Victorian Healthcare Association
Vision • Value • Voice

Consultation response

1 September 2021

Consultation response: Victorian Antimicrobial Resistance Strategy

About the Victorian Healthcare Association

The Victorian Healthcare Association (VHA) is the peak body supporting Victoria's public health services to deliver high-quality care. Established in 1938, the VHA represents Victoria's diverse public healthcare sector, including public hospitals, aged care and community health services.

As well as providing a unified voice for the sector, the VHA delivers value for its members by offering tailored professional development programs, networking opportunities, and informative events. The VHA advocates on behalf of its members on sector-critical issues by engaging and influencing key decision-makers involved in policy development and system reform.

Executive summary

The VHA convened a select member advisory group from Victoria's public health services sector to inform its response to the consultation on the proposed Victorian Antimicrobial Resistance Strategy. Based on the feedback from this group, and further research and insight, this submission recommends that Victorian Antimicrobial Resistance Strategy, in relation to the Victorian public health sector, should utilise the opportunity to:

- support greater sector coordination
- support further research and training to generate evidence for best practice responses
- support greater public awareness of antimicrobial resistance
- provide clear direction and guidance on antimicrobial resistance practices for public health services
- support the establishment of health information sharing systems to support the AMR response
- ensure the Victorian Antimicrobial Resistance Strategy reflects the impact of COVID-19.

Introduction

The VHA welcomes opportunity to inform the first Victorian Antimicrobial Resistance (AMR) Strategy 2021-2031 (the Strategy), and to provide the perspective of the Victorian public health sector.

The VHA, broadly, supports the proposed approach for the Strategy and its vision. However, this submission highlights a number of issues that the future Strategy should address, including a lack of coordination between health services, the need to research and disperse best practice across the state, and that health services need to have the right resources and skills to implement a 'One Health' approach.

The VHA engaged a select member advisory group to inform the development of this submission, which included representatives from metropolitan, regional, and rural services that deliver AMR and antimicrobial stewardship responses in their services. Outside of the pandemic context, the VHA would expect strong interest in the development of the Strategy and impacts of AMR. However, in the context of Victoria's current COVID-19 outbreak, health services have limited capacity to engage - the VHA encourages the government to investigate alternate methods for engagement and sharing of expertise during this challenging period.

Victorian Healthcare Association
www.vha.org.au
Level 6, 136 Exhibition Street
Melbourne Victoria 3000
T 03 9094 7777 F 03 9094 7788
E vha@vha.org.au

Submission

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

A successful Victorian response to the threat of AMR would be the establishment of a system that is capable of reducing and preventing infections and associated deaths. It is not possible, or feasible, for Victoria itself to stop AMR; it should be expected that the state will continue to face antibiotic resistant diseases and bacteria. This is also a threat that is likely to grow, with increased prevalence of outbreaks that usual treatment cannot resolve.

That means that Victoria's approach to AMR has to be predicated on ensuring that it has an integrated system in place which can monitor, identify and restrict future AMR outbreaks, through both prevention and containment. The future success of any response to AMR must focus on ensuring that Victoria has a co-ordinated and cohesive system and approach. In line with the feedback from the member advisory group, key components of a successful AMR system would include:

- **Coordination** – This is both cross-sector and within each sector. All parts of the AMR system need to be aligned to ensure effectiveness and consistency.
- **Strong and responsive relationships** – This means that all parts of the system are part of the conversation, with the AMR system adapting as circumstances change. For the health sector, this means that health services are able to inform policy.
- **Good governance processes** – Having strong governance systems in place will help to ensure that the AMR system is effective and accountable.
- **Responsive and thorough surveillance** – This means that the system, and services, have access to real-time data in order to detect outbreaks as soon as possible and quickly inform any changes in approach or care.
- **A focus on best-care practices** – This ensures that AMR does not impact on the care that patients receive, while at the same time not impacting on efforts to reduce the prevalence of AMR, such as antimicrobial stewardship.
- **Greater consumer awareness** – This helps to reduce a key driver of antibiotic overuse and is an effective mechanism to hold the system accountable in its delivery.

The member advisory group believe the success of the Strategy is contingent on putting these key components, and others, in place by 2030. Existing research and strategies also reflect these key components, including those documented by the Organisation for Economic Cooperation and Development and World Health Organization (WHO).

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

Broadly, the member advisory group signalled that the Victorian public health sector should have a leading role in the response to AMR. As the location where Victoria will see the real-world impact of AMR, it is imperative that the public health system is at the heart of any future AMR system. Public health services are also the key stakeholders for AMR stewardship around appropriate prescriptions, and any campaign to improve consumer awareness and behaviour on AMR. Hospitals have expertise in research and implementation.

However, members were clear that, if the Victorian public health sector has the key role in implementation, the Department of Health (the Department) needs to provide the guidance and coordination to ensure that there is a sector-wide approach. Currently, the Department provides a centralised direction on certain elements of AMR, including Methicillin-resistant Staphylococcus aureus (MRSA) and Carbapenemase-producing Enterobacterales (CPE) infections, where Victoria has previously experienced outbreaks. However, the advisory group suggests that public health services largely conduct their AMR work individually. While the Victorian Hospital Acquired Infection Surveillance System (VICNISS) provides some support, services often have to develop and implement their AMR approaches on their own. For smaller services, this often means that one person is responsible for AMR strategy development and implementation, which is a less effective approach.

Recognising that it is the Department's responsibility to ensure that best practice on AMR and infection prevention and control (IPC) are in place in every service, it is recommended that the Department increases its level of direction and support to ensure a more coordinated response, informed by public health services.

Victorian Healthcare Association
www.vha.org.au
Level 6, 136 Exhibition Street
Melbourne Victoria 3000
T 03 9094 7777 F 03 9094 7788
E vha@vha.org.au

What are your sector's perceived gaps and challenges in the response to AMR? What could your sector do better?

Member feedback suggests the gaps and challenges for the AMR response in the Victorian public health system include limited coordination and resources, and the impacts of the COVID-19 pandemic.

The COVID-19 pandemic has led to an increase in awareness of IPC, and increased capacity in the system for these activities, but it has also led to a decreased focus on AMR. The pandemic has disrupted and delayed AMR activities – initiatives have not been advanced, some sector meetings have not occurred, and audits have been delayed. The advisory group identified this as a key area for improvement – AMR needs to be prioritised so that the work progresses and reform discussions continue, even while public health services are under stress.

The WHO has identified the need for appropriate training as a key part of any IPC and AMR response; the advisory group suggests this is a gap in the Victorian system. While IPC capability and capacity has improved during the pandemic, there is still a lack of knowledge and skills related to AMR in the Victorian public health system, especially in rural and regional areas. Post-pandemic, AMR-related training, such as IPC and antimicrobial stewardship, should become a key part of health training, and the public health workforce needs to be provided opportunities to upskill.

A coordinated approach to antimicrobial stewardship and reducing the usage of antibiotics will also be central to the Strategy's success. Australia, broadly, has higher antimicrobial usage than international comparisons, even while rates have improved in recent years. While services conduct audits to remedy this, it continues to be an issue. There is an opportunity to move away from the individual service approach and improve coordination across the public health system to increase effectiveness and combat this long-term issue.

There is also a broader challenge on how to have a comprehensive and coordinated approach to research and best-practice implementation. At the moment, Victoria has an inconsistent approach to AMR-related diseases and bacteria; as an example, CPE has guidelines, while other areas do not. Similarly, there are standard operating procedures for only two notifiable conditions. This inhibits the ability of the sector to deliver a cohesive AMR response, with differences in approach across the state on other aspects of AMR. Victoria's AMR response can be improved by establishing a process and system that can effectively interpret information, translate it into relevant guidance for all aspects of AMR and engage the appropriate elements of the workforce.

What are the perceived challenges when working across sectors?

While the AMR Strategy is focused on a 'One Health' response and looking for opportunities for collaboration between human, animal and environmental health elements, the member advisory group strongly believe that the Strategy needs to acknowledge and introduce strategies to improve collaboration within these sectors.

A lack of coordination within the Victorian public health system will undermine collaboration with other sectors and frustrate any united response. There are national projects, such as hand hygiene, that unite services, as well as broader surveillance conducted by VICNISS, but there is little engagement between services on best-care practice. Networks are often informal, such as existing relationships with other professionals, or rare, such as the Rural Infection Control Practice Group, while there is no state-wide mechanism to bring services together. Services are reliant on top-down direction from the Department and related authorities, such as VICNISS, and left to implement guidance in isolation, often with little to no awareness of what other services are implementing.

In terms of previous cross-sector collaboration on AMR, this largely occurs between metropolitan health services and universities with joint research projects and some staff that work in both institutions. While this is successful, this research is still focused on human health and, usually, the Victorian healthcare system. Cross sector collaboration on a 'One Health' approach would involve working with stakeholders that have different priorities. However, it is a useful example of how different stakeholders could be brought together.

Victorian Healthcare Association
www.vha.org.au
Level 6, 136 Exhibition Street
Melbourne Victoria 3000
T 03 9094 7777 F 03 9094 7788
E vha@vha.org.au

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

All Victorian public health services currently deliver a range of activities to support the AMR response, including:

- anti-microbial stewardship
- prescription and IPC audits and reporting
- VICNISS surveillance, including AC NAPS and notifiable conditions.

However, the member advisory group suggests that the capability and capacity of services to deliver these elements varies.

Victorian public health services, particularly metropolitan health services, also support AMR research, with close connections between health services and universities. As an example, Austin Health and Peter MacCallum Cancer Centre, with funding from Safer Care Victoria, created a whole-of-hospital program to find out if de-labelling was effective for low-risk penicillin allergies in hospitalised inpatients. There is no apparent monitoring of these different research elements, or coordination as to how the findings of these research projects can be dispersed across the system as best practice.

At a national level, there is a focus on surveillance and monitoring. An example of this is the National Alert System for Critical Antimicrobial Resistances (CARAlert), which has participating laboratories submit data on priority organisms with resistance to last-line antibiotics. The Australian Commission on Safety and Quality in Health Care (ACSQHC) tracks AMR through its Antimicrobial Use and Resistance in Australia (AURA) reports. The fourth AURA report was recently published, highlighting that Australia continues to have high rates of antimicrobial use. However, there is limited use of these national initiatives to drive improvements in Victoria. For instance, while some other states have total coverage, only Monash Health from Victoria is included in the Australian Passive AMR Surveillance.

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

There are a range of AMR-related research priorities for the health sector that can be advanced to support the AMR response, and which would contribute towards successful outcomes related to the Strategy. Larger health services, as previously mentioned, already deliver research in a range of infectious diseases. While this infection prevention research should be prioritised and would benefit from increased funding, in line with a greater focus on AMR, the member advisory group suggests the most important thing is that such research leads to improvement in AMR practices in Victorian health services.

The key aim for prioritisation of this research should be to support the establishment of best practice in relation to AMR, which can be established in all Victorian public health services. Increasing the evidence base, and ensuring consistency of practice, is vital to support a 'One Health' response. Individual health services responses will weaken a cohesive approach. Currently, there is a lack of evidence-based interventions for AMR and infectious control. For instance, with CPE it is not known for how long those infected are resistant to antibiotics; they are currently labelled as infected for life, yet the advisory group suggests this is not evidence-based.

Changing this should be an immediate priority, as improving the evidence base is crucial to the future of healthcare post-pandemic. For instance, current PPE guidance may not necessarily be evidence based, as it has evolved in response to the pandemic and system pressures. Another example, following the pandemic, is research around health facility design; new buildings represent the best opportunity to ensure there are appropriate facilities for infection control, such as more space for donning and doffing of PPE and ensuring there is capability to have fewer patients in rooms.

Victorian Healthcare Association
www.vha.org.au
Level 6, 136 Exhibition Street
Melbourne Victoria 3000
T 03 9094 7777 F 03 9094 7788
E vha@vha.org.au

Specific feedback on the Strategy's vision, objectives and cross-sector priorities for action

Broadly, the VHA supports the strategic vision, the proposed objectives and the priority areas, and believes these are appropriate for the Strategy. However, the VHA, based on the input of the member advisory group, offers the following feedback on the Strategy, aligned with the key themes of the larger response.

There should be greater recognition of the need for sector coordination to support the cross-sector approach

While the objectives and priority areas capture the need and steps for a cross-sector approach, the member advisory group identified the need for greater collaboration *within* each sector, especially for human health and the Victorian public health system. A lack of collaboration within sectors risks undermining the 'One Health' approach. The VHA recommends adding or amending priority areas to reflect this, including:

- changing Priority area 1.5 to reflect the need for an AMR community of practice (COP) in all sectors as well as a single COP across all sectors
- adding a priority area to Objective 5 which calls for a coordinated approach within each participating sector to support the overall 'One Health' system.

The VHA is currently delivering a range of COPs in the sector, and is willing to offer its expertise and support the process of establish a human health COP for AMR.

- **Recommendation: Priority area 1.5 to be changed to 'Create opportunities for active collaboration and engagement such as an AMR community of practice in all sectors as well as a single COP across all sectors'**
- **Recommendation: Objective 5 to include a priority area which calls for a coordinated approach within each participating sector to support the overall 'One Health' system**

The recognition of best practice IPC is vital

The member advisory group highlighted that Priority area 2.1 is an important aspect of the future overall AMR system, and should be a core component in the development of the Strategy. Services need stronger guidance and support to implement best practice procedures and processes, but there is currently a lack of evidence, or at least translated evidence, to support this in areas of the AMR response, including IPC. Guidance must be evidence based, and there cannot be an assumption that this already exists. To reflect this, it is recommended that an additional priority area be added to Objective 2, with a specific focus on supporting processes and research to establish an evidence base for best practice IPC, in direct reference to Priority action 2.1.

- **Recommendation: Objective 2 to include a priority area which calls to 'Establish processes to support research and the development of evidence bases to inform best practice'**

Engaging the public on AMR is important, especially for improving awareness in the health workforce

A key theme in the objectives and priority actions is the need to involve consumers in the AMR response. The member advisory group welcomed this and felt it should be a focus area in the development of the Strategy. Priority area 3.3 is especially important as there is a link between raising consumer awareness and knowledge and health professional awareness and knowledge. Not all healthcare workers are aware of what AMR or antimicrobial stewardship is, which inhibits any AMR response. Health services are under pressure stemming from the COVID-19 pandemic, a factor that is unlikely to change in the near future, which is putting the workforce under stress. This is leading to staff turnover and a lack of capacity to engage on new topics. Initiatives to raise public awareness will directly support professional development and training opportunities in health services to support the AMR system.

The VHA recommends including an additional priority in Objective 4 that directly references the need to increase consumer awareness, recognising consumers' role in driving appropriate prescribing.

- **Recommendation: Objective 4 to include a priority area on increasing consumer awareness**

Victorian Healthcare Association
www.vha.org.au
Level 6, 136 Exhibition Street
Melbourne Victoria 3000
T 03 9094 7777 F 03 9094 7788
E vha@vha.org.au

A priority area is required to reflect the need to provide clear direction and guidance on antimicrobial resistance practices for public health services

The proposed priority areas for a number of the objectives make reference to 'ensure access to… guidance' or to 'maximise compliance'. In the public health sector, this does not reflect the reality of care delivery; the member advisory group reports that stronger guidance, support and direction is needed to ensure that there is a cohesive and coordinated approach across the state. Services are under pressure, while some services may only have one person directly responsible for their AMR activity. A lack of guidance and support means that services then need to develop their own response, leading to variability and inconsistency. While there should always be opportunities for local innovation, top-down direction is required. For instance, it was identified that the National Health and Medical Research Council guidelines on IPC do not provide suitable direction for services.

The priority areas, and the Strategy more generally, must specifically reference the need to ensure relevant stakeholders, including health services, can implement the Strategy and its actions through appropriate guidance and support. The current individual service approach risks undermining the aims of the Strategy.

- **Recommendation: Objectives 2, 3 and 4 to each include a priority area which calls to 'Ensure that those delivering the Strategy have support and direction required to contribute to a 'One Health' approach'**
- **Recommendation: The Strategy should include specific focus on ensuring that there is appropriate guidance, support and direction to implement its vision**

Include a priority area that establishes health information sharing systems to support the AMR response

A few of the priority areas (Priority areas, 4.1, 5.1 and 5.3) indirectly reference the need for health information sharing systems to support the AMR response. While welcome, this need for health information sharing systems to support the future AMR system should be clearly identified in its own priority area under Objective 5. This is important, as the member advisory group identified that sharing information is vital to ensure a coordinated approach as well as delivering best practice. For instance, with CPE, it is the responsibility of the patient to notify a health service that they have this bacteria when they present – ideally, there would be electronic tracking, either as a separate system or as part of a broader health information sharing system, to ensure that the involved health service is aware.

The success of the 'One Health' approach will be contingent on involved sectors, and involved stakeholders within those sectors, having the capability to quickly share information. For Victoria to have an effective AMR system, health information sharing must be a core component of that; however, the VHA also recognises that this is difficult to achieve. If it is not directly referenced, then it will not be a focus area, and it risks not getting the time and resources required to ensure information sharing is effective and appropriate. This is also an important moment for consideration of the health sharing requirements of an AMR response, as Victoria has consulted on health information sharing legislative reform.

- **Recommendation: Objective 5 to include a priority area that explicitly highlights the need to develop or incorporate health information sharing systems to support the AMR response**

The Strategy must reflect the impact of COVID-19

Victoria is continuing to respond to a pandemic that has tested and changed the capacity of the Victorian health sector, altered how consumers have approached their health over the last 18 months, and led to an increased focus on the value of IPC. However, the Strategy does not reference COVID-19 in the priority areas and objectives. This needs to be rectified, as the response to COVID-19, and lessons from it, have relevance for a future AMR response.

While COVID-19 is not directly related to AMR, there are important connections. IPC has been a key focus of the pandemic response, which has led to increased training opportunities and increased IPC capability in health and aged care services. It has also had an impact on antibiotic prescriptions. The recent AURA report identified that the pandemic led to a drop in antimicrobial usage in Victoria and across Australia. The ACSQHC has signalled that, in response, it will promote continuing IPC programs that emphasise the broader benefits of these initiatives for reducing infections and antimicrobial usage, while other published research signals there is value in learning these lessons post-pandemic.

Victorian Healthcare Association
www.vha.org.au
Level 6, 136 Exhibition Street
Melbourne Victoria 3000
T 03 9094 7777 F 03 9094 7788
E vha@vha.org.au

The pandemic has illustrated the need for appropriate preparation, and contains a lot of lessons around system capacity, IPC skills and consumer-led interventions that are relevant to this Strategy. The VHA recommends the Strategy includes a key focus on understanding what lessons from the pandemic can be used to support the future AMR response, including a related priority area under Objective 7.

- **Recommendation: Objective 7 to include a priority area which calls to 'Learn from Victoria's response to the COVID-19 pandemic, incorporating lessons that are relevant to the AMR response'**
- **Recommendation: The Strategy should have a key focus on building from the COVID-19 experience**

Conclusion

Overall, the VHA supports the Strategy, and welcomes the opportunity it provides to improve the response to AMR in Victoria. Failure to improve the Victoria AMR system will present a major risk to Victoria's health services and their consumers in the coming years and decades. In line with this, the VHA presents these recommendations to help inform and improve the Strategy, so that it can deliver on its vision.

The VHA would welcome further opportunities to work with Victorian Department of Health to support the development and implementation of the Strategy, including the establishment of a human health COP for AMR.

For further information contact

Ben Rogers
Senior Advisor, Policy and Advocacy
ben.rogers@vha.org.au
03 9094 7777