

Antibiotic Stewardship/Antibiotic Resistance
HAI Advisory Subcommittee
Meeting Summary
March 21, 2024
10:00am-11:00am

Voting Members Present

Arianna Longley, Bridget Olson, Ethan Smith (Chair), Margaret Marlett, Philip Robinson, Francesca Torriani, Carole Moss

Voting Members Absent

Marisa Holubar, Nicole McNeil, Sarah Doernberg, Matt Zahn, David Ha

Subject Matter Experts (SMEs) Present

Caitlin Richardson

CDPH Department Staff Present

Anisah Alshiekh (CDPH HAI Support), Alejandro Gonzalez, Valerie Sandles, Lanette Corona, Jane Kriengkauykiat, Becca Czerny, Rebeca Elliot

Call to Order and Introductions

Quorum was met at 10:13am. Chair, Ethan Smith, called the meeting to order at 10:13 AM. Voting members approved 2/8/24 Meeting Summary at 10:14am.

Item 1. Subcommittee Members

Ethan gave a brief overview of the Subcommittee's current voting members, as well as introducing Caitlin Richardson as the new Subject Matter Expert (SME).

Current Voting Members: 12

- Ethan Smith, PharmD, BCIDP (Chair)
- Sarah Doernberg, MD MS
- Marisa Holubar, MD MS
- Margaret Marlatt, BSN, RN, PHN, MHA
- Nicole McNeil
- Ariana Longley
- Carole Moss (Public Member)
- Bridget Olson, PharmD
- Philip Robinson, MD
- David Ha, PharmD
- Francesca Torriani, MD
- Matthew Zahn, MD MPH

Item 2. Strategies to Enhance Hospital Enrollment in Honor Roll Program – Jane K. & Becca

Becca provided an update on the CDPH Honor Roll Program transitioning to a brand-new platform – going from SurveyMonkey to Red Caps. Becca mentioned that Red Caps will allow Honor Roll to have more reporting options and a bigger capacity in general. Becca shared her presentation slides and briefly mentioned CDPH's Honor Roll Program's collaboration with LA County Public Health, and showed some survey questions that were created for LA County's Honor Roll Survey in 2023.

Subcommittee members had a brief discussion on how the new dashboard can help improve hospital participation in the Honor Roll Program. Francesca, Ethan, Ariana, and Margaret (Maggie) suggested that Letters, Newsletters, Emails, Testimonials, and Point Papers that explain the benefits to hospitals joining the Honor Roll Program should be considered to increase participation.

Item 3. Statewide Campaign to Reduce Unnecessary Urine Cultures

Ethan brought up a motion that was previously drafted up but not followed up on about creating a state-wide campaign focused on reducing unnecessary urine cultures.

He mentioned that the motion should do the following:

1. Summarize consequences
2. Provide local action items
3. Provide examples of benefits of reducing unnecessary cultures (e.g., antibiotics saved)

Philip shared that when he gives lectures, he has a slide specifically relating to the importance of this topic, and that the slide says that the most dangerous lab result in the medical sphere is a positive urine culture.

Francesca suggested that there shouldn't be automatic orders for urine cultures. She stated that physicians/medical professionals should only test if there are clear symptoms present.

Ethan asked all subcommittee members how they can motion something that is actionable that they can deliver to these organizations for them to re-evaluate these automatic order sets. These actionable items will be key in terms of what the subcommittee can deliver.

- Bridget offered an idea of disseminating the information about myths surrounding a UTI diagnosis and try to get nurses to subscribe to this. Her team is focusing on educating nurses/physicians. She additionally remarked that her team is promoting that new symptoms and "changes from baseline mental status" be added to bidirectional transfer forms
- Philip noted the larger HAI Advisory Committee could put something out to Acute Care Hospitals (ACH) and Skilled Nursing Facilities (SNFs) that says something along the lines of, "please review your order sets for automatic urine testing. CDPH strongly recommends that you do not obtain urine cultures on patients with no symptoms"

Lastly, Carole spoke about the focus on empowering physicians/healthcare workers in the emergency room with a Sepsis Rapid Test and mentioned that Sepsis Alliance created a survey for healthcare professionals, and requested that CDPH support staff email this survey out to the whole subcommittee.

Meeting adjourned at 11:01am.