

Tasmanian Healthcare Associated Infections Committee

Terms of Reference

Background

The Tasmanian Healthcare Associated Infections Committee arose from the Tasmanian Infection Prevention & Control Unit (TIPCU) Operational Procedure.

Purpose

To lead the Department of Health and Human Services in the development of strategies policies and procedures designed to minimise the risk of healthcare associated infections within Tasmania.

Role and Function

I Functions of Committee

- I.1 The Committee is to lead in the assessment and evaluation of the quality of health services provided by healthcare providers within Tasmania (both public and private) who participate in the work undertaken by the Tasmanian Infection Prevention & Control Unit (TIPCU). Namely, the Committee is to:
- Provide governance for and consider and approve plans, strategies, surveillance programmes and interventions developed by the TIPCU and key stakeholders and in doing so decide whether participation is mandatory or voluntary.
 - Review and approve reports developed by the TIPCU in respect to surveillance of healthcare associated infections in DHHS hospitals.
 - Consider the assessment and evaluation of the quality of health services based on reports received and ensure that any identified issues are reported to the relevant stakeholders.
 - Review the work being undertaken by the TIPCU in respect to the DHHS within a clinical governance framework
- I.2 Reviewing and recommending improvement to working practices and systems within the service to discharge the functions delineated above;
- I.3 Reporting in relation to the exercise of its functions to relevant Deputy Secretary's for Health or Secretary for Health in accordance with these terms of reference.

Membership

2.1 Members

Chair:	Chief Health Officer
Membership:	Director, Tasmanian Infection Prevention & Control Unit (Assistant Director of Nursing) Specialist Medical Advisor, Tasmanian Infection Prevention & Control Unit, Director of Public Health Chief Nursing Officer Deputy Secretary (Care Reform) Any person nominated by the Tasmanian Infection Prevention & Control Unit and appointed to the Committee by the Chair.
Executive Officer:	Administration Officer - TIPCU

- 2.2 In addition to the Standing Members, the Chair is empowered to co-opt for each particular exercise by the Committee of its functions not more than four (4) additional members as full voting members of the Committee and is to do so to the extent necessary to ensure that at least two (2) members of a particular discipline are involved in consideration by the Committee of matters within that discipline
- 2.3 A meeting of the Committee is to be chaired by either the Chief Health Officer or, in the absence of the Chief Health Officer, the Deputy Secretary Care Reform. Any other functions given to the Chair of the Committee in these terms of reference is to be exercised by the co-chairs acting jointly.
- 2.4 All nominations for new appointment to the Committee and all appointments to the Committee are to be in writing.

3. Alternate Members

- 3.1 An Alternate Member may take the place of their Standing Member on the Committee whenever the Standing Member is for any reason unable or unwilling to sit as a member.

Member Roles

- Chair
 - To obtain any apologies
 - To consider any conflict of interest where appropriate
 - To approve previous minutes of the Committee
 - To follow up any matters arising from the previous Committee meetings
- Director TIPCU / Specialist Medical Advisor TIPCU
 - To provide advice to the committee on any policy, procedure, protocol or strategy for discussion or approval

- To provide to the Committee any relevant data or information obtained during the process of surveillance or TIPCU work which is of relevance and within the scope of the Terms of Reference of the Committee.
- To present on an annual basis, a summary of the work undertaken and data or information obtained during TIPCU's work which is of relevance and within the scope of the Terms of Reference of the Committee.

Meeting Times

5. Meetings shall generally be held at least four times in each calendar year, but with the approval of the Chair, meetings may be held more often.

Meeting Protocols

- Apologies must occur at every meeting.
- Relevant correspondence for the Committee must be reviewed / noted.
- Agenda for the meeting shall be arranged prior to the meeting and forwarded to the Executive Officer.
- Meeting papers should be supplied in advance of the meeting to all members where ever possible.
- Minutes and Agenda of meetings will be held by the records manager, DHHS, Population Health.
- Minutes can be circulated after review by any member of the group and where discrepancies occur, changes can be made.
- Final approval of previous minutes of meeting will occur at the next meeting and will be kept as a record

6. Quorum

A quorum of the Committee shall be three (3) persons, of whom three (3) must be Standing Members or their Alternatives.

7. Documentation

The Committee shall:

- Maintain documentation of all decisions, including the reasons and evidence on which they are based;
- Ensure that any request for advice, assistance or support from another Committee is recorded and any material generated in response to such a request is appropriately.

8. Sub-committees

- 8.1 The Committee may establish one or more subcommittees to prepare information or documents for the purposes of the Committee, including as a consequence of the consideration of specific cases.
- 8.2 The terms of reference of a sub-committee are to be recorded in the minutes of the Committee and confirmed in writing by the Chair.

9. Expert Assistance

The Committee may engage medical specialists, or any person who has the requisite expertise based on training, study or experience to provide expert advice.

10. Voting

Decisions of the Committee shall be determined by a majority of those present and eligible to vote. In the event of an equality of votes upon a proposition put to the Committee, the proposition shall be determined in the negative.

11. Procedural Fairness

The Committee shall observe the rules of procedural fairness (i.e. natural justice).

12. Conflict of Interest

A member who has a conflict of interest in relation to a matter being considered or due to be considered by the Committee must absent himself or herself from the deliberations and take no further part in any decision of the Committee in relation to that matter. Such a member's alternate may attend in their place unless the alternate also has a conflict of interest. Any issue as to whether a conflict of interest exists is to be determined by the Committee.

13. Reporting

The Committee shall report in relation to the exercise of its functions as required. The Committee shall also report annually to the Department Executive on information relating to the work of the Committee, including recommendations for the future work of the Committee and the continuing suitability of the Committee's Terms of Reference.

Additional reports may also be made at the discretion of the Committee, where the work of the Committee identifies a matter which requires the attention of executive / senior management.

Review of Terms of Reference

14. The Committee will continue in existence until the Chair stipulates otherwise.