

**ANTIMICROBIAL STEWARDSHIP SUBCOMMITTEE  
HEALTHCARE ASSOCIATED INFECTIONS ADVISORY COMMITTEE**

**Thursday, November 7, 2013 - 11 AM  
Teleconference**

**Attendance:**

Members of Subcommittee:

Brian Lee, MD, Subcommittee Chair, Infectious Disease Specialist, Children's Hospital & Research Center Oakland  
Jeffrey Silver, MD, Infectious Disease Specialist, Eden Hospital  
Elizabeth Clark, MPH, RN, Infection Preventionist, Torrance Memorial Medical Center  
Keith Teelucksingh, PharmD, Infectious Disease Pharmacist, Kaiser Oakland  
Mike Butera, MD, Infectious Disease Specialist, California Medical Association  
Karen Anderson, Infection Preventionist, California Pacific Medical Center

CDPH Staff:

Kavita Trivedi, MD, CDPH

**ACTION TAKEN:**

**See Attached Minutes**

**ACTION REQUIRED BY HAI ADVISORY COMMITTEE:**

**ACTION REQUIRED BY ADMINISTRATION:**

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**Brian Lee, MD, Subcommittee Chair**

TOPIC	DISCUSSION	ACTION/ OUTCOME	NEXT REVIEW
I. CALL TO ORDER  <i>B. Lee</i>	The Antimicrobial Stewardship Subcommittee meeting was held on Thursday, November 7, 2013, via teleconference.	B. Lee called the meeting to order at 11:05 A.M.	
II. Welcome  <i>B. Lee</i>	Brian Lee welcomed participants to the meeting, and invited all on the call to state their name and institution.		
III. Review of minutes  <i>B. Lee</i>	Minutes from previous meeting held on October 10, 2013 were reviewed.	Minutes approved.	
IV. Review of current version of ASP preface and 3-tier definition as approved by Antimicrobial Stewardship Subcommittee	<p>The ASP preface and three tiers as discussed and approved by this committee were posted online for committee member's review.</p> <p>There was a comment regarding the specific hours for antimicrobial stewardship CME training as it is not listed in the tiers as presented. After some discussion it was decided that this committee will not be recommending to HAI-AC the specific number of hours required to satisfy the CME requirement.</p> <p>In addition, subcommittee will be bringing the preface to the next HAI-AC meeting in December for approval.</p>		
V. Discussion Items	<p>There was discussion regarding adding language to the tiers in regards to pediatric stewardship. The concern was raised that hospitals with pediatric units/floors may focus stewardship efforts on the adult population and not put resources into pediatric stewardship. The concern was raised that defining how hospitals should allocate their resources may present a challenge (e.g. what #of pediatric beds would then require a specific pediatric stewardship program?). The question was also raised as to whether this would then set a precedence for having to define stewardship efforts in specific units (such as surgery or OB or rehab). Given the challenges, it was decided not to pursue additional language for pediatrics.</p> <p>The discussion moved on to the idea of CDPH forming a collaborative among California hospitals,</p>		

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	<p>which was discussed at the last meeting. K. Trivedi directed committee member’s attention to two ideas that she has been working on that have both been posted on the ASP Subcommittee page of the CDPH website. The first idea she reviewed is entitled “ASP Project 2: ASP Implementation Collaborative”. The goal of this plan is to provide ongoing education and support to hospital-based multi-disciplinary teams working to implement and/or advance their antimicrobial stewardship programs.</p> <p>“Project 2” would involve a diverse group of hospitals. ASP teams from these hospitals would participate in monthly teleconferences over the course of 6-12 months to discuss strategies and barriers of ASP implementation with their peers.</p> <p>The floor was then opened up for feedback regarding “Project 2”. It was then suggested that it may be beneficial to have different collaboratives by type of hospital (critical access, academic institutions, etc). Alternatively, it was mentioned that instead of separating hospitals by type, it may be helpful to have a mix, as smaller hospitals may be able to learn from larger hospitals. Another idea was that it may be a better idea to separate the facilities by bed size.</p> <p>All were in agreement that the collaborative in some form should move forward. Question was posed in regards to a reasonable time window to get the collaborative started and then move forward with collecting data. The idea is that by sending out notice that the collaborative exists, hospitals will be alerted to the importance of ASPs and the 3-tier definition. It was felt that collaborative could start by January, so one proposal was that data collection on which tier a hospital is meeting could be collected about 6 months after start of collaborative (approximately July).</p> <p>There was some disagreement as it pertains to the start date of data collection, as a few committee</p>		

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	<p>members felt that July was too soon. In response, it was proposed that we push back the data collection start date, in order to give facilities more time to put a program into place. It was then decided that a year will give facilities adequate time to strive to go beyond the basic tier. The idea was that we don't want to discourage facilities from participating in the collaborative by asking them to self-report as early as July.</p> <p>K. Trivedi moved on to talk about "Project 1" which also highlights the three tiers. This project focuses on "spotlight" hospitals who would volunteer to share their progress in meeting the 3-tier definition and serve as mentors for other hospitals. Committee members were in unanimous support of "Project 1".</p> <p>One idea was that if the highlighted hospitals could provide information on the cost saving benefits of their ASP as it may provide data to support development of ASPs at other hospitals.</p> <p>Kavita is hoping to get the message about these projects out to the Infection Prevention audience in the next few weeks. Several committee members will work collaboratively with Kavita in regards to getting this information out to ID physicians and pharmacists.</p> <p>Committee members then revisited the question: Do we want to define a time table to propose to HAI-AC? Final decision was that baseline data collection will begin on July 1, 2014 and will be presented in an aggregate format. Then on February 1, 2015 individual hospital data collection will begin.</p> <p>The following are the action items to be presented to the HAI-AC:</p> <ul style="list-style-type: none"> <li>• Recommendation that CDPH disseminate ASP preface/definition as "guidance" to acute care hospitals</li> <li>• Recommendation that CDPH establish a collaborative process among California</li> </ul>	<p>A motion was moved in regards to the dates for data collection and was approved.</p>	

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	<p>hospitals to facilitate the implementation of the three tires of Antimicrobial Stewardship. The collaborative should include representation from a diverse cross section of California hospitals.</p> <ul style="list-style-type: none"> <li>• Assuming collaborative begins in Jan 2014, recommendation that baseline data on which tier a hospital has achieved be collected in July 2014 to be publically presented in aggregate format while 1 year after start of collaborative (beginning on Feb 1, 2015), data from hospitals will be recollected for the purpose of publicly reporting on individual institutions.</li> <li>• Tabled Items: the need for additional staff for the Antimicrobial Stewardship initiative at CDPH</li> </ul>		
<p>VII. Dates for Future Meetings  <i>B. Lee</i></p>	<p><u>Dates for Future Meetings</u>  HAI-AC will be meeting December 12th, therefore subcommittee next meeting will be in January</p>		
<p>VIII. ADJOURNMENT</p>	<p>A motion for adjournment was made.</p>	<p>Dr. Brian Lee adjourned the meeting at 12:00 p.m.</p>	