

Below please find the IDSA response to the Joint Commission’s [Proposed Standard for Antimicrobial Stewardship](#) in various types of facilities, (AHC, CAH,HAP, NCC, and OBS). Comments are broken out by the specific Element of Performance (EP). This response was submitted via the Joint Commission [website](#) online form on December 30<sup>th</sup>, 2015.

Element of Performance	IDSA Response
<p style="text-align: center;"><b><u>EP Text for MM.09.01.01, EP 1</u></b></p> <p><b><u>Ambulatory Health Care</u></b> - The organization has an antimicrobial stewardship program based on evidence-based national guidelines.</p> <p><b><u>Critical Access Hospital</u></b> - The critical access hospital has an antimicrobial stewardship program based on evidence-based national guidelines.</p> <p><b><u>Hospital</u></b> - The hospital has an antimicrobial stewardship program based on evidence-based national guidelines.</p> <p><b><u>Nursing Home</u></b> - The organization has an antimicrobial stewardship program based on evidence-based national guidelines.</p> <p><b><u>Office-based Surgery</u></b> - The practice has an antimicrobial stewardship program based on evidence-based national guidelines.</p>	<p><b>IDSA believes that health care systems should maintain a commitment to Antimicrobial Stewardship. The facilities to which TJC Standards apply should have antimicrobial stewardship programs that align with evidence-based national guidelines such as IDSA-SHEA guidelines and CDC's Core Elements, which emphasize the critical role of infectious diseases specialists as stewardship program directors and the importance of a team-based approach.</b></p>
<p style="text-align: center;"><b><u>EP Text for MM.09.01.01, EP 2</u></b></p> <p><b><u>Ambulatory Health Care</u></b> - Leaders establish antimicrobial stewardship as an organizational priority.</p> <p><b><u>Critical Access Hospital</u></b> - Leaders establish antimicrobial stewardship as an organizational priority.</p> <p><b><u>Hospital</u></b> - Leaders establish antimicrobial stewardship as an</p>	<p><b>IDSA considers a commitment by facility leadership to be a critical factor to the success of the antimicrobial stewardship program (ASP). We suggest that the facility incorporate this commitment into the organization's mission statement and to allocate financial resources to the ASP in order to meaningfully demonstrate that stewardship is an organizational priority. As well, the ASP should be formally incorporated into the organizational structure in order to clearly delineate accountability within the facility.</b></p>

organizational priority.

**Nursing Home** - Leaders establish antimicrobial stewardship as an organizational priority.

**Office-based Surgery** - Leaders establish antimicrobial stewardship as an organizational priority.

**EP Text for MM.09.01.01, EP 3**

**Ambulatory Health Care** - Educate staff and licensed independent practitioners involved in antimicrobial ordering, dispensing, administration, and monitoring about antimicrobial resistance and antimicrobial stewardship practices. Education occurs upon hire and annually thereafter.

**Critical Access Hospitals** - Educate staff and licensed independent practitioners involved in antimicrobial ordering, dispensing, administration, and monitoring about antimicrobial resistance and antimicrobial stewardship practices. Education occurs upon hire and annually thereafter.

**Hospital** - Educate staff and licensed independent practitioners involved in antimicrobial ordering, dispensing, administration, and monitoring about antimicrobial resistance and antimicrobial stewardship practices. Education occurs upon hire and annually thereafter.

**Nursing Home** - Educate staff and licensed independent practitioners involved in antimicrobial ordering, dispensing, administration, and monitoring about antimicrobial resistance

**It is important to recognize the important educational aspects of an effective Antimicrobial Stewardship Program. Education and Training should be done more than annually and should be tailored to the needs of the specific facility, and should include programming aimed at patients and families. Those whose job descriptions include leadership of antimicrobial stewardship should have formal training in infectious diseases, (i.e. Infectious Diseases Specialists).**

and antimicrobial stewardship practices. Education occurs upon hire and annually thereafter.

**Office-based Surgery** - Educate staff and licensed independent practitioners involved in antimicrobial ordering, dispensing, administration, and monitoring about antimicrobial resistance and antimicrobial stewardship practices. Education occurs upon hire and annually thereafter.

**EP Text for MM.09.01.01, EP 4**

**Ambulatory Health Care** - The organization has an antimicrobial stewardship multidisciplinary team that includes the following members, when available in the setting:

- Pharmacist(s)
- Infection disease physician
- Infection preventionist(s)

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

**Critical Access Hospital** - The critical access hospital has an antimicrobial stewardship multidisciplinary team that includes the following members, when available in the setting:

- Pharmacist(s)
- Infection disease physician
- Infection preventionist(s)

Note: Part-time or consultant staff are acceptable as members of the antimicrobial stewardship

**IDSA firmly believes that infectious diseases specialists should lead antimicrobial stewardship programs across the health care system. Antimicrobial Stewardship (AS) requires clinical intervention and guidance, often accomplished by direct physician-to-physician dialogue. Since AS programs require clinical experience and judgment to determine the appropriate antibiotic for care of individual patients, we propose that AS programs are best led by a physician trained and experienced in the subspecialty of Infectious Diseases. Additional supportive rationale for this position can be found here: [http://www.idsociety.org/uploadedFiles/IDSA/Policy\\_and\\_Advocacy/Current\\_Topics\\_and\\_Issues/Access\\_and\\_Reimbursement/2015/IDSA%20LTCF%20CoP%20Comments\\_Final.pdf](http://www.idsociety.org/uploadedFiles/IDSA/Policy_and_Advocacy/Current_Topics_and_Issues/Access_and_Reimbursement/2015/IDSA%20LTCF%20CoP%20Comments_Final.pdf)**

**IDSA also recognizes the importance of having an infectious diseases trained pharmacist involved in antimicrobial stewardship, to provide their requisite expertise. Furthermore, the clinical microbiologist plays an integral role in AS. We believe these three critical roles should be involved in AS programs across the health care system, supported by additional staff as needed depending on facility type. IDSA recognizes the synergy that should exist between ASPs and Infection Prevention Programs, which requires coordination with infection preventionists. Finally, we believe the Joint Commission should emphasize that access to a remotely located AS team can be achieved through virtual web-based technology (i.e. "telemedicine based") and that this team can be**

multidisciplinary team.

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

- Pharmacist(s)
- Infection disease physician
- Infection preventionist(s)

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

**Nursing Home** - The organization has an antimicrobial stewardship multidisciplinary team that includes the following members, when available in the setting:

- Pharmacist(s)
- Infection disease physician
- Infection preventionist(s)

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

**Office-based Surgery** - The practice has an antimicrobial stewardship multidisciplinary team that includes the following members, when available in the setting:

- Pharmacist(s)
- Infection disease physician
- Infection preventionist(s)

**effectively leveraged across multiple facilities in a scale-able manner.**

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

**EP Text for MM.09.01.01, EP 5**

**Ambulatory Health Care** - The organization's antimicrobial stewardship program includes the following core elements:

- Leadership commitment
- Accountability
- Drug expertise
- Action
- Tracking
- Reporting
- 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 Joint Commission recommends that organizations use this document when designing their antimicrobial stewardship program.

**Critical Access Hospital** – [same as above]

**Hospitals** – [same as above]

**IDSA agrees that antimicrobial stewardship programs should contain the core elements indicated by the CDC. We feel it is important to further specify how these core elements can be meaningfully demonstrated. For example, the leadership commitment should be recognized in the organization's mission statement and budget process. The core element of Accountability should be manifested in the job descriptions of the infectious diseases specialist, ID-trained pharmacist, and clinical microbiologist involved. The core elements related to Tracking and Reporting should be evidenced by the facility and providers reporting on quality measures related to antimicrobial stewardship, (i.e. "Standardized Antibiotic Administration Ratio" or "SAAR") and by the facility's reporting (or plan to report) to the NHSN's AU Module. We realize it may take several years to get system-wide reporting and therefore other intermediate metrics should be considered to demonstrate the Reporting core element. Education should be emphasized with the aim of influencing behavioral change with respect to inappropriate prescribing practices. These are but a few ways the core elements can be meaningfully operationalized within health care facilities.**

**Nursing Home** – [same as above]

**Office-based Surgery** – [same as above]

**EP Text for MM.09.01.01, EP 6**

**Ambulatory Health Care** - The organization’s antimicrobial stewardship program uses organization-approved multidisciplinary protocols.

Note: Examples of protocols are as follows:

- Plan for Parenteral to Oral Antibiotic Conversion
- Guidelines for Antimicrobial Use in Adults
- Formulary Restriction
- Preauthorization Requirements for Specific Antimicrobials
- Assessment of Appropriateness of Antibiotics for Community Acquired Pneumonia
- Guidelines for Antimicrobial Use in Pediatrics
- Treatment Guidelines for Common Infections
- "Wait-and-See" Antibiotic Protocol

**Critical Access Hospital** - The critical access hospital's antimicrobial stewardship program uses organization-approved multidisciplinary protocols.

Note: Examples of protocols are as follows:

- Plan for Parenteral to Oral Antibiotic Conversion
- Guidelines for Antimicrobial Use in Adults
- Formulary Restriction

**IDSA suggests that this statement be changed to read as follows: "The [facility type] uses locally developed protocols that align with national guidelines and condition-specific guidance."**

**We believe it is important to allow antimicrobial stewardship teams to have the flexibility to best adapt the guidance to their specific facilities, local antibiogram, and formulary. We also suggest that "Use of Prophylactic Antibiotics" be added to the Element of Performance that applies to hospitals, as this is where more prophylactic use occurs related to surgery.**

- Preauthorization Requirements for Specific Antimicrobials
- Assessment of Appropriateness of Antibiotics for Community Acquired Pneumonia
- Guidelines for Antimicrobial Use in Pediatrics

**Hospital** - The hospital's antimicrobial stewardship program uses organization-approved multidisciplinary protocols.

Note: Examples of protocols are as follows:

- Plan for Parenteral to Oral Antibiotic Conversion
- Guidelines for Antimicrobial Use in Adults
- Formulary Restriction
- Preauthorization Requirements for Specific Antimicrobials
- Assessment of Appropriateness of Antibiotics for Community Acquired Pneumonia
- Guidelines for Antimicrobial Use in Pediatrics

**Nursing Home** - The organization's antimicrobial stewardship program uses organization-approved multidisciplinary protocols.

Note: Examples of protocols are as follows:

- Plan for Parenteral to Oral Antibiotic Conversion
- Formulary Restriction
- Preauthorization Requirements for Specific Antimicrobials
- Assessment of Appropriateness of Antibiotics for Community Acquired Pneumonia
- Facility Guidelines for Antimicrobial Use in Adults
- Care of the Long Term Care Patient with a Urinary Tract

Infection

**Office-based Surgery** - The practice's antimicrobial stewardship program uses organization-approved multidisciplinary protocols.

Note: Examples of protocols are as follows:

- Use of Prophylactic Antibiotics
- Plan for Parenteral to Oral Antibiotic Conversion
- Formulary Restriction
- Preauthorization Requirements for Specific Antimicrobials

**EP Text for MM.09.01.01, EP 7**

**Ambulatory Health Care** - The organization collects and analyzes data on its antimicrobial stewardship program, including antimicrobial prescribing and resistance patterns.

**Critical Access Hospital** - The critical access hospital collects and analyzes data on its antimicrobial stewardship program, including antimicrobial prescribing and resistance patterns.

**Hospital** - The hospital collects and analyzes data on its antimicrobial stewardship program, including antimicrobial prescribing and resistance patterns. (

**Nursing Home** - The organization collects and analyzes data on its antimicrobial stewardship program, including antimicrobial prescribing and resistance patterns.

**Office-based Surgery** - The practice collects and analyzes data on its antimicrobial stewardship program, including

**We have no suggested revisions to this statement and believe it appropriately conveys the importance of collecting and analyzing data related to antimicrobial use and resistance patterns. The on-going collection and analysis of data should translate into education efforts that are aimed at influencing behavioral change with respect to inappropriate prescribing.**

antimicrobial prescribing and resistance patterns.

**EP Text for MM.09.01.01, EP 8**

**Ambulatory Health Care** - The organization takes action on improvement opportunities identified in its antimicrobial stewardship program. (

**Critical Access Hospital** - The critical access hospital takes action on improvement opportunities identified in its antimicrobial stewardship program.

**Hospital** - The hospital takes action on improvement opportunities identified in its antimicrobial stewardship program.

**Nursing Home** - The organization takes action on improvement opportunities identified in its antimicrobial stewardship program.

**Office-based Surgery** - The practice takes action on improvement opportunities identified in its antimicrobial stewardship program.

**IDSA believes that successful antimicrobial stewardship programs incorporate a process to apply learning derived from analysis in a continual manner to improve patient safety and extend the viability of current therapies. Therefore, successful programs should demonstrate how accountability, training and education efforts are shaped from other core elements (Drug Expertise, Action, Tracking, Reporting) and these efforts should be assessed through the accreditation process.**