

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

Wednesday December 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)

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)

Absent:

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)

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 December 12, 2018 12pm-1pm, via teleconference.

ACTION/OUTCOME: M. Holubar called the meeting to order at 12:06 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

TOPIC: Review of Minutes

DISCUSSION: The October 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

The remaining scheduled AS/AR subcommittee meetings is January 9, 2019. Additional 2019 will be determined.

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

DISCUSSION:

Dr. Epton would like suggestions from members on how to revamp the Spotlight on Hospital ASPs that some members were involved with in 2014. It was based on a voluntary survey hospitals completed related to the eleven elements of ASP that were recommended by the HAI-AC. In addition, the hospitals agreed to have their information made available on the CDPH website to volunteer if other hospitals contacted them with ASP questions. The website went

into effect on 2015 and over 100 hospitals participated. Nothing further has been done with this project since it was rolled out and since there has been ongoing advancements in stewardship would be a great time to make a Spotlight 2.0 revision. It was noted, similar projects in other states are called ASP Honor Roll and/or Center of Excellence for ASPs. Perhaps the revamp can allow for two things, allow ASPs to demonstrate if they are doing more than just the core elements (programs that are taking it to the next level) and to highlight ASPs at the granular level to identify what the best practices are to be showcased and shared with other hospitals wanting to advance their ASPs. An additional element discussed was to identify hospitals that have expanded their footprints on ASP to include EDs or network of outpatient providers/clinics or affiliated networks such as SNFs to determine if they have expanded their reach outside of their institution directly. Another element suggested was to have hospitals share their success stories or positive outcomes achieved in terms of ASP reductions. The question was raised on how else to take the Spotlight project to the next level. Questions were raised regarding the goals of the revamp. Is the goal to obtain data from ASPs to determine what is being done in CA or is the goal to establish an ASP group to share best practices/success stories and work through common problems. It was noted, the goal would be the latter and identify the advanced ASPs to highlight them (on website, best practice webinars) but also to establish a group to offer opportunities for discussion (challenging issues) within that group. Discussion ensued regarding the complications of having a large group convene face to face. What are the next questions/practices that can be asked/identified to get at the next level such as a needs assessments as a starting point to even be identify the hospital's ASPs.

ACTION/OUTCOME:

The subcommittee will discuss this further at the next meeting.

TOPIC: Discussion Items: *"Discussion of ASP monitoring tools"*

DISCUSSION:

Members were reminded that the HAI-AC members were briefed of the work on this topic and the response was favorable. One area of concern from CDPH was the degree of details that the subcommittee was planning to include in the tool. Due to the CDPH IPs would likely be the majority using the tools may feel uncomfortable asking and providing feedback to providers regarding medical decision making (choices in care therapy or duration of therapy of specific conditions). However, the subcommittee believes this type of info is important and can be used not only by the CDPH staff but also by individual ASP to access their reach. Members were reminded about the idea of creating companion tools that would differ in terms of who is conducting the audit. One tool could focus more on process (where to look for guidelines/antibiograms) to confirm if what ASPs are doing is being integrated into practice. The second tool would be more about the management of a specific condition. J. Silvers reviewed his draft monitoring tool edits that were created to capture the concept of tracers. The idea was to develop an outcomes tool for an effective ASP for hospitals to look at how they are doing for these very common types of issues. It was noted, no major edits were made that would change the concept of the draft. This draft will be rolled out to the Sutter ASP level to determine effectiveness.

ACTION/OUTCOME:

Conversation was tabled to be able to talk about the needs assessment that was previously discussed. Members are to review the ASP Monitoring Tool Compilation document to discuss as a companion tool to discuss at the next meeting.

TOPIC: CHG bathing – provide recommendations to HAI-AC re: Dr. Huang’s presentation

DISCUSSION:

Members were reminded at the last HAI_AC meeting, the subcommittee was tasked with the responsibility of responding to Dr. Huang’s presentation regarding decolonization and specifically CHG bathing. The committee is to think about this issue particularly as it pertains to monitoring and adherence and then provide recommendations to the larger committee about this issue on how to promote this practice/optimize this practice across the state. Members were asked to view the link provided in the meeting invite to refresh their memory of Dr. Huang’s presentation if needed. It was noted, this practice was focused only on ICU patients. Discussion ensued regarding how the practice is in place at a member’s facility for ICU and patients with central lines outside of the ICU. A recommendation was made to make a firm statement that the subcommittee believes this is optimal care and is becoming a standard of care that all hospitals should be implementing for all ICU patients including tracking and monitoring for compliance. Issues related to tracking compliance was discussed, including assigning cleaning responsibility at a local level, quality of cleaning and the type of products used (brand, cost, wipes vs soap). The subcommittee must recognize these types of obstacles facilities will face with as well. Discussion ensued regarding experiences of the antiseptic solution wipes used alone or in addition to CHG product. An idea of compiling CHG information regarding decolonization tools and resources to promote the importance skin care to prevent Central Line infections was suggested. A hospital to implement some form of skin care to lower the likelihood of CLABSIs: two options for this would be decolonization and ways to promote the healthy skin integrities for natural resistance. This would set an expectation for a site to say what they are doing and can demonstrate the process used to determination the product they are using. This would show a process and evaluation the facility used to determine what product they used.

ACTION/OUTCOME:

M. Holubar will determine what CDPH IPs are doing to promote skin care and bring the info back to the subcommittee in January then go forward from there.

TOPIC: Next Meeting: Wednesday January 9, 11am-12pm

TOPIC: Adjournment

DISCUSSION:

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