ANTIMICROBIAL STEWARDSHIP/ANTIMICROBIAL RESISTANCE SUBCOMMITTEE
HEALTHCARE-ASSOCIATED INFECTIONS ADVISORY COMMITTEE

Monday December 14, 2015
3pm-4pm
Teleconference

Attendance:

Members of Subcommittee:

Brian Lee, MD, Subcommittee Chair, Infectious Disease Specialist, UCSF Benioff Children's Hospital Oakland
Stan Deresinski, MD, Infectious Disease Specialist, Stanford University
Karen Anderson, MT, MPH, CIC, Infection Control , California Pacific Medical Center
OlgaDeTorres, PharmD, FASHP, BCPS-ID, Palomar Medical Center
Dawn Terashita, MD, MPH Acute Communicable Disease Control, LA County Department of Public Health
Carole Moss

Absent:

Catherine Liu, MD, Infectious Disease Specialist, University California, San Francisco
Michael Butera, MD, California Medical Association
Dan Uslan, Associate Clinical Professor, Infectious Diseases at University of California Los Angeles
Conan MacDougall, PharmD, MAS, BCPS, University California, San Francisco
Jeff Silvers, MD, Infectious Disease Specialist, Medical Director Quality Management, Sutter Eden Medical Center
Matthew Zahn, MD, MPH, California Association of Communicable Disease Controllers
Samantha Sweeten, PhD, MPH, San Diego County Department of Public Health

CDPH Staff:

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 *B. Lee*	The Antimicrobial Stewardship Subcommittee meeting was held on Monday, December 14, 2015, via teleconference.	Dr. Lee called the meeting to order at 3:06 pm.	
II. Roll Call and Welcome *B. Lee*	Brian Lee, MD welcomed participants to the meeting, and invited all on the call to state their name and institution.		
III. Review of minutes *B. Lee*	Minutes from October 14, 2015 were deferred until next meeting.	Minutes deferred until next meeting.	
IV. Update from CDPH: *Review of Bagley-Keene Open Meeting Act* *Update from CDPH/HAI -AC* *ASP Collaborative*	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. Members were informed of the update that came out of the HAI-AC meeting in November. It was noted that the CRE topic statement was approved by the HAI-AC; *"The AS/AR subcommittee recommends that CDPH look into creating a public health registry to enable identification of CRE patients for healthcare facilities to use. Due to the difficulties in gathering accurate data, we do not recommend pursuing public reporting of CRE at this time."* Members were informed the final ASP Collaborative webinar is to be held on 12/17/15 from 12-1pm on Reporting and Education: ASP Education Strategies with Faculty Advisors; Brian Lee, MD and Jeffrey Silvers, MD.		
V. Discussion Items: HAI-AC motion for AS subcommittee *"Timeline for implementation of CRE reporting"*	Discussion ensued regarding the HAI-AC recommendation of creating a timeline for the completion of a CRE data registry similar to Illinois. It was noted, the registry will depend upon the support CDPH will have to create and sustain the database. To make this mandatory, it would require legislation. This will be put on the agenda for the	Defer topic of timeline after a review and discussion of the current legislative status of CRE reporting.	

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	next meeting to discuss the status of potential mandatory CRE reporting.		
AS education in medical/dental/pharmacy schools and in the outpatient setting (physicians, pharmacist, dentists, physician assistants, nurse practitioners, etc.	Discussion ensued that most antibiotic use in medicine is happening on the outpatient side. The question was raised, what can we do to influence outpatient prescribing education? We need a culture change in terms of antibiotic prescribing, starting from a very early time period, specifically during medical/dental/pharmacy education of future prescribers. In CID's paper on surveying medical students at three different medical schools, it found that there was a lack of awareness of antimicrobial stewardship but an eagerness to learn about it. Over 98% felt there should be better education on antibiotic prescribing. There is need for better antimicrobial stewardship education in health professional schools. There is precedence for legislation guiding what should be taught in California medical schools. California AB 1820 requires that "the University of California provide academic courses and training in the field of geriatrics for medical students and existing general internists and family physicians in order to ensure that every general internist and family physician, along with other professions, have the requisite knowledge and skills to competently treat the older population by the year 2010 when the baby boomer generation begins to retire." In addition, there is a need for ongoing stewardship education for prescribers already in clinical practice. This could be addressed by requiring a certain amount of continuing education on antimicrobial resistance/stewardship for license renewal. This too has precedence in California legislation. California AB 1820 requires internists and family physicians who have a patient population of which 25% are 65 years of age or older, to complete 20% of all mandatory CME hours in a course in the field of geriatric medicine or the care of older patients. There is also a legislative requirement in AB 487 for all physicians and surgeons to complete a one-time mandatory 12 units of CME on the subject of pain management and the treatment of terminally ill and dying patients. Finally, California SB 361 which was discussed earlier, also makes it mandatory that veterinarians by license renewal must complete a minimum of one credit of CME on the judicious use	The wording of the recommendation will be created and discussed at the January meeting to allow members the opportunity to edit accordingly. Dr. Lee will look into what are the continuing medical education requirements for nurse practitioners and physician assistants. A recommendation is to be drafted to CDPH to provide a survey to professional schools (medical, dental, pharmacy and veterinary) on what is being taught on AS/AR. Members can come up with questions for the survey to present at the next meeting.	

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	of medically important antimicrobial drugs. These discussions were brought to this subcommittee to determine if a recommendation should be made to CDPH to support efforts/legislation to incorporate antimicrobial stewardship into medical, pharmacy, dental, and veterinary education, particularly via health professional schools of the University of California. In addition, these were brought up to address whether to make a recommendation to support efforts/legislation to require a minimum amount of continuing education for license renewal for clinicians involved in the prescribing of antibiotics. These 2 approaches would help to address the education of prescribers from early in their professional training and then reinforce it during their clinical practice. Members agreed on forming a recommendation to incorporate antimicrobial stewardship and antimicrobial resistance training into medical, pharmacy and dental education. In addition, members also agreed to formulate a recommendation that a certain number of antimicrobial stewardship and antimicrobial resistance CME be made a requirement for licensure renewal for medical, pharmacy and dental professionals. A suggestion was made to look into including physician assistants and nurse practitioners into this recommendation as well. A suggestion was also made to develop/include a survey to California professional schools (7 medical and 12 pharmacy, dental and veterinary) to ask what they currently include in their curriculum in the realm of antibiotic stewardship and antibiotic resistance.		
Toolkit for Skilled Nursing Facilities: SB 361	Members discussed SB361, the bill that was passed requiring antimicrobial stewardship in skilled nursing facilities (SNF). Discussion ensued regarding the idea of creating an AS toolkit for SNF. Since current members do not work directly with SNF, it would be beneficial to reach out to SNF experts and invite them to this subcommittee to further the discussion. A recommendation was made to reach out to California Association of Health Facilities who may represent over 80% of SNF in California and worked	Dr. Lee will be in contact with CAHF, Consultant Pharmacists Association and Dr.'s Murthy and Trivedi to invite them to the January meeting for AS Toolkit for SNF.	

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	with Senator Hill in legislation. It was noted, the Consultant Pharmacists Association who certify geriatric pharmacists who review meds in SNF will also be a great contact. Members were informed Dr. Murthy has done a lot in SNF as well as Dr. Trivedi.		
VI. Action items to bring to HAI-AC:	None discussed.		
VII. Tabled Items	None discussed.		
VIII. Next meeting	TBD – January 2016	Doodle poll to be sent to members to suggest January 2016 meeting dates	
IX. Adjournment	A motion for adjournment was made.	Meeting adjourned at 4pm	