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

Absent:
Matthew Zahn, MD, MPH, California Association of Communicable Disease Controllers
Michael Butera, MD, California Medical Association
Olga De Torres, PharmD, FASHP, BCPS-ID, Department of Pharmacy, O’Connor Hospital

CDPH Staff:
Lanette Corona, Associate Healthcare Program Advisor
TOPIC: Call to Order

DISCUSSION: The Antimicrobial Stewardship Subcommittee meeting was held on Thursday July 27, 2017, via teleconference.

ACTION/OUTCOME: M. Holubar called the meeting to order at 3:03 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

TOPIC: Review of Minutes

DISCUSSION: The June 14, 2017 meeting minutes were approved as presented.

TOPIC: Update from CDPH:

DISCUSSION: 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 provided an update from P. Robinson on the status of SB 43. It was noted Senator Hill has converted this bill to a two-year bill, meaning there will be an additional year to craft the bill into something that is more workable. Prior to converting to a two-year bill, they
removed all the language related to death certificates and attribution of deaths to MDROs and just left with the statewide antibiogram. Great progress made with the bill but still lots to be done. Senator Hill is working with IDAC, CHA and CDPH to ensure whatever is passed in law is doable. The tactic the bill may be moving towards is utilizing the CDC’s AUR module to be less costly for California hospitals. Subcommittee member’s consensuses about the bill as it stood last month were communicated to CDPH to pass on to Senator Hill’s office.

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:
“Discussion of ASP/education survey”

DISCUSSION:
Members reviewed the survey tables related to the status of stewardship curriculum in the various teaching institutions (professional, medical, residency/fellowship programs, and pharmacy). It was noted at the last Advisory meeting; the AS/AR subcommittee was tasked with looking at the survey results in detail and potentially bring back suggestions to the larger committee on how best to use the data or actions to be considered from the data. Discussion ensued regarding how many programs felt AS curriculum is important but felt unsatisfied with the current curriculum provided and could benefit from a formal AS curriculum and willing to share successful strategies, case based materials, pocket cards, antibiotic prescribing reference guides, and algorithms for certain clinical syndromes. It was noted IDSA is working on a curriculum for ID fellowship in terms of AS curriculum as well as other curriculum available such as Wake Forest. It was suggested to have standards set for this type curriculum. A regulatory body needs to say what is recommended and what to cover for a framework for an AS program. Perhaps the newly published 2017 CDC on Antibiotic Use in the US report may have elements for this in providing general principles of stewardship (inpatient, outpatient, SNF, ambulatory centers). Discussion ensued regarding the fifth highest prescribers (out of ten) were identified by the CDC’s new article were 1st = Family Practice, 2nd = NPs, 3rd = PAs, 4th = Internal Medicine and 5th = Dentistry (link to new CDC article to be sent to all members to review). It was noted the AS/AR Subcommittee will work towards developing tools that would reinforce how important education is and provide framework or compilation of resources to schools identified as being potentially high prescribers and needing the most assistance in getting started, such as the dental schools.

ACTION/OUTCOME:
Members will review the survey in detail, primarily the Family Practice and Dentistry data and come back with plans for action at the next meeting. No motion for action to be presented at the August Advisory meeting but instead present this as the plan that the subcommittee will be addressing.
TOPIC:
Discussion Items:
“Update re: documents for ASP toolkit for skilled nursing facilities”

DISCUSSION:
Members reviewed the remaining LTC ASP Toolkit examples that had previous concerns with the specificity within the documents for potential inclusion in the toolkit. It was noted that he ACH ASP Toolkit examples have a disclaimer that reads, “CDPH does not endorse the specific content or recommendations included in these examples. They are for illustrative purposes only.”

ACTION/OUTCOME:
Members agreed to include all remaining reviewed examples into the LTC ASP Toolkit with the CDPH disclaimer included. Permission/approval must be obtained from the actual facility to ensure example's inclusion into the toolkit. Dr. Holubar to obtain and then forward on to CDPH.

TOPIC:
Discussion Items:
“Discuss suggestions to advance/improve HAI Prevention and bring relevant recommendations back to HAI AC:

1) "Address non-acute care settings. Outpatient settings are doing more invasive procedures on increasingly high risk patients”
2) Develop an inter-facility transfer check list that provides information about potentially transmissible organisms (e.g. C difficile, CRE, MRSA, VRE, TB, etc.) The committee could decide which information needs to be included but perhaps not restrict the format so that different electronic health record systems could be utilized where possible to create these reports" (see current CDPH checklist)
   a. What are the most important or minimum information elements, what is the optimal method of communication?
3) ASP in small critical access hospitals, i.e., how can PH support or promote ASP development in those settings, what tools or resources are available?
4) 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” (see article)

DISCUSSION:
Members discussed item 1 above as referring to surgical centers with potential to address a broader reach of outpatient settings that the state may not have authority over (private practices, etc.) but the state can still make recommendations to those settings. A suggestion was made to use the CDC's “2017 Antibiotic Use in the US” report in addition to the “Core Elements of the Outpatient Antibiotic Stewardship Program” as a reference in terms of what this subcommittee develops. A suggestion was made to have CDPH recommend that surgical
centers have better oversight for infection control for these high-risk settings to CASA, CMS and the Medical Board. It was noted, in order to make the recommendation for improvement, baseline data needs to be made available.

Members discussed item 2 above and determined that the previous attempts in piloting the form in facilities did not work. Everyone agrees it is a great idea but when piloting it doesn’t seem to work for SNFs due to lack of EHRs.

Members agreed the CDC recently came out with guidelines for critical access hospitals for stewardship and should be considered already completed for item 3 above.

Members discussed CDPH has already completed item 4 above by effectively getting rid of the tiered system the subcommittee recently came up with.

**ACTION/OUTCOME:**

1) Subcommittee will focus on outpatient surgery centers and interact with CASA for needs of development for making stewardship a priority.

2) Subcommittee does not believe it is an achievable project that can cause change. Needs to become a regulatory change for SNFs to comply. Subcommittee will focus on other projects instead.

3) Members agreed to not put forth any effort on this due to it is already addressed by CDC.

4) Members agreed to not put forth any effort on this due to it is already addressed by CDPH.

Subcommittee will make the motion to the advisory committee to approve, with disclaimer, the remaining LTC example documents in to the LTC ASP Toolkit upon approval from the facilities. In addition, present a report back on the suggestions and plan to prioritize first on how to augment standardized education.

**TOPIC:**
Future Items: TBD

**ACTION/OUTCOME:**
Defer topic until next meeting.

**TOPIC:**
Next Meeting: October 11, 2017 1pm-2pm

**TOPIC:**
Adjournment

**DISCUSSION:**
A motion for adjournment was made. Meeting adjourned at 4:00pm.