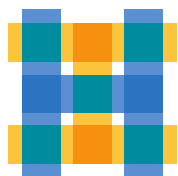


Antimicrobial Stewardship Committee

Terms of Reference

Authority	The Antimicrobial Stewardship Committee is a sub-committee of and reports to the Pharmacy and Therapeutics (P&T) Committee.
Mandate	<p>Advise the P&T Committee of decisions regarding the addition, deletion, restriction of antimicrobials for inclusion in the hospital formulary.</p> <p>Promote optimal antimicrobial utilization defined as: the use of antimicrobials in the most appropriate way for the treatment or prevention of infectious diseases based on the diagnosis (or presumed diagnosis), evidence of clinical effectiveness, likely benefit, safety, propensity for the emergence of resistance and cost (as compared to other relevant alternatives).</p> <p>Advise the P&T Committee and other stakeholders on current issues related to antimicrobials.</p>
Responsibilities	<p>Determine the antimicrobial agents for inclusion in the hospital formulary; including any restrictions, guidelines, or other policies which may be relevant to the appropriate use of such agent.</p> <p>Develop, implement, and evaluate antimicrobial stewardship strategies to be utilized at this institution. This may include any of the following strategies:</p> <ol style="list-style-type: none"> Education/guidelines; creation of guidelines, group or individual education of clinicians Formulary restrictions; restrict dispensing of targeted antimicrobials to approved indications/services Review and feedback; routine review of targeted antimicrobials for appropriateness; direct interaction with prescriber to discuss recommendations and alternatives Computer assistance; use of information technology to implement stewardship strategies; to perform computer based surveillance, to measure effectiveness of other strategies Evaluation of the antimicrobial stewardship strategies will involve both leading and lagging indicators. Leading indicators will include, but not limited to, acceptance rate of recommendations made during audit and feedback sessions and antimicrobial utilization trends (as described by Days of Therapy or Defined Daily Dose); lagging indicators will include reduction in antimicrobial resistance, and nosocomial antibiotic resistance organism infection rates (e.g. <i>C. difficile</i>) <p>Develop institutional clinical practice guidelines for common infectious diseases, and leverage institutional information technology (e.g. EMR) for dissemination and implementation.</p> <p>In collaboration with the microbiology lab produce an antibiogram for</p>



	institutional use.
Members	<p>Infectious Diseases physician (co-chair)* Clinical Pharmacy Practitioner – Infectious Diseases (co-chair)* Microbiologist Hospital Epidemiologist Nursing Physician Minimum: 1 Medicine Physician and 1 Surgical Physician</p> <p><i>*mandatory members (CID 2007;44:159-77)</i></p>
Meetings	<p>Quarterly meetings per year at the call of the Chair(s)</p> <p>Quorum 50% of membership</p> <p>The committee may invite ad hoc participation in any meeting a person who may contribute specialized or unique knowledge, skills or judgment, as deemed necessary</p> <p>Minutes shall be recorded and retained as permanent record</p> <p>Minutes will be distributed to membership and to the secretary of the P&T Committee</p>

Created: October 2007

Revised: February 2012, January 2019, March 2024

Approved by: Antimicrobial Stewardship Committee January 2019, March 2024