THE PRINCE CHARLES HOSPITAL

Queensland Government

Infective Endocarditis Expert Working Group [IEWG]

Terms of Reference

Version 3.1_25 Aug 2017
Membership updated April 2018

1. Background/Context

Infective Endocarditis (IE) is a relatively rare condition in general practice, but is more common in cardiothoracic referral hospitals such as The Prince Charles Hospital. This condition affects dozens of Queenslanders per year, many requiring open-heart surgery. At least 1 in 10 Queenslanders with this disease will die from it and many will have strokes or gangrene as a consequence of this illness.

Because of the relative rarity of this condition, evidence based practice is lacking in various aspects of management. At Prince Charles, we seek to be part of a global effort to know more about this condition.

By scientifically analysing the blood and heart valves of affected individuals, we will hopefully make progress towards understanding better who is more likely to get endocarditis (which may help with prevention campaigns) and better targeting of antibiotics to improve cure rates, reduce adverse reactions (eg allergies) and maybe reduce the need for cardiac surgery. Also by studying specimens for traces of pathogenic organism, we may be able to eventually devise earlier detection methods that may both improve patient outcomes overall.

All the opportunity to improve early detection, management and therefore to improve patient outcomes, lies in the better understanding of the disease, in an Australian context.

What is a Working Group?

A working group is a collection of individuals that come together to achieve a stated objective. In a health care/research context, a working group might involve people from different disciplines that are collaborating on a project or research endeavour that requires their particular expertise or time.

2. Roles and functions of the IEWG

The IEWG will:

- provide advice and support in the enabling of the workgroup, as indicated
- to promote optimal health outcomes for people with infective endocarditis
- support the development and enabling of an endocarditis database and bio.bank
- foster collaborative research with clinicians and scientists locally, state, nationally and internationally
- support education and translational opportunities eg with patients, primary health care and the broader academic and health care community
- promote evidence-based practice through the development of Australian IE Clinical Management guidelines
- establish a Centre of Expertise, comprised of a multidisciplinary team to support and advise on the care of complex cases of endocarditis

3. Role of individual group members

The role of the individual members of the IEWG includes:

- a genuine interest in the initiatives and the outcomes being pursued in the group
- representing the interests of the group, as appropriate
- being an advocate for the groups mission and outcomes
- providing strategic guidance as requested by the Chair and/or IE Registry Principal Investigators
- attending regular meetings as required and as able

4. General

4.1. Membership

The IEWG shall be comprised from a multi-disciplinary membership including but not limited to: an infectious diseases physician, cardiologist, cardio-thoracic surgeon, pathologist, radiologist, pharmacist, research scientist, and other specialists/academics with affiliated interests.

Formal membership is to be coordinated by the Chair, approved by a quorum of the sitting IEWG, and then noted for inclusion to/by the Administrative Manager.

4.2. Chair/Convenor

The group will be chaired by Dr Robert Horvath.
Meetings will be convened by the Chair in consultation with Registry Principal Investigators and the broader IWEG.
Meetings will be supported by the IE Research Administrative manager.

4.3. IEWG Agenda

All agenda items will be notified and confirmed with the Administrative Manager by close of business ten days prior to the scheduled meeting.

The agenda, with attached meeting papers, will be distributed at least five working days prior to the scheduled meeting.

4.4. Minutes and meeting papers

The minutes of each IEWG meeting will be prepared by the Administrative Manager.

Full copies of the minutes, including attachments, will be provided to all members of the IEWG no later than 14 days following each meeting.

By agreement of the group, out-of-session decisions will be deemed acceptable. Where agreed, all out-of-session decisions will be recorded in the minutes of the next scheduled meeting.

Additional Reporting: accepted minutes will be forwarded to the TPCH EDMS and Directors of the Internal Medicine Services, Infectious Diseases, Cardiology and Cardio-Thoracic Surgery.

4.5. Frequency and Format of meetings

The IEWG will meet monthly and/or as negotiated. The format, representation, and location of the meetings will be in consultation with the Chair.

4.6. Proxies to meetings

Members of the IEWG may nominate a proxy to attend a meeting if the member is unable to attend.

The Chair will be informed of the substitution at least five working days prior to the scheduled nominated meeting.

The nominated proxy will provide relevant comments/feedback about the attended meeting to the IEWG member they are representing.

4.7. Quorum requirements

A quorum will be five of the regular membership.

4.8. Review

The effectiveness and membership of the IEWG will be reviewed at the end of each calendar year, in consultation with the Chair and the Registry Principal Investigators.

4.9 Membership as of the April, 2018

Name	Position
Robert Horvath (RH) (Management Team)	***Chair; Principal Investigator of the IE Registry and Database***
John Sedgwick (JS) (Management Team)	***Co-chair; Principal Investigator of the IE Registry and Database***
Yong Wee (YW) (Management Team)	***Cardiologist; Principal Investigator of the IE Registry and Database***
Joseph Lee (JL) (Management Team)	***Nuclear medicine physician; Principal Investigator of the IE Registry and Database***
David Godbolt(DG) (Management Team)	***Director of Pathology, TPCH; Principal Investigator of the IE Registry and Database***
Anne Cameron (AC) (Management Team)	***Research and Administrative Manager***
Scott Beatson (SB)	AsPro Science UQ
Nikki Blackwell (NB)	Intensivist TPCH
Darryl Burstow (DB)	Cardiologist TPCH
Chris Coulter (CC)	Infectious Diseases Physician/Microbiologist TPCH
Elisabeth Donnelly (ED)	Cardiologist TPCH
Neelam Doshi (ND)	Microbiologist GCUH/Bond U.
Gavin Fincher (GF)	Emergency Physician TPCH.
Laurie Howes(LH)	Clinical pharmacologist and cardiologist GCUH
Flavia Huygens (FH)	AsPro Microbiology QUT
Daman Langguth (DL)	Immunologist SNP
Graeme Nimmo (GN)	Director Microbiology PQ
Rachael O'Rourke (RO)	Director Radiology TPCH
Peter Pohlner (PP)	Cardiothoracic Surgeon (Emeritus) TPCH
Sharon Quinlan (SQ)	Clinical trials DNA bank GCUH
Mark Schembri (MS)	Prof. Science. UQ
Peter Tesar (PT)	Director Cardiothoracic Surgery TPCH
Bruce Thomson (BT)	Cardiothoracic Surgeon TPCH
Kayla Tran (KT)	Anatomical Pathologist TPCH
Benjamin Tsang (BT2)	Neurologist Sunshine Coast University Hospital
Glen Ulett (GU)	AsPro Microbiology. Griffith U
Mark Walker (MW3)	Prof chem. Molec biosciences UQ
Douglas Wall (DW)	Cardiothoracic Surgeon TPCH
Malcolm West (MW)	Cardiologist TPCH. Prof Medicine. UQ
Michael Williams (MW2)	Pharmacist TPCH
Mark Walker (MW)	Chemistry and Molecular Biosciences, UQ
Christian Hamilton-Craig (CHC)	A/Prof Cardiac Imaging, TPCH
Martin Wolley (MW)	Nephrologist, Kidney Health Service, MNHHS
Monshen Habibian (MH)	Fellow; Echocardiography
Anil Prabhu (AP)	Cardiothoracic Sugeeon, TPCH
Guests	Scott McKenzie (SM) Cardiologist TPCH
	Louise McCormack (LM) cardiologist RBWH
	Rohan Jayasinghe (RJ) Director Cardiology GCUH
	Andrew Redmond (AR) Infectious Diseases Physician RBWH
	Thi Aung (TA) Infectious diseases physician; SCUH
	Paul Chapman (PC) Infectious diseases physician Caboolture Hospital
	Andrew Henderson (AH) Infectious Diseases Physician & Microbiologist PAH
	Richard Wong (RW) Immunologist PQ
	Nina Raju (NR) Haematologist TPCH/PQ

5.0 Chair Contact

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