

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

**Wednesday October 10, 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)

Absent:

Phillip Robinson, MD, Infectious Disease Association of California

Michael Butera, MD, California Medical Association

Member of the Public:

Carole Moss

CDPH Staff:

Erin Epton, 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 October 10, 2018 12pm-1pm, via teleconference.

**ACTION/OUTCOME:**

M. Holubar called the meeting to order at 12:00 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 Pharmacy included:  
OlgaDeTorres, PharmD, FASHP, BCPS-ID, Department of Pharmacy, O'Connor Hospital  
Laura Elliott, PharmD, BCGP Trauma/Surgical ICU Pharmacist Palomar Health

**TOPIC:**

Review of Minutes

**DISCUSSION:**

The September 12, 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. The annual CDPH HAI Program "Basics of Infection

Control 2-day Course” has been postponed from this October to February 27-28, 2019 at the CDPH Richmond campus and the SurveyMonkey is available on the website for registration.

**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.

**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. D. Terashita shared two separate materials with members that were created by LA County PH. The “Hospital Questionnaire Regarding ASPs” and the “Nurse Engagement and Potential Impact on AS” were presented. The purpose of reviewing is to perhaps take portions of them and implement for what we are working on. The questionnaire addresses whether there is an understanding of the overall ASP in a facility, including activities and education provided, reporting systems used, healthcare networks (SNF, LTC) and additional support. The final survey reviewed was geared towards front-line nursing staff assessing their role in stewardship (knowledge, attitude, practices).

**ACTION/OUTCOME:**

M. Holubar will use the notes taken from the review of documents today and will compile them onto one document to refine going forward. Any additional questions/comments or materials members would like to present for future review are to be sent to L. Corona for collecting.

**TOPIC:**

Discussion Items: “*Discussion of ASP tracer*”

**DISCUSSION:**

Members reviewed the tracer documents that were submitted as requested at the last meeting. J. Silvers reviewed his draft monitoring tool that was created to capture the concept of tracers. Tracer being the start of a process of a particular patient is performed (medication use, chemotherapy, blood transfusion) to look at specific parameters to see if they were

accomplished (ordered properly, mixed properly, delivered, checked, administered, etc.). The topics of the tracer included pneumonia (either ICU or ward), pharmacy acceptance of recommendations (how pharmacist's role work in the AS process), staph aureus bacteremia (used UpToDate and IDSA guidelines) and transitions of care (IV antibiotics). It was stated many hospitals don't have stewardship pharmacists seven days a week and should be considered in the survey and education process. A suggestion was made to create a pediatric sepsis tracer tool. Discussion ensued regarding the use sputum cultures and nasal MRSA screen rapid testing. A process question was presented for purposes of this tracer, do we need to develop something that describes the indication for the surveyor? How detailed should our input be in the tracer or if this is an iterative process? A suggestion was made to create a tracer for UTI for the ED or outpatient setting, ultimately tracers could cover various areas (OB/GYN, surgery, ambulatory surgery centers) for state performing education scenarios. Another monitoring tool reviewed, "ASP Surveyors' Questionnaire/Interview Tool for Hospitalists" was created to determine the quality of a facility's ASP and to ensure the key players of various responsibilities are involved. A suggestion was made to reword #6 to "What criteria do you use to switch patients from IV to oral agents?" as well as #7 to "If yes, how did you determine the duration?" The final monitoring tool reviewed, "UCSF ASP Survey" was presented with the intent not to be used as a tracer but instead to get the sense of awareness about a facility's ASP. Also, to get background about how familiar staff is about antibiotic management in general. It was noted, some questions may be adaptable to compliment the previous tools reviewed today. Questions #7 "Please answer the following regarding your experience with the activities of the UCSF ASP (5 options listed)" and #12 "Have you ever been contacted by the UCSF ASP regarding antibiotic management?" were reviewed specifically.

**ACTION/OUTCOME:**

M. Holubar will use the notes taken from the review of documents today and will compile them onto one document to refine going forward. M. Holubar and S. Doernberg will reach out to their pediatric AS colleagues to inquire tracer topics to be developed (pneumonia, sepsis, UTI). J. Silvers to work on including indications for his tool and send to Lanette to be compiled for next meeting.

**TOPIC:**

Next Meeting: Wednesday December 12, 12-1pm

**TOPIC:**

Adjournment

**DISCUSSION:**

A motion for adjournment was made. Meeting adjourned at 1:00 pm.