

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

Wednesday June 14, 2017

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

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

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

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

Phillip Robinson, MD, Infectious Disease Association of California

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

Absent:

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

Michael Butera, MD, California Medical Association

CDPH Staff:

Sean O'Malley, California Epidemiologic Investigation Service (Cal-EIS) Fellow

Lanette Corona, Associate Healthcare Program Advisor

TOPIC:

Call to Order

DISCUSSION:

The Antimicrobial Stewardship Subcommittee meeting was held on Wednesday June 14, 2017, via teleconference.

ACTION/OUTCOME:

M. Holubar called the meeting to order at 10:03 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 experts in skilled nursing facilities attendance included: Laura Elliott, PharmD, CGP Trauma/Surgical ICU Pharmacist Palomar Medical Center

TOPIC:

Review of Minutes

DISCUSSION:

The April 12, 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

The members were informed the next HAI-AC meeting will occur on August 10th in Sacramento. Members will be tasked with ensuring there is a presentation was recommendations submitted to the HAI-AC as the goal from this subcommittee.

TOPIC:

Discussion Items:

“Senate Bill 43”

DISCUSSION:

Discussion ensued regarding the proposed Senate Bill (SB) 43. It was noted, Patrick Welch approached the subcommittee chair and HAI-AC chair requesting feedback on the proposed SB that has already gone through some revision. There is specific language that charges the subcommittee with developing a method for estimating the number of deaths that result from antimicrobial resistance infections, and also developing a template for reporting antibiograms from individual institutions. The discussion was geared towards if it is possible to complete these requests. Members were informed P. Robinson has been a big part of the bill for IDAC and informed members that IDAC formed a coalition with CHA. IDAC has opposed the bill as currently written and have gone after the requirement of attributing deaths to MDROs and have stated it is impossible to accurately estimate. IDAC will remain opposed to this legislation regarding death estimates but will think about the possibility of collecting antibiograms data from clinical labs from across the state for epidemiologic purposes. IDAC was successful in early negotiations before the bill was released to the legislature for removing the requirement that MDROs would need to be part of the death certificate documentation.

Members discussed the mortality from CRE bacteremia is high and multi-drug resistant *Pseudomonas* and *Acinetobacter* as well, so perhaps if antibiograms were required to break-out CRE bacteremia and other MDROS, we would be able to say regions that have the CRE bacteremia attribute to 40% mortality. Regions would need to be defined, but say a region has 100 cases of CRE bacteremia, 40 patients may have died from a MDRO. It was stated, in order to get these types of calculations, another reporting mandate would need to occur for the ACHs, aside from their antibiogram. It was argued that antibiograms are computer generated reports and to separate out CRE bacteremia would be pretty simple. Discussion ensued regarding not all hospitals are electronic and may not have the ability to complete the described extra reporting without additional resources and depending on how regions are defined, it is possible that media may have the ability to figure out where the deaths are occurring and potentially result in un-risk adjusted attacks on particular hospitals.

LA County discussed proposed SB with P. Welch recently and have yet to take an official stance on the SB as if yet but will oppose legislation attributing death to an infection. For population surveillance to attribute death, it is merely impossible. It would need to be done in a controlled research type of setting and not on a population basis. The antibiogram portion would be supported but acknowledge that it is a lot of work to do and needs to be automated.

Everyone agreed that a death estimate will not be very useful and if forced to comply then what is the fairest way to comply if this does pass? However the statewide or regional antibiogram is of value for review of trends over time, target interventions, and internal hospital processes to guide through therapy. It seems however the author of the bill may be confusing antibiograms with rates of infection because an incidence rate cannot be calculated

or obtain any useful patient rate data from an antibiogram. The CDPH oppose position letter was discussed and CDPH is opposed to antibiograms as well as death estimates. Members expressed they feel as though they could help develop a template for the antibiogram that could have useful methods if not used inappropriately. Members are very concerned about having to develop a method to estimate mortality and felt will not be able to develop anything reliable. It was noted, regions must be defined to better confirm if trends would be identified for CRE bacteremia. It was noted, to make a statewide surveillance definition is complicated. Members agreed as a subcommittee, we oppose the death language in the bill but are neutral on the statewide antibiogram language in the bill and a statewide antibiogram should be broken into regions is something that is doable. A suggestion was made to remove the word “accurate” from estimate on the bill. We have the freedom to decide which organisms to report from the language and CRE bacteremia is doable. By taking the number of CRE bacteremia and multiplying it by .4, should give you the number of estimated deaths but members are not convinced this is useful and reliable data. We would select the minimum number of organisms to report at the state level with defined regions which may include some CDC guidelines.

ACTION/OUTCOME:

M. Holubar will contact CDPH leadership to determine if she can convey the subcommittee’s stance and feedback on the current version of SB 43 on the Senator Hill’s call later today.

TOPIC:

Discussion Items:

“Review and discussion of ASP/education survey”

DISCUSSION:

CDPH Sean O’Malley provided an overview to members on the AR/AS curriculum survey document which included tables of all of the data from the survey for review and discussion. The tables included all of the question sets that were asked on the survey and number of responses obtained. It was noted, different numbers of respondents responded to various question sets and as survey went along we lost some participants.

ACTION/OUTCOME:

Defer discussion until next meeting. Members will review and discuss suggestions on what to do with the data at the next meeting.

TOPIC:

Discussion Items:

“Review additional documents for the ASP toolkit for skilled nursing facilities”

DISCUSSION:

Members were reminded the task was to find more clinical pathways to include in the toolkit.

ACTION/OUTCOME:

Defer topic until next meeting.

TOPIC:

Future Items:

“Discuss following suggestions to advance/improve HAI Prevention and bring relevant recommendation to HAI-AC:

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”

ACTION/OUTCOME:

Defer topic until next meeting.

TOPIC:

Next Meeting: July 27, 2017 3-4pm

TOPIC:

Adjournment

DISCUSSION:

A motion for adjournment was made. Meeting adjourned at 11:00am.