ROUNDTABLE 4:
Governing antimicrobial use in clinical settings
WEDNESDAY 4 MAY, 3-4.30PM AEST, (MELBOURNE TIME) VIA ZOOM

Antimicrobial stewardship (AMS) in hospital settings is a mainstay of the national and international response to the bacterial resistance threat and many advances have been made in Australia and internationally. However, taking AMS imperatives to the bedside and responding to patient needs can be a profound scientific, procedural and medical challenge. Hospitals are also complex social organisations, with their own imperatives and needs. In this roundtable event, leading social and clinician researchers reflect on what has been learned about the governance of antimicrobial use in the hospital and discuss the agenda for further social research in this field.

SPEAKERS
Alex Broom is Professor of Sociology and Director of the Sydney Centre for Healthy Societies, at the School of Social and Political Sciences, Faculty of Arts and Social Sciences, The University of Sydney

Professor Allen Cheng is an infectious diseases physician. He is the Director of Infection Prevention and Healthcare Epidemiology at Alfred Health and Professor of Infectious Diseases Epidemiology at Monash University.

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GOVERNING ANTIMICROBIAL USE IN HOSPITALS

Professor Allen Cheng, Infectious Diseases Physician, Director of Infection Prevention and Healthcare Epidemiology at Alfred Health and Professor of Infectious Diseases Epidemiology at Monash University.

Antibiotic resistant organisms are primarily a problem in healthcare settings, because patients are at an increased risk of infection, there is the risk of cross-transmission between patients, and the high use of antibiotic use. The drivers of prescribing are different to those in community settings, so strategies need to be tailored to this context. Interventions to improve the quality of antimicrobial prescribing can be considered at an individual prescriber-patient level, at a hospital level, or at a jurisdictional/national level. Historically, Antimicrobial Stewardship Programs have been led by clinicians, but in recent years, there has been increasing recognition in regarding antibiotic resistance as a public health issue. The Victorian approach to Carbepenemase Producing Organisms provides one example of a co-ordinated response to this issue.

THE PRACTICE-SYSTEM NEXUS: THE INTERSECTING INFLUENCES GOVERNING ANTIMICROBIALS IN AUSTRALIAN HOSPITALS’

Alex Broom, Professor of Sociology and Director of the Sydney Centre for Healthy Societies, at the School of Social and Political Sciences, Faculty of Arts and Social Sciences, The University of Sydney.

As the global ‘fight’ against AMR accelerates, it is becoming increasingly evident that enacting practice change – one aspect of proposed ‘AMR solutions’ – is extraordinarily difficult. Surprisingly, this is even the case in the relatively well governed environment of the modern hospital. In this talk, I will explore why, including the complex relationships between practice and temporalities, markets, and forms of vulnerability. I ask whether we should be emphasising practice and practice change, or whether, we should be focusing on the broader structures which delimit institutions, clinicians, and as a result, the public good.