Saskatchewan Health Authority

Provincial Antimicrobial Stewardship Program Steering Committee
Terms of Reference

1. Purpose

The Provincial Antimicrobial Stewardship Program Steering Committee is an interprofessional provincial committee. The purpose of the Committee is to:

1.1. Provide Governance and Oversight

1.1.1. Serve as the provincial governance committee for the Saskatchewan Health Authority (SHA) Provincial Antimicrobial Stewardship Program (Provincial ASP) by providing strategic leadership, governance, and oversight.

1.1.2. Oversee the planning, implementation, monitoring, evaluation, and continuous improvement of antimicrobial stewardship activities across the SHA to promote the safe, appropriate, and evidence-informed use of antimicrobials and improve patient outcomes.

1.2. Advise

1.2.1. Provide evidence-informed recommendations to the SHA Drugs and Therapeutics Committee (DTC) regarding antimicrobial formulary management, criteria for use, antimicrobial restrictions, medication-use policy, drug shortages, and other antimicrobial-related stewardship matters.

1.2.2. Oversee and support the development, implementation, maintenance, and evaluation of provincial antimicrobial stewardship guidelines, clinical standards, clinical pathways, and quality improvement initiatives.

1.3. Assure Quality, Performance, and Compliance

1.3.1. Provide oversight of Provincial ASP performance through monitoring, benchmarking, performance measurement, and continuous quality improvement.

1.3.2. Support compliance with Accreditation Canada standards, Health Standards Organization, Antimicrobial Stewardship Standards and Required Safety Practices, applicable legislation, and SHA policies.

1.3.3. Monitor Provincial ASP performance, identify risks and opportunities for improvement, and recommend actions to strengthen patient safety, optimize antimicrobial use, and improve program effectiveness.

1.4. Scope

The Committee provides governance and oversight of antimicrobial stewardship activities within acute inpatient care for patients across the SHA.

2. Reporting Relationships

2.1. Accountability

The Committee is a provincial subcommittee of the DTC and is accountable to the DTC for recommendations related to antimicrobial formulary management, medication-use policy, antimicrobial restrictions, and other antimicrobial stewardship matters requiring DTC approval.

2.2. Executive Governance

The Committee includes executive and senior operational leadership representation to provide strategic oversight of the Provincial ASP, support alignment with the SHA Roadmap, facilitate organizational decision-making, champion antimicrobial stewardship across the SHA, and ensure executive awareness of the Provincial ASP performance, risks, resource requirements, and accreditation readiness.

2.3. Reporting

2.3.1. The Committee shall provide regular reports to the DTC, including:

- Recommendations requiring DTC approval;

- Updates on Provincial ASP activities;
- Antimicrobial stewardship performance indicators and quality measures;
- Accreditation readiness and compliance;
- Significant Provincial ASP risks and mitigation strategies; and
- Annual Provincial ASP priorities, achievements, and emerging stewardship issues.

2.3.2. The DTC may escalate significant antimicrobial stewardship risks, resource requirements, or strategic issues through its reporting structure to senior organizational leadership, as appropriate.

3. Membership

3.1. Members are appointed or endorsed by the DTC.

3.2. Membership shall include representation from the following disciplines, as available, to a maximum of 21 voting members:

3.2.1. Provincial Antimicrobial Stewardship Physician Co-Chair (1)

3.2.2. Pharmacist Manager of Clinical Stewardship and Appropriateness Co-Chair (1)

3.2.3. Antimicrobial Stewardship Physician Pediatrics (1)

3.2.4. Infectious Disease Physicians (2) [1 Regina, 1 Saskatoon]

3.2.5. Microbiology/Laboratory Medicine (2) [1 Regina, 1 Saskatoon]

3.2.6. Infection Prevention and Control (1)

3.2.7. Pharmacy Leadership and Clinical Pharmacy Representation

3.2.7.1. Oncology Clinical Coordinator (1)

3.2.7.2. Antimicrobial Stewardship Senior Pharmacist (1)

3.2.7.3. Pediatric Clinical Specialist (1)

3.2.7.4. Pharmacist Manager Urban (1)

3.2.7.5. Pharmacist Manager from Integrated Northern Health (INH) or Integrated Rural Health (IRH) (1)

3.2.8. Nursing Leadership

3.2.8.1. Integrated INR or IRH (1)

3.2.8.2. Acute Care (1)

3.2.9. Medical Leadership Representatives

3.2.9.1. INH or IRH (1)

3.2.9.2. Integrated Urban Surgical (1)

3.2.9.3. Integrated Urban Health Critical Care (1)

3.2.10. Advanced Analytics (1)

3.2.11. Insights for Better Health (1)

3.2.12. SHA Accreditation (1)

3.2.13. Patient Family Partners (1)

3.2.14. First Nations and Métis Health Services (1)

3.2.15. Additional subject matter experts, by invitation, as required.

3.3. Quorum for meetings shall consist of a majority of appointed voting members (n = 11), participating in person, telephone, or other telecommunications technology that permits participants to communicate simultaneously.

3.4. Where a vacancy occurs in membership, it may be filled by a Chairperson and shall be filled by the Chairperson if the membership of the committee is less than quorum.

3.5. The Committee may invite ad hoc participants, subject matter experts, or guests to attend meetings to provide expertise or information related to Committee business.

3.6. All members are expected to:

3.6.1. Participate in at least 50% of the six to eight meetings each year for approximately one hour in duration;

3.6.2. Participate in projects between meetings as required;

3.6.3. Inform the Chairperson if they will miss a meeting;

3.6.4. Review meeting materials in advance and actively participate in Committee discussions and decision-making; and

3.6.5. Act as a liaison between the Committee and their area(s) of representation by communicating relevant information, decisions, recommendations, and action items, and by bringing forward feedback, issues, and perspectives from those groups.

4. Authority

4.1. The Committee is the provincial governance body responsible for providing strategic direction and oversight of the Provincial ASP.

4.2. The Committee has the authority to oversee the planning, implementation, monitoring, evaluation, and continuous improvement of antimicrobial stewardship activities within the approved scope of the Provincial ASP.

4.3. The Committee has the authority to review and make recommendations regarding antimicrobial stewardship strategies, policies, clinical standards, formulary management, antimicrobial restrictions, criteria for use, provincial guidelines, and quality improvement initiatives.

4.4. The Committee may establish standing subcommittees or ad hoc working groups to support antimicrobial stewardship priorities and provide recommendations to the Committee.

4.5. Recommendations requiring approval under the authority of the DTC shall be submitted to the DTC for consideration and approval.

5. Responsibilities and Accountability

5.1. Governance and Program Oversight

5.1.1. Provide strategic oversight of the Provincial ASP.

5.1.2. Establish and annually review provincial antimicrobial stewardship priorities that align with the SHA roadmap, Accreditation Canada requirements, and emerging healthcare needs.

5.1.3. Review and monitor implementation of the Provincial ASP strategic and operational plans.

5.1.4. Ensure appropriate governance structures are maintained to support antimicrobial stewardship across the SHA.

5.1.5. Monitor the effectiveness of the Provincial ASP through regular review of program performance, outcomes, strategic priorities, and recommend improvements where appropriate.

5.1.6. Review the Committee's Terms of Reference annually.

5.2. Stewardship Policy, Clinical Standards, and Formulary

5.2.1. Review and recommend antimicrobial stewardship policies, procedures, and standards.

5.2.2. Review and endorse recommendations developed by subcommittees, working groups, or subject matter experts prior to submission to the DTC or other governance bodies, where applicable.

5.2.3. Provide recommendations to the DTC regarding antimicrobial formulary management, antimicrobial restrictions, criteria for use, and medication-use policy.

5.2.4. Oversee the development, implementation, communication, education, maintenance, and evaluation of provincial antimicrobial prescribing guidelines, clinical pathways, pre-printed orders, and standards of practice.

5.2.5. Promote standardized antimicrobial stewardship practices across the SHA.

5.2.6. Review antimicrobial shortages and recommend stewardship strategies to mitigate patient care impacts.

5.3. Quality Improvement

5.3.1. Identify provincial antimicrobial stewardship improvement opportunities.

5.3.2. Establish provincial stewardship quality improvement priorities.

5.3.3. Monitor the implementation and outcomes of stewardship improvement initiatives and recommend corrective actions where appropriate.

5.4. Performance Measurement and Evaluation

5.4.1. Establish and monitor provincial antimicrobial stewardship performance indicators and outcome measures.

5.4.2. Review and report antimicrobial utilization, antimicrobial resistance, benchmarking data, and other relevant performance measures to evaluate the effectiveness of the Provincial ASP.

5.4.3. Monitor adherence to antimicrobial stewardship policies, guidelines, and restrictions and identify opportunities for improvement.

5.4.4. Use performance evaluation findings to provide strategic direction, recommend quality improvement initiatives, identify resource and system needs, and report program performance, risks, and recommendations to the appropriate governance bodies to support organizational decision-making and accreditation readiness.

5.5. Accreditation, Quality, and Patient Safety

5.5.1. Support SHA compliance with Accreditation Canada standards, Health Standards Organization Antimicrobial Stewardship Standards and Required Safety Practices, applicable legislation, and SHA policies.

5.5.2. Monitor antimicrobial stewardship risks that may impact patient safety, quality of care, organizational performance, or accreditation.

5.5.3. Recommend actions to address identified risks, gaps and opportunities for improvement.

5.5.4. Promote continuous quality improvement through evaluation and monitoring of stewardship activities.

5.6. Education and Knowledge Translation

5.6.1. Support provincial antimicrobial stewardship education initiatives.

5.6.2. Promote dissemination of stewardship guidelines, evidence-informed practices, and educational resources.

5.6.3. Encourage knowledge sharing and collaboration across the SHA through standardized platforms and tools.

5.7. Collaboration

5.7.1. Collaborate with the DTC, Infection Prevention and Control, Clinical Microbiology, Medication Safety, Clinical Pharmacy Leadership, Quality and Patient Safety, Digital Health, Advanced Analytics, and other provincial programs to support antimicrobial stewardship.

5.7.2. Foster collaboration between provincial, regional, and local stewardship initiatives.

5.8. Reporting

5.8.1. Report Provincial ASP activities, performance, risks, and recommendations to the DTC.

5.8.2. Prepare an annual report summarizing Provincial ASP activities, achievements, performance measures, quality improvement initiatives, accreditation readiness, and future priorities.

5.8.3. Escalate significant antimicrobial stewardship risks, resource requirements, or system issues through the DTC, as appropriate.

5.8.4. Develop and implement a Provincial ASP performance measurement and reporting framework, including a provincial dashboard of key stewardship indicators, to support program evaluation, quality improvement, and governance reporting.

5.8.5. Prepare and submit antimicrobial stewardship performance reports, including updates for Accreditation Canada wall walks and other organizational reporting requirements, to support ongoing accreditation readiness and organizational oversight.

6. Commitment

6.1. The Committee shall meet six (6) to eight (8) times annually and at the call of the Chairpersons as required.

6.2. Meetings of the Committee shall be held at the call of the Chairpersons or at the request of a majority of members.

6.3. Meeting agendas shall be established by the Chairpersons in consultation with Committee members, as appropriate.

6.4. Meeting materials shall be distributed to members in advance of each meeting, where practical, to support informed discussion and decision-making.

6.5. Minutes, reports, and recommendations shall be submitted to the DTC following each meeting.

6.6. The Committee shall conduct an annual evaluation of its effectiveness and review the Terms of Reference.

6.7. The Committee shall submit an annual report to the DTC.

6.8. The Committee shall strive to make recommendations by consensus. Where consensus cannot be achieved, recommendations shall be determined by a simple majority vote of the voting members present. The Chairpersons may defer a decision pending additional information or consultation, where appropriate.

7. Terms of Membership

7.1. Members are asked to participate for three (3) years.

7.2. Members can serve a maximum of three (3) consecutive terms, excluding those who are appointed because of the position they hold within the SHA.

7.3. Within a membership class, one member will be rotated per term at a minimum.

7.4. Membership terms may be renewed at the discretion of the Chairpersons and/or appointing leadership to support continuity, expertise, and effective functioning of the Committee.

8. Chairpersons

8.1. The Committee shall be co-chaired by a provincial Antimicrobial Stewardship Physician and the provincial Manager of Clinical Stewardship and Appropriateness, or their designates.

8.2. The Co-Chairpersons are responsible for providing leadership to the Committee and ensuring effective operation of the Committee.

8.3. The Co-Chairpersons shall:

8.3.1. Establish meeting agendas in consultation with committee members and other stakeholders, as appropriate.

8.3.2. Chair committee meetings and facilitate discussion to support informed decision-making and consensus.

8.3.3. Ensure recommendations, action items, and decisions of the Committee are documented and communicated appropriately.

8.3.4. Report committee recommendations, significant activities, and matters requiring approval to the SHA DTC.

8.3.5. Ensure the Committee fulfills its responsibilities as outlined in the Terms of Reference.

8.3.6. Ensure significant risks, resource requirements, or issues affecting the Provincial ASP are escalated through the appropriate governance structure.

8.3.7. Conduct an annual review of the Committee's effectiveness, membership, and Terms of Reference, and recommend revisions as required.

8.4. Ensure appropriate communication and engagement with relevant stakeholders to support implementation of Committee recommendations and provincial antimicrobial stewardship priorities.

9. Subcommittees and Working Groups

9.1. The Committee may establish standing subcommittees or ad hoc working groups to support the development, implementation, evaluation, or review of antimicrobial stewardship initiatives within the SHA.

9.2. Subcommittees and working groups shall operate under the direction of the Committee and report their activities, recommendations, and outcomes to the Committee.

9.3. Membership of subcommittees and working groups shall be determined by the Committee and may include Committee members, subject matter experts, operational leaders, frontline clinicians, patients and family partners, or other individuals with relevant expertise.

9.4. Subcommittees and working groups may be established to support ongoing or time-limited priorities, including, but not limited to:

9.4.1. Development, implementation, and maintenance of provincial antimicrobial stewardship guidelines, clinical pathways, and standards of practice.

9.4.2. Antimicrobial formulary management, criteria for use, antimicrobial restrictions, antimicrobial shortages, and other medication-use initiatives.

9.4.3. Antimicrobial utilization review, performance measurement, benchmarking, analytics, and dashboard development.

9.4.4. Education, knowledge translation, and communication activities.

9.4.5. Quality improvement initiatives, medication-use evaluations, prospective audit and feedback, and other stewardship interventions.

9.4.6. Accreditation readiness and continuous quality improvement initiatives.

9.5. Each subcommittee or working group shall have:

- Defined purpose and scope;
- Designated lead or chairperson;
- Clearly identified membership;
- Expected deliverable and milestone chart, where applicable; and
- Reporting relationship to the Committee.

9.6. Standing subcommittees shall be reviewed periodically by the Committee to ensure their continued relevance and alignment with provincial antimicrobial stewardship priorities.

9.7. Recommendations from subcommittees and working groups shall be reviewed and endorsed by the Committee prior to being forwarded to the DTC or other governance bodies, where applicable.

9.8. Subcommittees and working groups shall be dissolved upon completion of their mandate unless continued by approval of the Committee.

10. Conflict of Interest

10.1. Members shall disclose any actual, potential, or perceived conflicts of interest related to Committee activities or decisions.

10.2. Where a conflict exists, the Chairpersons shall determine appropriate management strategies, which may include restricting participation in discussion or decision-making related to the matter.

10.3. Members shall comply with the SHA's Conflict of Interest policy.

11. Administrative Support

11.1. Administrative support for the Committee will be provided by the Director of Patient Care and Provincial Programs' Administrative Assistant.

11.2. Administrative support responsibilities include:

- Coordinating meeting logistics and scheduling Committee meetings;
- Preparing and distributing meeting agendas and supporting materials in collaboration with the Chairpersons;
- Recording and distributing meeting minutes and action items; and
- Maintaining Committee records and documentation.

12. Records Retention

12.1. The Committee's records are governed by the SHA's Corporate and Clinical Information Governance Policy