

ANTIBIOTIC STEWARDSHIP SUBCOMMITTEE
HEALTHCARE ASSOCIATED INFECTION ADVISORY COMMITTEE

AUGUST 24, 2010

MINUTES

Attendees: Michael Butera, Ray Chinn, Brian Lee, Rekya Murthy, Mark Reddell, Kavita Trivedi, David Witt (Chair) Absent: Francesca Toriani, Lisa Winston

1. The newly interpreted requirements for Subcommittee meetings to fully adhere to the requirements of the Bagley-Keene Open Meetings act were reviewed. All future meetings will be noticed and an agenda will be posted. All votes will be by roll call.
2. The preliminary recommendations of the Metrics Group advising the CDPH were reviewed. They are delineated in each of the actions below, as the Subcommittee discussed each aspect and voted regarding each suggestion.
3. Antibiotic Use metrics.
 - a. The Subcommittee accepted the recommendation that all hospitals with < 50% pediatric patients use Defined Daily Dosing (DDD) for total antibiotic use and by antibiotic class, the classes to be defined further but to include at least broad Gram positive, anti-pseudomonal Gram negative, non-pseudomonal broad Gram negatives and maybe anti-fungal agents. Pediatric hospitals would use Days of Therapy (DOT) as their metric. Hospitals would report by hospital. **This was approved by unanimous vote.**
 - b. The subcommittee identified that stratification by size and/or nature of the hospitals needs to be developed for this metric to be meaningful. This would potentially exclude Labor and Delivery and Pediatric beds from the metric. **This was approved by unanimous vote.**
 - c. Public reporting was discussed. While there was some support for public reporting it was felt until the data collected was examined and verified for value this should be deferred. **This was approved by unanimous vote.**
 - d. Reporting of local resistance patterns was felt to be complicated and will be examined in a future meeting.
 - e. It became apparent that there was a lot of work needed to define “Antibiotic Stewardship” in a measureable way to permit enforcement as well as to ensure that it is introduced and funded in all facilities. This will be the main topic of the next meeting.
 - f. The Subcommittee deferred decisions on reporting C difficile rates to the C difficile Subcommittee. **This was approved by unanimous vote.**

- g. Measures that were recommended previously by this Subcommittee were reviewed. These process measures that all hospitals should demonstrate included:
- i. Antibigrams
 - ii. Either advanced training of those responsible for overseeing Antibiotic Stewardship (Infectious Disease Subspecialty certification, Infectious Disease Pharmacist certification) or certification in a basic training course (to be developed or identified).

Submitted

David Witt, MD (Chair, Subcommittee)