

**Antimicrobial Stewardship Workgroup Minutes**  
September 19, 2017

**Attendees in Person:**

Kahlia Bell, Nancy Bishop, Rosemary Blackmon, Margaret Borders, Bernard Camins, Edward Chan, Darrell Childress, Sherri Davidson, Gloria Davis, Teresa Fox, Leigh Ann Hixon, Tammy Langlois, Katrina Magdon, Darryl Pendergrass, and Allison Roebing

**Attendees by Phone:**

Anthony Bolus, Marilyn Bulloch, and Janet Chance

Leigh Ann welcomed the group and introductions were made. Leigh Ann and Teresa presented their information that was furnished in the Antibiotic Stewardship Toolkits then opened the meeting to questions/discussion.

Rosemary stated she was working with Blue Cross to provide more information regarding antibiotic statistics and is looking for more commitment from insurance companies to provide more up-to-date information. It was recommended that the mindset of consumer needs to be changed; i.e., going to doctor, ER, etc. and stating they need an antibiotic for anything when in fact the antibiotic is not warranted. Alabama ranks highest in the nation for fluoroquinolone/cephalosporin usage and high CDI rates. Rosemary asked if overlap maps could be made available. Teresa stated she has those maps and will share.

CRE was discussed for future ID and testing by the state lab and other reference labs across the state.

Physician education would be the best way to demonstrate to them that antibiotics are being over-prescribed. Possibly provide them with a map of their area to show to patients (who are insistent on receiving antibiotic even when not necessary) where antibiotics are not working for symptoms/conditions the same or like theirs. Dr. Camins said to look and see what type of testing is being done – CDI testing, PCR. Teresa said this is being addressed. Resistance patterns were discussed to help show effectiveness of medications for specific ailments and provide antibiogram for areas. Darryl C. said this information could possibly be gathered from MedMind, Sentri7, LabCorp and Quest to create one database. Issue of funds for this was directed to Leigh Ann who stated the new budget doesn't go into effect until August 2018 but she is working with ADPH Graphics on a possible public service announcement/commercial. Darrell C. will work with Teresa on this to get comprehensive maps for state. More consumer education is needed as well stressing antibiotics don't work for viruses, etc and if overused will not work when they are truly needed. It was suggested that these maps be made available on the web in various locations with a "click on your area" to see what is over-prescribed and what is not working.

It was suggested that possibly the imposition of a restriction/mandate be made on physicians by the state for over-prescribing of antibiotics. Rosemary suggested getting all guidelines in place rather than issuing a mandate. Physicians could still place the "blame" on state, CDC, whoever they prefer to try and convince patients. Leigh Ann pointed out that the CDC has a web page with informative tools and education materials already in place.

It was also mentioned utilizing the PDMP for antibiotic prescriptions. This would require a change in law and additional staff would be needed to manage.

Dr. Chan stated small labs need to know when to send an organism to the state lab but would like a more timely response from the state lab. He further stated that more education is needed in hospital labs as well.

Leigh Ann asked what resources participants had that they could share with the group.

- Rosemary stated they can provide webinars on any topic and was willing to provide her expertise in planning.
- Darrell C. suggested creating a webpage on ListServe to post questions, protocols and procedures.
- Janet suggested a readmission partnership between hospitals and nursing homes – Rosemary and Katrina will partner on this issue.
- Marilyn stated she is able to see what medication has been prescribed for the past 90 days for a specific patient through insurance company – possibly a way to access more data.
- Anthony stated there needs to be a designation on prescription showing what antibiotic is being prescribed for. Board of Medical Examiners would have to address this situation. He also offered his radio show “Healthy Dose” as a forum for addressing issues. (91.1 FM out of Birmingham)
- It was further stated that encouragement needs to be given to physicians and nurse practitioners to discuss antibiotic use more with patients. Show a percentage of what is being prescribed in a specific area to allow them to see how their prescribing correlates with their peers prescribing.
- Teresa said she is giving physicians “report cards” with data for 3 years, 2014-2017, and the response has been great.
- Darryl C. said it will take approximately 6 months to gather data for mapping.

Next meeting will be scheduled for after the first of the year.