

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

**Thursday November 13, 2014**

**11am-12 PM**

**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  
Stan Deresinski, MD, Infectious Disease Specialist, Stanford University  
Michael Butera, MD, California Medical Association  
Conan MacDougall, PharmD, MAS, BCPS, University California, San Francisco

**Absent:**

Karen Anderson, MT, MPH, CIC, Infection Control , California Pacific Medical Center  
Catherine Liu, MD, Infectious Disease Specialist, University California, San Francisco  
Dan Uslan, Associate Clinical Professor, Infectious Diseases at University of California Los Angeles  
OlgaDeTorres, PharmD, FASHP, BCPS-ID, Palomar Medical Center

**CDPH Staff:**

Erin Epton, MD, Assistant Chief HAI Program  
Mary Nennig, RN, BSN, Field Infection Preventionist  
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, November 13, 2014, via teleconference.	B. Lee called the meeting to order at 11:05 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 October 30, 2014 were deferred until next meeting.	Minutes deferred until next meeting.	
IV. Update from CDPH: <i>Review of Bagley-Keene Open Meeting Act 2010</i>  <i>California Senate Bill 1311</i>  <i>AS Collaborative</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>Discussion ensued regarding the lack of emphasis about the implementation of SB 1311 from hospital c-suite staff. The general impression is not many administrators or staff is aware of it or too busy with Ebola to ensure it is addressed. It was stated, All Facility Letters (AFLs) are usually distributed to inform hospitals on how to comply with new legislation. A motion was made by Dr. Lee and seconded by Dr. Deresinski to recommend to the HAI-AC that an AFL be issued by January 2015 to better address the 7/1/15 implementation date for SB 1311.</p> <p>The ASP Collaborative invitation to faculty advisors was reviewed by members. The invitation is to solicit existing ASP Spotlight members who may be willing to individually serve as faculty advisors for the ASP Collaborative. The invitation provides background</p>	<p>Motion approved to recommend to HAI-AC that and AFL be issued by January 2015 to all California hospitals regarding SB 1311 notification and compliance.</p> <p>Invitation to be sent out to Spotlight members this week. Subcommittee members are welcomed to forward the invitation to</p>	

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	<p>about the collaborative, highlighting SB 1311 requirements. Faculty responsibilities will include participation in the monthly webinars/conference calls, providing a presentation via webinar regarding a particular topic area, as well as, individual phone consultations/support for collaborative hospitals who may request specific information. Webinar topics include Leadership Commitment and Support, Program Development, Actions, Interventions, Tracking, Reporting and Education.</p> <p>The idea is to finalize faculty recruitment by the end of November or early December, as well as, enroll hospitals. It was noted, the initial roll-out of the collaborative was pushed back a few weeks due to Ebola preparations. The goal is to finalize agendas in early January and have the first initial meetings toward the end of January.</p> <p>Discussion ensued regarding the need for separating larger volume from smaller volume hospitals due to support and other issues that may arise specific to each type. It was stated to perhaps wait to see which types will enroll in the collaborative and then tailor accordingly. A minimum number of 6 faculty advisor members will be needed to led the six webinar topics, however if we are fortunate to have more faculty enroll from diverse hospital types then perhaps indicate in the invitation that multiple tracks may be made available. A suggestion was to have the webinar presentations for all hospital participants focus on the science of ASP applicable to all hospital types, and then the follow-up sessions for discussing implementation could be separated into hospital size tracks.</p> <p>It was suggested to perhaps intermittently have a combined session for both tracks to discuss where we as a state level we are at, what we are learning from each other and best practices to consider. A recommendation was made to include in the enrollment process an assessment to allow the hospital to stratify themselves into which level of ASP they believe they have in place.</p>	<p>others that may be interested in the collaborative (Pharmacy Advisory Group, etc.)</p> <p>Dr. Butera to confirm if there is a California specific list serve for ID pharmacists and provide Dr. Epsom with the National list serve.</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</p>		

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	<p>hospitals a means to implement each component.</p> <p><u>Basic Tier #1: ASP Policy/Procedure Overview</u> was presented with Dr. Silvers’ revisions and was accepted as presented. The submitted examples of P&amp;Ps were reviewed and it was determined only the following 3 facilities (Sutter Davis, Palomar Health and Children’s Hospital Oakland) P&amp;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 facility’s needs (stewardship trained physician or pharmacist, two physicians from different disciplines; infection preventionist, lab representative from microbiology and 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 (<a href="https://www.coursera.org/course/antimicrobial">https://www.coursera.org/course/antimicrobial</a>) and Society of Infectious Disease Pharmacists (SIDP) (<a href="http://www.sidp.org/page-1442823">http://www.sidp.org/page-1442823</a>).</p> <p><u>Basic Tier #4: ASP Activities Reported to Hospital QI Committees Overview</u> was reviewed and was approved.</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 not reviewed and will be reviewed at</p>	<p>Perhaps another example document/policy can be obtained from UCSF for B2 or another facility.</p>	

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	<p>next meeting.</p> <p><u>Intermediate Tier #7: Antibiotic Usage Monitoring Overview</u> was not reviewed and will be reviewed at next meeting.</p> <p><u>Intermediate Tier #8: Regular education of hospital staff/committees about antimicrobial stewardship Overview</u> was not reviewed and will be reviewed at next meeting.</p> <p><u>Advanced Tier #9: Antimicrobial formulary that is reviewed annually with changes made based on local antibiogram Overview</u> was not reviewed and will be reviewed at next meeting. It 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 not reviewed and will be reviewed at next meeting. It 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 not reviewed and will be reviewed at next meeting. It 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>            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; the Pharmacy Advisory Group survey</p>	<p>Dr. Silvers to draft an overview paragraph for A9.</p> <p>Olga to draft an overview paragraph for A10.</p> <p>Olga to draft an overview paragraph for A11.</p>	

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<i>Antimicrobial Stewardship Pharmacy Advisory Group</i> <i>Additional Members for AS Subcommittee</i>	results will be presented at the next meeting.  Tabled agenda item.		
VI. Next meeting	Thursday December 11, 2014 2pm-3pm		
VII. Adjournment	A motion for adjournment was made.	Meeting adjourned at 11:58am	