

R³ Report | Requirement, Rationale, Reference

A complimentary publication of The Joint Commission

Issue 35, June 20, 2022

Published for Joint Commission-accredited organizations and interested health care professionals, *R3 Report* provides the rationale and references that The Joint Commission employs in the development of new requirements. While the standards manuals also may provide a rationale, *R3 Report* goes into more depth, providing a rationale statement for each element of performance (EP). The references provide the evidence that supports the requirement. *R3 Report* may be reproduced if credited to The Joint Commission. Sign up for [email](#) delivery.

New and Revised Requirements for Antibiotic Stewardship

Effective January 1, 2023, new and revised antibiotic stewardship requirements will apply to all Joint Commission-accredited hospitals and critical access hospitals. The 12 elements of performance (EPs) are included in the “Medication Management” (MM) chapter (Standard MM.09.01.01) and expand upon the current expectations for antibiotic stewardship programs in the hospital setting.

According to the Centers for Disease Control and Prevention, there are at least 2.8 million antibiotic-resistant infections each year, and more than 35,000 people die as a result. When *Clostridioides difficile* (a bacterium that can cause deadly diarrhea and is associated with antibiotic use) is included in the analysis, there are more than 3 million infections and 48,000 deaths.¹ Optimizing the use of antibiotics is a patient safety priority, and antibiotic stewardship programs play a critical role in supporting appropriate antibiotic prescribing practices and reducing antibiotic resistance. As a result, The Joint Commission made several revisions to Standard MM.09.01.01, which include updates to align with federal regulations and current recommendations from scientific and professional organizations.

Engagement with stakeholders, customers, and experts

In addition to an extensive literature review and public field review, The Joint Commission obtained expert guidance from the following group:

- [Technical Advisory Panel \(TAP\)](#) of subject matter experts from various health care and academic organizations and professional associations.

The prepublication version of the antibiotic stewardship standards will be available online until December 31, 2022. After January 1, 2023, please access the new requirements in the E-edition or standards manual.

Medication Management

Requirements: There are 12 new and revised EPs that address antibiotic stewardship. The requirements marked as “new” introduce concepts and expectations that have not been addressed previously. Requirements marked as “revised” include a combination of editorial changes, additional notes to clarify expectations, and EPs that will now apply to all accredited hospitals (deeming lead-in statements have been deleted).

Standard MM.09.01.01: The hospital establishes antibiotic stewardship as an organizational priority through support of its antibiotic stewardship program.

EP 10 (new): The hospital allocates financial resources for staffing and information technology to support the antibiotic stewardship program. (See also LD.01.03.01, EP 5)

EP 11 (revised): 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.*

EP 12 (revised): 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 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

EP 13 (revised): The 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.*

EP 14 (revised): The antibiotic stewardship program demonstrates coordination among all components of the 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.

EP 15 (revised): The antibiotic stewardship program documents the evidence-based use of antibiotics in all departments and services of the hospital.

EP 16 (new): The antibiotic stewardship program monitors the 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.

EP 17 (new): 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

EP 18 (new): 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.*

EP 19 (new): 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 hospital implements.

Note 1: *The hospital may measure adherence at the group level (that is, departmental, unit, clinician subgroup) or at the individual prescriber level.*

Note 2: *The hospital may obtain adherence data for a sample of patients from relevant clinical areas by analyzing electronic health records or by conducting chart reviews.*

EP 20 (revised): The antibiotic stewardship program collects, analyzes, and reports data to 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.*

EP 21 (revised): The hospital takes action on improvement opportunities identified by the antibiotic stewardship program.

Rationale

Antibiotic stewardship programs promote appropriate antibiotic prescribing practices and play a critical role in reducing antibiotic resistance.^{2,3} These new and revised requirements expand upon The Joint Commission's existing antibiotic stewardship requirements for hospitals and critical access hospitals and identify several key components that a successful program should have in place. For example, dedicating the resources necessary to support the antibiotic stewardship program is essential to demonstrate the hospital leadership's commitment to antibiotic stewardship as a patient safety priority.^{2,4} Identifying qualified individuals to lead (or co-lead) the antibiotic stewardship program ensures that those responsible for the program have the necessary expertise to implement hospitalwide strategies and practices to improve the use of antibiotics.^{5,6} As multiple departments and programs are responsible for antibiotic use, it is also important that the antibiotic stewardship program has a multidisciplinary antibiotic stewardship program team with representation from departments across the organization that provides guidance, support, and oversight for the program's activities.^{2,3,7}

The goal of the antibiotic stewardship program is to optimize antibiotic prescribing practices. Measuring the hospital's antibiotic use is a critical first step to identifying improvement opportunities for antibiotic prescribing and can also help an organization determine whether its antibiotic stewardship activities are effective. Hospitals are encouraged to electronically submit antibiotic use data to the National Healthcare Safety Network Antimicrobial Use Option so they can benchmark their rates compared to national data.^{2,3,8} Strategies such as preauthorization for specific antibiotics and prospective review and feedback are effective interventions to improve antibiotic use. These strategies can be adapted to the level of expertise of the antibiotic stewardship program team and to the complexity of the organization.^{2,3,9,10} In addition, developing and implementing evidence-based guidelines for the diagnosis and treatment of the hospital's most common indications for antibiotic use can improve prescribing practices by providing recommendations for antibiotic selection and duration of therapy.^{2,4,9,11} However, the use of evidence-based guidelines has limited effect on practice unless organizations measure adherence to the recommendations and provide feedback to clinicians.^{2,4,9} Reporting antibiotic stewardship program data to hospital leadership and prescribers allows organizations to review the program's activities and its impact on prescribing practices and identify opportunities for improvement.^{2,3}

Reference*:

1. Centers for Disease Control and Prevention. (2021, December). *About Antibiotic Resistance*. U.S. Department of Health and Human Services. <https://www.cdc.gov/drugresistance/about.html>.
2. Centers for Disease Control and Prevention (2019). *Core elements of hospital antibiotic stewardship programs*. U.S. Department of Health and Human Services. <https://www.cdc.gov/antibiotic-use/core-elements/hospital.html>.
3. Centers for Disease Control and Prevention (2020b). *Implementation of antibiotic stewardship core elements at small and critical access hospitals*. U.S. Department of Health and Human Services. <https://www.cdc.gov/antibiotic-use/core-elements/small-critical.html>.
4. Baker, D. W., Hyun, D., Neuhauser, M. M., Bhatt, J., & Srinivasan, A. (2019). Leading Practices in Antimicrobial Stewardship: Conference Summary. *Joint Commission Journal on Quality and Patient Safety*, 45(7), 517–523. <https://doi.org/10.1016/j.jcjq.2019.04.006>
5. Centers for Medicare and Medicaid Services, Conditions of Participation for Hospitals, Infection Prevention and Control and Antibiotic Stewardship Programs, 42 C.F.R §482.42 (2019).
6. Centers for Medicare and Medicaid Services, Conditions of Participation for Critical Access Hospitals, Infection Prevention and Control and Antibiotic Stewardship Programs, 42 C.F.R §485.640 (2019).
7. MacDougall, C., & Polk, R. E. (2005). Antimicrobial stewardship programs in health care systems. *Clinical Microbiology Reviews*, 18(4), 638–656. <https://doi.org/10.1128/CMR.18.4.638-656.2005>
8. Jenkins, T. C., Knepper, B. C., Shihadeh, K., Haas, M. K., Sabel, A. L., Steele, A. W., Wilson, M. L., Price, C. S., Burman, W. J., & Mehler, P. S. (2015). Long-term outcomes of an antimicrobial stewardship program implemented in a hospital with low baseline antibiotic use. *Infection Control and Hospital Epidemiology*, 36(6),

664–672. <https://doi.org/10.1017/ice.2015.41>

9. Barlam, T. F., Cosgrove, S. E., Abbo, L. M., MacDougall, C., Schuetz, A. N., Septimus, E. J., Srinivasan, A., Dellit, T. H., Falck-Ytter, Y. T., Fishman, N. O., Hamilton, C. W., Jenkins, T. C., Lipsett, P. A., Malani, P. N., May, L. S., Moran, G. J., Neuhauser, M. M., Newland, J. G., Ohl, C. A., Samore, M. H., ... Trivedi, K. K. (2016). Implementing an Antibiotic Stewardship Program: Guidelines by the Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America. *Clinical Infectious Diseases*, 62(10), e51–e77. <https://doi.org/10.1093/cid/ciw118>
10. Hamilton, K. W., Gerber, J. S., Moehring, R., Anderson, D. J., Calderwood, M. S., Han, J. H., Mehta, J. M., Pollack, L. A., Zaoutis, T., Srinivasan, A., Camins, B. C., Schwartz, D. N., Lautenbach, E., & Centers for Disease Control and Prevention Epicenters Program (2015). Point-of-prescription interventions to improve antimicrobial stewardship. *Clinical Infectious Diseases*, 60(8), 1252–1258. <https://doi.org/10.1093/cid/civ018>
11. Magill, S. S., O'Leary, E., Ray, S. M., Kainer, M. A., Evans, C., Bamberg, W. M., Johnston, H., Janelle, S. J., Oyewumi, T., Lynfield, R., Rainbow, J., Warnke, L., Nadle, J., Thompson, D. L., Sharmin, S., Pierce, R., Zhang, A. Y., Ocampo, V., Maloney, M., Greissman, S., ... Emerging Infections Program Hospital Prevalence Survey Team (2021). Antimicrobial Use in US Hospitals: Comparison of Results From Emerging Infections Program Prevalence Surveys (2021). *Clinical Infectious Diseases*, 72(10), 1784–1792. <https://doi.org/10.1093/cid/ciaa373>

*Not a complete literature review.

A special thanks to the following contributors:

Technical Advisory Panel (TAP) Members

Candice Allen, RN, MSN

Elizabeth S. Dodds Ashley, PharmD, MHS

Lisa Davidson, MD

Mohamad G. Fakih, MD, MPH, FIDSA, FSHEA

Matthew Bidwell Goetz, MD

David Hyun, MD

Timothy C. Jenkins, MD, MSC

Holly D. Maples, PharmD

Larissa S. May, MD, MSPH, MSHS

Marc J. Meyer, RPh, BPharm, CIC, FAPIC

Elizabeth Monsees, PhD, MBA, RN, CIC, FAPIC

Jason Newland, MD, MEd

Arjun Srinivasan, MD

Edward Stenehjem, MD, MSc

Barbara W. Trautner, MD, PhD