

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

**Thursday January 22, 2015**

**3pm-4PM**

**Teleconference**

**Attendance:**

**Members of Subcommittee:**

Brian Lee, MD, Subcommittee Chair, Infectious Disease Specialist, UCSF Benioff Children's Hospital Oakland  
Jeff Silvers, MD, Infectious Disease Specialist, Medical Director Quality Management, Sutter Eden Medical Center  
Catherine Liu, MD, Infectious Disease Specialist, University California, San Francisco  
Karen Anderson, MT, MPH, CIC, Infection Control , California Pacific Medical Center  
OlgaDeTorres, PharmD, FASHP, BCPS-ID, Palomar Medical Center  
Conan MacDougall, PharmD, MAS, BCPS, University California, San Francisco

**Absent:**

Stan Deresinski, MD, Infectious Disease Specialist, Stanford University  
Michael Butera, MD, California Medical Association  
Dan Uslan, Associate Clinical Professor, Infectious Diseases at University of California Los Angeles

**CDPH Staff:**

Erin Epton, MD, Assistant Chief HAI Program  
Mary Nennig, RN, BSN, Field Infection Preventionist  
Erin Garcia, MPH, CPH  
Sue Chen, RN, MPH, CIC, Nurse Consultant III Specialist  
Lanette Corona, Associate Healthcare Program Analyst

**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, January 22, 2015, via teleconference.	B. Lee called the meeting to order at 3:04 P.M.	
II. Roll Call and Welcome <i>B. Lee</i>	Brian Lee, MD 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 meetings held on October 30, 2014 and November 13, 2014 were approved as presented. Members were reminded the December 11, 2014 meeting was postponed until today's meeting.	Minutes approved as presented. December 11, 2014 meeting was postponed until today's meeting.	
IV. Update from CDPH: <i>Review of Bagley-Keene Open Meeting Act 2010</i>  <i>AFL 14-36 from CDPH re: California Senate Bill 1311</i>	<p>Members were reminded of the <a href="#">Bagley-Keene Open Meeting Act 2010</a> rules. Specifically to ensure all meeting agenda items are submitted within time to ensure they are included on the published agenda which must be posted 10 days prior of the actual meeting date. In addition, members are to ensure they are not discussing meeting information outside of public meetings with more than one additional member or member of the public to comply with the rules whether it is on the phone, via email or in person. Should members have additional comments or questions regarding meeting information after the meeting ends, they should contact the subcommittee chair directly to address their requests.</p> <p>Members were informed the CDPH released AFL 14-36 regarding SB 1311 Antimicrobial Stewardship Programs to all general acute care hospitals (GACH) on 12/17/14. The AFL notifies all GACH of new requirements resulting from the enactment of SB 1311 and requires GACH to adopt and implement Antimicrobial Stewardship Programs (ASPs). Current law requires hospitals to have infection control programs and to develop a process for evaluating the judicious use of antibiotics in their facility. In addition to existing requirements, SB 1311 requires GACHs to complete the following by July 1, 2015:</p> <ul style="list-style-type: none"> <li>• Adopt and implement an antimicrobial stewardship policy in accordance with guidelines established by the federal government and professional organizations that includes a process to evaluate the judicious use of</li> </ul>	<p>Members were pleased this AFL was completed and submitted to GACHs for notification and compliance.</p>	

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<p><i>AS Collaborative</i></p>	<p>antibiotics.</p> <ul style="list-style-type: none"> <li>• Develop a physician supervised multidisciplinary antimicrobial stewardship committee, subcommittee, or workgroup with at least one physician or pharmacist who is knowledgeable about the subject of antimicrobial stewardship through prior training or attendance at continuing education programs.</li> <li>• Report ASP activities to <b>each</b> appropriate hospital committee undertaking clinical quality improvement activities.</li> </ul> <p>It was noted, the ASP Collaborative is now comprised of 137 members. The first presentation on the science behind Leadership Commitment and Support was given today via webinar by Dr. Stephen Parodi. Follow-up action items for both hospital tracks (I &amp; II) will be completed during the February scheduled implementation discussion sessions.</p>	<p>Members will continue to receive monthly updates from the ASP Collaborative.</p>	
<p>V. Discussion Items: <i>Toolkit for Hospital ASPs</i></p>	<p>Members were reminded the purpose of the CA ASP Toolkit is to have a paragraph or two to describe each component with practical examples to have hospitals a means to implement each component.</p> <p><u>Basic Tier #1: ASP Policy/Procedure Overview</u> and three facilities (Sutter Davis, Palomar Health and Children’s Hospital Oakland) examples of P&amp;Ps were reviewed and approved to be included in the toolkit.</p> <p><u>Basic Tier #2: ASP Committee Overview</u> and one facility (Palomar Health) example policy were reviewed and approved to be included in the toolkit.</p> <p><u>Basic Tier #3: Physician/Pharmacist with AS Training Overview</u> and six professional organizations (SHEA, PIDS, IDAC, Stanford, and SIDP) examples of training were reviewed and approved to be included in the toolkit.</p> <p><u>Basic Tier #4: ASP Activities Reported to Hospital QI Committees Overview</u> and one example was reviewed and approved to be included in the toolkit.</p> <p><u>Intermediate Tier #5: Annual antibiogram developed using CLSI guidelines with distribution to/education of the medical staff Overview</u> including four links to antibiograms (UCSF, Stanford, Duke and University of Washington) and two facilities (UCSF Benioff Children’s Hospital Oakland and UCSF) examples of antibiograms, antibiogram mobile app instructions</p>	<p>Approved materials will be presented at the 2/12/15 HAI-AC meeting for final approvals and to have uploaded on the HAI Program website thereafter.</p>	

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<p><i>Antimicrobial Stewardship Pharmacy Advisory Group</i></p> <p><i>Additional Members for AS Subcommittee</i></p>	<p>and mobile app screen shots were reviewed and approved to be included in the toolkit.</p> <p><u>Intermediate Tier #6: Institutional Guidelines Overview</u> including five facilities (UCSF, UCSF mobile app, UC Pennsylvania, John Hopkins Hospital, and Nebraska Medical Center) links to examples of empiric antimicrobial therapy guidelines and one facility (Children’s Hospital &amp; Research Center Oakland) example of 2014 Empiric Antimicrobial Therapy Guide were reviewed and approved to be included in the toolkit.</p> <p><u>Intermediate Tier #7: Antibiotic Usage Monitoring Overview</u> and one example of “Measuring Antimicrobial Use: A Step-by-Step Guide” was reviewed and approved to be included in the toolkit.</p> <p><u>Intermediate Tier #8: Regular education of hospital staff/committees about antimicrobial stewardship Overview</u> five examples (ASP newsletter, Medical Director’s Report, Surgical Prophylaxis Memo and two examples of pharmacy newsletters) were reviewed and approved to be included in the toolkit.</p> <p><u>Advanced Tier #9: Antimicrobial formulary that is reviewed annually with changes made based on local antibiogram Overview</u> and one example of an Antimicrobial Formulary Review was reviewed and approved to be included in the toolkit.</p> <p><u>Advanced Tier #10: Prospective Audits of Antimicrobial Prescriptions performed and intervention/feedback provided Overview</u> and two examples were reviewed and approved to be included in the toolkit.</p> <p><u>Advanced Tier #11: Formulary restriction with Preauthorization Overview</u> and three examples were reviewed and approved to be included in the toolkit.</p> <p>The Pharmacy Advisory Group survey results were reviewed and discussed. It was noted, there is no reoccurring meeting scheduled for this advisory group. The group will be contacted to ask if they would like to offer developed materials to further the toolkit. In addition it was noted, to inquire with this group what types of hospital systems are being used as an initial assessment to understand and gear-up for the NHSN AU module. Next steps can be to know what the various systems do and how best to be sorted.</p>		

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VI. Action items to bring to HAI-AC: <i>Recommendation to CDPH to produce and disseminate AFL informing acute care hospitals about the requirements of California SB 1311</i>	Due to CDPH released AFL 14-36 on SB 1311, a motion was made and unanimously passed to remove the recommendation to CDPH to produce and disseminate AFL informing acute care hospitals about the requirements of California SB 1311 from future agendas.	Remove action item from future agendas.	
VII. Role of AS Subcommittee moving forward	Discussion ensued regarding the role of the AS Subcommittee once the toolkit has been finalized by the HAI-AC and SB 1311 is now in place.	Members agreed to continue to refine the ASP toolkit further and work with the ASP Collaborative to assist hospitals further with their ASP programs.	
VIII. Next meeting	Thursday February 26, 2015 3pm-4pm		
IX. Adjournment	A motion for adjournment was made.	Meeting adjourned at 4:01pm	