

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

**Thursday, July 18, 2013, 10 AM  
Teleconference**

**Attendance:** Members of Subcommittee:  
Brian Lee, MD, Subcommittee Chair, Infectious Disease Specialist, Children's Hospital &  
Research Center Oakland  
Keith Teelucksingh, PharmD, Infectious Disease Pharmacist, Kaiser Oakland  
Jeffrey Silvers, MD, Infectious Disease Specialist, Eden Hospital  
Elizabeth Clark, MPH, RN, Infection Preventionist, Torrance Memorial Medical Center  
Stan Deresinski, MD, Infectious Disease Specialist, Stanford University

CDPH Staff:  
Kavita Trivedi, MD, CDPH

Members of the Public and Invited Guests

**ACTION TAKEN:**

**See Attached Minutes**

**ACTION REQUIRED BY HAI ADVISORY COMMITTEE:**

**ACTION REQUIRED BY ADMINISTRATION:**

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**Brian Lee, MD, 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, July 18, 2013, via teleconference.</p>	<p>Dr. Lee called the meeting to order at 10:05 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>III. Review of minutes from 2/27/13 meeting</p> <p><i>B. Lee</i></p>	<p>The minutes from the previous meeting on 6/13/13 were not posted online as per usual. Will send minutes out for committee member's approval.</p>	<p>Minutes approval postponed.</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. Committee will continue to move forward with its work.</p>		
<p>V. Discussion</p> <p><i>B. Lee</i></p>	<p>Checklist covering all components discussed so far has been posted online. B. Lee is hoping to move forward with approving the list, and opened the floor for any additional comments/changes.</p> <p>Question regarding whether or not the stewardship program "committees" implemented at hospitals should be referred to as a "committee" or a "work group". Committee members inquired about whether the two terms would be considered interchangeable by the State. K. Trivedi will take this into consideration when writing regulation; however, she noted it may be helpful to list on the checklist several reasonable options, including "workgroup" and "subcommittee" so as to make it clear that any variation is acceptable.</p> <p>Another question was raised in regards to how the checklist is going to work: for example, if a hospital has satisfied advanced tier components but is missing a component from the basic tier. The response was that everyone should meet the basic requirement. The basic requirement was designed to match what is written in the law as closely as possible.</p>	<p>Tiered components will be presented to the HAI-AC and it will be recommended that this list should replace the recommendations of the previous subcommittee. In addition, subcommittee will ask the HAI-AC about a method for distributing this information and whether AFL can be used to disseminate this "guidance" even prior to anything being put into regulation. However, components won't be ready to send to facilities until the preamble containing the goals and definition is written.</p>	

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	<p>Concern was raised that many smaller hospitals will struggle with meeting the DDD and DOT component of the intermediate tier. This challenge was acknowledged but it was decided that these tiers will give hospitals a framework to work toward.</p> <p>Tiered checklist of Antimicrobial Stewardship Program Components was approved by committee members with addition of terms “work group” and “subcommittee” to basic component #2.</p> <p><i>Should tiered ASP components replace the ASP definition developed by the prior antimicrobial stewardship subcommittee?</i></p> <p>Committee members unanimously agreed to recommend to HAI-AC that previous definition of antimicrobial stewardship program be replaced with the new tiered list.</p> <p><i>How should CDPH inform hospitals of the ASP definition?</i></p> <p>CDPH presents information through all facility letters, and the thought was that stewardship information could be distributed in this way. Committee members unanimously agree that this would be the most appropriate way to disseminate this information.</p> <p>Question regarding whether or not just disseminating information about the basic, intermediate, and advanced tiers would be enough information for hospitals to understand what they need to do in order to be in compliance. It was agreed that the list of components would require a preface that include a definition, goals, and context.</p> <p>There is some wording from policy statement in SHEA-IDS that committee members may want to use for the preface; as it should describe what Antimicrobial Stewardship is, reiterate what is</p>		

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	<p>written in the law, and list the components that CDPH defines as a Stewardship Program.</p> <p>Suggestion was made regarding presenting to hospitals a draft of the guidelines and asking for public comment before it is passed into regulation. K. Trivedi is unaware of a process for this type of feedback. It was noted that there is a broad representation of California hospitals on this subcommittee as well as the HAI-AC. Concern was raised that soliciting and awaiting feedback from a larger group could delay getting out guidance on Antimicrobial Stewardship to California hospitals and delay implementation of formal programs.</p> <p>It was mentioned that the components have been available for public comment all along, as minutes and documents have been posted on the CDPH website. It was decided that the approval of the components by the committee represented their agreement that these should be presented to the HAI-AC. Committee members felt comfortable with this and again had unanimously approved recommending the tiered components to the HAI-AC.</p> <p>Wording for preamble will be taken from SHEA- IDSA policy statement that can then be discussed at committee's next meeting. Dr. Lee will work on drafting this.</p> <p>In addition, at a previous meeting, a recommendation was made that CDPH should hire additional staff to assist with the California Antimicrobial Stewardship Initiative. Concerns were raised about this recommendation in the last HAI-AC meeting. The subcommittee discussed whether this recommendation should be withdrawn or reaffirmed. It was agreed that this recommendation should be tabled until the subcommittee has had further chance to discuss recommendations regarding the collection and public reporting of Antimicrobial Stewardship Program data from California hospitals by CDPH. If these are recommended, then it would be</p>		

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	appropriate to revisit the necessity of additional staff at CDPH to carry out this work.		
VI. Action Items  <i>B. Lee</i>	<u>Action Items</u>  B. Lee will work on a draft of an ASP preamble that can be discussed and edited during the next meeting.		
VII. Dates for Future Meetings  <i>B. Lee</i>	<u>Dates for Future Meetings</u>  Next meeting is tentatively planned for September. The next HAI-AC committee meeting is in August.		
VIII. ADJOURNMENT	A motion for adjournment was made.	Dr. Brian Lee adjourned the meeting at 11:05 a.m.	