

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

**Wednesday June 8, 2016**

**1pm-2pm**

**Teleconference**

**Attendance:**

**Members of Subcommittee:**

Brian Lee, MD, Subcommittee Chair, Infectious Disease Specialist, UCSF Benioff  
Children's Hospital Oakland  
Karen Anderson, MT, MPH, CIC, Infection Control , University of California, San  
Francisco  
OlgaDeTorres, PharmD, FASHP, BCPS-ID, Department of Pharmacy, O'Connor Hospital  
Jeff Silvers, MD, Infectious Disease Specialist, Medical Director Quality Management,  
Sutter Eden Medical Center  
Carole Moss, Patient Advocate  
Matthew Zahn, MD, MPH, California Association of Communicable Disease Controllers  
Marisa Holubar, MD, MS, Associate Medical Director Stanford Antimicrobial Safety and  
Sustainability Program University School of Medicine  
Samantha Tweeten, PhD, MPH, San Diego County Department of Public Health  
Phillip Robinson, MD, Infectious Disease Association of California

**Absent:**

Dan Uslan, Associate Clinical Professor, Infectious Diseases at University of California  
Los Angeles  
Dawn Terashita, MD, MPH Acute Communicable Disease Control, LA County  
Department of Public Health  
Catherine Liu, MD, Infectious Disease Specialist, University California, San Francisco  
Michael Butera, MD, California Medical Association  
Stan Deresinski, MD, Infectious Disease Specialist, Stanford University

**CDPH Staff:**

Lanette Corona, Associate Healthcare Program Analyst

**ACTION TAKEN:**

**See Attached Minutes**

**ACTION REQUIRED BY HAI ADVISORY COMMITTEE:**

**ACTION REQUIRED BY ADMINISTRATION:**

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**Brian Lee, MD, Subcommittee Chair**



TOPIC	DISCUSSION	ACTION/ OUTCOME	NEXT REVIEW
<p>V. Discussion Items: <i>Antimicrobial stewardship education for future prescribers via curriculum requirement in medical/dental/pharmacy/nursing/veterinary/podiatry/optometry schools and residency training programs and for current practicing clinicians (physicians, pharmacist, dentists, nurse practitioners, physicians assistants, podiatrists, optometrists, etc.) via continuing education requirement in antimicrobial resistance/stewardship for licensure</i></p> <ul style="list-style-type: none"> <li>• <b>List of Schools</b></li> <li>• <b>List of residency training programs</b></li> </ul> <p><b>Components of ASP for skilled nursing facilities: SB361: On or before 1/1/17, each skilled nursing facility, as defined in subdivision © of Section 1250, shall adopt and implement an antimicrobial stewardship policy that is consistent with antimicrobial</b></p>	<p>Members reviewed the lists of schools and training programs to determine any additional inclusions. This list will be given to CDPH for the purpose of surveying the schools/programs about their stewardship education/training. It was determined by members that CDPH send a letter and survey to the Deans of each school to filter out to the appropriate programs.</p> <p>Members reviewed the draft survey questions to determine additional questions to be added or to be edited accordingly. Members were informed there would be a letter accompanying the survey which would define what AS is, the importance of it, as well as, mention CA laws that require ASP in SNFs and ACHs. The letter would explain its importance and the survey is to understand how well this is being incorporated into health professional education. This will allow us to determine where entities are at in their educational programs and to encourage those programs that have not put an emphasis on AS to begin to now incorporate it into their programs. The letter could include specific ASP principles or can be added into the survey directly. Members agreed for survey question #3, to include a caveat as to “how many hours is specific to AS instruction annually; 0-1, 2-5, 6-10 and &gt;10hrs”. Also in question #3, to include “ID trained MD, PharmD, general MD, PharmD, IP and other”. Discussion ensued regarding whether the survey would be anonymous or traceable. It was noted, in the letter a statement would be included that states, the survey information provided would not be used against the institutions and the data would be collected and reported as an aggregate. For question #4, it was determined to change the word from “introduced” to “taught” and add “pharmacy” “podiatry”, “residency/fellowships” and “other” to the list. Members agreed to move question #5 after #6. For question #7, it was determined to remove “management of the following common infections, including” and add “in the following, check all that apply” in addition add to the list, “intra-abdominal infections”, “dental infections” and “surgical/procedural prophylaxis” to the checklist. For question #10, members agreed to remove “the merits and pitfalls of clinical pathways or guidelines the goal of which is to standardize care” and add “treatment algorithms or order sets that facilitates</p>	<p>Olga to send chair the remaining four Pharmacy schools to add to the list.</p>	

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<p><b>stewardship guidelines developed by CDC and CMS, SHEA or similar recognized professional organizations</b></p>	<p>the standardization of care”. Members agreed to add a final question asking, “Which of the following are used to measure the impact of the education: written exam, oral exam, case presentation, tracking antibiotic utilization by provider and presenting data back to them”. Discussion ensued to also add a question related to inquiring if providers are taught how to report bad outcomes associated with antibiotic prescribing. It was agreed to add “identifying and reporting adverse reactions related to the use of antimicrobials” as an option under #6.</p> <p>The subcommittee is to next draft a template letter to be used in conjunction with the survey questions for CDPH use or edit when contacting these schools/residency training programs.</p> <p>The tiered ASP components for SNFs were not discussed at this meeting due time constraints.</p>	<p>Create a letter CDPH can send out to training programs to explain and introduce the survey questions.</p> <p>Chair to continue discussion at the next meeting.</p>	
<p>VI. Action items to bring to HAI-AC:</p>	<p>None discussed.</p>		
<p>VII. Tabled Items</p>	<p>None discussed.</p>		
<p>VIII. Next meeting</p>	<p>July 6, 2016 2-3pm</p>		
<p>IX. Adjournment</p>	<p>A motion for adjournment was made.</p>	<p>Meeting adjourned at 2:02pm</p>	