

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

**Thursday, October 10, 2013 - 11 AM  
Teleconference**

**Attendance:**

Members of Subcommittee:

Brian Lee, MD, Subcommittee Chair, Infectious Disease Specialist, Children's Hospital & Research Center Oakland  
Jeffrey Silver, MD, Infectious Disease Specialist, Eden Hospital  
Elizabeth Clark, MPH, RN, Infection Preventionist, Torrance Memorial Medical Center  
Stan Deresinski, MD, Infectious Disease Specialist, Stanford University  
Keith Teelucksingh, PharmD, Infectious Disease Pharmacist, Kaiser Oakland  
Catherine Liu, MD, Infection Control Medical Director, UCSF

CDPH Staff:

Kavita Trivedi, MD, CDPH  
Lanette Corona, Associate Healthcare Program Analyst, CDPH

Members of the Public and Invited Guests:

Mark Riddell, Optimer Pharmaceuticals, Infectious Disease Pharmacist  
Ashley Snyder, Optimer Pharmaceuticals, Infectious Disease Pharmacist  
Steve Forland, Loma Linda University Medical Center, Clinical Pharmacist  
Olga DeTorres, Palomar Medical Center, Infectious Disease Pharmacist

**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>I. CALL TO ORDER</p> <p><i>B. Lee</i></p>	<p>The Antimicrobial Stewardship Subcommittee meeting was held on Thursday, October 10, 2013, via teleconference.</p>	<p>B. Lee called the meeting to order at 11:05 A.M.</p>	
<p>II. Welcome</p> <p><i>B. Lee</i></p>	<p>Brian Lee welcomed participants to the meeting, and invited all on the call to state their name and institution.</p> <p>B. Lee presented committee members with a summary of what was covered in previous meetings.</p> <p>Components were presented to HAI Advisory Committee on August 15<sup>th</sup>. All components were approved by HAI-AC except for number 2 in the intermediate tier regarding having a formulary with a limited number of antimicrobials. It was felt that this was not a useful definition because any hospital would meet this simply because no hospital carries every antimicrobial (e.g. chloramphenicol).</p>		
<p>III. Review of minutes</p> <p><i>B. Lee</i></p>	<p>Minutes from previous meeting were not reviewed as these were previously approved.</p>		
<p>IV. Legislative authority of our Committee</p> <p><i>K. Trivedi</i></p>	<p>Continuing to wait for a response from legal department. No additional information to report regarding this agenda item.</p>		
<p>V. Discussion</p> <p><i>B. Lee</i></p>	<p>During the previous committee meeting committee members decided that they would like to draft a preface to accompany the list of defined components of an ASP. B. Lee has begun this process and posted what he has written online. This preface was read aloud to committee members.</p> <p>It was stated by K. Trivedi that it would be better to reference the California Health and Safety code rather than Senate Bill 739. B. Lee will revise based on this suggestion.</p> <p>Motion to approve the preface to include the suggested amendment was made and seconded.</p>	<p>Preface approved by committee members.</p>	

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	<p>Motion approved, and will be presented at the next HAI committee.</p> <p>In addition, B. Lee would like to discuss and have a formal vote from Committee members on the following topics:</p> <ol style="list-style-type: none"> <li><i>1. Recommendation to CDPH that the ASP preface/introduction and 3-tier definition be disseminated as "guidance" to acute care hospitals?</i></li> </ol> <p>A motion was made and seconded to approve the above. All were in favor. The recommendation was approved.</p> <p>K. Trivedi suggested that we invite hospitals to a forum in which they would be able to discuss with other institutions and CDPH how to implement the ASP components. Committee members liked the idea of having a collaborative forum, working with the hospitals through the obstacles, and some time thereafter, moving forward with the collection of data.</p> <ol style="list-style-type: none"> <li><i>2. Recommendation that CDPH establish a collaborative process among California hospitals to facilitate the implementation of the three tiers of Antimicrobial Stewardship. The collaborative should include representation from a diverse cross section of California hospitals.</i></li> </ol> <p>A motion was made and seconded to approve the above. All were in favor. The motion was approved.</p> <ol style="list-style-type: none"> <li><i>3. Recommendation that following the conclusion of the collaborative's efforts, CDPH collect data on a voluntary basis from hospitals about which of the ASP components they have implemented?</i></li> </ol> <p>A motion was made and seconded to approve the above. All were in favor. The motion was</p>	<p><i>Recommendation to CDPH that the ASP preface/introduction and 3-tier definition be disseminated as "guidance" to acute care hospitals.</i> Approved.</p> <p><i>Recommendation that CDPH establish a collaborative process among California hospitals to facilitate the implementation of the three tiers of Antimicrobial Stewardship. The collaborative should include representation from a diverse cross section of California hospitals.</i> Approved.</p> <p><i>Recommendation that following the conclusion of the collaborative's efforts, CDPH collect data on a voluntary basis from hospitals about which of the ASP components they have implemented.</i></p>	

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	<p>approved.</p> <p>There was general agreement that it would make sense for CDPH to collect information about ASP program components from hospitals after the collaborative had had an opportunity to take place. The Committee will further discuss a more specific timeline at the next meeting.</p> <p><i>4. Recommendation that CDPH publicly report this information.</i></p> <p>There was some hesitation around this. There was concern that if this information is made public, hospitals need more guidance regarding how to meet the components of an ASP (this concern was addressed above with the idea of establishing a statewide collaborative to provide this additional guidance). In addition, it was felt that some hospitals may shy away from responding if this information were to be publicly reported. There was discussion that it may be preferable to report information/statistics on an aggregate level. However, K. Trivedi noted that any information collected by CDPH would be available for public scrutiny. No motion or vote was made on this recommendation at this time.</p>	<p><i>Approved.</i></p>	
<p>VI. Action Items</p> <p><i>B. Lee</i></p>	<p><u>Action Items</u></p> <p>Will further discuss establishing a timeline for the collaborative and for collection of ASP information from California hospitals.</p> <p>Also, B. Lee mentioned the idea of requiring physicians to complete Antimicrobial Stewardship CMEs for their license renewal. Committee. Similar requirements currently exist for pain CMEs and geriatric CMEs. Committee members were asked to think about this idea for discussion at our next meeting.</p>		
<p>VII. Dates for Future Meetings</p>	<p><u>Dates for Future Meetings</u></p> <p>Next meeting is tentatively planned for early November. In addition, the next HAI-AC</p>		

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<i>B. Lee</i>	committee meeting will be held on December 12th.		
VIII. ADJOURNMENT	A motion for adjournment was made.	Dr. Brian Lee adjourned the meeting at 12:05 p.m.	