



Terms of Reference

Date: March 2024

Co-Chairs: Holly Hoang (Interim Provincial Medical Director, AHS Antimicrobial Stewardship

Program)

Mark Allen (Senior Program Director, Performance Improvement) Margaret Gray (Director, Practice, Provincial Pharmacy Services)

Secretariat: Susan Fryters

Accountability: The Antimicrobial Stewardship Committee (ASC) is accountable to the Quality, Safety

& Outcomes Improvement Executive (QSO) Committee.

Purpose:

1) Quality Improvement: The ASC provides oversight and direction, monitors antimicrobial utilization, and works collaboratively with zonal and site-based ASP teams to develop and implement antimicrobial stewardship activities at AHS acute care sites to ensure optimized antimicrobial use.

- 2) 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.
- 3) 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.

Functions:

- 1) To design, implement, maintain, and evaluate programs, policies, protocols, and algorithms for appropriate and cost-effective antimicrobial use.
- 2) To identify areas of suboptimal antimicrobial use through review of data from surveillance, audits, or drug utilization evaluations, and to recommend appropriate intervention strategies.
- 3) To develop and implement educational programs for AHS staff and patients on pertinent matters related to antimicrobials and their use.
- 4) 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.

- 5) To promote and support clinical research of antimicrobial agents, antimicrobial use, and antimicrobial pharmacoeconomics.
- 6) To consider Antimicrobial Stewardship accreditation requirements and accreditation survey results when designing the structure and function of the Antimicrobial Stewardship Program.
- 7) To promote Antimicrobial Stewardship quality improvement initiatives and best practice recommendations, along with their corresponding implementation plans to QSO for their awareness and input, as required.
- 8) To liaise with other relevant organizations on issues pertaining to antimicrobials and their use, at the discretion of the Co-Chairs.
- 9) To provide support and make recommendations to the Provincial Drugs and Therapeutics Committee (DTC) on issues pertaining to antimicrobials and their use.
- 10) To provide recommendations on antimicrobial formulary content to the DTC including the evaluation of new antimicrobials.
- 11) To provide guidance in the case of antimicrobial shortages, discontinuations, and significant safety alerts.

Conflicts of Interest:

Voting members are required to disclose any conflicts of interest according to the DTC Conflict of Interest Policy for DTC agenda items requesting Prov ASC recommendations.

Decision Making:

All agenda items requesting a decision from the Provincial ASC require the following:

- Completion of an intake form outlining background information, specific question/proposal and requested timeline. All relevant data/literature required for decision making should be included at this time.
 - If assistance is required with collation of data/literature, the Drug Information or Utilization pharmacists may be able to provide support, as feasible.
- Based on the above, the agenda item will be scheduled into an upcoming Provincial ASC meeting for discussion. The intake form and associated reading material will be circulated in advance of the meeting for committee members to review in advance and request stakeholder input.
- The individual submitting the agenda item will be asked to present the request and associated material at the scheduled Provincial ASC meeting for discussion and decision making.

The Committee will arrive at decisions primarily through consensus as determined by the Co-Chairs. Consensus is defined as the willingness among all voting members to support a decision once it is made. Consensus does not mean that all voting members necessarily think that the chosen decision is the best one, or even that it will work. Rather, all voting 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, or other digital processes.

When consensus cannot be reasonably reached, voting 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. A tie vote will be considered a vote against.

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:

Core/Voting Members	
Co-Chair (Provincial Medical Director ASP)	Holly Hoang
Co-Chair (Executive Director ASP)	Mark Allen
Co-Chair (Pharmacy Director ASP)	Margaret Gray
Secretariat	Susan Fryters
North Zone Physician	Qaiser Rizvi
Edmonton Zone ASP Physician	Justin Chen
Medical Lead, ASP Central Zone	
Medical Lead, ASP, Calgary Zone	George Farjou
Medical Lead, ASP South Zone	Judd Payne
Health Economics	Elissa Rennert-
	May
Medical Lead, Pediatric ASP North Sector	Alena Tse-Cheng
Medical Lead, Pediatric ASP South Sector	Carsten Krueger
Infectious Diseases physician (Calgary)	Oscar Larios
Infectious Diseases physician (Edmonton)	
Microbiologist (Calgary)	Johann Pitout
Microbiologist (Rural)	Luiz Lisboa
Microbiologist (Edmonton)	Mao Cheng-Lee
Provincial Lab Services physician or microbiologist	Tanis Dingle
Infection, Prevention & Control physician	Uma Chandran
Antimicrobial Stewardship pharmacist (Calgary)	Christine Ondro
Antimicrobial Stewardship pharmacist (Edmonton)	Teagan Zeggil
Antimicrobial Stewardship pharmacist (Central)	Interim: Heather
	Derrick
Antimicrobial Stewardship pharmacist (North)	Interim: Kevin
	Hofstede
Antimicrobial Stewardship pharmacist (South)	Ryan Tratch
Drug Utilization Evaluation (DUE) pharmacist (Peace	Tony Nickonchuk
River)	
Drug Stewardship pharmacist (Vegreville)	Darren Pasay
Critical Care physician (Calgary)	Braedon
	McDonald
Critical Care physician (Edmonton)	Wendy SligI
Internal Medicine physician or representative	Shannon Ip
Surgery physician or representative	Vacant
Rural/suburban position	Vacant
Quality	Vanessa Moorgen
Data Analyst	
Connect Care / Willow Analyst	

Ex-Officio/Non-voting Members

Non-voting, ex-officio members (e.g. ID/microbiology • Director, Drug fellows, representatives from oncology, transplant, Stewardship, hospitalists, etc.) may be invited by the Co-Chairs as Procurement & needed. Inventory (1) SOO. Pharmacv Services (1) ACMO. Physician Experience (1) Accreditation Advisor (1) Medical Director. Covenant

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

Renewable.

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

Meeting Frequency: Every month

January, March, May, July, September, November: Dedicated to decision items February, April, June, August, October, December: Dedicated to antimicrobial

stewardship program development and evaluation.

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 Secretariat.

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 adequately represented input from their colleagues 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 QSO.

Health ASP (1)

Responsibilities of Co-Chairs:

- 1) Set agenda and lead ASC meetings.
- 2) Approve the prioritized work to be done.
- 3) Report to the QSO 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 Secretariat:

The secretariat will be designated by the Co-Chairs.

- 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 one week prior to each meeting.
- 4) Draft correspondence on behalf of the committee.
- 5) Forward meeting minutes/decision items to the DTC and QSO as required.