

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

**Monday, May 6, 2013, 2 PM
Teleconference**

Attendance: Members of Subcommittee:
Brian Lee, MD, Subcommittee Chair, Infectious Disease Specialist, Children's Hospital & Research Center Oakland
Keith Teelucksingh, PharmD, Infectious Disease Pharmacist, Kaiser Oakland
Karen Anderson, Infection Preventionist, California Pacific Medical Center
Jeffrey Silvers, MD, Infectious Disease Specialist, Eden Hospital
Elizabeth Clark, MPH, RN, Infection Preventionist, Torrance Memorial Medical Center
Dan Uslan, Infectious Disease, UCLA
Stan Deresinski, MD, Infectious Disease Specialist, Stanford University

CDPH Staff:
Kavita Trivedi, MD, CDPH

Members of the Public and Invited Guests

ACTION TAKEN:

See Attached Minutes

ACTION REQUIRED BY HAI ADVISORY COMMITTEE:

ACTION REQUIRED BY ADMINISTRATION:

Brian Lee, MD, Chair

TOPIC	DISCUSSION	ACTION/ OUTCOME	NEXT REVIEW
<p>I. CALL TO ORDER</p> <p><i>B. Lee</i></p>	<p>The Antimicrobial Stewardship Subcommittee meeting was held on Monday, May 6, 2013, via teleconference.</p>	<p>Dr. Lee called the meeting to order at 2:00 P.M.</p>	
<p>II. Welcome</p> <p><i>B. Lee</i></p>	<p>Brian Lee welcomed participants to the meeting, and invited all on the call to state their name and institution.</p>		
<p>III. Review of minutes from 2/27/13 meeting</p> <p><i>B. Lee</i></p>	<p>The minutes from the previous meeting on 3/29/13 were reviewed. Committee members were instructed to contact Jorge Palacio if any revisions need to be made.</p>	<p>Minutes approved.</p>	
<p>IV. Legislative authority of our Committee</p> <p>K. Trivedi</p>	<p>K. Trivedi is currently consulting the office of legal services about committee's. At the time of the meeting a response had not yet been received. In the meantime, K. Trivedi suggested that committee move forward.</p> <p>A question was raised regarding whether there was a delay in the process of incorporating into regulation the recommendations made by the last subcommittee because of the breadth of the recommendations. The response was that each and every proposal that goes through regulation must have a good statement of reason. The process they are in right now involves looking at each piece of the recommendation and transmitting it into a regulation, which is why it is a lengthy process.</p>		
<p>V. Discussion</p> <p><i>B. Lee</i></p>	<p>B. Lee reviewed the basic, intermediate, and advanced components that were previously decided upon; and opened up the discussion for additional comments regarding components to be included in the intermediate and advanced categories.</p> <p>The idea of including an element of infection prevention as part of the program was presented; however it was expressed that there are currently regulations in place for infection prevention; therefore, it may be prudent to focus our committee's recommendations specifically on Antimicrobial Stewardship.</p>		

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	<p>Also, B. Lee pointed out that the basic level does already include a statement regarding a multidisciplinary committee, and the understanding is that infection control would be included in this effort.</p> <p>B. Lee reviewed the SHEA/IDSA/PIDS statement, which included the following recommendations for an ASP included:</p> <ul style="list-style-type: none"> a) Multi-disciplinary committee b) Formulary limited to non-duplicative antibiotics with demonstrated clinical need c) Institutional guidelines for the management of common infection syndromes d) Additional interventions to improve antimicrobials. <p>B. Lee would like to know what committee thinks of including (b) and (c) as intermediate components. There was some hesitancy in regards to including (b) because of the difficulty in determining which are “non-duplicative” antibiotics and which antibiotics have a “demonstratable clinical need.” These are not things that the State can easily assess.</p> <p>The committee agreed that the intermediate component should just require hospitals to have a formulary, and the advanced component would require hospitals to review their formulary on an annual basis, with changes made based on local antibiogram.</p> <p>Committee agreed that formulary restriction/approval and prospective audit with feedback should be included as advanced components. Facilities can fairly easily prove that these are being done through documentation of these activities.</p> <p>Idea of monitoring of individual practitioner with individual usage patterns and feedback was presented as an advanced component. The initial response was that this would be virtually</p>		

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	<p>impossible for academic facilities.</p> <p>Also, committee members agreed that they would like to do something to encourage hospital administrations to support Antimicrobial Stewardship.</p> <p>Finally, B. Lee invited committee members to send any literature that may be useful in defining additional components to Jorge Palacio.</p>		
<p>VI. Action Items</p> <p><i>B. Lee</i></p>	<p><u>Action Items</u></p> <p>B. Lee will continue to update the checklist that contains the basic, intermediate, and advanced components in order to help define the different levels of an Antimicrobial Stewardship Program.</p>		
<p>VII. Dates for Future Meetings</p> <p><i>B. Lee</i></p>	<p><u>Dates for Future Meetings</u></p> <p>Next meeting is tentatively planned for early June. The next HAI-AC committee meeting is in August. The goal will be to firm up recommendations from this subcommittee so that they can be presented at the August HAI-AC meeting.</p>		
<p>VIII. ADJOURNMENT</p>	<p>A motion for adjournment was made.</p>	<p>Dr. Brian Lee adjourned the meeting at 3:15 p.m.</p>	