

Indian Health Service

Advancing Antimicrobial Stewardship: Navigating the Latest Joint Commission Updates

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Learning Objectives

1. Examine The Joint Commission revised standards for Antimicrobial Stewardship Programs.
2. Evaluate an audit conducted by The Joint Commission for Antimicrobial Stewardship Programs.
3. Implement The Joint Commission new and revised standards for Antimicrobial Stewardship Programs to a practice site.



Let's navigate together....



....on an adventure



Embarkation

Required before the adventure starts!



What is Antimicrobial Stewardship

“Systematic measurement and coordinated interventions designed to promote the optimal use of antibiotic agents, including their choice, dose, route, and duration of administration”



What is an Antimicrobial Stewardship Program (ASP)?

- An ASP is a collaborative, multidisciplinary committee led by physicians, pharmacists, or both with the common goal of improving patient outcomes by combating antimicrobial resistance and reducing the spread of multidrug resistant organism through appropriate antibiotic use.
- ASPs are vital to ensure their respective sites are meeting antimicrobial stewardship requirements for The Joint Commission accreditation .



ASPs Timeline

- 2014** CDC encouraged all hospitals to develop ASPs and published the first Core Elements of Hospital Antibiotic Stewardship Programs.
- 2015** The United States National Action Plan for Combating Antibiotic Resistant Bacteria set a goal for implementation of the Core Elements in all hospitals that receive federal funding.
- 2017** TJC set Medication Management Standard MM.09.01.01, an ASP requirement that aims to determine whether facilities are meeting the eight required elements of performance.
- 2019** CMS set a federal regulation for hospital ASPs, referencing the CDC's Core Elements, for all hospitals that receive federal funding.
- 2023** TJC releases new and revised requirement for antibiotic stewardship.



Revised Standards

- There are 12 new and revised elements of performance (EPs) included in the “Medication Management” (MM) chapter.
- Requirements marked “new” introduce concepts and expectations that have not been addressed previously.
- Requirements marked “revised” include editorial changes or additional notes to clarify expectations.



1st Port of Call:



Organizational Support (EP 10)

- Dedicating the financial resources to support the ASP is essential to demonstrate the hospital's commitment to improving antibiotic prescribing practices.
- Prepare to discuss how antibiotic stewardship has been established as a patient safety priority.



EP 10 (new)

- The hospital allocates financial resources for staffing and information technology to support the ASP.



2nd Port of Call:



Program Leadership (EPs 11, 12)

- Qualifications:
 - Appoint a physician and/or pharmacist who is qualified through education, training, or experience in infectious diseases and/or antibiotic stewardship as the leader(s) of the program.
- Responsibilities:
 - Development and implementation of a hospital-wide ASP.
- Documenting antibiotic stewardship activities, communicating and collaborating with individuals across the organization on antibiotic use issues, and providing competency-based training and education for staff.



EP 11 (revised)

- The governing body appoints a physician and/or pharmacist who is qualified through education, training, or experience in infectious diseases and/or antibiotic stewardship as the leader(s) of the ASP.
- Note: The appointment(s) is based on recommendations of medical staff leadership and pharmacy leadership



EP 12 (revised)

- The leader(s) of the ASP is responsible for the following:
 - Developing and implementing a hospital wide ASP that is based on nationally recognized guidelines to monitor and improve the use of antibiotics.
 - Documenting antibiotic stewardship activities, including any new or sustained improvements.
 - Communicating and collaborating with the medical staff, nursing leadership, and pharmacy leadership, as well as with the hospital's infection prevention and control and quality assessment and performance improvement programs on antibiotic use issues.
 - Providing competency-based training and education for staff, including medical staff, on the practical applications of antibiotic stewardship guidelines, policies and procedures.



3rd Port of Call:



Multidisciplinary Committee (EP 13)

- Establish a multidisciplinary committee to oversee the ASP

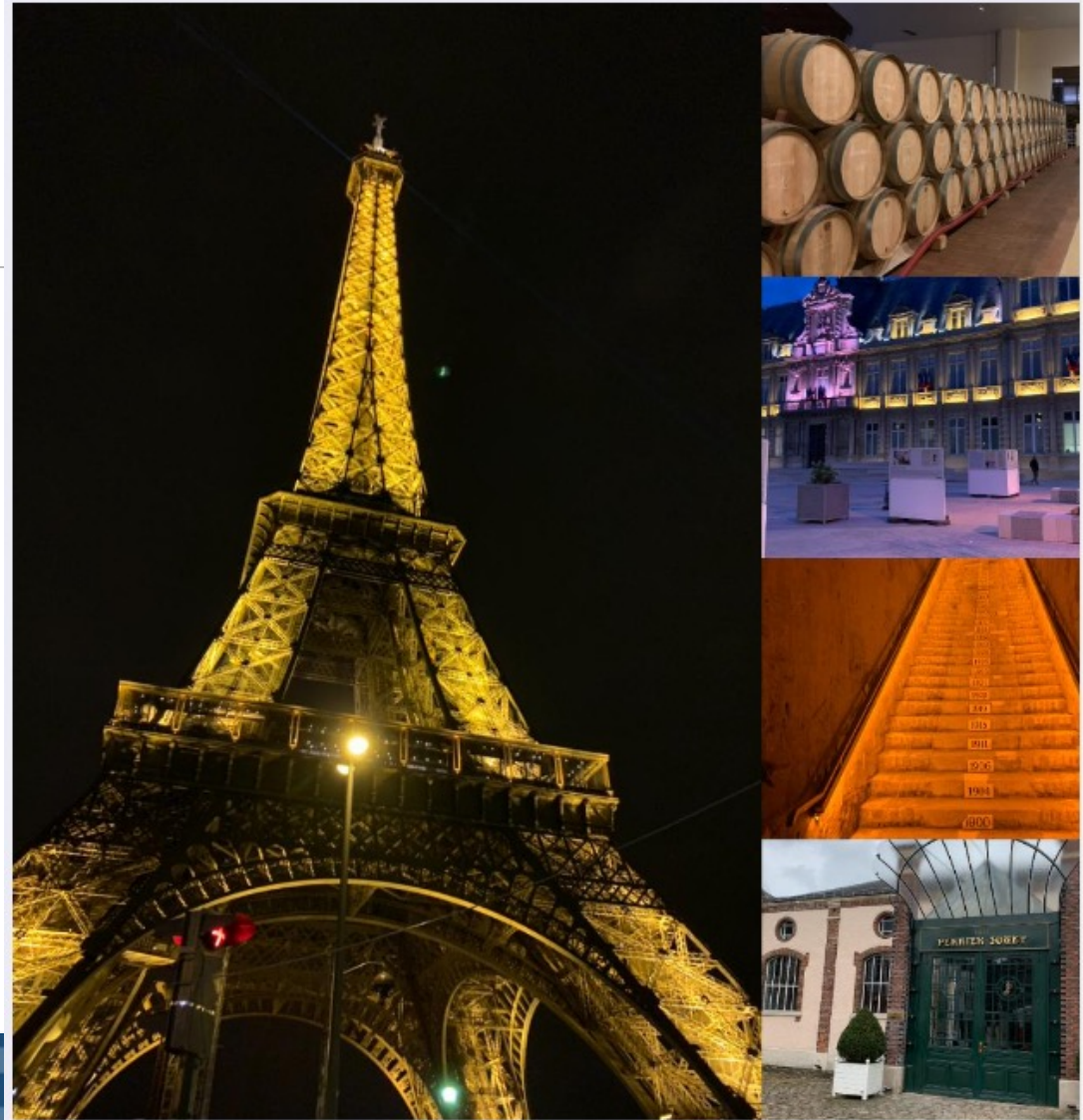


EP 13 (revised)

- The hospital has a multidisciplinary committee that oversees the ASP
 - Note 1: The committee may be composed of representation from the medical staff, pharmacy services, the infection prevention and control program, nursing services, microbiology, information technology, and the quality assessment and performance improvement program.
 - Note 2: The committee may include part-time or consultant staff. Participation may occur on site or remotely.



4th Port of Call:



Program Coordination (EPs 14, 15)

- The ASP is expected to have a process in place that demonstrates coordination among all components of the hospital responsible for antibiotic use and resistance.
- Responsible for documenting the evidence-based use of antibiotics in all departments and services of the hospital.
- The goal of this requirement is for the ASP to document that all departments and services of the hospital are using antibiotics in a manner supported by evidence as determined by the hospital.



EP 14 (revised)

- The ASP demonstrates coordination among all components of the hospital responsible for antibiotic use and resistance, including, but not limited to, the infection prevention and control program, the quality assessment and performance improvement program, the medical staff, nursing services, and pharmacy services.



EP 15 (revised)

- The ASP documents the evidence-based use of antibiotics in all departments and services of the hospital.



5th Port of Call:



Monitor Antibiotic Use (EP 16)

- Measuring the hospital's antibiotic use is a critical first step to identifying improvement opportunities for antibiotic prescribing and can also help an organization determine whether its antibiotic stewardship activities are effective.



EP 16 (new)

- The ASP monitors the hospitals antibiotic use by analyzing data on days of therapy per 1000 days present or 1000 patient days, or by reporting antibiotic use data to the National Healthcare Safety Networks Antimicrobial Use Option of the Antimicrobial Use and Resistance Module.



6th Port of Call:



Optimize Prescribing (EP 17)

- The ASP is required to implement strategies to optimize antibiotic prescribing practices.
- Organizations may determine how the strategies are implemented based on the ASP expertise and the organization's complexity.



EP 17 (new)

- The ASP implements one or both of the following strategies to optimize antibiotic prescribing.
- Preauthorization for specific antibiotics that includes an internal review and approval process prior to use.
- Prospective review and feedback regarding antibiotic prescribing practices, including the treatment of positive blood cultures, by a member of the ASP.



7th Port of Call:



Implement Evidence-Based Guidelines (EPs 18,19)

- Hospitals are required to implement at least two evidence-based guidelines to improve antibiotic use for the most common indications.
- The ASP is required to evaluate adherence (including antibiotic selection, and duration of therapy, where applicable) to at least one of the evidence-based guidelines the hospital implements.



EP 18 (new)

- The ASP implements at least two evidence-based guidelines to improve antibiotic use for the most common indication
 - Note 1: Examples include, but are not limited to, the following:
- Community-acquired pneumonia, urinary tract infections, skin and soft tissue infections, Clostridioides difficile colitis, asymptomatic bacteriuria, plan for parenteral to oral antibiotic conversion, use of surgical prophylactic antibiotics
 - Note 2: Evidence-based guidelines must be based on national guidelines and also reflect local susceptibilities, formulary options, and the patients served, as needed.



EP 19 (new)

- The ASP evaluates adherence (including antibiotic selection and duration of therapy, where applicable) to at least one of the evidence-based guidelines the hospital implements.
 - Note 1: The hospital may measure adherence at the group level (that is departmental, unit, clinician subgroup) or at the individual prescriber level.
 - Note 2: The hospital may obtain adherence data for a sample of patient from relevant clinical areas by analyzing electronic health records or by conducting chart reviews.



8th Port of Call:



Data Collection and Reporting (EP 20)

- It is critical to collect, analyze, and report data about the ASP to hospital leadership and prescribers. Data may include resistance patterns, prescribing practices, or an evaluation of the ASP activities.



EP 20 (revised)

- The ASP collects, analyzes, and reports data to hospital leadership and prescribers
 - Note: Examples of ASP data include antibiotic resistance patterns, antibiotic prescribing practices, or an evaluation of antibiotic stewardship activities.



9th Port of Call:



Performance Improvement (EP 21)

- When the ASP identifies improvement opportunities, the hospital develops an action plan. The hospital should be prepared to discuss the actions taken to improve antibiotic prescribing practices.



EP 21 (revised)

- The hospital takes action on improvement opportunities identified by the ASP.



Disembarkation:



TJC ASP Audit



Preparation Stage

1. Review Standards
2. Ensure organization's ASP aligns with standards
3. Gather documentation related to program
4. Policies, guidelines, and evidence of implementation



On-site visit

1. TJC audit team will arrive and meet with key stakeholders for ASP
2. Infectious disease specialists, pharmacists, microbiologists, and hospital administrators
3. TJC surveyors will review documentation
4. Policies, meeting minutes, and patient records related to antimicrobial use



Interviews and Observations

- TJC surveyors will conduct interviews with staff members involved in antimicrobial stewardship.
- Observe how antimicrobial stewardship practices are implemented in various clinical settings.
- Inpatient units, outpatient clinics, pharmacy



Assessment of Program Effectiveness

- TJC surveyors evaluate ASP in optimizing antimicrobial use, reducing antimicrobial resistance, and improving patient outcomes.
- Review data on antimicrobial prescribing patterns, antimicrobial resistance rates, rates of healthcare-associated infections, and adverse drug events related to antimicrobial use.



Compliance with Standards

- Assess whether ASP meets TJC standards and requirements
- Including those related to leadership support, accountability, education and training, antimicrobial use evaluation, and monitoring and reporting.



Feedback and Recommendations

- After completion of audit, TJC surveyors will provide feedback to the organization on strengths, areas for improvement, and any non-compliance issues identified.
- May offer recommendations for enhancing the effectiveness of the ASP and how to achieve compliance with TJC standards.



Follow-Up Actions

- The organization will address any identified deficiencies and implement corrective actions as necessary to improve its ASP.

- Follow up audits or monitoring may be conducted to ensure the organization has implemented the necessary improvements and achieved compliance with TJC standards.



Recommendations

- Focus on one to three SMART activities to achieve one priority topic at a time
- Training on guidelines
- pre-service, in-service, or even informal trainings or workshops to educate healthcare workers on guidelines or guidance
- Antibiotic rounds on regular basis
- Prescription alerts for duplicative or overlapping therapy
- Audit/feedback
- Prior Authorization
- Antibiotic Restrictions
- Evaluate appropriateness of prescribing to generate regular feedback to clinicians and modify prescribing practices as applicable
- Automatic stop order
- Automatic changes
- Selective lab reporting
- Cascade lab reporting
- Antibiotic timeout
- Antibiotic reminder
- Facility-level antibiogram



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