The Joint Commission Standard on Antimicrobial Stewardship

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Robert Campbell declares no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.
CPE Information

- Target Audience: Pharmacists and Pharmacist Technicians
- ACPE#: 0202-0000-18-233-L04-P/T
- Activity Type: Knowledge-based
Pharmacist and Pharmacy Technician Learning Objectives

At the completion of this activity, participants will be able to:

1. State The Joint Commission’s antimicrobial stewardship standards and the survey process.
2. Define leadership’s role regarding high-reliability and antimicrobial stewardship.
3. Describe the pharmacist’s role in antimicrobial stewardship.
Self-Assessment Questions

- Who is ultimately responsible for antimicrobial stewardship in an organization?

- How is high-reliability employed in a health care organization?

- Name two Joint Commission leadership standards that directly impact antimicrobial stewardship?
National Movement to Combat Antimicrobial Resistance

- 2015 National Action Plan on Combating Antibiotic Resistant Bacteria
  - Emphasis on improving antimicrobial stewardship and limiting the spread of antimicrobial resistance across the spectrum of healthcare

- 2015 White House Stewardship Forum
  - Promote optimal use of antimicrobials nationwide
  - Commitment to establish or expand antimicrobial stewardship programs
The Joint Commission

Focus on

High Reliability and Leadership
The road to high reliability is an ongoing journey. It’s a commitment to patient safety and the way we deliver quality health care.

Mark Chassin, MD, FACP, MPP, MPH, President and Chief Executive Officer of The Joint Commission
Key Point: HIGH RELIABILITY MODEL

Leadership
Commitment to zero patient harm

Safety Culture
Empowering staff to speak up

Robust Process Improvement®
Systematic, data-driven approach to complex problem solving

Leadership (LD) Standard

**Standard LD.01.03.01:**
The governing body is ultimately accountable for the safety and quality of care, treatment and services.

**EP 5.** The governing body provides the resources needed to maintain safety, quality care, treatment and services.
Leadership (LD) Standard

Standard LD.04.01.07

The organization has policies and procedures that guide and support patient care, treatment, and services.

**EP 1.** Leaders review and approve policies and procedures that guide and support patient care, treatment, and services.

**EP 2.** The hospital manages the implementation of policies and procedures.
Answers to the Self-Assessment Questions

- Who is ultimately responsible for antimicrobial stewardship in an organization?
  **Answer: Leadership**

- How is high-reliability employed in a health care organization?
  **Answer: Leadership, Safety Culture, Robust Process Improvement**

- Name two Joint Commission leadership standards that directly impact antimicrobial stewardship?
  **Answer: Standard LD.04.01.07 and Standard LD.01.03.01**
The Joint Commission’s
Antimicrobial Stewardship Medication Management Standard:
MM.09.01.01
Self-Assessment Questions

Why did The Joint Commission delete Standard MM.09.01.01, EP 3 for critical access hospitals and hospitals?

What practitioners are required to be on the antimicrobial stewardship team when available in the setting?

What antimicrobial stewardship policies/protocols does The Joint Commission require for EP 6?
2015: Joint Commission Began Work on a Proposed Standard

- Proposed developing a standard directly focusing on antimicrobial stewardship

- Applicable to the following accreditation programs:
  - Hospitals (HAP)
  - Critical Access Hospitals (CAH)
  - Nursing Care Centers (NCC) (i.e., Long Term Care)
Stakeholder Engagement

- Centers for Disease Control and Prevention (CDC)
- Society for Healthcare Epidemiology of America (SHEA)
- Association for Professionals in Infection Prevention and Control, Inc. (APIC)
- Infectious Disease Society of America (IDSA)
- American Society of Health-System Pharmacists (ASHP)
- American Society of Consultant Pharmacists (ASCP)
- Institute for Safe Medication Practices (ISMP)
- Centers for Medicare & Medicaid Services (CMS)
Final Standard: Effective January, 2017

- MM.09.01.01  The hospital has an antimicrobial stewardship program based on current scientific literature.
Key Point: Summary: Antimicrobial Stewardship Standard

Antimicrobial Stewardship Standard (MM.09.01.01)
- There are 8 elements of performance (EPs).
  EP 1: Leadership establishes AMS as an organization priority.
  EP 2: Educates staff and licensed independent practitioners.
  EP 3: Educates patients and families: **Deleted 10/1/2017 for hospitals and critical access hospitals.**
  EP 4: There is a multidisciplinary AMS committee.
  EP 5: Includes seven core elements established by the CDC.
  EP 7: Collects, analyzes and reports data on its AMS program.
  EP 8: Action is taken when improvements are identified.
Element of Performance (EP) #1

Leaders establish antimicrobial stewardship as an organizational priority (See also LD.01.03.01, EP 5).

Note: Examples of leadership commitment to an antimicrobial stewardship program are as follows:

- Accountability documents
- Budget plans
- Infection prevention plans
- Performance improvement plans
- Strategic plans
- Using the electronic health record to collect antimicrobial stewardship data
Element of Performance #2

- The hospital **educates staff** and licensed independent practitioners involved in antimicrobial ordering, dispensing, administration, and monitoring about antimicrobial resistance and antimicrobial stewardship practices.

- Education occurs upon hire or granting of initial privileges and periodically thereafter, based on organizational need.
Deleted 10/1/2017:

Hospitals and Critical Access Hospitals

The hospital educates patients, and their families as needed, regarding the appropriate use of antimicrobial medications, including antibiotics.
Deleted for Critical Access Hospitals and Hospitals.

EP 3 will remain active for Nursing Care Centers (NCC).

EP 3 is being deleted from the hospitals because of consistent feedback The Joint Commission has received about the value of this education when the patients are too ill to receive and retain the information.

Standard PC.02.03.01 EP 10, which requires patient education on the safe and effective use of medications based on the patient’s condition and assessed needs, is still applicable when warranted.
NCC patients/residents are not as acutely ill as those in the acute care setting.

Treatment decisions for nursing home residents are often made by family members, particularly for residents with cognitive impairment.

CMS finalized a major regulatory rule. This new rule requires nursing homes to have an antibiotic stewardship program reflecting the CDC’s Core Elements of Antibiotic Stewardship in Nursing Homes.

One of the CDC Core Elements for nursing homes is to provide educational resources to clinicians, nursing staff, residents and families about antibiotic resistance and opportunities for improving antibiotic use.
Element of Performance #4

The hospital has an antimicrobial stewardship *multidisciplinary team* that includes the following members, when available in the setting:

- Infectious disease physician
- Infection preventionist(s)
- **Pharmacist(s)**
- Practitioner

**Note 1:** Part-time or consultant staff are acceptable as members of the antimicrobial stewardship multidisciplinary team.

**Note 2:** Telehealth staff are acceptable as members of the antimicrobial stewardship multidisciplinary team.
Element of Performance #5

The hospital’s antimicrobial stewardship program includes the following CDC’s core elements:

1. Leadership commitment
2. Accountability
3. Drug expertise
4. Action
5. Tracking
6. Reporting
7. Education

Note: These core elements were cited from the Centers for Disease Control and Prevention’s Core Elements of Hospital Antibiotic Stewardship Programs
http://www.cdc.gov/getsmart/healthcare/pdfs/core-elements.pdf
The hospital’s antimicrobial stewardship program uses organization-approved multidisciplinary protocols (for example, policies and procedures).

Examples of protocols are as follows:
- Antibiotic Formulary Restrictions
- Assessment of Appropriateness of Antibiotics for Community-Acquired Pneumonia, Skin and Soft Tissue Infections, or UTI
- Care of the Patient with Clostridium difficile (C.diff)
- Guidelines for Antimicrobial Use in Adults
- Guidelines for Antimicrobial Use in Pediatrics
- Plan for Parenteral to Oral Antibiotic Conversion
- Preauthorization Requirements for Specific Antimicrobials
- Use of Prophylactic Antibiotics
EP 7. The hospital collects, analyzes, and reports data on its antimicrobial stewardship program.

Note: Examples of topics on which to collect and analyze data may include evaluation of the AMS program, antimicrobial prescribing patterns and antimicrobial resistance patterns.

EP 8. The hospital takes action on improvement opportunities identified in its antimicrobial stewardship program. (See also MM.08.01.01, EP 6)
Answers to the Self-Assessment Questions

- **Why did The Joint Commission delete Standard MM.09.01.01, EP 3 for critical access hospitals and hospitals?**
  
  **Answer:** Consistent feedback received about the value of this education when the patients are too ill.

- **What practitioners are required to be on the antimicrobial stewardship team when available in the setting?**
  
  **Answer:** Only when available in the setting: ID physician, IP, Pharmacist, Practitioner

- **What antimicrobial stewardship policies/protocols does The Joint Commission require for EP 6?**
  
  **Answer:** No specific protocol; protocols need to be organization focused.
Survey Process

Survey Process for antimicrobial stewardship standard was developed and tested prior to launch of the standard.

Hospitals:
- Infection Prevention Systems Tracer
- Medication Management Systems Tracer
- Data Use Systems Tracer
- Patient Tracer

Critical access hospitals, rural hospitals, Nursing Care Centers (NCC):
- May combine all 3 systems tracers into one system tracer
- Patient Tracer
Survey Findings

- Surveys conducted July 1, 2017- August 31, 2018
- 53/1759 hospitals cited for one or more deficiencies in the antimicrobial stewardship program
  - Education not provided to staff and/or LIP (20)
  - No evidence of a multidisciplinary team approach (18)
  - Program/policy did not include all of the CDC core elements (10)
  - Data from program not analyzed (9)
Role of the Pharmacist in Antimicrobial Stewardship
The role of the pharmacist will be dictated by the setting:

- Leadership role
- Educator to staff and licensed independent practitioners
- Analyzing data
- Identifying opportunities for improvement and developing/implementing action plans
QUESTIONS?
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