Implementation Plan for National Antimicrobial Utilisation Surveillance Program

NATIONAL PARTNERSHIP AGREEMENT ON HEALTH SERVICES

PRELIMINARIES

- 1. This Implementation Plan is created subject to the provisions of the National Partnership agreement on Health Services and should be read in conjunction with that Agreement. The objective in the National Partnership is to improve the health and wellbeing of Australians through delivering high quality health services.
- 2. This initiative will generate data on antimicrobial utilisation in Australian hospitals.

TERMS OF THIS IMPLEMENTATION PLAN

- 3. This Implementation Plan will commence as soon as it is agreed between the Commonwealth of Australia, represented by the Minister for Health and Ageing, and the State of South Australia, represented by the South Australian Minister for Health.
- 4. This Implementation Plan will cease on completion of the program as specified in this Implementation Plan, including the acceptance of final performance reporting and processing of final payments against performance benchmarks specified in this Implementation Plan.
- 5. This Implementation Plan may be varied by written agreement between the Ministers.
- 6. Either Party may terminate this agreement by providing 30 days notice in writing. Where this Implementation Plan is terminated, the Commonwealth's liability to make payments to the State is limited to payments associated with performance benchmarks achieved by the State by the date of effect of termination of this Implementation Plan.
- 7. The Parties to this Implementation Plan do not intend any of the provisions to be legally enforceable. However, that does not lessen the Parties' commitment to this Implementation Plan.

PROGRAM OBJECTIVE

8. The objective of the National Antimicrobial Utilisation Surveillance Program (NAUSP) is the timely collection, analysis and reporting of inpatient antimicrobial usage data and trends at a national and individual hospital level, to provide information to support the development of strategies to minimise antimicrobial resistance.

ROLES AND RESPONSIBILITIES

Role of the Commonwealth

9. The Commonwealth is responsible for reviewing the State's performance against the program benchmarks specified in this Implementation Plan and providing any consequential financial contribution to the State for that performance.

Role of South Australia

- 10. South Australia is responsible for all aspects of program implementation, including:
 - (a) fully funding the program, after accounting for financial contributions from the Commonwealth and any third party;
 - (b) completing the program in a timely and professional manner in accordance with this Implementation Plan; and
 - (c) meeting all conditions including providing reports in accordance with this Implementation Plan.

PERFORMANCE BENCHMARKS AND FINANCIAL ARRANGEMENTS

- 11. Progress will be measured against the following benchmarks:
 - (a) maintenance of the existing program, as at the commencement of the implementation plan;
 - (b) collation, analysis and reporting on antimicrobial usage data derived from pharmacy dispensing records of participating hospitals, and where applicable provision of a comparative analysis of intensive care unit (ICU) and non- ICU antimicrobial usage;
 - (c) provision of regular feedback to participating hospitals through bi-monthly usage reports, with data pertaining to antimicrobial use at each individual hospital compared to the national average;
 - (d) publication of bi-monthly, national usage reports on the South Australia Department of Health website; and
 - (e) publication of annual, national usage reports, including a comparison with international data on the South Australia Department of Health website.

12. The maximum financial contribution to be provided by the Commonwealth for the program is \$300,000, payable in accordance with performance benchmarks as set out in Table 1. GST is not payable on the funding provided in this IP.

Table 1: Maximum Commonwealth funding available

Milestone	Expected Due date	Funding
(i) Agreement to the Implementation Plan by	On acceptance of report	\$150,000
the relevant portfolio Ministers and		
submission of a report, demonstrating		
achievement of the performance benchmarks		
in the 2009-10 financial year, to the		
satisfaction of the Commonwealth.		
(ii) Submission of a program report,	November 2010	\$65,000
demonstrating achievement of the		. 31
performance benchmarks from the		
commencement of the IP to October 2010, to		
the satisfaction of the Commonwealth.		
(iii) Submission of the final program report,	April 2011	\$85,000
demonstrating achievement of the		4-3/
performance benchmarks, to the satisfaction		
of the Commonwealth.		

13. Any Commonwealth financial contribution payable will be processed by the Commonwealth Treasury and paid to the State Treasury in accordance with the payment arrangements set out in Schedule D of the *Intergovernmental Agreement on Federal Financial Relations*.

BUDGET

14. The overall program budget (exclusive of GST) is set out in Table 2.

Table 2: Overall program budget (\$ million)

Expenditure item	2010-11	Total
(i) NAUSP	0.300	0.300
TOTAL Commonwealth contribution	0.300	0.300

15. Having regard to the estimated costs of programs specified in the overall program budget, the State will not be required to pay a refund to the Commonwealth if the actual cost of the program is less than the agreed estimated cost of the program. Similarly, the State bears all risk should the costs of a program exceed the estimated costs. The Parties acknowledge that this arrangement provides the maximum incentive for the State to deliver programs cost-effectively and efficiently.

REPORTING ARRANGEMENTS

- 16. The State will provide program reports to the Commonwealth to demonstrate its achievement of performance benchmarks set out in Table 1.
- 17. Program reports will contain the following information:

National Partnership agreement on Health Services

- a) a description of actual performance of the State in the period to date against the performance benchmarks and program budget;
- b) details of any matter(s) that have arisen which could impact on the achievement of the Program Objective, and how South Australia proposes to resolve this/these matter(s);
- c) a description of the work that will be undertaken to complete the remaining performance benchmarks; and
- d) copies of all bi-monthly and annual national usage reports published during the reporting period.
- 18. The final program report is due in April 2011 or within 60 Business Days of the termination of this Implementation Plan.
- 19. The final program report will be a stand-alone document that can be used for public information dissemination purposes regarding the program and must:
 - a) describe the conduct, benefits and outcomes of the program as a whole;
 - evaluate the program, including assessing the extent to which the objective in this Implementation Plan has been achieved and explaining why any aspects were not achieved;
 - c) include a discussion of any other matters relating to the program, which the Commonwealth notifies the State should be included in the final program report at least 30 days before it is due; and
 - d) include copies of all bi-monthly and annual national usage reports published during the program period.