

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

Thursday October 30, 2014

11am-12 PM

Teleconference

Attendance:

Members of Subcommittee:

Brian Lee, MD, Subcommittee Chair, Infectious Disease Specialist, UCSF Benioff
Children's Hospital Oakland
OlgaDeTorres, PharmD, FASHP, BCPS-ID, Palomar Medical Center

Absent:

Jeff Silvers, MD, Infectious Disease Specialist, Medical Director Quality Management,
Sutter Eden Medical Center
Stan Deresinski, MD, Infectious Disease Specialist, Stanford University
Karen Anderson, MT, MPH, CIC, Infection Control , California Pacific Medical Center
Michael Butera, MD, California Medical Association
Catherine Liu, MD, Infectious Disease Specialist, University California, San Francisco
Dan Uslan, Associate Clinical Professor, Infectious Diseases at University of California
Los Angeles
Conan MacDougall, PharmD, MAS, BCPS, University California, San Francisco

CDPH Staff:

Erin Epsom, MD, Assistant Chief HAI Program
Lanette Corona, Associate Healthcare Program Analyst
Mary Nennig, RN, BSN, Field Infection Preventionist

ACTION TAKEN:

See Attached Minutes

ACTION REQUIRED BY HAI ADVISORY COMMITTEE:

ACTION REQUIRED BY ADMINISTRATION:

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, October 30, 2014, via teleconference.	B. Lee called the meeting to order at 11:04 A.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 meeting held on September 25, 2014 were reviewed.	Minutes approved.	
IV. Update from CDPH: <i>Review of Bagley-Keene Open Meeting Act 2010</i> <i>California Senate Bill 1311</i>	<p>Members were reminded of the Bagley-Keene Open Meeting Act 2010 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>The most exciting information that has occurred since the subcommittee has met last was the approval of Senate Bill 1311. This bill explicitly makes antimicrobial stewardship required by law and much of the language is in line with what the subcommittee has determined to be basic components of a stewardship program. It was discussed the completion of the toolkit being currently worked on is now more than ever an urgency to get completed and on the CDPH website because of the bill's implementation date of 7/1/15. Dr. Epton discussed the bill offers the potential opportunity to further define the stewardship policy as directed in the bill and meet requirements for hospitals to fulfill. By aligning the bill's language with the stewardship activities defined by the advisory committee as those comprising levels of program implementation will help further define the policy</p>	<p>Link to Senate Bill 1311 will be sent to members for review.</p>	

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<p><i>AS Collaborative</i></p>	<p>requirements for hospitals.</p> <p>It was noted, CDPH has been consumed with leading Ebola hospital preparedness issues and continue to address and discuss this ongoing. As far as the stewardship collaborative, plans are being discussed and should be well-timed with hospitals having to meet SB 1311's requirements. In the interim, due to many hospital's focus and emphasis is currently on Ebola, invitations to the collaborative has been put off for the immediate time hopeful that we may fall on more receptive ears in the coming weeks when Ebola planning is not such a priority. It was stated; at that point we may get more interest in participation from hospitals. It was mentioned the original roll-out was to have coordinated with "Get Smart About Antibiotics" week (Nov 17-23). It was noted, a general press release will be made to introduce the Program's activities related to stewardship in the context to the new bill and presidential executive order. This announcement of the collaborative will be made in November, December and January will be some recruiting but the full launching of the collaborative itself will not be until February to start.</p>	<p>No limit to examples that can be used for the collaborative (in relation to only being specific to toolkit examples) as it would be advantageous to use resources from different types of facilities.</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>Basis Tier #1: ASP Policy/Procedure Overview</u> was presented with Dr. Silvers' revisions and was accepted as presented. The submitted examples of P&Ps were reviewed and it was determined only the following 3 facilities (Sutter Davis, Palomar Health and Children's Hospital Oakland) P&Ps examples are to be included in the toolkit. These were identified as being more comprehensive examples detailing the program's delineation of duties and members.</p> <p><u>Basic Tier #2: ASP Committee Overview</u> statement was presented and approved with the new inclusion of examples of the minimum composition of committee members which can be adjusted to the facilities needs (stewardship trained physician or pharmacist, two physicians from different disciplines; infection preventionist, lab representative from microbiology and</p>	<p>Perhaps another example document/policy can be obtained from UCSF for B2 or another facility.</p>	

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	<p>representation from nursing, administration and information technology and/or ER, OB/GYN, critical care representation). If no microbiology lab on premises, the referral lab can have ad hoc participation via teleconference. The example of Palomar’s policy “Antibiotic Sub-Committee” was approved.</p> <p><u>Basic Tier #3: Physician/Pharmacist with AS Training Overview</u> was reviewed and was approved with the new inclusion of Stanford’s training (https://www.coursera.org/course/antimicrobial) and Society of Infectious Disease Pharmacists (SIDP) (http://www.sidp.org/page-1442823).</p> <p><u>Basic Tier #4: ASP Activities Reported to Hospital QI Committees Overview</u> was reviewed and was approved as an example document only. An overview statement will need to be drafted and presented at the next meeting for review and approval.</p> <p><u>Intermediate Tier #5: Annual antibiogram developed using CLSI guidelines with distribution to/education of the medical staff Overview</u> was reviewed and approved as presented with the addition to be made to emphasize on the specific resistant organism (MRSA, VRE, ESBL, and CRE) to determine the rate of the resistant organism.</p> <p><u>Intermediate Tier #6: Institutional Guidelines Overview</u> was reviewed and approved as presented with both the overview as well as the examples provided.</p> <p><u>Intermediate Tier #7: Antibiotic Usage Monitoring Overview</u> was reviewed and approved as presented with both the overview as well as the examples provided.</p> <p><u>Intermediate Tier #8: Regular education of hospital staff/committees about antimicrobial stewardship Overview</u> was reviewed and approved with the change their prescribing habits is mentioned as well as mention the examples of newsletters, memos, presentations at department meetings. Only one example from each hospital submitted to be used.</p> <p><u>Advanced Tier #9: Antimicrobial formulary that is reviewed annually with changes made based on</u></p>	<p>An overview statement for B4 will need to be drafted and presented at the next meeting for approval.</p> <p>Addition of a statement to be added to include the rate of the resistant organism.</p> <p>Olga to provide an example letter of positive feedback letter and department presentation example.</p> <p>Dr. Silvers to be informed</p>	

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<p><i>Antimicrobial Stewardship Pharmacy Advisory Group</i></p> <p><i>Additional Members for AS Subcommittee</i></p>	<p><u>local antibiogram Overview</u> was reviewed and was determined to be an analysis of an example rather than an overview. Overview to be drafted in a paragraph form. Example approved as presented.</p> <p><u>Advanced Tier #10: Prospective Audits with feedback and intervention Overview</u> was reviewed and was determined to be an analysis of an example rather than an overview. Overview to be drafted in a paragraph form. Examples approved as presented.</p> <p><u>Advanced Tier #11: Formulary restriction with Preauthorization Overview</u> was reviewed and was determined to be an analysis of an example rather than an overview. Overview to be drafted in a paragraph form. Examples approved as presented.</p> <p><u>Assignment of Toolkit Resources for ASP Components</u></p> <p>Dr. Lee and Karen Anderson will take on Basic program tier #1, #2 and #3 Olga will identify resources for Basic program # 4 Dr. Liu will take on #5 and #6 of Intermediate program tier Dr. Uslan and Conan will take on Intermediate program #7 Dr. Silvers will identify resources for Intermediate program #8 as well as, #9 and #11 of the Advanced program tier Dr. Uslan and Olga will take on Advanced program #10</p> <p>It was noted; perhaps the Pharmacy Advisory Group could submit examples of the toolkit components to determine if the subcommittee would like to include them as additional resources for hospitals.</p> <p>Tabled agenda item.</p>	<p>to draft an overview paragraph for I9.</p> <p>Olga to draft an overview paragraph for I10.</p> <p>Olga to draft an overview paragraph for I11.</p>	
<p>VI. Next meeting</p>	<p>It was determined due to the HAI-AC has been cancelled on 11/13/14 (new date is forthcoming) the AS subcommittee will use this date, Thursday November 13, 2014 11am-12pm to meet again to try to finalize the toolkit materials.</p>		
<p>VII. Adjournment</p>	<p>A motion for adjournment was made.</p>	<p>Meeting adjourned at 11:53am</p>	