

BC PROVINCIAL ANTIMICROBIAL CLINICAL EXPERTS (PACE) GROUP

TERMS OF REFERENCE

Purpose

The Provincial Antimicrobial Stewardship Clinical Expert (PACE) group is an interdisciplinary committee composed of representatives from the BC Ministry of Health, the Provincial Infection Control Network (PICNet) and health authority antimicrobial stewardship programs (AMS). Through a co-ordinated approach, the group aims to optimize antimicrobial use, prevent resistance and other unintended consequences of antimicrobial agents in BC hospitals and long-term care facilities. PACE is also responsible for assisting the Health Authorities in meeting the Accreditation Canada Antimicrobial Stewardship Required Organizational Practice standards.

Scope

- The scope of the work of PACE will apply to all publicly-funded acute care and long-term care facilities in British Columbia.

Accountability

PACE is accountable to:

- The **BC Health Authorities Pharmacy and Therapeutics Committee (BCHA P&T)** for stakeholder feedback on proposed initiatives and decision making on drugs and formulary recommendations (e.g. changes to restricted antimicrobial criteria for use, antimicrobial use guidelines) as well as communication of PACE decisions. The BCHA P&T is an independent decision making body accountable to the Ministry of Health's **Standing Committee on Health Services and Population Health**, the **Standing Committee of Interdisciplinary Co-Chairs**, and ultimately **Leadership Council**.
- The Assistant Deputy Minister, Ministry of Health **Population and Public Health (PPH) Division** for PACE committee operations and deliverables (e.g., supporting the Pan-Canadian Framework for Action on Antimicrobial Resistance, development of provincial AMS business case).

Objectives

The primary objectives of PACE are to:

1. Optimize antimicrobial use:
 - a. By monitoring and reviewing antimicrobial use patterns, as self-reported by health authority committee members, to identify suboptimal use and influence constructive change;
 - b. Through collaboration on antimicrobial clinical practice standards (e.g. guidelines, policies, procedures) to provide best practices for dosing, duration, indications, contraindications, monitoring (for safety / resistance) and resource use; and
 - c. By discussion of Health Canada Safety Reviews on antimicrobial agents and development of an action plan to reduce patient harm, as appropriate.

2. Collaborate with the BC Pharmacy and Therapeutics Drug Use Subcommittee:
 - a. To undertake new (or existing) antimicrobial and probiotic reviews and recommend formulary inclusion, exclusion, criteria for use restrictions.
 - b. Antimicrobials are defined as topical and systemic antibacterial (antibiotic), antifungal, antiviral, anti-parasitic agents (including anthelmintic agents). Antimicrobial agents (e.g. antivirals) intended for treatment or prophylaxis of human immunodeficiency virus (HIV) infections are excluded.
 - c. To undertake antimicrobial or infectious diseases treatment or prophylaxis guidelines that involve complex management.
 - d. To provide advice on substitutes/alternatives to antimicrobial agents subject to long-term backorders or shortages.
 - e. To recommend antimicrobial formulary deletions with advice on suitable therapeutic substitutes or alternatives.
 - f. To regularly review and update restricted antimicrobial criteria for use, through formation of ad hoc Antimicrobial Restriction Work Teams (ARWT), as necessary (see ARWT Terms of Reference).
 - g. To discuss and identify successful strategies for health authority implementation of antimicrobial restriction criteria for use.
 - h. To provide a regular report on PACE activities and recommendations to the BCHA P&T committee, Executive Committee and Drug Review Subcommittee.
3. Support and promote the responsible use of antimicrobials in all care settings, including collaboration with antimicrobial education programs (e.g. through the “Do Bugs Need Drugs?” program).
4. Assist health authorities to meet Accreditation Canada Antimicrobial Stewardship Required Organizational Practice standards:
 - a. Through the Ministry of Health, by lobbying for adequate resources for AMS programming so that health authorities can meet standards.
 - b. Promote / collaborate on standardized methods for health authority measurement of antimicrobial consumption, evaluation, benchmarking and reporting (within health authorities, to PACE and Ministry of Health).
 - c. Collaborate with antimicrobial stewardship programs to optimize use and avoid unintended consequences.
5. Liaison with other antimicrobial stewardship provincial/territorial/federal focused agencies.

Reporting

- Regular verbal and/or written reports on activities and issues related to the restriction of antimicrobials will be submitted and presented to the BCHA P&T Committee, Executive and Drug Review Subcommittee by the Co-chair(s).

- The Co-chair (s) will report the BCHA P&T discussion and outcomes from motions presented to the PACE, as applicable.

Leadership, Membership and Decision Consensus

Co-Chairs:

The Ministry of Health will serve as a Co-chair for PACE. Up to two health authority representative(s), as determined by PACE members, will serve as the other Co-chair (s) for a two-year period. The term of health authority Co-chair(s) can be renewed for additional terms subject to the approval of PACE members.

Secretariat:

PACE secretariat functions, including minute recording, annual distribution and collection of Conflict of Interest forms, research, compilation, and development of meeting materials will be provided by MoH (Population and Public Health Division). Minutes will record all action items and decisions.

Core Membership:

The core membership will be comprised of the following representation:

- 2 representatives from the MoH (including the Secretariat).
- 2 representatives from each health authority, consisting of 1 AMS medical and 1 pharmacist/operational lead, from each of the following:
 - BC Cancer Agency (PHSA)
 - BC Women's and Children's Hospital (PHSA)
 - Fraser Health
 - Interior Health
 - Island Health
 - Northern Health
 - Providence Health Care
 - Vancouver Coastal Health
- 1 representative from the Provincial Infection Control Network of BC (PICNet)
- 1 representative from the BC Centers for Disease Control

The representatives of PACE shall designate an alternate during any extended absences and shall inform the Co-chairs if they wish to resign. Health Authorities are responsible for designating core members to PACE.

Ad Hoc members and/or sub-working groups will be included to provide input based on their own perspective and expertise (see Antimicrobial Review Work Team – Terms of Reference), including the Ministry of Health's Pharmaceutical Division. Their attendance can be in person, remotely, or by

submitting written material via the Co-chair(s). Ad Hoc members are not required to provide a delegate if they cannot attend.

Conflict of Interest:

All PACE and ARWT members, as well as all students and guests, will sign the BCHA P&T Committee Review Process - Conflict of Interest Declaration Form prior to attending their first meeting and each fiscal year as requested by the BCHA P&T. The COI forms are available from the MoH Secretariat.

Decision Making:

Decisions will be taken by consensus or by majority vote when consensus cannot be reached. Majority vote is a minimum 2/3 of votes (i.e., 7 of 10 votes). Each member organization will have one vote. Recommendations to the BCHA P&T require a motion and formal approval by PACE members. Revisions to the PACE and ARWT Terms of Reference require a motion and approval by PACE members.

Quorum:

A quorum will be considered 2/3 of the core membership (i.e. 7 of 10 member organizations present).

Meeting Attendance:

PACE meetings will be conducted monthly or at the call of the Co-Chairs by teleconference. Face-to-face meetings may be held but at a time, duration and location of the Co-chairs choosing with agreement of core members. If applicable, expenses incurred for face-to-face meetings (e.g. transportation, accommodation, meals) will be borne by the representative's health authority.

Principles and Responsibilities

PACE will be guided by the following principles:

- Respect (for participants' time and needs), and providing a transparent, safe environment for presentation and discussion of ideas.
- Reduction of duplication of efforts and resources. This will be accomplished in part through the recognition of work already done or being done by the Ministry of Health and the Health Authorities, with every effort made to allow the sharing of what has been developed.
- Decisions will be based on evidence-informed best practices and expert opinion, including change management and quality improvement strategies.
- Recognition of the need for a provincially-consistent approach to antimicrobial stewardship and the need for flexibility to address local needs, issues, resources and susceptibility and utilization patterns.

In practice, this mandates a streamlined approach to business, minimizing overlap with the work of other committees. Business will be conducted by e-mail and telephone/web conferencing as well as conventional meetings – this is particularly important since membership of the clinical expert group will be widespread geographically.

General Principles

- 1) Meetings will be action/decision oriented
- 2) Respectful, open and frank discussion will be essential to proper committee function

Chair's Responsibilities

- 1) Agendas will:
 - contain a manageable number of items;
 - have a realistic time allotment per item; and
 - have items with expected outcomes indicated (decision, approval, discussion, information only).
- 2) The agenda package will be circulated with adequate time for members to have read all items and come prepared for the meeting
- 3) Any lengthy document will have an executive summary
- 4) Whenever possible, briefing notes with options +/- recommendations will be provided for agenda items requiring decision
- 5) Email will be the preferred means of communication.
- 6) Documents, including meeting agendas and minutes, will be available through the Ministry's BCEID Sharepoint Site.
- 7) Meetings will be chaired consistently and in accordance with the ground rules (see below)

Members' Responsibilities

- 1) Arrive on time for meetings
- 2) Come prepared; read the agenda package and be prepared to contribute to the decision making process
- 3) Adhere to the ground rules (see below)

Ground Rules

- 1) Meetings will begin and end on time (essential with a video conference format)
- 2) Discussion regarding items for decision should be brief and focused
- 3) Everyone has an opportunity to be heard
- 4) Be respectful of what others have to say – no interrupting
- 5) Only one conversation at a time
- 6) Maintain confidentiality
- 7) Put cell phones/pagers on vibrate

Terms of Reference Revisions

The PACE Terms of Reference shall be reviewed every other year, or as required.

Review

Original Draft:

September 25, 2014

Most Recent Final Revision

November 5, 2021 (final for P&T)