

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

**Wednesday September 12, 2018**

**12pm-1pm**

**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)

Dawn Terashita, MD, MPH Acute Communicable Disease Control, LA County Department of Public Health (voting member)

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

Keith Bradkowski, MS, RN, NEA-BC, Chief Nurse Officer, George L. Mee Memorial Hospital (voting member)

Matthew Zahn, MD, MPH, California Association of Communicable Disease Controllers (voting member)

Phillip Robinson, MD, Infectious Disease Association of California

Absent:

Michael Butera, MD, California Medical Association

**CDPH Staff:**

Erin Epsom, MD, Medical Director / Assistant Chief

Lanette Corona, Health Program Specialist I

**TOPIC:** Call to Order

**DISCUSSION:**

The Antimicrobial Stewardship / Antimicrobial Resistance Subcommittee meeting was held on Wednesday September 12, 2018 12pm-1pm, via teleconference.

**ACTION/OUTCOME:** M. Holubar called the meeting to order at 12:02 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 Pharmacy included:  
OlgaDeTorres, PharmD, FASHP, BCPS-ID, Department of Pharmacy, O'Connor Hospital

**TOPIC:** Review of Minutes

**DISCUSSION:** The July 11, 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 next Advisory Committee meeting is on 9/8 in Richmond. The remaining AS/AR subcommittee meetings for 2018 through January 2019 are now scheduled and listed on the agenda for reference.

**TOPIC:** Discussion Items: "Discussion of charge/mission of this subcommittee"

**DISCUSSION:** Members were reminded at the last Advisory Committee meeting, the charge/mission and 3 separate motions (Interfacility transfer form, mandate the communication of the form and have CDPH perform a needs assessment of ASPs) were presented and were approved unanimously.

**ACTION/OUTCOME:**

Members are to continue to address the hospital ASP needs assessment and the ASP tracer which Dr. Epsom will discuss in today's meeting.

**TOPIC:** Discussion Items: *"Discussion of ASP needs assessment"*

**DISCUSSION:**

It was stated the assessment would assist facilities in measuring effective outcomes of ASPs and determine barriers and how to overcome them. By developing a stewardship survey for the state to use would assist in getting facilities to the next level of stewardship by figuring out what is wanted and needed. The larger Advisory Committee approved this motion to develop a needs assessment for ASP. A previous suggestion was to have educational projects ranked to determine potential needs.

**ACTION/OUTCOME:**

Brainstorm and come up with potential topics and/or questions to be compiled for consideration of the needs assessment survey development.

**TOPIC:** Discussion Items: *"Discussion of ASP tracer"*

**DISCUSSION:**

Discussion ensued regarding how the idea of implementing tracers of stewardship came about. It was based on a conversation with a stewardship lead who had completed a survey where the surveyor confirmed they had an adequate program after reviewing their P&Ps. However, the AS lead was a little disappointed that he didn't get to show all of the stewardship efforts that they were actually doing. This is how the conversation shifted to an idea of developing a tracer tool to enable state and even within the hospital themselves to assess how well stewardship P&Ps are being implementing and practiced and how well the ASP is actually impacting the daily activities of the providers. One idea was to have a structured interview tool the surveyor/reviewer would use and ask the Hospitalist to walk-thru a given patient on antibiotics to determine where the facility's guidelines can be accessed for the antimicrobial management for that particular patient's infection or where the facility's antibiogram is located, also where the audit with feedback was completed for that particular antibiotic prescription and how that was incorporated into the management of the patient. The tracer would go through a few different providers (ED, intensivists, pharmacy, IP, lab, nursing, etc.) at a given hospital to assess how well the ASP is actually impacting care at the hospital beyond the P&Ps just being in place. It was stated the intent is not to create a survey tool for CDPH, specifically L&C, they have their own processes, instead to create this tool for the non-regulatory side of CDPH as we visit hospitals and provide consultation to make an assessment, but not for a regulatory standpoint. In addition, for hospitals to use for their own QI. A question was raised regarding if The Joint Commission was doing something similar like this. It was noted, the JC is developing something where they can assess their ASP requirements as well in a meaningful way, similarly to how the Adherence Monitoring tools are to be used. Members were asked to come up with a tool or a make a recommendation for such a tool. What would you suggest would be the best approach,

what interview questions should be asked of the providers, what you would want to see, in the EMR what would you be looking for? How would you subjectively say yes or no, the requirement is achieved? A recommendation was made to ensure the tool should address the transition of care, come up with questions for this to probe this issue (look for defining the duration of therapy while on IV antibiotics and at the transition of care whether they counted the previous days of antibiotics in their decision to give additional antibiotics). Day 3 tracing patients on the ward and in the ICU, duration of therapy and transition of care are three tracer tools that can be developed. It was also suggested to focus a tool for staph aureus patients.

**ACTION/OUTCOME:**

Members agreed to send examples or a Word document with suggested questions to L. Corona that we could use and discuss in future meetings. Sarah D. to send questions that were created for a past survey that was sent to providers that may have relevant questions that can be reviewed.

**TOPIC:** Next Meeting: Wednesday December 12, 12-1pm

**TOPIC:** Adjournment

**DISCUSSION:**

A motion for adjournment was made. Meeting adjourned at 12:57 pm.