

**ANTIMICROBIAL STEWARDSHIP / ANTIMICROBIAL RESISTANCE SUBCOMMITTEE
HEALTHCARE – ASSOCIATED INFECTIONS ADVISORY COMMITTEE**

Monday January 22, 2018

10am-11am

Teleconference

Attendance:

Members of Subcommittee:

Marisa Holubar, MD, MS, Associate Medical Director Stanford Antimicrobial Safety and Sustainability Program Stanford University School of Medicine

Jeff Silvers, MD, Infectious Disease Specialist, Medical Director Quality Management, Sutter Eden Medical Center

Kim Erlich, MD Medical Director, Infection Prevention and Control, Mills Peninsula Health Services

Dawn Terashita, MD, MPH Acute Communicable Disease Control, LA County Department of Public Health

Matthew Zahn, MD, MPH, California Association of Communicable Disease Controllers

Phillip Robinson, MD, Infectious Disease Association of California

Absent:

Sarah Doernberg, MD, MAS Medical Director, Adult Antimicrobial Stewardship, University of California, San Francisco

Michael Butera, MD, California Medical Association

OlgaDeTorres, PharmD, FASHP, BCPS-ID, Department of Pharmacy, O'Connor Hospital

CDPH Staff:

Lanette Corona, Health Program Specialist I

TOPIC:

Call to Order

DISCUSSION:

The Antimicrobial Stewardship / Antimicrobial Resistance Subcommittee meeting was held on Monday January 22, 2018 10am-11am, via teleconference.

ACTION/OUTCOME:

M. Holubar called the meeting to order at 10:01 am.

TOPIC:

Roll Call and Welcome

DISCUSSION:

Dr. Holubar welcomed participants to the meeting, and invited all on the call to state their name and institution. Subject matter expert (SME) in long-term care attendance included: Laura Elliott, PharmD, CGP Trauma/Surgical ICU Pharmacist Palomar Medical Center
Bridgette Olson, ASP/ID Pharmacist Sharp Coronado Hospital
Rekha Murthy, MD Director Hospital Epidemiology, Professor of Medicine Cedar Sinai Medical Center
and SME in dentistry:
Jennifer Perkins, DDS, MD Assistant Clinical Professor, Oral and Maxillofacial Surgery UCSF School of Dentistry / UCSF Dental Care

TOPIC:

Review of Minutes

DISCUSSION:

The December 14, 2017 meeting minutes were approved as presented.

TOPIC:

Update from CDPH:
Review of Bagley Keene Open Meeting Act
Update from CDPH/HAI-AC

DISCUSSION:

Review of Bagley Keene Open Meeting Act
Members were reminded of the Bagley-Keene Open Meeting Act 2010 rules. Specifically, to ensure all meeting agenda items are submitted within time to ensure they are included on the published agenda which must be posted 10 days prior of the actual meeting date. In addition, members are to ensure they are not discussing meeting information outside of public meetings with more than one additional member or member of the public to comply with the rules whether it is on the phone, via email or in person. Should members have additional comments

or questions regarding meeting information after the meeting ends, they should contact the subcommittee chair directly to address their requests.

Update from CDPH/HAI-AC

Members were reminded at the November Advisory Committee meeting, the AS/AR subcommittee was tasked with reviewing the Interfacility Transfer form and process.

ACTION/OUTCOME:

Members are to discuss and review transfer processes and forms used by members in today's meeting.

TOPIC:

Discussion Items:

"Discussion of inter-facility transfer communication"

DISCUSSION:

The goal is to explore the issues involved with patient transfers as well as the forms used for transfer and to come up with recommendations to pass a motion on how to ensure improvement of the identified issues. Members reviewed and discussed D. Terashita's (LA County) and M. Zahn's (Orange County) Transfer form contents. It was noted, OC transfer form is almost identical to that of CDPH. Members agreed the LA County transfer form was preferred due to the simplicity of it and would potentially be used more by providers due to less to complete. A recommendation was made to reconfigure the listing order of the MDRO organisms (MRSA, *c. diff* and flu at top due to more common). Discussion ensued regarding EMR process, some facilities do and other do not. Members were informed Hope hospitals had implemented a transfer form through their electronic system where the form was printed out for their patients upon transfer. The issues encountered was the receiving facility may not have even looked at this form and the issue also of when the patient returns back into the hospital system, they were unsure of what to do with a paper form (where does it go, who sees it?). The suggestion was made whether SNFs are following precautions the same way ACHs are. It was noted, CDPH HAI Program is working on (currently not completed) an Enhanced Standard Precautions document (patient-based precautions for all MDROs) that SNFs are to be following. A question was raised regarding what is the VA hospitals process for patient transfers? No members were familiar with the VA's process. Discussion ensued regarding the need for an AFL to enforce the importance of transfer communication and whether that is even at the state level to address. Members were in agreement of an "agreed upon" form is required before even attempting to go down the AFL route. A recommendation was made to add an "Enhanced Contact" check box to the LA County form and to get rid of the PPE section entirely for simplicity purposes. A suggestion was made to come up with the minimal elements needing communication for patients being transferred. Members agreed the form is not the main issue but part of the issue, meaning the less complicated the form the more willing providers will be to complete it. However, based on the experiences of the members who piloted this process already were unsuccessful, perhaps it can be discussed at the larger committee that this subcommittee feels this is an important issue the state needs to take notice of and to

determine what should be focused on moving forward; refining the transfer form or drafting language for AFL enforcement. Members agreed a minimal elements list for the transfer form (precautions, organisms, and contact info) may structure the discussion better.

ACTION/OUTCOME:

M. Holubar to have D. Terashita, M. Zahn and P. Robinson discuss their experiences at the February HAI-AC meeting to update members of the conversation the subcommittee had thus far and then open it up for further discussion.

TOPIC:

Discussion Items:

"ASP in dentistry"

DISCUSSION:

Members were reminded their focus is currently on putting together education materials to address stewardship in dentistry. The goal is to make dentists recognize the importance of stewardship and in order to prescribe antibiotics judiciously, dentists need to be educated on when they are needed and how to prevent harm to patients. Discussion ensued regarding the two handouts that are related to drug-drug interactions, especially for patients on Warfarin. It was suggested the forms if agreed upon could be used as examples on the CDPH website. The final document reviewed was a brief outline of the discussion from the last meeting regarding the proposed webinar for ASP in Dentistry.

ACTION/OUTCOME:

L. Elliott is to get clearance from Palomar Health for use on website and informed members it is updated annually.

Dental SMEs to provide input on both handouts at next meeting.

M. Holubar to circulate with dental SMEs prior to the HAI-AC meeting.

TOPIC:

Future Items: TBD

ACTION/OUTCOME:

Defer topic until next meeting.

TOPIC:

Next Meeting: March 12, 2018

TOPIC:

Adjournment

DISCUSSION:

A motion for adjournment was made. Meeting adjourned at 11:42 am.