

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

**Friday, March 29, 2013, 10 AM
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 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
Mike Butera, MD, Infectious Disease Specialist, California Medical Association

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 Friday, March 28, 2013, via teleconference.</p>	<p>B. Lee called the meeting to order at 10:05 A.M.</p>	
<p>II. Welcome and Introductions</p> <p><i>B. Lee</i></p>	<p>B. Lee welcomed participants to the meeting, and asked committee members to briefly introduce themselves.</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 2/27/13 were reviewed. Committee members were instructed to contact Jorge Palacio with any revisions.</p>	<p>Minutes approved.</p>	
<p>IV. Discussion</p> <p><i>B. Lee</i></p>	<p><u>Public reporting of hospital ASPs</u></p> <p>Committee members were asked if they were comfortable with the idea of recommending that facilities report their ASP data to CDPH, and possibly being reported publicly thereafter. Committee members did not raise any objections and proceeded to discuss how to define the components of an ASP.</p> <p><u>Basic/advanced (tiered) components of ASPs</u></p> <p>The committee agreed to a tiered approach for defining the elements of an Antimicrobial Stewardship Program (basic, intermediate, and advanced) and discussed what elements should be included in each tier:</p> <p>Basic elements were defined as:</p> <ul style="list-style-type: none"> • A physician-supervised multidisciplinary antimicrobial stewardship committee (rather than “physician-led” which was the description by the previous AS subcommittee) • Program support from a physician or pharmacist who has attended specific training for antimicrobial stewardship (this language was simplified from the description by the previous AS 		

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	<p>subcommittee)</p> <p>There was unanimous agreement on the basic components.</p> <p>Intermediate elements considered were:</p> <ul style="list-style-type: none"> • Annual antibiogram developed using CLSI guidelines and distribution to/education of the medical staff (this was taken from the recommendations of the previous AS subcommittee) • Monitoring of antibiotics determined to be of importance to the resistance ecology of the facility, using Defined Daily Dose (DDD) or Days of Therapy (DOT) (this was simplified from the recommendations of the previous AS subcommittee) • Formulary restriction <p>Advanced elements considered were:</p> <ul style="list-style-type: none"> • Prospective audit/feedback • Monitoring of individual practitioner antimicrobial usage patterns with feedback <p>It was agreed that further review of the literature and materials from IDSA/AMA/CMS related to ASPs was warranted before finalizing the intermediate and advanced tiers. Dr. Mike Butera agreed to send out materials in advance of the next AS subcommittee meeting for participants to review. This information should assist the AS subcommittee in defining the three tiers of an ASP in a way that is consistent with other groups working on AS.</p> <p>The AS committee reviewed the following additional ASP components listed by the previous AS subcommittee and agreed to not include these in the current tiered listing being developed:</p> <ul style="list-style-type: none"> • Medication Use Evaluations (MUE) of total and class-specific antibiotics (it was felt that this is not being done consistently across hospitals) 	<p>Literature and materials from IDSA/AMA/CMS related to ASPs will be distributed/posted in advance of the next AS subcommittee meeting for participants to review prior to the meeting.</p>	

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	<ul style="list-style-type: none"> • Monitoring of MDRO rates/trends (it was felt that this falls under the scope of Infection Control) • Monitoring of SCIP measures (it was felt that this data is already being collected and reported via other avenues) <p><u>Collect hospital ASP information by CDPH</u></p> <p>Not discussed.</p> <p><u>Additional goals of the Antimicrobial Stewardship Subcommittee and timeline</u></p> <p>Not discussed.</p>		
<p>V. Review recommendations to HAI-AC to be presented at meeting on April 18, 2013</p> <p><i>B. Lee</i></p>	<p>Will recommend to HAI-AC that a recommendation be made to CDPH in regards to hiring an additional person to work with K. Trivedi on the Antimicrobial Stewardship Initiative.</p> <p>In addition, B. Lee will be unable to present a summary of the subcommittee's activities at the next HAI-AC meeting. Dr. Jeff Silvers volunteered to present in his absence. B. Lee will develop a summary</p>		
<p>VI. Action Items</p> <p><i>B. Lee</i></p>	<p><u>Action Items</u></p> <p>B. Lee will make corrections to 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 late April or early May. Committee members were asked to brainstorm about other ideas of what the AS subcommittee can accomplish to promote stewardship in California.</p>		
<p>VIII. ADJOURNMENT</p>	<p>A motion for adjournment was made.</p>	<p>Dr. Brian Lee adjourned the meeting at 11:15 a.m.</p>	