

## **Terms of Reference**

**Date:** February 2019

**Co-Chairs:** Dr. John Conly  
Dr. Lynora Saxinger

**Accountability:** The Antimicrobial Stewardship Committee (ASC) is accountable to the Provincial Drugs & Therapeutics Committee (DTC).

**Purpose:**

- 1) **Advisory:** The ASC recommends the development and adoption of professional policies regarding antimicrobial agents within Alberta Health Services (AHS), including the evaluation, selection, procurement, distribution, use, safe practices, control, and clinical protocols of antimicrobials.
- 2) **Educational:** The ASC recommends the development of programs and educational tools designed to meet the needs of AHS staff for complete and current knowledge on matters related to antimicrobials and their appropriate use.
- 3) **Research:** The ASC encourages and supports research on antimicrobials, antimicrobial use, and antimicrobial pharmacoconomics.

**Functions:**

- 1) To provide support and make recommendations to the Provincial DTC on all issues pertaining to antimicrobials and their use.
- 2) To liaise with other DTC subcommittees on all issues pertaining to antimicrobials and their use.
- 3) To provide recommendations on antimicrobial formulary content and to provide for its constant revision, including the evaluation of new antimicrobials.
- 4) To provide guidance in the case of antimicrobial shortages, discontinuations, and significant safety alerts.
- 5) To design, implement, maintain, and evaluate programs, policies, protocols, and algorithms for appropriate and cost-effective antimicrobial use.
- 6) To identify areas of suboptimal antimicrobial use through surveillance, audits, or drug utilization evaluations, and to recommend appropriate intervention strategies.
- 7) To provide regular feedback and reinforcement to prescribers regarding the results of specific audits and adherence with antimicrobial criteria of use and policies.

- 8) To develop and implement educational programs for AHS staff and patients on pertinent matters related to antimicrobials and their use.
- 9) To consult in the design and implementation of any AHS policies, protocols, algorithms, care maps, clinical practice guidelines, pre-printed care orders or electronic order sets which involve infectious diseases and antimicrobial use.
- 10) To promote and support clinical research of antimicrobial agents, antimicrobial use, and antimicrobial pharmacoconomics.
- 11) To liaise with other relevant organizations on issues pertaining to antimicrobials and their use, at the discretion of the Co-Chairs.

**Conflicts of Interest:** Voting members are required to disclose any conflicts of interest according to the DTC Conflict of Interest Policy.

**Decision Making:** The Committee will arrive at decisions by consensus as determined by the Co-Chairs. Consensus is defined as the willingness among all members to support a decision once it is made. Consensus does not mean that all members necessarily think that the chosen decision is the best one, or even that it will work. Rather, all members feel that their stakeholder's position has been expressed, heard and understood in the process of arriving at the final decision. Voting members will, when necessary, confirm consensus through a show of hands.

When consensus cannot be reasonably reached, members may agree to disagree. At this time the Co-Chairs, or any voting member of the committee, can ask for a formal vote with resolution based on a majority vote.

The Co-Chairs will abstain from voting. In the event of a tie vote, the Co-Chairs may vote in order to break the tie.

A voting member unable to attend a meeting may send a designated representative if notification is provided to the Co-Chairs in advance of the meeting. Designated representatives will count towards a quorum, and may participate and vote on behalf of the voting member.

**Membership:**

<b>Core Members</b>	
Co-Chair	John
Co-Chair	Lynora
Director, Covenant Health Antimicrobial Stewardship	Holly
Infectious Diseases physician (Calgary)	Oscar
Pediatric Infectious Diseases physician (Calgary)	Cora
Pediatric Infectious Diseases physician (Edmonton)	Bonita
Microbiologist (Calgary)	Wilson
Microbiologist (Edmonton)	Mao/Natalia
Provincial Lab Services physician or microbiologist	Prenilla/Tanis
Infection, Prevention & Control physician	Uma
Clinical Pharmacy Practice Leader (CPL) (Calgary)	Bruce
Clinical Pharmacy Practice Leader (CPL) (Edmonton)	Mary
Infectious Diseases pharmacist (Calgary)	Deana
Infectious Diseases pharmacist / Antimicrobial Stewardship pharmacist (Edmonton)	Susan
Drug Utilization Evaluation (DUE) pharmacist	Mandy

(Calgary)	
Critical Care physician (Calgary)	Vacant
Critical Care physician (Edmonton)	Wendy
Internal Medicine physician or representative	Shannon
Surgery physician or representative	Vacant
Rural/suburban position	Arienne
Nursing Operations	Vanessa

<b>Ex-Officio Members</b>	
Non-voting, ex-officio members (e.g. ID/microbiology fellows, representatives from oncology, transplant, hospitalists, etc.) may be invited by the Co-Chairs as needed.	<ul style="list-style-type: none"> <li>• one ASWG co-chair from each Zone (3-5)</li> <li>• Drug Stewardship pharmacists (3)</li> <li>• Antimicrobial Stewardship pharmacists</li> <li>• Director, Drug Stewardship, Procurement &amp; Inventory (1)</li> <li>• SOO, Pharmacy Services (1)</li> </ul>

**Membership Term:** Two years active, one year consultative (to assist new zone / program representative). Renewable.

**Quorum:** 50% of Core Members, excluding Co-Chairs.

**Meeting Frequency:** Every 2 months, excluding July and August. Any additional meetings are at the call of the Co-Chairs.

**Agenda / Minutes:** An agenda will be established for each meeting and minutes will be maintained and distributed by the Secretary.

**Communication:** Communication to members of the ASC will occur through minutes taken at each meeting.

All core members of the ASC are responsible and accountable for ensuring input of their colleagues on all sites through regular two-way communication.

All core members of the ASC are expected to share information as appropriate with their respective colleagues / key stakeholders / groups to ensure broad understanding of the issues.

The minutes of each ASC meeting will be forwarded to the Provincial DTC.

**Responsibilities of Co-Chairs:**

- 1) Set agenda and lead ASC meetings.
- 2) Approve the prioritized work to be done.

- 3) Report to the Provincial DTC on a regular basis.
- 4) Determine if the circumstances or interests of a voting member amount to a conflict of interest with respect to work being undertaken by the subcommittee.

**Co-Chairs Term:** Three years active, one year consultative. Renewable.

**Responsibilities of Secretary:** The secretary shall be the DUE pharmacist unless otherwise designated.

- 1) Ensure minutes of each meeting are recorded and circulated in a timely fashion.
- 2) Maintain a permanent record of the minutes.
- 3) Ensure an agenda and attachments are prepared and circulated to all committee members 1 week prior to each meeting.
- 4) Draft correspondence on behalf of the committee.
- 5) Communicate committee decisions to medical and professional staff to ensure implementation.