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As per the CMS “Final Rule: Medicare & Medicaid Programs: Reform of Requirements for Long-Term Care Facilities”, regulations in Phase 2 must be implemented by November 28, 2017. As that date quickly approaches we are providing you with the following sample of an Antibiotic Stewardship Program Policy that can be adapted to suit your facility. Please note that this is just a sample policy:

SAMPLE: Antibiotic Stewardship Program Policy

1) Policy

A) Statement

Antibiotic resistance is one of the world’s most pressing public health problems, responsible for over two million illnesses and 23,00 deaths annually. In 2015, The White House under President Barack Obama, implemented The National Action Plan which states: “The United States will work domestically and internationally to prevent, detect, and control illness and death related to infections caused by antibiotic-resistant bacteria by implementing measures to mitigate the emergence and spread of antibiotic resistance and ensuring the continued availability of therapeutics for the treatment of bacterial infections.”

(INSERT YOUR NAME) has established a program to address antibiotic stewardship. This policy will provide framework for the **(INSERT YOUR NAME)** antibiotic stewardship program (ASP). ASP has been shown to improve patient outcomes significantly by individualizing dosing, reducing toxicity, and possibly decreasing medication costs.

B) Purpose

Antibiotic stewardship programs (ASPs) are designed to minimize the harmful effects of inappropriate antibiotic use. In many places antibiotics are overused and misused in people and animals. The most serious concern with antibiotic resistance is that some bacteria have become resistant to almost all of the easily available antibiotics (Multi-Drug Resistant Organisms or MDROs). These bacteria are able to cause serious disease and this is a major public health problem. Utilizing stewardship actions such as measuring a facility’s antibiotic use, promotes prudent use and management of antimicrobial agents, reduces antibiotic resistance, and increases optimal patient outcomes.

C) Definitions

Antibiotic: A medicine that inhibits the growth of or destroys bacteria. The term is often used interchangeably with “antimicrobial”.

Antimicrobial: A medicine that inhibits the growth of or destroys microorganisms. The term is often used interchangeably with “antibiotic”.

Antibiotic/Antimicrobial Stewardship Program (ASP): A coordinated program that promotes the appropriate use of antimicrobials (including antibiotics), improves patient outcomes, reduces

microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms. It includes the systemic effort to educate and persuade prescribers of antimicrobials to follow evidence-based prescribing in order to stem antibiotic overuse, and thus, antimicrobial resistance.

Days of Therapy (DOT): For statistical purposes, DOT is the recommended method for reporting antibiotic use. DOT is calculated by aggregating the sum of days for which any antimicrobial agent is administered or dispensed to a particular patient (numerator). That number is divided by a standardized denominator (e.g. patient days, days present, or admissions).

Multi-Drug Resistant Organisms (MDROs): Microorganisms, predominantly bacteria, that are resistant to one or more classes of antimicrobial agents. MDROs are associated with longer hospital stays, higher mortality rates, admission to ICU, and increased costs.

Therapy, Definitive: The use of an antimicrobial based on an established infection, when a culture and sensitivity or other diagnostic test is available.

Therapy, Empiric: Administration of an antimicrobial prior to the results of a culture and sensitivity or other diagnostic test.

Therapy, Prophylactic: Administration of an antimicrobial in an effort to prevent clinical infection.

II. Procedure

A) Assignment of Responsibility

The ASP is a multi-disciplinary team comprised of administration, medical staff providers, laboratory, pharmacy, infection prevention and control, nursing staff, and anyone providing direct patient care to patients with an infection.

Leadership commitment: (INSERT YOUR NAME) leadership is committed to embracing and executing the Centers for Disease Control and Prevention's (CDC) Core Elements of Antibiotic Stewardship. The seven core elements for antimicrobial stewardship include leadership commitment, accountability, drug expertise, action to support optimal antibiotic use, tracking and monitoring antibiotic prescribing/use/resistance, reporting information on improving antibiotic use/resistance, and education of clinicians, patients/families. Specific components of this commitment are described in the Statement of Leadership Commitment for Antibiotic Stewardship.

Physician Champion: The Physician Leader is appointed to be responsible for the ASP outcomes as leader of the ASP Team.

Pharmacist Champion: The Pharmacist Leader is appointed to provide drug expertise and to be responsible for working to improve antibiotic use.

Advanced Practice Nurse Champion: The Advanced Practice Nurse Champion is appointed to promote awareness of antibiotic stewardship for nursing system-wide.

Nurse Champion: The Nurse Champion obtains specimens and cultures; documents Days of Therapy (DOT); monitors the patient's response to therapy; and instructs nursing staff in these skills.

Infection Prevention and Control Champion: The Infection Prevention and Control Department provides facility-wide surveillance of infections and MDROs; and tracks and reports antibiotic use.

Consultant(s): An Infectious Disease Consultant is available on an as-needed basis when expertise beyond the scope of the ASP team is required.

B) Activities

1. Review of current antimicrobial use (empiric, definitive, and prophylactic).
2. Observation of trends of antimicrobial use.
3. Development and distribution of annual antibiogram to medical providers for empiric orders of antimicrobial agents until culture and sensitivity reports are available.
4. Consult with prescribers on appropriate antimicrobial selection.
5. Pharmacy-driven interventions such as dose adjustments, automatic alerts for duplicates, time sensitive automatic stop orders, prevention of antimicrobial related drug-drug and/or drug-food interactions, and recommendations for specific infections and syndromes.
6. Formulary restrictions to assist providers in selecting antimicrobial therapy based on evidence-based practices.
7. Communication with providers regarding antimicrobial resistance and need for alternate therapy.
8. Review of culture and sensitivity reports.
9. Education for nursing staff regarding monitoring patients with an infection including response to antimicrobial therapy, plan-of-care for the patient with an infection.
10. Facility-wide surveillance of all diagnosed infections.

C) Tracking and reporting

1. Infection Prevention and Control Department tracks all prescribed antimicrobials by prescriber, patient, indication, unit, and antibiotic.
2. Data is collected weekly from surveys submitted by the units and retrospectively from monthly Pharmacy Therapeutic report.
3. Data is reported to the ASP Team monthly.
4. An annual antibiogram is also developed and submitted to the ASP for distribution.
5. The ASP will disseminate findings to administration, prescribers, and other committees quarterly and as needed.

D) Education

1. All staff will receive education on antibiotic resistance and the role of the ASP on hire and annually thereafter.
2. As appropriate, members of other departments may be utilized to provide education specific to ASP (e.g. Pharmacy, Infection Prevention & Control).
3. Physicians, pharmacists, and nurses may be afforded additional education through continuing education activities available online through the CDC, Medscape, and other providers.

E) Patient Care Issues

1. Patients with infections will be managed by their Primary Care Provider (PCP) Unit Physician.
2. Patients and their families, as appropriate, will receive education about appropriate use of antibiotics (e.g. antibiotics that do not treat viral infections such as colds).
3. Poster(s) on antibiotic use will be displayed in the designated areas for general knowledge.
4. Brochures on antibiotic use will be available, as appropriate, to staff, patients and their families.
5. If infection issues require greater expertise in the field of infectious disease, an outside physician with infectious disease knowledge and experience will be consulted.