ANTIMICROBIAL STEWARDSHIP / ANTIMICROIAL RESITANCE SUBCOMMITTEE
HEALTHCARE – ASSOCIATED INFECTIONS ADVISORY COMMITTEE

Thursday February 9, 2017
3pm-4pm
Teleconference

Attendance:

Members of Subcommittee:

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

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

Absent:

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

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

Phillip Robinson, MD, Infectious Disease Association of California

Michael Butera, MD, California Medical Association

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

Dan Uslan, Associate Clinical Professor, Infectious Diseases at University of California Los Angeles

CDPH Staff:

Lanette Corona, Associate Healthcare Program Advisor

TOPIC:
Call to Order

DISCUSSION:
The Antimicrobial Stewardship Subcommittee meeting was held on Thursday February 9, 2017, via teleconference.

ACTION/OUTCOME:
Dr. Holubar called the meeting to order at 3:05 pm.

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 experts in skilled nursing facilities attendance included:
Laura Elliott, PharmD, CGP Trauma/Surgical ICU Pharmacist Palomar Medical Center
Bridgette Olson, ASP/ID Pharmacist Sharp Coronado Hospital

TOPIC:
Review of Minutes

DISCUSSION:
The November 1, 2016 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 informed CDPH will be launching a new website that is compliant with the Americans with Disabilities Act (ADA) soon and the subcommittee's agenda and minutes will have a new look moving forward to comply with these standards.

TOPIC:
Discussion Items:
"Address non-acute care settings. Outpatient settings are doing more invasive procedures on increasingly high risk patients"

DISCUSSION:
Due to lack of attendance from subcommittee members, it was determined to postpone this discussion.

ACTION/OUTCOME:
Defer topic until next meeting.

TOPIC:
Discussion Items:
"Develop an inter-facility transfer checklist that provides information about potentially transmissible organisms (e.g. *C. difficile*, CRE, MRSA, VRE, Tb, etc.) Committee can decide which info needs to be included but not restrict the format so different that electronic health records systems could be utilized where possible to create these reports.

DISCUSSION:
Due to lack of attendance from subcommittee members, it was determined to postpone this discussion.

ACTION/OUTCOME:
Defer topic until next meeting.

TOPIC:
Discussion Items:
Develop toolkit for ASP in skilled nursing facilities

DISCUSSION:
Members discussed each element of the three tiers they would contribute examples for review at the next meeting. The **basic tier** has 6 elements:
1. Antimicrobial stewardship policy/procedure
2. Written statement in support of ASP from SNF leadership (both governing entity and administration) and evidence of adequate budget/staffing to support the program
3. Establish antimicrobial stewardship as Performance Improvement Program (PIP) under facility Quality Assurance-Performance Improvement (QAPI) initiative as recommended by CMS/CDC. ASP activities are routinely reported to the facility quality improvement committees.

4. Physician-supervised multidisciplinary antimicrobial stewardship committee, subcommittee, or workgroup
5. Program support from a physician or pharmacist who has attended specific training on antimicrobial stewardship (e.g., continuing education program offered by the federal Centers for Disease Control and Prevention, the Society of Healthcare Epidemiology of America, Infectious Disease Society of America (IDSA), or other recognized professional organization, or post-graduate training with concentration in antimicrobial stewardship)
6. Education about the importance of antimicrobial stewardship to nursing and medical staff as well as to residents and families

The **intermediate tier** has five elements:
1. Implement institutional guidelines for appropriate initiation of antibiotics for common infection syndromes.
2. Develop, analyze, and distribute facility-specific antibiogram annually and partner with ASP physician or pharmacy consultant to use these data to reevaluate antimicrobial formulary and inform guidelines for empiric therapy for common infection syndromes.
3. Evaluate baseline antibiotic utilization and monitor usage patterns.
4. Track adverse outcomes related to antibiotic use.
5. Provide written summary of antimicrobial stewardship goals and outcome measurements to prescribers regularly.

The **advanced tier** has three elements:
1. Implement an antimicrobial "time out" at 48-72 hours to optimize therapy based on patient response and culture results.
2. Real-time prospective audit/review of individual prescriber practices with feedback
3. Design and implement interventions to promote optimal antibiotic use (e.g., optimizing testing or durations of therapy).

It was mentioned, aside from having hospital based SNF examples, perhaps reaching out to stand alone SNF and/or California Association of Medial Directors and Corporation of Multiple Nursing Homes for additional examples would be worth looking into.

ACTION/OUTCOME:
Members are to send examples to L. Corona at CDPH to organize and send out to members for review prior to next meeting. Discussion involving SNF examples for the development of a SNF Toolkit is to continue at next meeting.

TOPIC:
Future Items:
"Revision/update of ASP components/tiers for acute care facilities in light of updated guidelines from IDSA/SHEA: "Implementing an Antibiotic Stewardship Program: Guidelines by the Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America"

DISCUSSION:
Due to lack of attendance from subcommittee members, it was determined to postpone this discussion.

ACTION/OUTCOME:
Defer topic until next meeting.

TOPIC:
Next Meeting: March 9, 2017 3-4pm

TOPIC:
Adjournment

DISCUSSION:
A motion for adjournment was made. Meeting adjourned at 3:01pm.