**Proposed Statement from Antimicrobial Stewardship Subcommittee**

According to the California Health and Safety Code 1288.8 (see Appendix A), the California Department of Public Health (CDPH) must require general acute care hospitals to "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." The Healthcare Associated Infections Advisory Committee believes that this provision requires that acute care hospitals develop and implement antimicrobial stewardship programs.

In addition, according to California Health and Safety Code 1288.5 (see Appendix A), the Healthcare Associated Infections Advisory Committee "…shall make recommendations on the **use of national guidelines** and the **public reporting of process measures** for preventing the spread of HAI…" Based on this charge, the HAI-AC recommends that:

1. CDPH require acute care hospitals to develop and implement, at minimum, a basic tier antimicrobial stewardship program as previously defined by the HAI-AC (see Appendix B). This is a necessary means of reducing the spread of antibiotic-resistant HAIs, and this recommendation is supported by *national guidelines* put forth by both government and professional organizations (see Appendix C), including:
   - Centers for Disease Control and Prevention
   - Infectious Disease Society of America
   - Society of Healthcare Epidemiology of America
   - Pediatric Infectious Dis- eases Society
   - American Academy of Pediatrics
   - American Society of Health-System Pharmacists
   - Infectious Diseases Society for Obstetrics and Gynecology
   - Society for Hospital Medicine
   - Society of Infectious Diseases Pharmacists

2. CDPH require acute care hospitals to provide data about which ASP components have been implemented. Based on the ASP definition (as previously approved by the HAI-AC), acute care hospitals will be designated as having a basic, intermediate, or advanced ASP. This designation as well as the ASP components that have been implemented will be publically reported. These ASP components represent *process measures* for preventing the spread of antibiotic-resistant HAIs. The collection and reporting of these data should be mandatory.

**Appendix A: California Health and Safety Codes**

1288.8. (a) 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.

1288.5. By July 1, 2007, the department shall appoint a Healthcare Associated Infection Advisory Committee (HAI-AC) that shall make recommendations related to methods of reporting cases of hospital acquired infections occurring in general acute care hospitals, and shall make recommendations on the use of national guidelines and the public reporting of process measures for preventing the spread of HAI that are reported to the department pursuant to subdivision (b) of Section 1288.8.

**Appendix B: Antimicrobial Stewardship Program Definition approved by HAI-AC**

Basic Tier Program:
☐ Hospital antimicrobial stewardship policy/procedure
☐ Physician-supervised multidisciplinary antimicrobial stewardship committee, subcommittee, or workgroup
☐ Program support from a physician or pharmacist who has attended specific training on antimicrobial stewardship (e.g. continuing education training program offered by the federal Centers for Disease Control and Prevention and the Society for Healthcare Epidemiology of America or other recognized professional organization, or post-graduate training with concentration in antimicrobial stewardship)
☐ Reporting of antimicrobial stewardship program activities to hospital committees involved in quality improvement activities

Intermediate Tier Program:
☐ Annual antibiogram developed using CLSI guidelines with distribution to/education of the medical staff
☐ Institutional guidelines for the management of common infection syndromes (e.g. order sets, clinical pathways, empiric antimicrobial therapy guide, etc.)
☐ Monitoring of usage patterns of antibiotics determined to be of importance to the resistance ecology of the facility, using Defined Daily Dosing (DDD) or Days of Therapy (DOT)
☐ Regular education of hospital staff/committees about antimicrobial stewardship

Advanced Tier Program:
☐ Antimicrobial formulary that is reviewed annually with changes made based on local antibiogram
☐ Prospective audit with intervention/feedback
☐ Formulary restriction with preauthorization

**Appendix C: National Guidelines related to Antimicrobial Stewardship**

**CDC's Get Smart for Healthcare campaign:**

"The Centers for Disease Control and Prevention has launched *Get Smart for Healthcare*, a new campaign focused on improving antimicrobial use in inpatient healthcare settings such as acute-care facilities, and long-term care through the implementation of antimicrobial (or antibiotic) stewardship programs. These antimicrobial (or antibiotic) stewardship programs are interventions designed to ensure that hospitalized patients receive the right antibiotic, at the right dose, at the right time, and for the right duration."

"CDC recommends that all hospitals implement antibiotic stewardship programs that include, at a minimum, seven core elements: 1) leadership support; 2) accountability through a single physician lead; 3) drug expertise through a single pharmacy lead; 4) action including at least one intervention, such as an "antibiotic timeout," to improve prescribing; 5) tracking prescribing and resistance patterns; 6) reporting local prescribing and resistance information directly to clinicians, and 7) education for clinicians."

http://www.cdc.gov/getsmart/healthcare/inpatient-stewardship.html
http://www.cdc.gov/mmwr/pdf/wk/mm63e0304.pdf
http://www.cdc.gov/getsmart/healthcare/pdfs/core-elements.pdf

**CDC's Antibiotic Resistance Threats 2013 Report**

The CDC recommends four core actions to prevent antibiotic resistance:

1) Preventing infections and preventing the spread of resistance
2) Tracking resistance patterns
3) ***Antibiotic stewardship: improving prescribing and use***
4) Developing new antibiotics and diagnostic tests

http://www.cdc.gov/drugresistance/threat-report-2013/index.html

**Infectious Disease Society of America & Society of Healthcare Epidemiology of America**

Guidelines for Developing an Institutional Program to Enhance Antimicrobial Stewardship
"This document presents guidelines for developing institutional programs to enhance antimicrobial steward- ship, an activity that includes appropriate selection, dosing, route, and duration of antimicrobial therapy. The multifaceted nature of antimicrobial stewardship has led to collaborative review and support of these recommendations by the following organizations: American Academy of Pediatrics, American Society of Health-System Pharmacists, Infectious Diseases Society for Obstetrics and Gynecology, Pediatric Infectious Diseases Society, Society for Hospital Medicine, and Society of Infectious Diseases Pharmacists."

Dellit TH et al. "Infectious Disease Society of America & Society of Healthcare Epidemiology of America Guidelines for Developing an Institutional Program to Enhance Antimicrobial Stewardship" *Clinical Infectious Diseases* 2007;44:159–77.

**Society for Healthcare Epidemiology of America; Infectious Diseases Society of America; Pediatric Infectious Diseases Society**

Policy Statement on Antimicrobial Stewardship
"This position statement of the Society for Healthcare Epidemiology of America, the Infectious Diseases Society of America, and the Pediatric Infectious Diseases Society of America outlines recommendations for the mandatory implementation of antimicrobial stewardship throughout health care…"

1. Antimicrobial Stewardship Programs Should Be Required through Regulatory Mechanisms
2. Antimicrobial Stewardship Should Be Monitored in Ambulatory Healthcare Settings
3. Education about Antimicrobial Resistance and Antimicrobial Stewardship Must Be Accomplished

4. Antimicrobial Use Data Should Be Collected and Readily Available for Both Inpatient and Outpatient Settings
5. Research on Antimicrobial Stewardship Is Needed

Society for Healthcare Epidemiology of America; Infectious Diseases Society of America; Pediatric Infectious Diseases Society. *Infection Control and Hospital Epidemiology*, Vol. 33, No. 4, Special Topic Issue: Antimicrobial Stewardship (April 2012), pp. 322-327.