



The Joint Commission's Antimicrobial Stewardship Standard

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No Financial Disclosures



Overview

- ▶ Background on The Joint Commission
- ▶ Overview of the 2017 Hospital and Nursing Care Center Antimicrobial Stewardship Standard
- ▶ Survey findings to date
- ▶ Anticipated changes in the future, including standards for Ambulatory Care

The Joint Commission

- ▶ An independent, not-for-profit organization founded in 1951
- ▶ The nation's oldest and largest standards-setting and accrediting body in health care
- ▶ Evaluates and accredits nearly 21,000 health care organizations in the U.S.
- ▶ Governed by a 32-member Board





Mission and Vision

- ▶ Mission: *To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.*
- ▶ Vision: *All people always experience the safest, highest quality, best-value health care across all settings.*



Joint Commission Antimicrobial Stewardship Standard

- ▶ Began developing a standard directly focusing on antimicrobial stewardship in 2015
- ▶ Went into effect in January, 2017
- ▶ Applicable to three accreditation programs:
 - Hospitals (N= 4023)
 - Critical Access Hospitals (N= 366)
 - Nursing Care Centers (N= 619)

Key Elements - Leadership

- Leaders establish antimicrobial stewardship as an **organizational priority**
 - Reflected in budgets, infection prevention plans, strategic plans, improvement plans
- The organization establishes an antimicrobial stewardship **multidisciplinary team** that includes: Infectious Disease physician, Infection Preventionist, Pharmacist, Practitioner



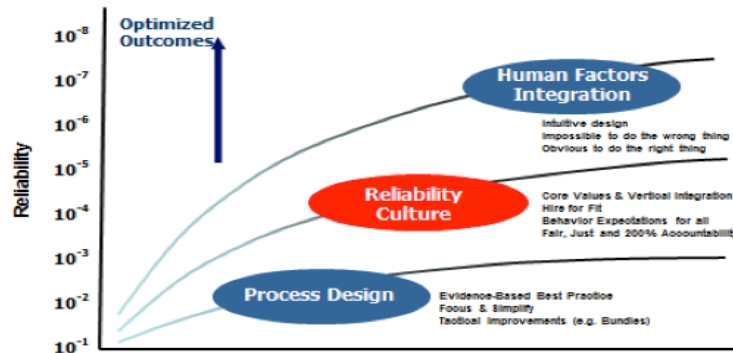
Key Elements - Education

- ▶ The hospital **educates staff and practitioners** involved in antimicrobial ordering, dispensing, administration, and monitoring about antimicrobial stewardship practices
- ▶ The hospital **educates patients, and their families** as needed, regarding the appropriate use of antibiotics
 - Originally, this applied to hospitals and nursing care centers (NCC)
 - Requirement for hospitals eliminated

Key Elements - Protocols

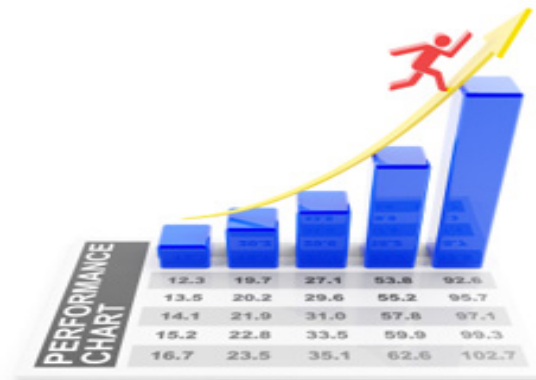
- ▶ The hospital's antimicrobial stewardship program **uses organization-approved multidisciplinary protocols**, eg, Antibiotic Formulary Restrictions, Guidelines for Antimicrobial Use, Parenteral to Oral Antibiotic Conversion, Preauthorization

The Road to Reliability



Key Elements – Monitoring, Performance Improvement

- ▶ The hospital **collects, analyzes, and reports data** on its antimicrobial stewardship program
- ▶ The hospital **takes action on improvement opportunities** identified in its antimicrobial stewardship program.





Survey Findings to Date

14/211 hospitals cited for one or more deficiencies in the antimicrobial stewardship program

- Antimicrobial stewardship not a leadership priority (1)
- No evidence of a multidisciplinary team approach (3)
- Program/policy did not include all of the CDC core elements (3)
- Education not provided to staff and/or LIP (5)
- Education not provided to patient/family (2)

Comments from Surveyors





What are the Limitations of the Survey Procedures for Identifying Problems?

- ▶ Two of 20 surveyors who responded to a survey said they found it difficult to score the antimicrobial stewardship
- ▶ One third said surveyor time is a limitation
- ▶ Three said that because there are no accepted performance measures, the value of performance improvement data is not clear



Where are Organizations Struggling to Comply with the AMS Requirements?

- ▶ Half stated that organizations they had surveyed were not having any difficulty (10)
- ▶ Some smaller organizations have difficulty finding infectious disease expertise (4)
- ▶ Having pharmacy and physician champions is important (3 comments)
- ▶ Some struggling to track data efficiently (2)
- ▶ Dissemination of information to the medical staff can be an issue (2)

Evolution

- ▶ We expect to gradually increase the accreditation requirements
 - Evidence-based strategies
 - Leading practices
- ▶ Exploring how we can share leading practices and inspire excellence



Antimicrobial Stewardship in Nursing Care Centers

- ▶ Antibiotic prescribing in nursing homes is complex and faces unique barriers:
 - Limited resources
 - Clinical uncertainty due to resident factors
 - Most prescriptions done as telephone order
 - High staff turnover
 - Patient/family demand





Survey Findings to Date in Nursing Care Centers

- ▶ 4 of 24 nursing care centers were cited for one or more deficiencies in their program
 - In all cases, surveyors found that there was no antimicrobial stewardship program at all
- ▶ We need more data, but this suggests it is more challenging for NCCs to implement our AMS requirements

Antimicrobial Stewardship in Ambulatory Care

- ▶ Our ambulatory care program includes ambulatory surgery centers, office-based surgery, primary care medical home, etc.
- ▶ We decided to not apply the current AMS standard to our ambulatory program yet





Need Alternative Model for Ambulatory Settings

- ▶ Inappropriate use of antibiotics concentrated in:
 - Upper respiratory tract infections
 - Urinary tract infections
 - Skin and soft tissue infections
 - Prophylaxis after surgery
- ▶ Focus on guidelines and academic detailing for physicians, and education for patients
- ▶ EHR clinical decision support may help
- ▶ We have just begun work on a standard



Thank You!