



# **Preparing for The Joint Commission: Antimicrobial Stewardship Program**

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# Learning Objectives

- Discuss the national standards for Antimicrobial Stewardship Programs
- Review and utilize an outline for preparing an Antimicrobial Stewardship Program
- Review the experiences of a Joint Commission survey at one institution

# **THE JOINT COMMISSION STANDARDS**

# Joint Commission Standards

- MM.09.01.01
  - Element 1
    - Leadership
  - Element 2
    - Practitioner education
  - Element 3
    - Patient education
  - Element 4
    - ASP team

# Joint Commission Standards

- MM.09.01.01
  - Element 5
    - Core elements
  - Element 6
    - Multidisciplinary protocols
  - Element 7
    - Collect, analyze and reporting data
  - Element 8
    - Improvement

**CENTERS FOR DISEASE  
CONTROL AND PREVENTION**

# CDC: Checklist for Core Elements

- Leadership Support
- Accountability
- Drug Expertise
- Key Support for the ASP
- Interventions to Improve Antibiotic Use
- Pharmacy Driven Interventions

# CDC: Checklist for Core Elements

- Diagnosis and Infections Specific Interventions
- Tracking: Monitoring Antibiotic Prescribing
- Antibiotic Use and Outcome Measures
- Reporting Information to Staff
- Education



# **LESSONS FROM OHIO HOSPITAL ASSOCIATION**

# Preparing for The Joint Commission

- Seek help
- Optimize resources
- Bring it all together

# Finding the Right People

- Identify key individuals within your institutions
- Reach out to colleagues around the city / state / country / world / universe

# Things and People

- ❑ Standards
- ❑ GAP analysis
- ❑ Your A-Team
- ❑ The art of delegation
- ❑ Put it all in one place

# **THE BINDER**

# Table of Contents

- Mission/Vision/Goals
- Procedure
- Team Members
- Antibiogram
- Outcomes
- Education
- References

# Table of Contents – CCAAG

- Charter
- Mission / Vision / Goals
- Standards
- Procedure
- Team Members
- Antibiograms
- Outcomes and Monitoring
- Policies
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# Procedure

- Down-to-earth
  - Say what you do . . .
  - Say how you do it . . .

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# Team Members

- ID physician
- ID trained pharmacist
- Clinical microbiologist
- Information system specialist
- Infection control professional
- Hospital epidemiologist

# Team Members – CCAG

- ID physician
- ID trained pharmacist
- Director of Pharmacy
- Assistant Director of Pharmacy
- Critical care pharmacist
- Director of Infection Control and Prevention
- Supervisor of Microbiology Laboratory
- Director of Quality Improvement
- Senior Director of Quality and Infection Prevention

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# Antibiograms

- Annually updated
- Site specific

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# Outcomes and Monitoring

- Metrics . . . Metrics . . . Metrics . . .
- DOT
- DDD
- CMI
- *Clostridium difficile* rates
- Clinical interventions



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# Policies

- Anything and Everything . . .
- IV to PO conversion
- Dosing / Rounding policies
- Empirical guidelines
- Clinical pathways

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- ✓ Policies
- Education
- References

# Education

- MM.09.01.01
  - Element 2 and Element 3
- CDC: Checklist for Core Elements
  - Last item on checklist

# Education – CCAG

- Annual mandatories
- On-site in-services / education
- CDC Get Smart Documents

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- ✓ References

# **MY EXPERIENCES**

# A Tale of Two Surveys

- ICP Sessions
- Medication Management Sessions



# A Slide in Review

- Know the standards and find the gaps
- No one is perfect
- You know your institution best, find the right people and bring it all together
- Not all experiences are the same
- Hope for the best, be prepared for the worst

# References

- Centers for Disease Control and Prevention. Core Elements of Hospital Antibiotic Stewardship Programs. Atlanta, GA: US Department of Health and Human Services, CDC; 2014. Available at <http://www.cdc.gov/getsmart/healthcare/implementation/core-elements.html>.
- Centers for Disease Control and Prevention. The Core Elements of Hospital Antibiotic Stewardship Programs: Checklist. Atlanta, GA: US Department of Health and Human Services, CDC; 2014. Available at <https://www.cdc.gov/getsmart/healthcare/pdfs/checklist.pdf>.
- Centers for Disease Control and Prevention. Print Material for Everyone. Atlanta, GA: US Department of Health and Human Services, CDC; 2017. Available at <https://www.cdc.gov/getsmart/community/materials-references/print-materials/everyone/index.html>
- The Joint Commission. Approved: New Antimicrobial Stewardship Standard. Joint Commission Perspectives. July 2016; 36 (7). 1 – 4. Access: [https://www.jointcommission.org/assets/1/6/New\\_Antimicrobial\\_Stewardship\\_Standard.pdf](https://www.jointcommission.org/assets/1/6/New_Antimicrobial_Stewardship_Standard.pdf).
- Dellit TH et al. Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America Guidelines for Developing an Institutional Program to Enhance Antimicrobial Stewardship. Clin Inf Dis. 2007; 44: 159 – 77.



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# Tracking the Progress of Your Antimicrobial Stewardship Program: *Do You Know if You're Ready for TJC?*

Isaac D Thompson, PharmD, BCPS  
Holzer Health System

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Acute Care Pharmacy Clinical Specialist  
System Antimicrobial Stewardship Committee- Pharmacist Lead



# Learning Objectives

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- Determine what metrics/processes your Antimicrobial Stewardship Program (ASP) needs to track
- Review two tracking systems utilized by an ASP to follow progress on individual standards
- Review a recent Joint Commission Survey where the tracking systems were used

# Determining what you need to track for The Joint Commission

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- What is the scope of your ASP?
- What types of clinical areas are going to be surveyed?
- What resources are you using to meet all the Elements of Performance?

# Tracking Tools

## Antimicrobial Stewardship Program (ASP) CY 2017

Last Update 7/03/2017		June	July
<b>Leadership Support</b>	<b>Leadership Support</b>		
	Formal written statement of ASP from facility leadership		
	Budgeted ASP financial support		
<b>Accountability</b>	<b>Accountability</b>		
	Physician leader responsible for program outcomes of ASP activities within facility		
<b>Drug Expertise</b>	<b>Drug Expertise/Key Support</b>		
	Pharmacist leader responsible for working to improve antibiotic use within facility (e.g. antibiogram driving formulary selection)		
	Key support for ASP (e.g. Clinicians, IP/Epi, Quality, lab, IT, Nursing, and etc.)		
<b>Actions to support optimal ATB use</b>	<b>Actions to Support Antibiotic Use</b>		
<b>Policies</b>	Policy that requires prescribers to document in EMR the dose, duration, and indication for all prescribed antibiotics		
	Facility-specific treatment recommendations, based on national guidelines and local susceptibility, to assist with antibiotic selection for common clinical conditions (e.g. care pathway for sepsis/clostridium difficile, bacterial pneumonia, UTI, and etc.)		
<b>Broad Interventions</b>	Antibiotic time out within 48 hours of ATB initiation to review appropriateness of therapy		
	Specified agents require special approval by physician or pharmacist prior to use (e.g. Colistin)		
	Prospective specified ATB audit with provider specific feedback (e.g. use of approved ATB with CDI)		
<b>Pharmacy-Driven</b>	Auto conversion from IV to oral ATB in appropriate situations		
	Dose adjustment during organ dysfunction		
	Dose optimization (pharmacokinetics/pharmacodynamics) to optimize the treatment of organisms with reduced susceptibility		
	Automatic alerts in situations where therapy might be unnecessarily duplicative		
	Time-sensitive automatic stop orders for specified antibiotics		
<b>Diagnosis and Infection Specific Interventions</b>	<b>Specific interventions in place to ensure optimal use of antibiotics to treat the following common infections:</b>		
	Community-acquired pneumonia		
	Urinary Tract Infection		
	Skin and soft tissue infections		
	Surgical Prophylaxis		
	Empiric treatment of MRSA		
	Non CDI antibiotics in new cases of CDI		
	Culture-proven invasive (e.g. blood stream) infections		
<b>Tracking: Monitoring ATB Prescribing, use, and resistance</b>	<b>Tracking: Monitoring antibiotic prescribing, use, and resistance</b>		
<b>Process Measures</b>	AS Program monitors adherence to a documentation policy (dose, duration, indication)		
	AS Program monitors adherence to facility-specific treatment recommendations		
	AS Program monitors compliance with one or more of the specific interventions in place		
<b>ATB use and outcome measures</b>	Facility tracks rates of CDI infection		
	Facility produces an antibiogram and adjusts formulary recommendations accordingly		
<b>ATB consumption monitored at the facility or unit level</b>	Counts of ATBs administered to patients per day (Days of Therapy; DOT)		
	Number of grams of antibiotics used (Defined Daily Dose; DDD)		
	Direct expenditure for antibiotics (purchasing costs)		
<b>Reporting Information to Staff on Improving Antibiotic Use and Resistance</b>	<b>Reporting information to staff on improving antibiotic use and resistance</b>		
	AS Program shares facility specific reports on ATB use with providers		
	Current antibiogram is distributed to prescribers at facility		
	Prescribers receive direct, personalized communication about how they can improve their ATB prescribing		
<b>Education</b>	<b>Education</b>		
	AS Program provides education to clinicians and other relevant staff on improving ATB prescribing		

<https://www.cdc.gov/getsmart/healthcare/pdfs/checklist.pdf>

<http://www.health.state.mn.us/divs/idepc/dtopics/antibioticresistance/asp/ac/acmnasp.pdf>

[http://medicare.qualishealth.org/sites/default/files/medicare\\_qualishealth.org/JumpStart\\_Stewardship\\_Workbook.pdf](http://medicare.qualishealth.org/sites/default/files/medicare_qualishealth.org/JumpStart_Stewardship_Workbook.pdf)

<https://www.odh.ohio.gov/odhprograms/bid/AntibioticResistance/Antimicrobial%20Stewardship.aspx>

<http://www.qualityforum.org/Publications/2016/0>

# Tracking Tools

## Antimicrobial Outpatient Stewardship Program (ASP) CY

Last Update 7/03/2017		June	July
<b>Commitment</b>			
<b>Leadership Support</b>			
	Formal written statement of ASP from facility leadership		
	Budgeted ASP financial support		
<b>Accountability</b>			
	Physician leader responsible for program outcomes of ASP activities within facility		
<b>Drug Expertise</b>			
	Pharmacist leader responsible for working to improve antibiotic use within facility (e.g. antibiogram driving formulary selection)		
	Key support for ASP (e.g. Clinicians, IP/Epi, Quality, lab, IT, Nursing, and etc.)		
<b>Actions</b>	<b>Facility implementation of at least on policy or practice to improve antibiotic prescribing</b>		
<b>Policies</b>			
	Provide communicats skills training for clinicians.		
	Require explicit written justification in medical record for nonrecommended antibiotic prescribing		
	Provide support for clinical decisions		
	Use call centers, nurse hotlines, or pharmacist consultations as triage systems to prevent unnecessary visits.		
	Prospective specified ATB audit with provider specific feedback (e.g. use of approved ATB with CDI)		
<b>Diagnosis and Infection Specific Interventions</b>			
	Community-acquired pneumonia		
	Urinary Tract Infection		
	Skin and soft tissue infections		
	Surgical Prophylaxis		
	Emergency Department Sepsis Pathway		
	Empiric treatment of MRSA		
	Non CDI antibiotics in new cases of CDI		
	Culture-proven invasive (e.g. blood stream) infections		
<b>Tracking and Reporting</b>	<b>Facility monitoring of at least one aspect of antibiotic prescribing</b>		
	Track and report antibiotic prescribing for one or more high-prority conditions.		
	track and report the percentage of all visits leading to antibiotic prescriptions.		
	Tract and report, at the the health care system level, complications of antibiotic use and resistance trends of common bacterial pathogens.		
	Assess and share performance on quality measures and established reduction goals.		
<b>Education and Expertise</b>	<b>Providing resources to clinicians and patients on evidence-based prescribing</b>		
	AS Program shares facility specific reports on ATB use with providers		
	Current antibiogram is distributed to prescribers at facility		
	Prescribers receive direct, personalized communication about how they can improve their ATB prescribing		
<b>Education</b>	<b>Education</b>		
	AS Program provides education to clinicians and other relevant staff on improving ATB prescribing		
	Provde continuing education activities for clinicians.		
	Ensure timely access to persons with expertise.		
<b>Resources</b>			
	<a href="https://www.cdc.gov/getsmart/community/pdfs/16_268900-a_coreelementsoutpatient_check_2_508.pdf">https://www.cdc.gov/getsmart/community/pdfs/16_268900-a_coreelementsoutpatient_check_2_508.pdf</a>		



# Tracking Tools

## Outpatient Antimicrobial Stewardship Program (ASP) Holzer

Last Update 5/25/2017			
Core Element #1- Commitment	Yes/No/Proposed	Applies to all settings	Please provide detail on how the measure is being met or plans for next steps
Can your facility demonstrate dedication to and accountability for optimizing antibiotic prescribing and patient safety related to antibiotics?	Yes		See details below
If yes, indicate which of the following item below are in place (select all that apply.)			
Write and display public commitments in support of antibiotic stewardship.	Proposed	Yes	
Identify a single leader to direct antibiotic stewardship activities within the facility.	Yes	Yes	
Include antibiotic stewardship-related duties in position descriptions or job evaluation criteria.	No		
Communicate with all clinic staff to set patient expectations.	No		

# Tracking Tools

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- The Antimicrobial Stewardship Binder
  - The Ultimate Tracking Tool
    - Tabs for each Element of Performance
      - Mission/Vision/Goals
      - Executive Approval
      - Committee Composition
      - Tracking and Monitoring
      - Policies and Procedures
      - Educational Materials
      - Meeting Minutes
      - TCJ-Eps
      - Resources

# Holzer's Recent Survey Experience

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- All Stewardship Program review occurred in the Infection Control and Prevention Session
- The ASP Binder was instrumental to the review process
- Specific changes/education that has been undertaken since January 1<sup>st</sup>, 2017 was reviewed

# Holzer's Recent Survey Experience

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- How have you tailored education to the different disciplines?
- How have you tailored education to the different care areas?
- How are you tracking your progress?
  - The ASP tracking tools were well received

# Survey Experience- Don't Overlook the Obvious

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- Make sure frontline staff can speak to the ASP
  - What education have they received
  - What education do they provide patients
- Have an example to discuss where interventions actually made a difference
  - If you can depict that change with a table or graph even better!

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