaxis, PUP Prophylaxis		67 day(s)	+	+
	Helen Macmillan PICU, Bed 19	11 months	Helen Macmillan PICU, Bed 19	Respiratory	tobramycin (tobramycin 300mg/5mL inhalation solution)	80 mg = 1.33 mL, BD	Nebulised Inhalation	Other (specify in indication)		19 day(s)	+	+
	Helen Macmillan PICU, Bed 19	11 months	Helen Macmillan PICU, Bed 19	Respiratory	meropenem	140 mg, 8 hourly	IV Intermittent Infusion	Other (specify in indication), Aerobic and anaerobic Gram-positive and Gram-negative infections		1 day(s)	+	+

Figure 3: AMS Mpage

Handle Antimicrobials with Care

- The core business of the CHW AMS program is the "Handshake Approach", ensuring a dynamic and responsive process of reviewing the appropriateness of antimicrobial prescribing. This approach emphasises the importance of engaging frontline prescribers in stewardship efforts, focusing on education and collaboration. (10, 14-18)



What is AMS's "Handshake approach"?




The Handshake approach to AMS was first described and studied at Children's Hospital Colorado (15) and consists of 3 main features:

1. *No restrictions and no pre-authorisation of antimicrobials*
 2. *All antimicrobials (antibacterials, antifungals and antivirals) administered to inpatients are reviewed by the AMS team ("the stewards"). The stewards reviewed the antimicrobial regularly (E.g. 3-5 times a week) based on the "Six Rights of Antimicrobial Prescribing".*
 3. *Rather than writing an AMS recommendation in the notes, the stewards verbally communicate the recommendation to the prescriber (preferably during the unit's clinical rounds) and open the discussion for questions, concerns or comments.*
- *This approach provides personal contact and signifies the conveyance of trust and "the sealing of deals" and is designed to capitalise on direct communication.*
 - *This communication improved relationships between ID and various units by creating collaboration for clinical care and research initiatives.*

- *Individualised communication engages discussion among clinicians and promotes education of the treating team, something that prebuilt rules within an eMR or antimicrobial approval software cannot do.*

- The effectiveness of educational interventions and collaborative approaches has been supported by a Cochrane review, which found associations with improved antibiotic prescribing practices. (19)
- This is led by the AMS pharmacist, who identifies patients eligible for review based on specific [Handle Antimicrobial with Care](#) criteria, allowing for timely AMS intervention. (Table 1 and Figure 4)
- The CHW AMS Mpage allows real-time surveillance of antimicrobial prescribing and open communication channels between prescribers and our AMS team to foster a flexible review mechanism, accounting for patient history, microbiological data, and opportunities for AMS interventions such as
 - De-escalation (reduced number or narrower spectrum)
 - Discontinuation
 - Dose optimisation
 - IV to Oral Switch
 - Microbiology interpretation
 - Referral for an ID consultation

Table 1: Handle Antimicrobials with Care categories

 ACCESS AVAILABLE AT ALL TIMES	 ACCESS & WATCH AVAILABLE AT ALL TIMES AND REVIEWED BY THE AMS PHARMACIST	 RESERVE REQUIRES APPROVAL FROM ID/AMS/MICROBIOLOGY
Aciclovir	Daily reviews:	Amikacin
Ampicillin		Ciprofloxacin
Amoxicillin		Clindamycin
Amoxicillin-clavulante		Gentamicin
Azithromycin		Meropenem
Benzathine penicillin		Moxifloxacin
Benzylpenicillin		Tobramycin
Cefazolin		Vancomycin
Cefotaxime	Weekly reviews:	Amphotericin B
Ceftriaxone		Atavaquone
Cefuroxime		Cefepime
Cotrimoxazole		Ceftazidime
Dicloxacillin		Cidofovir
		Anidulafungin
		Bedaquiline
		Ceftaroline
		Ceftazidime-avibactam
		Ceftolozane-tazobactam
		Colistin
		Daptomycin
		Ertapenem
		Ethambutol
		Fidaxomicin
		HIV antiretrovirals*
		Hepatitis C antivirals**
		Imipenem

Doxycycline	Clarithromycin	Isoniazid
Famciclovir	Erythromycin	Linezolid
Flucloxacillin	Famciclovir	Paxlovid
Fluconazole	Foscarnet	Peramivir
Ivermectin	Ganciclovir	Polymyxin B
Metronidazole	Itraconazole	Pyrazinamide
Minocycline	Levofloxacin	Remdesivir
Nitrofurantoin	Micafungin	Ribavirin
Oseltamivir	Piperacillin-tazobactam	Rifabutin
Roxithromycin	Posaconazole	Rifaximin
Terbinafine	Rifampicin	Tigecycline
Tinidazole	Sodium fusidate (fusidic acid)	Zanamivir
Trimethoprim	Teicoplanin	
Valaciclovir	Voriconazole	
	Valganciclovir	

-all topical antimicrobials are excluded

*HIV antiretrovirals listed in [ASID ANZPID HIV guideline](#)

**Liver Clinic are exempt

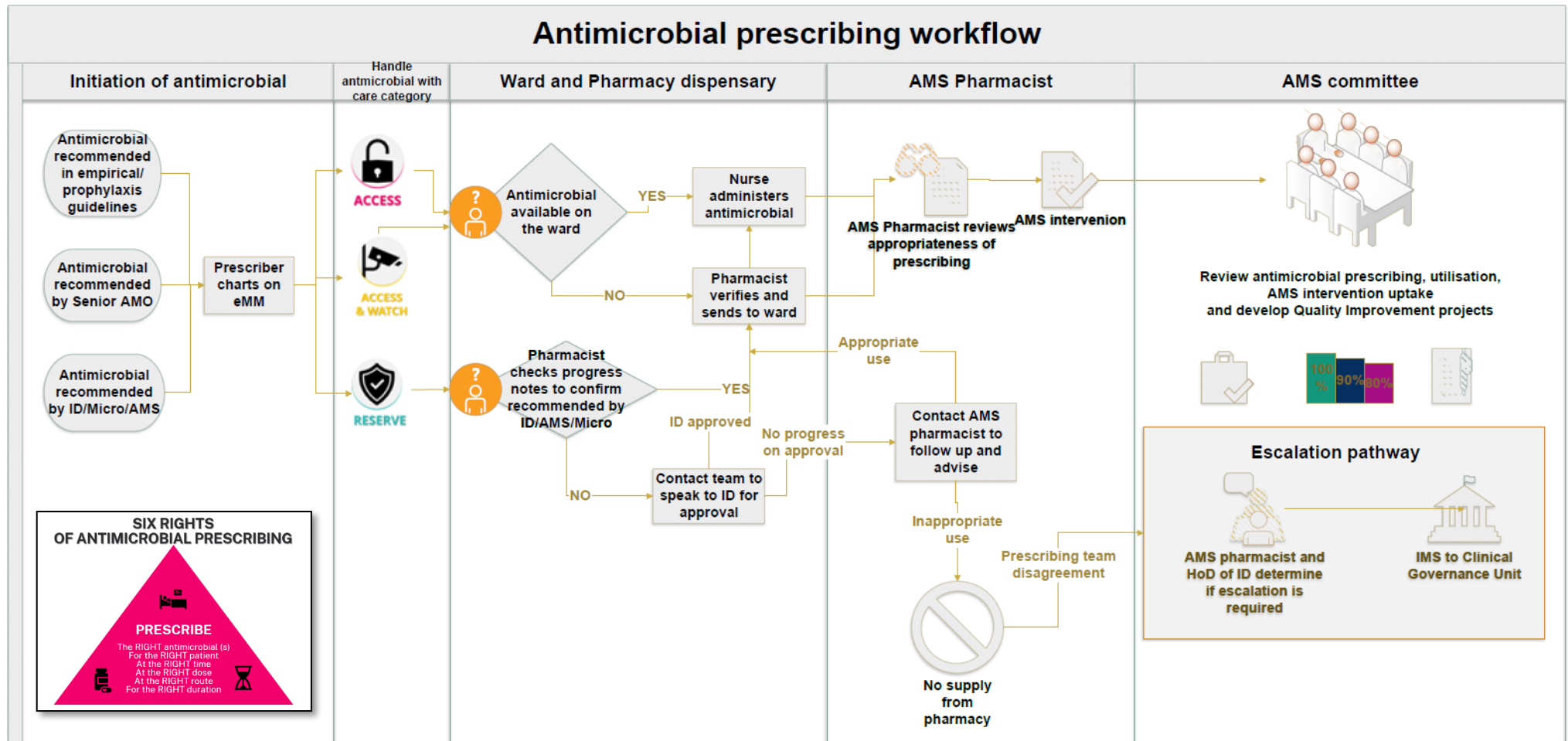


Figure 4: AMS Model of Care at CHW

AMO: admitting medical officer staff specialist; ID: Infectious Diseases; Micro: Microbiology staff specialist; eMM: electronic medication management; HoD: Head of Department; IMS: Incident Management System

Escalation Pathway of Inappropriate Antimicrobial Prescribing

- Managing disagreements in antimicrobial prescribing between the AMS/ID and the prescriber(s) requires effective communication and collaboration.
- Involving a multidisciplinary team meeting may help address the complexity of the situation. The key is fostering a collaborative approach that prioritises the patient's well-being and incorporates the expertise of both specialties.
- If disagreements persist between AMS/ID specialists and prescriber(s) regarding a specific patient. In that case, it is the discretion of the AMS pharmacist and the Head of ID to escalate with any of the following:
 1. The pharmacy department is not to supply the antimicrobial
 2. AMS pharmacist to raise an IMS addressed to the Clinical Governance Unit (CGU) to mediate or record-keep

AMS Rounds

- Regular AMS rounds with PICU, respiratory, and oncology/BMT to rationalise and review antimicrobial prescriptions in a collaborative discussion format
- The focus of these rounds specific to the unit includes:
 - PICU: cefazolin surgical prophylaxis, IV to oral switch and TDM
 - Oncology/BMT: rationalising the escalation of meropenem from piperacillin/tazobactam in persistent febrile neutropenia, liposomal amphotericin B empirical treatment and unnecessary vancomycin use.
- A verbal summary led to a review of these patients from the treating team in association with the AMS Mpage.

Therapeutic Drug Monitoring (TDM)

- The CHW AMS team lead an antimicrobial TDM service where safe and effective dosing is challenging in pediatrics.
- Children often exhibit variability in drug metabolism and elimination, making it challenging to establish one-size-fits-all dosing regimens. TDM allows for individualised drug dosing based on a child's specific pharmacokinetic profile, optimising efficacy while minimising the risk of toxicity.
- Literature to support optimal dosing of antimicrobials is limited in paediatrics, especially in the critically ill, especially those on ECMO, receiving CRRT, as well as children with obesity, renal impairment, and neonates.
- The AMS pharmacist has access to Model Informed Precision Dosing software and a panel of local assays to optimise and individualise the correct dose at CHW
- TDM Assays available at CHW through collaboration with Biochemistry:
 - Beta lactams
 - Vancomycin

- Aminoglycosides
- Triazoles
- Linezolid
- Ciprofloxacin
- Development and oversight antimicrobial guidelines and formulary applications:
- All SCHN policies, procedures and guidelines that contain an antimicrobial are reviewed by the CHW AMS team to be approved by the Drug Committee
- All antimicrobial formulary applications or Individual Patient Use (IPU) applications of an antimicrobial require AMS review for approval.
- The CHW AMS team updates and develops antimicrobial dosing guidelines (e.g. aminoglycosides, vancomycin, voriconazole, posaconazole, IV to oral switch and surgical antibiotic prophylaxis (Refer to ePolicies)
- The AMS pharmacist is responsible for editing the antimicrobials in the pediatric drug dosing guidelines, [Meds4Kids](#), accessible across NSW and currently is a reviewer for the [Australian Injectables Drugs Handbook](#), [Australasian Neonatal Medicines Formulary](#) and the [Therapeutic Guidelines: Antibiotic](#).

AMS Committee

- Terms of reference in [Appendix I](#)
- Including core and non-core members fosters collaboration and ensures a holistic approach to AMS.
- Core members are pivotal in shaping and implementing AMS committee strategies and initiatives.
- Non-core members provide a valuable frontline perspective, contributing significantly to successfully implementing AMS initiatives.

Antimicrobial Prescribing Surveillance

- Antimicrobial prescribing data will be monitored regularly to track antibiotic usage patterns, indication creep and tailor AMS interventions at a departmental level

Quality Assurance of Process Measures

- Quality assurance is embedded in the CHW AMS Program using the [National Antimicrobial Prescribing Survey \(NAPS\)](#). NAPS is an annual point prevalence audit to ensure compliance with antimicrobial guidelines, alignment with Infectious Diseases/AMS advice and appropriateness of prescribing. This audit is collated and benchmarked nationally and has utility in identifying target areas of quality improvement.
- AMS reviews documented in the medical notes and verifications of antimicrobial prescriptions are a reportable process measure of the AMS pharmacy service

Quality Assurance of Outcome Measures

- Daily Defined Doses (DDD) used by the [National Antimicrobial Utilisation Program \(NAUSP\)](#) is an inappropriate measure of antimicrobial utilisation for pediatrics.
- We set specific outcome measures, including reducing antibiotic use (e.g. Days Of Therapy (DOTS), pharmacy expenditure and decreasing rates of antibiotic-related adverse events (e.g. vancomycin-induced nephrotoxicity).

Research and Innovation

- CHW AMS team actively conduct research initiatives in pediatric antimicrobial stewardship and infectious diseases. This is demonstrated by our collaborative networks formed with [CRE RESPOND \(University of Queensland\)](#), [KIDS DOSE Consortium \(MCRI\)](#), [Phage Australia \(WIMR\)](#) and [The University of Sydney School of Pharmacy](#).

References

1. AURA 2023: fifth Australian report on antimicrobial use and resistance in human health. Sydney: Australian Commission on Safety and Quality in Health Care; 2023.
2. Sartelli M, Barie PS, Coccolini F, Abbas M, Abbo LM, Abdukhalilova GK, et al. Ten golden rules for optimal antibiotic use in hospital settings: the WARNING call to action. *World Journal of Emergency Surgery*. 2023;18(1):50.
3. Reed EE, Stevenson KB, West JE, Bauer KA, Goff DA. Impact of formulary restriction with prior authorisation by an antimicrobial stewardship program. *Virulence*. 2013;4(2):158-62.
4. Schuts EC, Boyd A, Muller AE, Mouton JW, Prins JM. The Effect of Antibiotic Restriction Programs on Prevalence of Antimicrobial Resistance: A Systematic Review and Meta-Analysis. *Open Forum Infect Dis*. 2021;8(4).
5. LaRosa LA, Fishman NO, Lautenbach E, Koppel RJ, Morales KH, Linkin DR. Evaluation of antimicrobial therapy orders circumventing an antimicrobial stewardship program: investigating the strategy of "stealth dosing". *Infect Control Hosp Epidemiol*. 2007;28(5):551-6.
6. Evans RS, Olson JA, Stenehjem E, Buckel WR, Thorell EA, Howe S, et al. Use of computer decision support in an antimicrobial stewardship program (ASP). *Appl Clin Inform*. 2015;6(1):120-35.
7. Linkin DR, Paris S, Fishman NO, Metlay JP, Lautenbach E. Inaccurate communications in telephone calls to an antimicrobial stewardship program. *Infect Control Hosp Epidemiol*. 2006;27(7):688-94.
8. Barlam TF. The state of antibiotic stewardship programs in 2021: The perspective of an experienced steward. *Antimicrob Steward Healthc Epidemiol*. 2021;1(1):e20.
9. Broom A, Kenny K, Prainsack B, Broom J. Antimicrobial resistance as a problem of values? Views from three continents. *Critical Public Health*. 2020:1-13.
10. Walker AS, Budgell E, Laskawiec-Szkonter M, Sivyer K, Wordsworth S, Quaddy J, et al. Antibiotic Review Kit for Hospitals (ARK-Hospital): study protocol for a stepped-wedge cluster-randomised controlled trial. *Trials*. 2019;20(1):421.
11. Drew RH, White R, MacDougall C, Hermsen ED, Owens RC, Jr. Insights from the Society of Infectious Diseases Pharmacists on antimicrobial stewardship guidelines from the Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America. *Pharmacotherapy*. 2009;29(5):593-607.
12. Parsonage B, Hagglund PK, Keogh L, Wheelhouse N, Brown RE, Dancer SJ. Control of Antimicrobial Resistance Requires an Ethical Approach. *Front Microbiol*. 2017;8:2124.
13. Dyar OJ, Tebano G, Pulcini C. Managing responsible antimicrobial use: perspectives across the healthcare system. *Clinical microbiology and infection : the official publication of the European Society of Clinical Microbiology and Infectious Diseases*. 2017;23(7):441-7.
14. Cairns K, Bortz H, Le A, Levkovich B, McGloughlin S, Padiglione A. ICU antimicrobial stewardship (AMS) rounds: the daily activities of an AMS service. *International journal of antimicrobial agents*. 2016;48.

15. Hurst AL, Child J, Parker SK. Intervention and Acceptance Rates Support Handshake-Stewardship Strategy. *Journal of the Pediatric Infectious Diseases Society*. 2018;8(2):162-5.
16. Hurst AL, Child J, Pearce K, Palmer C, Todd JK, Parker SK. Handshake Stewardship: A Highly Effective Rounding-based Antimicrobial Optimisation Service. *The Pediatric infectious disease journal*. 2016;35(10):1104-10.
17. Llewelyn MJ, Budgell EP, Laskawiec-Szkonter M, Cross ELA, Alexander R, Bond S, et al. Antibiotic review kit for hospitals (ARK-Hospital): a stepped-wedge cluster-randomised controlled trial. *The Lancet Infectious diseases*. 2022.
18. MacBrayne CE, Williams MC, Levek C, Child J, Pearce K, Birkholz M, et al. Sustainability of Handshake Stewardship: Extending a Hand Is Effective Years Later. *Clinical infectious diseases : an official publication of the Infectious Diseases Society of America*. 2020;70(11):2325-32.
19. Davey P, Marwick CA, Scott CL, Charani E, McNeil K, Brown E, et al. Interventions to improve antibiotic prescribing practices for hospital inpatients. *Cochrane Database of Systematic Reviews*. 2017(2).

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Appendix I: Terms of Reference for Antimicrobial Stewardship (AMS) Committee

1. Committee Composition

Core Members:	Non-core Members (ad-hoc):
<ul style="list-style-type: none"> • Head of Infectious Diseases Specialist • Head of Microbiology • AMS Pharmacist • Infectious Diseases Specialist 	<ul style="list-style-type: none"> • Non-ID Staff Specialists • Director of Pharmacy • Nurses • Pharmacists • eMR Application Manager

2. Meeting Frequency

Core Members:

- Meet every 3 months to discuss ongoing AMS strategies, review data, and make recommendations.
- Quorum of 4

Non-core Members:

- Invited ad-hoc basis
- Meet every 6 months to receive updates, provide feedback, and align their activities with the core AMS initiatives.
- Variable quorum is determined by the Chair a week before the meeting.

3. Roles and Responsibilities

Core Members:

- Develop evidence-based guidelines for antimicrobial use in pediatrics.
- Conduct regular audits of antimicrobial prescribing practices.
- Provide education and training on appropriate antimicrobial use.

Non-core Members:

- Implement AMS strategies in their respective departments.
- Participate in educational sessions and disseminate information to frontline staff.
- Provide feedback on the impact of AMS initiatives in their areas.

4. Data Collection and Analysis

Core Members:

- Oversee the collection and analysis of antimicrobial utilisation data.
- Monitor local resistance patterns and trends.

Non-core Members:

- Contribute data and commentary from their departments for the overall analysis.

5. Communication and Coordination

Core Members:

- Maintain regular communication to ensure alignment with SCHN strategic plan.
- Coordinate with non-core members to implement AMS initiatives in line with National Safety and Quality Health Service (NSQHS) Standards.

Non-core Members:

- Collaborate with core members to ensure consistency in messaging and implementation.

6. Evaluation and Reporting

Core Members:

- Evaluate the effectiveness of AMS interventions and make recommendations for improvement.
- Provide regular annual reports to hospital executives.

Non-core Members:

- Report on the implementation of AMS strategies in their respective departments.

7. Continuous Education

Core Members:

- Stay informed about the latest research and guidelines in pediatric AMS and infectious diseases.
- Conduct educational sessions for both core and non-core members.

Non-core Members:

- Participate in educational sessions and disseminate knowledge to their respective departments.

8. Quality Improvement Initiatives

Core Members:

- Identify and implement quality improvement initiatives related to antimicrobial prescribing practices.

Non-core Members:

- Actively participate in quality improvement initiatives and provide input from a frontline perspective.

9. External Collaboration

Core Members:

- Collaborate with external entities, share best practices, and contribute to research in pediatric AMS.

Non-core Members:

- Participate in collaborative efforts as representatives of their respective departments.

10. Terms of Reference Review and Conflict of Interest

- Review and update the terms of reference annually to ensure alignment with evolving hospital priorities and best practices in AMS.
- Conflict of interest declarations annually