

APPROVED: New Antimicrobial Stewardship Standard

The Joint Commission recently announced a new Medication Management (MM) standard for **hospitals, critical access hospitals, and nursing care centers**. Standard MM.09.01.01 addresses antimicrobial stewardship and becomes **effective January 1, 2017**.

Current scientific literature emphasizes the need to reduce the use of inappropriate antimicrobials in all health care settings due to antimicrobial resistance. According to the World Health Organization (WHO): “Antimicrobial resistance threatens the effective prevention and treatment of an ever-increasing range of infections caused by bacteria, parasites, viruses and fungi.”¹ The Centers for Disease Control and Prevention (CDC) identified that 20%–50% of all antibiotics prescribed in US acute care hospitals are either unnecessary or inappropriate.² The CDC has also stated: “Antibiotics are among the most commonly prescribed medications in nursing homes. Up to 70% of long-term care facilities’ residents receive an antibiotic every year.”³

On June 2, 2015, The Joint Commission participated in the White House Forum on Antibiotic Stewardship. The Joint Commission joined representatives from more than 150 major health care organizations, food companies, retailers, and animal health organizations at the forum to express commitment for implementing changes over the next five years to slow the emergence of antibiotic-resistant bacteria, detect resistant strains, preserve the efficacy of existing antibiotics, and prevent the spread of resistant infections.⁴

Subsequently, The Joint Commission developed the antimicrobial stewardship standard for hospitals, critical access hospitals, nursing care centers, ambulatory care organizations, and office-based surgery practices and conducted a field review in November and December 2015. Prior to and during the field review, Joint Commission staff conducted stakeholder calls on the proposed antimicrobial stewardship standard with several governmental and professional organizations, including the Centers for Medicare

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& Medicaid Services (CMS), the CDC, and the Society for Healthcare Epidemiology of America (SHEA).

There was significant support for the antimicrobial stewardship standard for the hospital, critical access hospital, and nursing care center accreditation programs. Additionally, CMS is in the process of developing a Condition(s) of Participation (CoP) on antimicrobial stewardship for the hospital and nursing home settings, which therefore aligns the Joint Commission's standard with CMS's plans for a CoP(s) in this area. In the meantime, the antimicrobial stewardship standard for Joint Commission-accredited ambulatory care organizations and office-based surgery practices is still in development.

The approved antimicrobial stewardship standard and EPs are shown in the box that begins below and will also be displayed on The Joint Commission website at http://www.jointcommission.org/standards_information/prepublication_standards.aspx. In addition, the requirements will be posted in the fall 2016 E-dition® update and published in the 2017 *Comprehensive Accreditation Manual* for the Critical Access

Hospital, Hospital, and Nursing Care Center Accreditation Programs.

Questions regarding the new antimicrobial stewardship standard may be directed to Kelly Podgorny, DNP, CPHQ, RN, project director, Department of Standards and Survey Methods, The Joint Commission, at kpodgorny@jointcommission.org.

References

1. World Health Organization. Antimicrobial Resistance. (Updated: Apr 2015.) Accessed May 27, 2016. <http://www.who.int/mediacentre/factsheets/fs194/en/#>
2. Centers for Disease Control and Prevention. Core Elements of Hospital Antibiotic Stewardship Programs. Accessed May 27, 2016. <http://www.cdc.gov/getsmart/healthcare/implementation/core-elements.html>
3. Centers for Disease Control and Prevention. Antibiotic Use in Nursing Homes. Nov 5, 2013. Accessed May 27, 2016. <http://www.cdc.gov/getsmart/healthcare/learn-from-others/factsheets/nursing-homes.html>
4. The Joint Commission. Joint Commission Joins White House Effort to Reduce Antibiotic Overuse. *Jt Comm Perspect*. 2015 Jul;35(7):4, 11.



Official Publication of Joint Commission Requirements

New Antimicrobial Stewardship Standard

APPLICABLE TO HOSPITALS AND CRITICAL ACCESS HOSPITALS

Effective January 1, 2017

Medication Management (MM)

Standard MM.09.01.01

The [critical access] hospital has an antimicrobial stewardship program based on current scientific literature.

Elements of Performance for MM.09.01.01

1. Leaders establish antimicrobial stewardship as an organizational priority. (See also LD.01.03.01, EP 5)

Note: Examples of leadership commitment to an antimicrobial stewardship program are as follows:

- Accountability documents
- Budget plans

- Infection prevention plans
 - Performance improvement plans
 - Strategic plans
 - Using the electronic health record to collect antimicrobial stewardship data
2. The [critical access] hospital educates staff and licensed independent practitioners involved in antimicrobial ordering, dispensing, administration, and monitoring about antimicrobial resistance and antimicrobial stewardship practices. Education occurs upon hire or granting of initial privileges and periodically thereafter, based on organizational need.
 3. The [critical access] hospital educates patients, and their families as needed, regarding the appropriate use of antimicrobial medications, including antibiotics. (For more information on patient education, refer to Stan-

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New Antimicrobial Stewardship Standard (continued)

Standard PC.02.03.01)

Note: An example of an educational tool that can be used for patients and families includes the Centers for Disease Control and Prevention's Get Smart document, "Viruses or Bacteria—What's got you sick?" at <http://www.cdc.gov/getsmart/community/downloads/getsmart-chart.pdf>.

4. The [critical access] hospital has an antimicrobial stewardship multidisciplinary team that includes the following members, when available in the setting:
 - Infectious disease physician
 - Infection preventionist(s)
 - Pharmacist(s)
 - Practitioner

Note 1: Part-time or consultant staff are acceptable as members of the antimicrobial stewardship multidisciplinary team.

Note 2: Telehealth staff are acceptable as members of the antimicrobial stewardship multidisciplinary team.
5. © The [critical access] hospital's antimicrobial stewardship program includes the following core elements:
 - Leadership commitment: Dedicating necessary human, financial, and information technology resources.
 - Accountability: Appointing a single leader responsible for program outcomes. Experience with successful programs shows that a physician leader is effective.
 - Drug expertise: Appointing a single pharmacist leader responsible for working to improve antibiotic use.
 - Action: Implementing recommended actions, such as systemic evaluation of ongoing treatment need, after a set period of initial treatment (for example, "antibiotic time out" after 48 hours).
 - Tracking: Monitoring the antimicrobial stewardship program, which may include information on antibiotic prescribing and resistance patterns.
 - Reporting: Regularly reporting information on the antimicrobial stewardship program, which may include information on antibiotic use and resistance, to doctors, nurses, and relevant staff.
 - Education: Educating practitioners, staff, and patients on the antimicrobial program, which may include information about resistance and optimal prescribing. (See also IC.02.01.01, EP 1 and NPSG.07.03.01, EP 5)

Note: These core elements were cited from the Centers for Disease Control and Prevention's Core Elements of Hospital Antibiotic Stewardship Programs (<http://www.cdc.gov/getsmart/healthcare/pdfs/core-elements.pdf>).

The Joint Commission recommends that organizations use this document when designing their antimicrobial stewardship program.

6. © The [critical access] hospital's antimicrobial stewardship program uses organization-approved multidisciplinary protocols (for example, policies and procedures).

Note: Examples of protocols are as follows:

 - Antibiotic Formulary Restrictions
 - Assessment of Appropriateness of Antibiotics for Community-Acquired Pneumonia
 - Assessment of Appropriateness of Antibiotics for Skin and Soft Tissue Infections
 - Assessment of Appropriateness of Antibiotics for Urinary Tract Infections
 - Care of the Patient with *Clostridium difficile* (c.-diff)
 - Guidelines for Antimicrobial Use in Adults
 - Guidelines for Antimicrobial Use in Pediatrics
 - Plan for Parenteral to Oral Antibiotic Conversion
 - Preauthorization Requirements for Specific Antimicrobials
 - Use of Prophylactic Antibiotics
7. © The [critical access] hospital collects, analyzes, and reports data on its antimicrobial stewardship program.

Note: Examples of topics to collect and analyze data on may include evaluation of the antimicrobial stewardship program, antimicrobial prescribing patterns, and antimicrobial resistance patterns.
8. © The [critical access] hospital takes action on improvement opportunities identified in its antimicrobial stewardship program. (See also MM.08.01.01, EP 6)

APPLICABLE TO NURSING CARE CENTERS

Effective January 1, 2017

Medication Management (MM)

Standard MM.09.01.01

The organization has an antimicrobial stewardship program based on current scientific literature.

Elements of Performance for MM.09.01.01

1. Leaders establish antimicrobial stewardship as an organizational priority. (See also LD.01.03.01, EP 5)

Note: Examples of leadership commitment to an antimicrobial stewardship program are as follows:

 - Accountability documents

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- *Budget plans*
 - *Infection prevention plans*
 - *Performance improvement plans*
 - *Strategic plans*
 - *Using the electronic health record to collect antimicrobial stewardship data*
2. The organization educates staff and licensed independent practitioners involved in antimicrobial ordering, dispensing, administration, and monitoring about antimicrobial resistance and antimicrobial stewardship practices. Education occurs upon hire or granting of initial privileges and periodically thereafter, based on organizational need.
3. The organization educates residents, and their families as needed, regarding the appropriate use of antimicrobial medications, including antibiotics. (For more information on patient and resident education, refer to Standard PC.02.03.01)
- Note:** An example of an educational tool that can be used for patients and families includes the Centers for Disease Control and Prevention's Get Smart document, "Viruses or Bacteria—What's got you sick? at <http://www.cdc.gov/getsmart/community/downloads/getsmart-chart.pdf>.
4. The organization has an antimicrobial stewardship multidisciplinary team that includes the following members, when available in the setting:
- Infectious disease physician
 - Infection preventionist(s)
 - Pharmacist(s)
 - Practitioner
- Note 1:** Part-time or consultant staff are acceptable as members of the antimicrobial stewardship multidisciplinary team.
- Note 2:** Telehealth staff are acceptable as members of the antimicrobial stewardship multidisciplinary team.
5. © The organization's antimicrobial stewardship program includes the following core elements:
- **Leadership commitment:** Demonstrate support and commitment to safe and appropriate antibiotic use in your facility.
 - **Accountability:** Identify physician, nursing, and pharmacy leads responsible for promoting and overseeing antibiotic stewardship activities in your facility.
 - **Drug expertise:** Establish access to consultant pharmacists or other individuals with experience or training in antibiotic stewardship for your facility.
- Action: Implement policy or practice changes to improve antibiotic use.
 - Tracking: Monitor and measure the use of antibiotic use and at least one outcome from antibiotic use in your facility.
 - Reporting: Regularly reporting information on the antimicrobial stewardship program, which may include antibiotic use and resistance, to physicians and other practitioners, nurses, and relevant staff.
 - Education: Provide resources to physicians and other practitioners, nursing staff, residents, and families about antibiotic resistance and opportunities for improving antibiotic use. (See also IC.02.01.01, EP 1)
- Note:** These core elements were cited from the Centers for Disease Control and Prevention's *The Core Elements of Antibiotic Stewardship for Nursing Homes* (<http://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html>). The Joint Commission recommends that nursing care centers use this document when designing their antimicrobial stewardship program.
6. © The organization's antimicrobial stewardship program uses organization-approved multidisciplinary protocols (for example, policies and procedures).
- Note:** Examples of protocols are as follows:
- *Antibiotic Formulary Restrictions*
 - *Assessment of Appropriateness of Antibiotics for Community-Acquired Pneumonia*
 - *Assessment of Appropriateness of Antibiotics for Skin and Soft Tissue Infections*
 - *Care of the Long Term Care Patient with a Urinary Tract Infection*
 - *Care of the Patient with Clostridium difficile (c.-diff)*
 - *Facility Guidelines for Antimicrobial Use in Adults*
 - *Plan for Parenteral to Oral Antibiotic Conversion*
 - *Preauthorization Requirements for Specific Antimicrobials*
7. © The organization collects, analyzes, and reports data on its antimicrobial stewardship program.
- Note:** Examples of topics to collect and analyze data on may include evaluation of the antimicrobial stewardship program, antimicrobial prescribing patterns, and antimicrobial resistance patterns.
8. © The organization takes action on improvement opportunities identified in its antimicrobial stewardship program. (See also MM.08.01.01, EP 6)