

**Antibiotic Stewardship/Antibiotic Resistance
HAI Advisory Subcommittee
Meeting Summary
June 13, 2024
10:00am-11:00am**

Voting Members Present

Arianna Longley, Matt Zahn, David Ha, Bridget Olson, Ethan Smith (Chair), Francesca Torriani, Carole Moss

Voting Members Absent

Margaret Marlatt, Philip Robinson

Subject Matter Experts (SMEs) Absent

Caitlin Richardson

CDPH Department Staff Present

Anisah Alshiekh, Valerie Sandles, Jane Kriengkauykiat, Becca Czerny, Rebeca Elliot

Call to Order and Introductions

Quorum was met at 10:03 AM. The Chair, Ethan Smith, subsequently called the meeting to order at 10:03 AM.

Voting members approved 3/21/24 Meeting Summary at 10:04am.

Updated Voting Member List: 9

- Ethan Smith, PharmD, BCIDP (Chair)
- Margaret Marlatt, BSN, RN, PHN, MHA
- Carole Moss (public member)
- Francesca Torriani, MD
- Ariana Longley, MPH
- Bridget Olson, PharmD
- Philip Robinson, MD
- David Ha, PharmD
- Matthew Zahn, MD

Subject Matter Experts: 1

- Caitlin Richardson

Item 1. Strategies to Enhance Hospital Enrollment in Honor Roll Program Updates

There were no updates regarding the Honor Roll Application Platforms to report on as of 6/13/24. The subcommittee was advised by Jane K. that there would be updates to come at the next AS/AR Subcommittee meeting on 7/11/24.

Item 2. Draft Motion #1 – An All Facilities Letter (AFL) about CDPH Office Hours

The HAI AS/AR Subcommittee motioned to send an “All Facilities Letter” to all acute care hospitals (ACHs) and skilled nursing facilities (SNFs) regarding CDPH’s ASP Office Hours.

Carole Moss and David Ha emphasized the importance of Motion #1, and how it should be prioritized and made more prominent on HAI webpage. Some ideas to promote this motion included:

- Ensuring awareness at local HAI jurisdictions
- Providing testimonials/use cases on the CDPH website
- Including information on ASP Office Hours in Annual Report moving forward

Item 3. Draft Motion #2 – Statewide Campaign to Reduce Unnecessary Urine Cultures

The HAI AS/AR Subcommittee motions to create a state-wide campaign focused on reducing unnecessary urine cultures. Potential talking points include:

- Many “automatic” (e.g., RN triage protocols, order sets) urine culture orders
- Summarize consequences
- Provide local action items
- Provide examples of benefits of reducing unnecessary cultures (e.g., antibiotics saved)
- Disseminate myths RE ASB
- Multi-disciplinary involvement (e.g., Magnet Project)
- Add section for baseline mental status (and section for related changes) to the interfacility transfer form, along with indication for transfer
- CDPH strongly advises that healthcare facilities review order sets/protocols to identify opportunities to reduce unnecessary urine culturing (do not culture unless urinary symptoms are present)
- Identification of an Emergency Department MD champion to affect changes above (consider Rx champion as well)

Ethan referenced a 5-year, 68-hospital [cohort study](#) (www.jamanetwork.com/journals/jamanetworkopen/fullarticle/2816027) that focused on the prevalence of bacteremia from a presumed urinary source in hospitalized patients with asymptomatic bacteriuria (ASB). The findings were that out of the total sample size, N=11,590 hospitalized patients with ASB, only 1.4% developed bacteremia from a presumed urinary source, while 72.2% received empiric antibiotic therapy for urinary tract infection. The findings suggest a risk-based approach could avoid antibiotics (ABX) in about 70% of patients.

Item 4. Review Action Items and Propose Agenda Topics for Future Meetings

Motion #3: The HAI AS/AR Subcommittee motions to develop resources or “use cases” for NHSN AUR data. Ethan shared the [CDPH Toolkit for California Hospitals Tracking Antimicrobial Use and Resistance](#)

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/NHSN_AUR_OptionImplementationToolkit.aspx)

- Reporting mandatory for 2024
- NHSN AU dashboard for CA in development

- How can organizations leverage this data to develop/improve stewardship initiatives or programmatic resources?

Motion #4: The HAI AS/AR Subcommittee motions to develop a lab outreach program focused on breakpoint updates:

- Ethan brought up that Dr. Epson mentioned to him that some work has already been done regarding this. Ethan to follow up with Dr. Epson via email
- Focus on both technical and clinical implications? (Question for next meeting)
- Address barriers to implementation at the local level (issue for next meeting)

Meeting adjourned at 11:03am.