

Outpatient Antibiotic Stewardship: Sample Policy Overall Program

Organization Name

Policy Number:

Policy Effective Date:

Policy Revised Date:

Antibiotic Stewardship Policy

Purpose:

Antibiotic stewardship (ABS) can be defined as an ongoing and systematic effort to optimize the use of antibiotics within a healthcare organization. The key objectives of these programs include: reducing inappropriate antibiotic use, improving patient care outcomes, and mitigating adverse consequences of antibiotic use (such as antibiotic resistance, preventable patient harm, and unnecessary costs associated with pharmaceutical expenses and drug-resistant infections). This policy details the ABS framework and establishes key principles around antibiotic prescribing and management.

Authority:

The ABS Committee is a multidisciplinary group responsible for the development and ongoing evaluation of the ABS program.

Scope:

This policy applies to all clinical staff in this organization.

Responsible Party:

The ABS Committee is responsible for providing advice, education and feedback on antibiotic prescribing, managing approval requests for restricted antibiotics and monitoring antibiotic usage as directed by the ABS program plan.

Definitions:

Antibiotic Stewardship (ABS): An ongoing and systematic effort to optimize the use of antibiotics within an organization.

ABS Program Plan: A rolling document that details ABS risk assessments, priorities, strategies, and action as directed by the ABS Committee.

Antibiotic Formulary: The antibiotics available for use in the healthcare facility to provide treatment for the large majority of patient encounters.

Policy Statement:

This policy establishes key directives for antibiotic prescribing and management with particular reference to antibiotic prescribing processes, management of antibiotic formulary and restrictions, use of evidence-based therapy, and access to expert clinical advice.

See sample policies at www.TelligenQINQIO.com

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Procedure:

Principles of Antibiotic Prescribing

All prescribers within the organization are expected to prescribe antibiotic therapy according to the following key principles:

- Therapeutic decisions regarding the prescription of antibiotics will be based on evidence-based guidelines.
- Decisions take into consideration local antibiograms when they are available.
- When pathogen is known antibiotics are prescribed according to microbiology and susceptibility reports when available.

Prescribed antibiotics will be of the narrowest spectrum possible for achieving the intended effect.

Dosage, route and frequency of prescribed antibiotics will be appropriate for the individual patient, as well as the site and type of infection.

The duration of antibiotic therapy will be defined and/or regularly reviewed (based on evidence-based guidelines and clinical improvement).

If a patient is prescribed antibiotic therapy that is not in concordance with either locally endorsed guidelines or evidence-based guidelines, the prescriber is expected to document his or her clinical reasoning in the patient's notes, chart or electronic medical record.

Access to Antibiotic Advice

Prescribers at facility have access to expert advice on antibiotic prescribing and the management of infectious diseases.

During business hours (Monday-Friday, 8:30 am-5 pm), prescribers should contact the ABS team on pager #12345 or telephone 1234 5678.

After hours, prescribers may contact the on-call infectious disease specialist at telephone 12345678.

Local Restrictions on Antibiotic Prescribing

A list of antibiotic formulary items are available on the organization's website and includes information regarding which antibiotics are routinely (immediately) available on site.

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The implementation and maintenance of antibiotic restrictions is a core ABS strategy. Antibiotics may be restricted based on the following considerations:

- Best-practice prescribing
- Patient-safety risks associated with particular antibiotics (including adverse effects, drug interactions, the need for therapeutic drug monitoring, risk of *Clostridium difficile* infection and risk of resistant organism development)
- Complexity of relevant disease states and/or public health risks
- Potential for contributing to antibiotic resistance in the healthcare environment
- Cost-effectiveness
- Resources available to manage antimicrobial restrictions

Tips for writing a policy:

- Policies should be drafted in a Word document and formatted based on your organization's requirements.
- Policies need to be clear and concise and written in third person.
- Carefully select words used. For example: *should* and *may* imply that there is a choice.
- When using acronyms, spell out the words the first time and indicate the acronym in the parenthesis. For example: Antibiotic Stewardship (ABS).

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