Preparing for The Joint Commission: Antimicrobial Stewardship Program

Bhavin Mistry, PharmD, BCPS
Cleveland Clinic – Akron General
Infectious Diseases Pharmacotherapy Specialist
Northeast Ohio Medical University
Assistant Professor of Pharmacy Practice
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
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 – CCAG

- Charter
- Mission / Vision / Goals
- Standards
- Procedure
- Team Members
- Antibiograms
- Outcomes and Monitoring
- Policies
- Education
- References
Table of Contents – CCAG

✓ Charter
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☐ Procedure
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Procedure

• Down-to-earth
  - Say what you do . . .
  - Say how you do it . . .
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☐ References
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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❑ References
Outcomes and Monitoring


- DOT
- DDD
- CMI
- *Clostridium difficile* rates
- Clinical interventions
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✓ Outcomes and Monitoring
❑ Policies
❑ Education
❑ References
Policies

- Anything and Everything . . .
- IV to PO conversion
- Dosing / Rounding policies
- Empirical guidelines
- Clinical pathways
Table of Contents – CCAG

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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
Table of Contents – CCAG

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✓ Policies
✓ Education
✓ 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


Preparing for The Joint Commission: Antimicrobial Stewardship Program

Bhavin Mistry, PharmD, BCPS
Cleveland Clinic – Akron General
Infectious Diseases Pharmacotherapy Specialist
Northeast Ohio Medical University
Assistant Professor of Pharmacy Practice
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

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

• 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

• 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?
## Antimicrobial Stewardship Program (ASP) CY 2017

### Last Update 7/03/2017

<table>
<thead>
<tr>
<th>Leadership Support</th>
<th>Leadership Support</th>
<th>June</th>
<th>July</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal written statement of ASP from facility leadership</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Budgeted ASP financial support</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Accountability

<table>
<thead>
<tr>
<th>Accountability</th>
<th>Accountability</th>
<th>June</th>
<th>July</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician leader responsible for program outcomes of ASP activities within facility</td>
<td></td>
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</tbody>
</table>

### Drug Expertise

<table>
<thead>
<tr>
<th>Drug Expertise/Key Support</th>
<th>Drug Expertise/Key Support</th>
<th>June</th>
<th>July</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacist leader responsible for working to improve antibiotic use within facility (e.g. antibiotic driving formulary selection)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Key support for ASP (e.g. Clinicians, IP/Epi, Quality, lab, IT, Nursing, and etc.)</td>
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</tr>
</tbody>
</table>

### Actions to support optimal ATB use

<table>
<thead>
<tr>
<th>Actions to Support Antibiotic Use</th>
<th>Actions to Support Antibiotic Use</th>
<th>June</th>
<th>July</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy that requires prescribers to document in EMR the dose, duration, and indication for all prescribed antibiotics</td>
<td></td>
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</tr>
<tr>
<td>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.)</td>
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</tbody>
</table>

### Broad Interventions

<table>
<thead>
<tr>
<th>Broad Interventions</th>
<th>Broad Interventions</th>
<th>June</th>
<th>July</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotic time out within 48 hours of ATB initiation to review appropriateness of therapy</td>
<td></td>
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<tr>
<td>Specified agents require special approval by physician or pharmacist prior to use (e.g. Colisein)</td>
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<tr>
<td>Prospective specified ATB audit with provider specific feedback (e.g. use of approved ATB with CDI)</td>
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</tbody>
</table>

### Pharmacy-Driven

<table>
<thead>
<tr>
<th>Pharmacy-Driven</th>
<th>Pharmacy-Driven</th>
<th>June</th>
<th>July</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auto conversion from IV to oral ATB in appropriate situations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose adjustment during organ dysfunction</td>
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<tr>
<td>Dose optimization (pharmacokinetics/pharmacodynamics) to optimize the treatment of organisms with reduced susceptibility</td>
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<tr>
<td>Automatic alerts in situations where therapy might be unnecessarily duplicative</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Time-sensitive automatic stop orders for specified antibiotics</td>
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</tbody>
</table>

### Diagnosis and Infection Specific Interventions

<table>
<thead>
<tr>
<th>Diagnosis and Infection Specific Interventions</th>
<th>Diagnosis and Infection Specific Interventions</th>
<th>June</th>
<th>July</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific interventions in place to ensure optimal use of antibiotics to treat the following common infections:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Community-acquired pneumonia</td>
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<td></td>
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<tr>
<td>Urinary Tract Infection</td>
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<td></td>
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<tr>
<td>Skin and soft tissue infections</td>
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<tr>
<td>Surgical Prophylaxis</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Empiric treatment of MRSA</td>
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<td></td>
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</tr>
<tr>
<td>Non CDI antibiotics in new cases of CDI</td>
<td></td>
<td></td>
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<tr>
<td>Culture-proven invasive (e.g. blood stream) infections</td>
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</tbody>
</table>

### Tracking: Monitoring ATB Prescribing, use, and resistance

<table>
<thead>
<tr>
<th>Tracking: Monitoring ATB Prescribing, use, and resistance</th>
<th>Tracking: Monitoring ATB Prescribing, use, and resistance</th>
<th>June</th>
<th>July</th>
</tr>
</thead>
<tbody>
<tr>
<td>As Program monitors adherence to a documentation policy (dose, duration, indication)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>As Program monitors adherence to facility-specific treatment recommendations</td>
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</tr>
<tr>
<td>As Program monitors compliance with one or more of the specific interventions in place</td>
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</tr>
</tbody>
</table>

### ATB use and outcome measures

<table>
<thead>
<tr>
<th>ATB use and outcome measures</th>
<th>ATB use and outcome measures</th>
<th>June</th>
<th>July</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility tracks rates of CDI infection</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Facility produces an antibiogram and adjusts formulary recommendations accordingly</td>
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</tr>
</tbody>
</table>

### Reporting Information to Staff on Improving Antibiotic Use and Resistance

<table>
<thead>
<tr>
<th>Reporting Information to Staff on Improving Antibiotic Use and Resistance</th>
<th>Reporting Information to Staff on Improving Antibiotic Use and Resistance</th>
<th>June</th>
<th>July</th>
</tr>
</thead>
<tbody>
<tr>
<td>As Program shares facility specific reports on ATB use with providers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current antibiogram is distributed to prescribers at facility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescribers receive direct, personalized communication about how they can improve their ATB prescribing</td>
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</tr>
</tbody>
</table>

### Education

<table>
<thead>
<tr>
<th>Education</th>
<th>Education</th>
<th>June</th>
<th>July</th>
</tr>
</thead>
<tbody>
<tr>
<td>As Program provides education to clinicians and other relevant staff on improving ATB prescribing</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Resources

- [https://www.cdc.gov/getsmart/healthcare/pdfs/checklist.pdf](https://www.cdc.gov/getsmart/healthcare/pdfs/checklist.pdf)
- [https://medicare.qualishealth.org/sites/default/files/medicare.qualishealth.org/3JumpStart_Stewardship_Workbook.pdf](https://medicare.qualishealth.org/sites/default/files/medicare.qualishealth.org/3JumpStart_Stewardship_Workbook.pdf)
# Tracking Tools

## Antimicrobial Outpatient Stewardship Program (ASP) CY

### Leadership Support
- Formal written statement of ASP from facility leadership
- Budgeted ASP financial support

### Accountability
- Physician leader responsible for program outcomes of ASP activities within facility

### Drug Expertise
- Pharmacist leader responsible for working to improve antibiotic use within facility (e.g. antibiotic formulary selection)
- Key support for ASP (e.g., Clinicians, IP/Epi, Quality, Lab, IT, Nursing, and etc.)

### Actions
- Facility implementation of at least one policy or practice to improve antibiotic prescribing

### Policies
- Provide communications 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)

### Diagnosis and Infection Specific Interventions
- 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., bloodstream) infections

### Tracking and Reporting
- Facility monitoring of at least one aspect of antibiotic prescribing
- Track and report antibiotic prescribing for one or more high-priority conditions
- Track and report the percentage of all visits leading to antibiotic prescriptions
- Track 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

### Education and Expertise
- Providing resources to clinicians and patients on evidence-based prescribing
- ASP Program shares facility-specific reports on ATB use with providers
- Current antibiotic form is distributed to prescribers at facility
- Prescribers receive direct, personalized communication about how they can improve their ATB prescribing

### Education
- ASP Program provides education to clinicians and other relevant staff on improving ATB prescribing
- Provide continuing education activities for clinicians
- Ensure timely access to persons with expertise

### Resources
- [https://www.cdc.gov/getsmart/community/pdfs/16_268900-a_coreelements/outpatient_check_2_508.pdf](https://www.cdc.gov/getsmart/community/pdfs/16_268900-a_coreelements/outpatient_check_2_508.pdf)
## Tracking Tools

### Outpatient Antimicrobial Stewardship Program (ASP) Holzer

<table>
<thead>
<tr>
<th>Core Element #1 - Commitment</th>
<th>Yes/NoProposed</th>
<th>Applies to all settings</th>
<th>Please provide detail on how the measure is being met or plans for next steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can your facility demonstrate dedication to and accountability for optimizing antibiotic prescribing and patient safety related to antibiotics?</td>
<td>Yes</td>
<td>See details below</td>
<td></td>
</tr>
</tbody>
</table>

If yes, indicate which of the following item below are in place (select all that apply.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes/NoProposed</th>
<th>Applies to all settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Write and display public commitments in support of antibiotic stewardship</td>
<td>Proposed</td>
<td>Yes</td>
</tr>
<tr>
<td>Identify a single leader to direct antibiotic stewardship activities within the facility</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Include antibiotic stewardship-related duties in position descriptions or job evaluation criteria</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Communicate with all clinic staff to set patient expectations</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
Tracking Tools

• 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

• 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 1st, 2017 was reviewed
Holzer’s Recent Survey Experience

• 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

• 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!
Tracking the Progress of Your Antimicrobial Stewardship Program:
*Do You Know if You’re Ready for TJC?*

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Holzer Health System

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