Terms of Reference – Infection Prevention and Control Committee

# Purpose

The purpose of the Infection Prevention and Control Committee is:

* To seek opportunities to enhance clinical outcomes and to identify opportunities for cross speciality enhancement by supporting and facilitating the provision of safe, effective and efficient clinical patient care throughout the hospital.
* To provide leadership for the National Safety and Quality Health Service Standard (NQHSS) – Preventing and Controlling Healthcare-Associated Infection Control Standard, in terms of the oversight and monitoring of quality improvement of service in association with this Standard
* To provide assurance to the leadership of Calvary Bruce Private Hospital that the Clinical Governance requirements of the National Safety and Quality Health Service Standards, the Calvary Clinical Governance Framework and the Calvary Consumer Engagement Framework are being met
* Responsible to deliver the achievement of accreditation against all criteria of the above mentioned NQHSS.

The Infection Prevention and Control Committee services are based on the Calvary Health Care values of Hospitality, Healing, Stewardship and Respect.

# Membership

The Committee will comprise:

**Chair:**

* Infection Prevention and Control Coordinator

**Co-chair**:

* Quality Risk Manager

**Secretariat:**

* Quality Support Officer

**Members:**

* Director Clinical Services
* Surgical Ward Representative
* Medical Ward Representative
* High Dependency Ward Representative
* Cath Lab Representative
* Surgical Admissions Representative
* Theatre Representative
* CSSD Representative
* Endoscopy Representative
* PACU Representative
* Hyson Green Representative
* Education Representative
* Pharmacy Representative
* Clinical Documentation Improvement Specialist
* Hospitality/Housekeeping Representative
* Facilities Representative
* Supply Representative
* Work Health and Safety Representative
* Director of Finance (optional)
* Patient Services Manager (optional)
* Infectious Diseases Consultant (ad hoc)

Other attendees may be invited from time to time at the discretion of the Chair

# Term of Membership

Incumbents of designated positions are appointed on an ongoing basis

# Roles and Responsibilities of Committee Members

The committee will contribute to the management and delivery of health services based on operating in the following functions:

* Provide oversight and management to achieve requirements of NSQHSS; Preventing and Controlling Infections Standard
* Oversight of associated and relevant working groups convened to support accreditation preparation and monitoring against the NSQHSS above, and other NSQHSS as they pertain to the Preventing and Controlling Infections Standard
* Review and make recommendations regarding quality improvement activities identified through monitoring and associated audit activities.
* Monitor and report progress, including escalation of achievement and any areas of concern against the Preventing and Controlling Infections Standard
* Monitor and evaluate quality improvement initiatives associated with respect to infection prevention and control, antimicrobial stewardship and staff health matters.
* Monitor infection prevention and control, antimicrobial stewardship and staff health clinical performance indicators, including review trends identified through audit activity and incident notification data.
* Oversight of compliance with all HICMR recommendations.
* Review and endorse infection prevention and control, antimicrobial stewardship and staff health related policy and procedures.
* Monitor and review the education resources relating to the Preventing and Controlling Infections Standard
* Monitor and report unwarranted variation (incl. healthcare associated Surgical Site Infections, Bloodstream Infections & Multi-resistant Organism Infections)
* Review all relevant clinical incidents and consider quality improvement opportunities for recommendation.

# Role of Chair

The role of the Chair is to lead the meeting and facilitate discussion amongst members to ensure good governance and overview of agenda items, decisions to be made and to determine items that may be required for escalation for discussion with the Clinical and Corporate Governance Committee.

# Reporting

This committee reports to Clinical and Corporate Governance Committee

## Frequency of Reporting

Reporting to the Clinical and Corporate Governance Committee is monthly

## Method of Reporting

Standard 3 Update Template is presented for tabling at the Clinical and Corporate Governance Committee meeting

## Liaises with

Medication Safety Committee

Partnering with Consumers Committee

# Meetings

* This Committee will meet every second month, with at least six meetings per annum, meetings can be either in-person or on-line.
* The Agenda will be available at least three days before the meeting.
* Standing agenda items will be discussed as well as new/other business at each meeting
* The original files and records of the Working Group will be held with the secretariat.

# Quorum

The quorum for committee meetings will be half of the members plus 1. Meetings may proceed without a quorum; however in this circumstance voting would be suspended and conducted out of session. When out of session voting is conducted, no response indicates approval.

# Decision-making Process

* The Committee receives reports/data extracted from Data Hub, Riskman, MEG Auditing system, NSQHSS AMS Monitoring Tool, NAUSP, AMS Log from HPS, NHHI Database, HICMR Database, Health Roundtable Database, The Australian Council on Healthcare Standards (ACHS) Clinical Indicators Database (METRIK) and other relevant sources (e.g. Accreditation feedback). Working group recommendations are resolved by discussion with all efforts made to reach a collective agreement.
* The Committee makes recommendations and does not have decision-making delegation
* The Committee reports to Clinical and Corporate Governance Committee

# Changes to the Terms of Reference

This Terms of Reference will be reviewed by the Committee at least once every two years. The Terms of Reference may also be reviewed at the request one of the Committee members.

Where possible, decisions regarding changes will be made by consensus. When this is not possible, a vote will be taken amongst the members of the Committee, with greater than 50% of the vote required to approve changes.

# Dissolution

The Committee can be dissolved by agreement of the members and the relevant Executive(s) at a special meeting open to all interested