

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

**Wednesday, February 27, 2013, 2 PM  
Teleconference**

**Attendance:** Members of Subcommittee:  
Brian Lee, MD, Subcommittee Chair, Infectious Disease Specialist, Children's Hospital & Research Center Oakland  
Dan Uslan, MD Infectious Disease Specialist, UCLA  
Keith Teelucksingh, PharmD, Infectious Disease Pharmacist, Kaiser Oakland  
Karen Anderson, Infection Preventionist, California Pacific Medical Center  
Jeffrey Silver, MD, Infectious Disease Specialist, Eden Hospital  
Elizabeth Clark, MPH, RN, Infection Preventionist, Torrance Memorial Medical Center  
Catherine Liu, MD, Infection Control Medical Director, UCSF  
Cynthia Huwe, PharmD, Antimicrobial Stewardship Pharmacist, Children's Hospital & Research Center Oakland  
Stan Deresinski, MD, Infectious Disease Specialist, Stanford University  
Mike Butera, MD, Infectious Disease Specialist, California Medical Association

CDPH Staff:  
Kavita Trivedi, MD, CDPH  
Sue Chen, CDPH

Members of the Public and Invited Guests

**ACTION TAKEN:**

**See Attached Minutes**

**ACTION REQUIRED BY HAI ADVISORY COMMITTEE:**

**ACTION REQUIRED BY ADMINISTRATION:**

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**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 Wednesday, February 27, 2013, via teleconference.</p>	<p>Dr. Lee called the meeting to order at 2:02 P.M.</p>	
<p>II. Welcome and Introductions</p> <p><i>B. Lee</i> <i>S. Chen</i></p>	<p>Brian Lee welcomed participants to the meeting, and asked committee members to briefly introduce themselves.</p> <p>Members were given an overview of the Bagley-Keene Open Meeting Act. The Bagley-Keene Opening Meeting Act is to ensure government transparency and to prevent state boards, agencies, and commissions from making decisions without public scrutiny.</p>		
<p>III. Review of California Senate Bill 158 and summary of past activities/accomplishments of the Antimicrobial Stewardship Subcommittee</p> <p><i>B. Lee</i></p>	<p><u>California Senate Bill 739 &amp; 158</u></p> <p>California Senate Bill 739 and 158 established the legislative mandate for Antimicrobial Stewardship Programs. Below is the one statement in the bill that hints at Antimicrobial Stewardship:</p> <p><i>“[Senate Bill 739 &amp; 158] requires that general acute care hospitals develop a process for evaluating the judicious use of antibiotics, the results of which shall be monitored jointly by appropriate representatives and committees involved in quality improvement activities. “</i></p> <p>B. Lee then gave a brief background regarding what was accomplished in previous Antimicrobial Stewardship Subcommittee meetings. The committee met in 2010 and 2011, and at that time the goal was to better define for CDPH how the above statement should be interpreted. Members sought to define what an Antimicrobial Stewardship program means, in order to give recommendations to CDPH &amp; Licensing, and Certification on how to go about holding hospitals to that requirement. The summary from the February 4, 2011 meeting was emailed to all subcommittee members for review (and has been already available on the CDPH website). This</p>		

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	<p>summary lays out the recommendations of the last subcommittee in regards to what constitutes an Antimicrobial Stewardship Program.</p> <p>The recommendations were approved by the HAI Ac and on to CDPH. They now need to be converted into regulations, but this process can take years. K. Trivedi is currently in the process of writing the regulations.</p>		
<p>IV. Overview of the California Antimicrobial Stewardship Initiative</p> <p><i>K. Trivedi</i></p>	<p><u>Overview of the California Antimicrobial Stewardship Initiative</u></p> <p>K. Trivedi talked briefly about what is going on with the initiative right now. The HAI Program is interpreting Senate Bill 739/158 to mean that each acute care hospital should have an Antimicrobial Stewardship Program (ASP). ASP is being defined as one that promotes and measures appropriate use of antimicrobials by selecting appropriate agent, dose, duration and route of administration.</p> <p>The goal of the California ASP Initiative is to assist all California hospitals and long term care facilities in optimizing use of antimicrobials to improve patient outcome.</p> <p>K. Trivedi asked if any committee members would be interested in supporting the California ASP Initiative, and would be happy to answer any questions they may have.</p> <p>K. Trivedi: Should CDPH include a question on the NHSN facility survey like “Do you have a stewardship program that meets the established requirements?”</p> <p>B. Lee: Is there space on the survey for asking about what specific components of a stewardship program each facility has? Or would the survey tool only allow a simple question like: “Do you have an ASP is in place?”</p> <p>J. Silvers: Simply asking the question do you or do you not have an Antimicrobial Stewardship</p>		

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	<p>Program is not very useful. If you want to find out where the weaknesses are, would need to ask more specific questions.</p> <p>The subcommittee discussed options for defining components of an ASP. One suggestion was to different levels of an Antimicrobial Stewardship Program. For example, level one would represent the most basic program, level 2 might represent facilities with more effective programs, and level 3 might represent facilities that have implemented a program that meets the “ideal” standards.</p> <p>K. Trivedi cautioned committee members that anything put in the facility survey would be fair game for public reporting. Posed the question of whether or not committee members felt comfortable having this information available for the public.</p>		
<p>V. Discussion about goals of the Antimicrobial Stewardship Subcommittee and Timelines</p> <p><i>B. Lee</i></p>	<p><u>Discussion about goals of the Antimicrobial Stewardship Subcommittee and Timelines</u></p> <p>B. Lee suggested that the charge for the subcommittee should be to do whatever we can to help HAI-AC and CDPH promote and prioritize Antimicrobial Stewardship within the state of California. There was general agreement with this.</p> <p>There was also unanimous agreement for a recommendation to be made to the HAI-AC to in turn recommend to CDPH to hire an additional staff member (such as an ID pharmacist) to assist K. Trivedi with the statewide Antimicrobial Stewardship Initiative, as she is currently working on this alone.</p> <p>In follow-up to K. Trivedi’s earlier question, B. Lee noted that it can be difficult to get hospital administrations to support ASPs. Requiring facilities to publicly report whether or not they have an ASP in place provides helpful information for consumers and can also get the attention of hospital administrators, putting pressure on them to make these programs a priority.</p>	<p>Will make a recommendation to HAI-AC to recommend to CDPH that an additional person be hired to work with K. Trivedi on the Antimicrobial Stewardship Initiative.</p>	

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	<p>The subcommittee discussed defining the components of an Antimicrobial Stewardship Program. The subcommittee will also need to make a decision regarding whether or not to recommend putting these questions on the Facility Survey, as the responses would be fair game for public reporting.</p> <p>K. Trivedi noted that the recommendations of the previous Antimicrobial Stewardship subcommittee already defined the “basic” components of an ASP.</p>		
<p>VI. Action Items</p> <p><i>B. Lee</i></p>	<p><u>Action Items</u></p> <p>B. Lee will develop a checklist that contains the basic, intermediate, and advanced components in order to help define the different levels of an Antimicrobial Stewardship Program. This will serve as a starting point for discussion at the next meeting.</p>		
<p>VII. Dates for Future Meetings</p> <p><i>B. Lee</i></p>	<p><u>Dates for Future Meetings</u></p> <p>Will need to have a meeting before the HAI-AC in April. Tentatively looking at the last week of March or the first week of April.</p>		
<p>VIII. ADJOURNMENT</p>	<p>A motion for adjournment was made.</p>	<p>Dr. Brian Lee adjourned the meeting at 3:07 p.m.</p>	