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

Monday March 15, 2018
1pm-2pm
Teleconference

Attendance:

Members of Subcommittee:
Marisa Holubar, MD, MS, Associate Medical Director Stanford Antimicrobial Safety and Sustainability Program Stanford University School of Medicine (voting member)
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 (voting member)
Dawn Terashita, MD, MPH Acute Communicable Disease Control, LA County Department of Public Health (voting member)
Matthew Zahn, MD, MPH, California Association of Communicable Disease Controllers (voting member)
Sarah Doernberg, MD, MAS Medical Director, Adult Antimicrobial Stewardship, University of California, San Francisco (voting member)

Absent:
Phillip Robinson, MD, Infectious Disease Association of California
Michael Butera, MD, California Medical Association
Olga De Torres, PharmD, FASHP, BCPS-ID, Department of Pharmacy, O’Connor Hospital

Members of the Public:
Carole Moss

CDPH Staff:
Lanette Corona, Health Program Specialist I
TOPIC: Call to Order

DISCUSSION:
The Antimicrobial Stewardship / Antimicrobial Resistance Subcommittee meeting was held on Thursday March 15, 2018 1pm-2pm, via teleconference.

ACTION/OUTCOME: M. Holubar called the meeting to order at 1:04 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 expert (SME) in long-term care attendance included: Laura Elliott, PharmD, CGP Trauma/Surgical ICU Pharmacist Palomar Medical Center

TOPIC: Review of Minutes

DISCUSSION: The January 22, 2018 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 the last scheduled subcommittee date is 4/11, therefore a new Doodle survey will be sent to members to identify additional 2018 dates to continue scheduling subcommittee meetings. The next Advisory Committee meeting (5/10) will be held at the CDPH Richmond campus. At the February 2018 HAI AC meeting, the AS/AR subcommittee was tasked with drafting a subcommittee charge/mission.

ACTION/OUTCOME: Members are to discuss and draft a subcommittee charge/mission to present at the May HAI AC meeting.

TOPIC: Discussion Items: “Discussion of charge/mission of this subcommittee”
DISCUSSION:
Due it is a new year and a there is a new HAI-AC chair and many new members, it was discussed at the February AC meeting to come up with, on an annual basis, a charge/mission for members to be clear on what their goals are for the year. Discussion ensued regarding what goals they would like to achieve. A suggestion was made to address CRE as a priority goal to work towards developing language/description for hospitals to follow regarding the approved HAI-AC recommendation of adding CRE surveillance data to the list of what is being collected from the state for the annual HAI public report. It was stated, perhaps to separate the charge/mission separate from the goals to be achieved. A question was raised, what facilities are we responsible for (inpt, outpt, etc.) and expand with goals from there. A recommendation was made to invite someone from the Medical Board as a SME to participate and engage with the subcommittee’s efforts in other healthcare settings. It was agreed to complete the charge and goals and if other settings fall into play then it would be wise to invite experts to join the subcommittee. The charge discussed was “Providing guidance to the larger committee regarding matters as they apply to AS and AR that impact healthcare facilities”. A suggestion was made to add “combatting AR infections and protecting patients”. Members agreed the charge seemed fine as presented and should work to come up with goals that are specific to AR reduction ad patient safety. The goals discussed for addressing potentially in 2018 included: “Optimizing Stewardship in CA”
  - Stewardship in dentistry
  - Interfacility Transfer form and process (Form: to determine what content is required on them realistically to be filled-out. Process: Awaiting on feedback from CDPH regarding the pursuit of the AFL “Promote the Use of Transfer Forms Between Facilities” as well as the data from a study by CMS about “How Best to Perform Interfacility Transfers”
  - Developing a CDPH Hospital Tracer (to evaluate effectiveness of stewardship programs, define successful outcomes, including LTAC/LTC/SNF as well)
  - ASP “Needs Assessment” Questionnaire (what Californian ASPs needs are from CDPH and what needs they would like to be addressed next)
  - Review infection reporting of multi-drug resistant organisms, specifically focusing on CRE
A question was raised regarding ensuring the screening/testing process for high-risk patients upon admission/discharge and whether it should be considered as a potential goal. It was stated that gram-positive organisms are no longer the predominant threat they used to be when the legislation was written and now are the gram-negatives that have taken over which are resistant to multiple antibiotics.

ACTION/OUTCOME:
Members agreed on the draft charge/mission discussed and will present to the HAI-AC on May 10th. Members will focus on the 2018 subcommittee goals to accomplish moving forward. “CRE surveillance data to be included in the HAI annual report” to be added to the 2018 subcommittee agenda and will await the CDC’s CRE information before addressing the topic.

TOPIC: Discussion Items: “Discussion of Interfacility transfer communication – form revision”
DISCUSSION:
It was stated there was more behind the Interfacility Transfer Communication process then just the “form” when it came up at a past Advisory committee meeting (environmental cleaning of the ambulance, is a bed awaiting their arrival if infection is detected, voices of those affected by transfers, etc.). A question was made to request more time is spent on the topic then just the form to address the many issues that have been raised from nurses and/or patients on what is occurring on these transfers. Members agreed to highlight communication in general (who is gathering the info, what is being done with it, who is responsible, etc.) as well as proper infection control during transfer. Therefore the larger issue is broader and a sub-task could be feedback on the form itself. Members were reminded, the CMS report that is to be released may address this issue directly and would be best to await the Interfacility Communication report that is forthcoming. A suggestion was made to come up with a ACHs minimum standard requirement for quality to affect the hospital transfer process.

ACTION/OUTCOME:
Members agreed to await for the CMS Interfacility Transfer Communication report to come out but to also add the Interfacility Transfer Communication process to this year’s subcommittee goals to ensure it will be addressed.

TOPIC: Discussion Items: “Discussion of ASP tracer”

DISCUSSION:
A discussion occurred at the end of the last HAI AC meeting regarding developing a “CDPH ASP Tracer” tool for CDPH to use when going to hospitals to evaluate their ASPs to determine if they are being done effectively rather than just a checklist. To improve CDPH evaluation of ASPs in hospitals by developing a tracer would be the goal to achieve. A suggestion was made to try to define what are considered as successful outcomes of an ASP, since no one has done very well and would be useful. Another suggestion was made to have such tracers developed for LTACs and SNFs. Discussion ensued regarding the need to developing a “needs assessment” of ASP in CA to find out what facilities would find helpful from CDPH for their Programs. It was stated there are currently many resources and we don’t want to duplicate efforts if it is not being used or helpful.

ACTION/OUTCOME:
Members agreed to add ASP Tracers to the 2018 subcommittee goals to address in addition to the ASP Needs Assessment.

TOPIC: Discussion Items: “ASP-dentistry webinar”

DISCUSSION:
Members were informed we are currently in a holding status. CDPH is looking into holding an ASP in Dentistry webinar as the subcommittee recommended as an online CE accredited program offered through the CA Dental Association (CDA). Specific details on how to
accomplish and timelines are currently pending. CDPH will reach a larger audience by working with the CDA on this webinar. The draft outline of the webinar was shared with the statewide dental director and he had ideas for dental presenters and liked the ideas the subcommittee came up with (adverse effects associated with CDI, data associated with dental facilities, case scenarios as to when antibiotics would be appropriate or not, etc.)

**ACTION/OUTCOME:**
Await additional information back regarding the status of the proposed ASP-dentistry webinar from the statewide dental director and/or CDPH.

**TOPIC:** Next Meeting: April 11, 2018

**TOPIC:** Adjournment

**DISCUSSION:**
A motion for adjournment was made. Meeting adjourned at 1:52 pm.