

**ANTIMICROBIAL STEWARDSHIP SUBCOMMITTEE
HEALTHCARE ASSOCIATED INFECTIONS ADVISORY COMMITTEE**

**Thursday July 31, 2014
11am-12 PM
Teleconference**

Attendance:

Members of Subcommittee:

Brian Lee, MD, Subcommittee Chair, Infectious Disease Specialist, UCSF Benioff Children's Hospital Oakland
Jeff Silvers, MD, Infectious Disease Specialist, Medical Director Quality Management, Sutter Eden Medical Center
Stan Deresinski, MD, Infectious Disease Specialist, Stanford University
Karen Anderson, Infection Control, California Pacific Medical Center
Catherine Liu, MD, Infectious Disease Specialist, University California, San Francisco
Michael Butera, MD, California Medical Association
OlgaDeTorres, PharmD, FASHP, BCPS-ID, Palomar Medical Center
Conan MacDougall, PharmD, MAS, BCPS, University California, San Francisco

CDPH Staff:

Erin Epton, MD, Assistant Chief HAI Program
Lanette Corona, Associate Healthcare Program Analyst

Members of the Public

ACTION TAKEN:

See Attached Minutes

ACTION REQUIRED BY HAI ADVISORY COMMITTEE:

ACTION REQUIRED BY ADMINISTRATION:

Brian Lee, MD, Subcommittee Chair

TOPIC	DISCUSSION	ACTION/ OUTCOME	NEXT REVIEW
	<p>Antimicrobial Stewardship Toolkit” features California’s ASP effort, specifically the Spotlight project. A question was raised regarding the number of views/hits the page has received since the project was rolled-out.</p>		
<p>V. Discussion Items: <i>Antimicrobial Stewardship Pharmacy Advisory Group</i></p> <p><i>Toolkit for Hospital ASPs</i></p>	<p>Discussion ensued regarding the overwhelming interest from pharmacists from across the state working on antimicrobial stewardship to participate as a member of the subcommittee. Not wanting to turn away such well qualified candidates, the idea of having a Pharmacy Advisory Group was established. The group would not be an official committee but a group that could work on additional feedback and ideas. The two newly appointed pharmacist subcommittee members, Olga and Conan would be the liaison’s to this Pharmacy Advisory Group. It was noted, there will be a broad representation from different facilities from across the state and their input on some of the issues that may come up from the subcommittee would be invaluable.</p> <p>Discussion ensued regarding the status of the toolkit materials not being submitted by assigned members. Due to the recent new members and departure of Liz Clark from the subcommittee, it was determined to re-align some of the assigned components.</p> <p><u>Toolkit Resources for ASP Components</u> Dr. Lee and Karen Anderson will take on Basic program tier #1, #2 and #3 Olga will identify resources for Basic program # 4 Dr. Liu will take on #5 and #6 of Intermediate program tier Dr. Uslan and Conan will take on Intermediate program #7 Dr. Silvers will identify resources for Intermediate program #8 as well as, #9 and #11 of the Advanced program tier Dr. Uslan and Olga will take on Advanced program #10 The idea is that eventually this information will be made available on the website. The information should be practical, not too extensive, just a relatively quick description of what the component is about and include examples by facility type. Once</p>	<p>Dr. Lee to provide the list of Pharmacy Advisory Group members to the group’s liaisons as informational.</p> <p>Timeline for ASP component materials to be submitted by 8/15/14 to both Dr. Lee and Lanette.</p>	

TOPIC	DISCUSSION	ACTION/ OUTCOME	NEXT REVIEW
	all component materials are submitted, Dr. Lee will edit it into some type of standardized format to ensure it is user-friendly.		
VIII. <i>Additional Discussion Items</i>	<p>Discussion ensued regarding SB1311 had several amendments made on June 26th and may give more information on what the health department can do in terms of enforcement.</p> <p>SECTION 1. <i>Section 1288.85 is added to the Health and Safety Code, immediately following Section 1288.8, to read:</i> <u>1288.85. Each general acute care hospital, as defined in subdivision (a) of Section 1250, shall do all of the following by July 1, 2015:</u> <i>(a) Adopt and implement an antimicrobial stewardship policy in accordance with guidelines established by the federal government and professional organizations. This policy shall include a process to evaluate the judicious use of antibiotics in accordance with paragraph (3) of subdivision (a) of Section 1288.8.</i> <i>(b) Develop a physician supervised multidisciplinary antimicrobial stewardship committee, subcommittee, or workgroup.</i> <i>(c) Appoint to the physician supervised multidisciplinary antimicrobial stewardship committee, subcommittee, or workgroup, at least one physician or pharmacist who is knowledgeable about the subject of antimicrobial stewardship through prior training or attendance at continuing education programs, including programs offered by the federal Centers for Disease Control and Prevention, the Society for Healthcare Epidemiology of America, or similar recognized professional organizations.</i> <i>(d) Report antimicrobial stewardship program activities to each appropriate hospital committee undertaking clinical quality improvement activities.</i> <u>SEC. 2.</u> <i>No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.</i></p>	IDAC offered a much more robust amendment on ASP with specific metrics and reporting antibiotic usage that was not chosen on the bill but will be forwarded to Dr. Lee and will be discussed at next meeting.	
X. Action items (to bring to HAI AC)	None.	Dr. Lee will not be in attendance at the 8/7/4 AC meeting. Dr. Silvers will present on Dr. Lee's behalf.	
XI. Next meeting dates	Thursday August 28, 2014 11am-12pm.		
XII. ADJOURNMENT	A motion for adjournment was made.	Dr. Lee adjourned the meeting at 11:50 a.m.	