

Medication Management (MM) Chapter

MM.09.01.01

The critical access hospital establishes antibiotic stewardship as an organizational priority through support of its antibiotic stewardship program.

Element(s) of Performance for MM.09.01.01

10. The critical access hospital allocates financial resources for staffing and information technology to support the antibiotic stewardship program.
(See also LD.01.03.01, EP 5)
11. The governing body appoints a physician and/or pharmacist who is qualified through education, training, or experience in infectious diseases and/or antibiotic stewardship as the leader(s) of the antibiotic stewardship program.
Note: The appointment(s) is based on recommendations of medical staff leadership and pharmacy leadership.
12. The leader(s) of the antibiotic stewardship program is responsible for the following:
 - Developing and implementing a hospitalwide antibiotic stewardship program that is based on nationally recognized guidelines to monitor and improve the use of antibiotics
 - Documenting antibiotic stewardship activities, including any new or sustained improvements
 - Communicating and collaborating with the medical staff, nursing leadership, and pharmacy leadership, as well as with the critical access hospital's infection prevention and control and quality assessment and performance improvement programs on antibiotic use issues
 - Providing competency-based training and education for staff, including medical staff, on the practical applications of antibiotic stewardship guidelines, policies, and procedures
13. The critical access hospital has a multidisciplinary committee that oversees the antibiotic stewardship program.

Note 1: The committee may be composed of representation from the medical staff, pharmacy services, the infection prevention and control program, nursing services, microbiology, information technology, and the quality assessment and performance improvement program.
Note 2: The committee may include part-time or consultant staff. Participation may occur on site or remotely.
14. The antibiotic stewardship program demonstrates coordination among all components of the critical access hospital responsible for antibiotic use and resistance, including, but not limited to, the infection prevention and control program, the quality assessment and performance improvement program, the medical staff, nursing services, and pharmacy services.
15. The antibiotic stewardship program documents the evidence-based use of antibiotics in all departments and services of the critical access hospital.
16. The antibiotic stewardship program monitors the critical access hospital's antibiotic use by analyzing data on days of therapy per 1000 days present or 1000 patient days, or by reporting antibiotic use data to the National Healthcare Safety Network's Antimicrobial Use Option of the Antimicrobial Use and Resistance Module.
17. The antibiotic stewardship program implements one or both of the following strategies to optimize antibiotic prescribing:
 - Preauthorization for specific antibiotics that includes an internal review and approval process prior to use
 - Prospective review and feedback regarding antibiotic prescribing practices, including the treatment of positive blood cultures, by a member of the antibiotic stewardship program

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18. The antibiotic stewardship program implements at least two evidence-based guidelines to improve antibiotic use for the most common indications.
Note 1: Examples include, but are not limited to, the following:
- Community-acquired pneumonia
 - Urinary tract infections
 - Skin and soft tissue infections
 - Clostridioides difficile colitis
 - Asymptomatic bacteriuria
 - Plan for parenteral to oral antibiotic conversion
 - Use of surgical prophylactic antibiotics
- Note 2: Evidence-based guidelines must be based on national guidelines and also reflect local susceptibilities, formulary options, and the patients served, as needed.
19. The antibiotic stewardship program evaluates adherence (including antibiotic selection and duration of therapy, where applicable) to at least one of the evidence-based guidelines the critical access hospital implements.
Note 1: The critical access hospital may measure adherence at the group level (that is, departmental, unit, clinician subgroup) or at the individual prescriber level.
Note 2: The critical access hospital may obtain adherence data for a sample of patients from relevant clinical areas by analyzing electronic health records or by conducting chart reviews.
20. The antibiotic stewardship program collects, analyzes, and reports data to critical access hospital leadership and prescribers.
Note: Examples of antibiotic stewardship program data include antibiotic resistance patterns, antibiotic prescribing practices, or an evaluation of antibiotic stewardship activities.
21. The critical access hospital takes action on improvement opportunities identified by the antibiotic stewardship program.