

The California Antimicrobial Stewardship Program Initiative

The CDPH HAI Program supports the Antimicrobial Stewardship Program Initiative to provide consultation and education for assisting California hospitals and other healthcare facilities to implement these important local programs, necessary for strengthening the optimization of antimicrobial utilization. The purpose of an antimicrobial stewardship program in a healthcare facility is to measure and promote the appropriate use of antimicrobials by selecting the appropriate agent, dose, duration, and route of administration, to improve patient outcomes while minimizing toxicity and the emergence of antimicrobial resistance. Antimicrobial stewardship is **essential** in the control of *Clostridium difficile* infections and the emergence of infections due to multidrug resistant organisms.

California law requires that general acute care hospitals implement programs for monitoring the judicious use of antibiotics and requires a quality improvement committee with responsibility for oversight. California is the only state with this type of mandate. CDPH performed a statewide assessment of antimicrobial stewardship programs and published the findings in 2013 at [The State of Antimicrobial Stewardship in California](#).

We are pleased to launch our new Spotlight on Antimicrobial Stewardship Programs project, which allows hospitals to share their antimicrobial stewardship program strategies and progress, and identifies California physician, pharmacists, and infection prevention leaders willing to serve as mentors to other hospitals in various stages of antimicrobial stewardship program implementation. This webpage will update each hospital's implementation progress as more antimicrobial stewardship activities are fully realized over the coming months and years. Additional volunteer hospitals will be added to the site on a quarterly basis.

Spotlight on Antimicrobial Stewardship Programs

		Basic Program				Intermediate Program				Advanced Program		
		1. Institution-specific antimicrobial stewardship policy and/or procedures adopted	2. Physician-supervised multidisciplinary ASP committee or workgroup convened	3. ASP support provided by a physician or pharmacist with antimicrobial stewardship training from a recognized professional organization or post graduate education	4. ASP activities routinely reported to hospital quality improvement committees	5. Annual antibiogram developed (using CLSI guidelines), distributed to medical staff, and follow-up education provided.	6. Institutional guidelines for the management of common infection syndromes adopted (e.g., order sets, clinical pathways, empiric antimicrobial therapy guides, etc.)	7. Usage patterns of antibiotics (determined to be important to the local resistance ecology) monitored using Defined Daily Dosing (DDD) or Days of Therapy (DOT)	8. Regular antimicrobial stewardship education provided to hospital staff and committees	9. Antimicrobial formulary reviewed annually and changes made based on local antibiogram	10. Prospective audits of antimicrobial prescriptions performed and intervention/feedback provided	11. Formulary restriction with preauthorization implemented
1	Children's Hospital & Research Center Oakland, Major Teaching , 190 beds ID Physician: Brian Lee, MD blee@mail.cho.org Pharmacist: Cynthia Huwe, PharmD chuwe@mail.cho.org	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Eden Medical Center Castro Valley, Community , 144 beds ID Physician: Jeffrey Silvers, MD silverj@sutterhealth.org											

