

Antimicrobial Stewardship
Subcommittee Update
(Teleconferences 2/27/13 & 3/29/13)

HAI-AC Meeting

April 18, 2013

California Senate Bill 739 and 158

- “By January 1, 2008, the department shall take all of the following actions to protect against HAI in general acute care hospitals statewide:
(3) Require 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.”
- Established the legislative mandate for Antimicrobial Stewardship Programs
- CDPH HAI program has established the Antimicrobial Stewardship Program Initiative, led by Dr. Kavita Trivedi (and staffed by herself)

Prior AS Subcommittee Defined Components of ASP

- Physician-led multidisciplinary antimicrobial stewardship committee
- Program support from an individual trained in antimicrobial stewardship (e.g. board-certified ID physician, ID pharmacist, or an individual who has attended specific training for antimicrobial stewardship)
- Annual antibiogram developed using CLSI guidelines and distribution to/education of the medical staff
- Monitoring of usage patterns of broad spectrum antibiotics and/or antibiotics determined to be of importance to the resistance ecology of the facility, using Defined Daily Dosing (DDD) or Days of Therapy (DOT)
- Medication Use Evaluations (MUE) of total and class-specific antibiotics
- Monitoring of MDRO rates/trends
- Monitoring of SCIP measures

Prior AS Subcommittee Defined Components of ASP

- Prior subcommittee's recommendations were approved by the HAI-AC on February 17, 2011
- They are currently being written into regulation (but this process can take years)
- The subcommittee's prior recommendations were to "address hospitals' internal validation as opposed to external reporting."

Current AS Subcommittee

- Overall goal is to further promote and prioritize antimicrobial stewardship in the state of California
- The subcommittee has focused our initial discussions on what data CDPH might collect from acute care hospitals about their ASPs (external reporting). This data could be used to:
 - Facilitate analysis of correlations between ASPs and specific outcome measures such as *C. difficile* rates
 - Facilitate public reporting of how hospitals are fulfilling the ASP mandate (not only providing healthcare consumers valuable information but also helping put pressure on hospital administrations to support robust ASPs)

Current AS Subcommittee

- The current subcommittee agreed that components of an ASP should be divided into 3 tiers (basic, intermediate, and advanced)

Refining the Recommendations of the Prior AS Subcommittee (for the purpose of external reporting)

- Physician-led multidisciplinary antimicrobial stewardship committee
- Program support from an individual trained in antimicrobial stewardship (e.g. board-certified ID physician, ID pharmacist, or an individual who has attended specific training for antimicrobial stewardship)
- Annual antibiogram developed using CLSI guidelines and distribution to/education of the medical staff
- Monitoring of usage patterns of broad spectrum antibiotics and/or antibiotics determined to be of importance to the resistance ecology of the facility, using Defined Daily Dosing (DDD) or Days of Therapy (DOT)
- ~~Medication Use Evaluations (MUE) of total and class-specific antibiotics (not being done consistently at many hospitals)~~
- ~~Monitoring of MDRO rates/trends (falls under the scope of infection control)~~
- ~~Monitoring of SCIP measures (data already being collected and reported via other means)~~

Components of ASP: Three Tiers

- Basic components:
 - Physician-**supervised** multidisciplinary antimicrobial stewardship committee
 - Program support from **a physician or pharmacist who has attended specific training for antimicrobial stewardship**

Components of ASP: Three Tiers

- Intermediate components:
 - Annual antibiogram developed using CLSI guidelines and distribution to/education of the medical staff
 - 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)
 - ?Formulary restriction

Components of ASP: Three Tiers

- Advanced components:
 - ?Prospective audit/feedback
 - ?Monitoring of individual practitioner antimicrobial usage patterns with feedback

Current AS Subcommittee: Moving Forward

- Review additional literature about ASPs before defining additional intermediate and advanced ASP components
- Once the basic, intermediate and advanced components of an ASP are agreed upon, the subcommittee will ask HAI-AC to recommend to CDPH to collect and possibly publicly report this information
- Brainstorm additional ways of promoting AS

Action Item

- The AS subcommittee requests (by unanimous vote) that the HAI-AC recommend to CDPH to hire additional staff (e.g. an ID pharmacist) to assist Dr. Trivedi with the California Antimicrobial Stewardship Program Initiative. In order for this important work to move forward more quickly, CDPH should prioritize this initiative in the same way that this is expected of hospitals.