

# Prepublication Requirements

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), accredited organizations and paid subscribers can also view them in the monthly periodical *The Joint Commission Perspectives*®. To begin your subscription, call 877-223-6866 or visit <http://www.jcrinc.com>.



## New Antimicrobial Stewardship Standard

APPLICABLE TO NURSING CARE CENTERS

Effective January 1, 2017

### Medication Management (MM)

Standard MM.09.01.01

The organization has an antimicrobial stewardship program based on current scientific literature.

#### Elements of Performance for MM.09.01.01

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

2. The organization 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.
3. The organization educates residents, and their families as needed, regarding the appropriate use of antimicrobial medications, including antibiotics. (For more information on patient and resident education, refer to Standard PC.02.03.01)

**Note:** An example of an educational tool that can be used for patients and families includes the Centers for Disease Control and Prevention's Get Smart document, "Viruses or Bacteria—What's got you sick?" at <http://www.cdc.gov/getsmart/community/downloads/getsmart-chart.pdf>.

4. The organization 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.

5. Ⓣ The organization's antimicrobial stewardship program includes the following core elements:
  - Leadership commitment: Demonstrate support and commitment to safe and appropriate antibiotic use in your facility.
  - Accountability: Identify physician, nursing, and pharmacy leads responsible for promoting and overseeing antibiotic stewardship activities in your facility.
  - Drug expertise: Establish access to consultant pharmacists or other individuals with experience or training in antibiotic stewardship for your facility.
  - Action: Implement policy or practice changes to improve antibiotic use.
  - Tracking: Monitor and measure the use of antibiotic use and at least one outcome from antibiotic use in your facility.

**Key:** A indicates scoring category A; C indicates scoring category C; Ⓣ indicates that documentation is required; Ⓜ indicates Measure of Success is needed; ⚠ indicates an Imminent Threat to Health or Safety; ⚡ indicates situational decision rules apply; ⚙ indicates direct impact requirements apply; ⓧ indicates and identified risk area

- Reporting: Regularly reporting information on the antimicrobial stewardship program, which may include antibiotic use and resistance, to physicians and other practitioners, nurses, and relevant staff.
- Education: Provide resources to physicians and other practitioners, nursing staff, residents, and families about antibiotic resistance and opportunities for improving antibiotic use. (See also IC.02.01.01, EP 1)

**Note:** *These core elements were cited from the Centers for Disease Control and Prevention's The Core Elements of Antibiotic Stewardship for Nursing Homes (<http://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html>). The Joint Commission recommends that nursing care centers use this document when designing their antimicrobial stewardship program.*

6. © The organization's antimicrobial stewardship program uses organization-approved multidisciplinary protocols (for example, policies and procedures).

**Note:** *Examples of protocols are as follows:*

- Antibiotic Formulary Restrictions

- Assessment of Appropriateness of Antibiotics for Community-Acquired Pneumonia
- Assessment of Appropriateness of Antibiotics for Skin and Soft Tissue Infections
- Care of the Long Term Care Patient with a Urinary Tract Infection
- Care of the Patient with *Clostridium difficile* (c.-diff)
- Facility Guidelines for Antimicrobial Use in Adults
- Plan for Parenteral to Oral Antibiotic Conversion
- Preauthorization Requirements for Specific Antimicrobials

7. © The organization collects, analyzes, and reports data on its antimicrobial stewardship program.

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

8. © The organization takes action on improvement opportunities identified in its antimicrobial stewardship program. (See also MM.08.01.01, EP 6)