

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>.

Joint Commission



Requirement

New Antimicrobial Stewardship Standard

APPLICABLE TO HOSPITALS AND CRITICAL ACCESS HOSPITALS

Effective January 1, 2017

Medication Management (MM)

Standard MM.09.01.01

The [critical access] hospital 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 [critical access] 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.
3. The [critical access] hospital educates patients, and their families as needed, regarding the appropriate use of antimicrobial medications, including antibiotics. (For more information on patient 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 [critical access] 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.

5. © The [critical access] hospital's antimicrobial stewardship program includes the following core elements:
 - Leadership commitment: Dedicating necessary human, financial, and information technology resources.
 - Accountability: Appointing a single leader responsible for program outcomes. Experience with successful programs shows that a physician leader is effective.
 - Drug expertise: Appointing a single pharmacist leader responsible for working to improve antibiotic use.
 - Action: Implementing recommended actions, such as systemic evaluation of ongoing treatment need, after a set period of initial treatment (for example, "antibiotic time out" after 48 hours).
 - Tracking: Monitoring the antimicrobial stewardship program, which may include information on antibiotic prescribing and resistance patterns.

Key: A indicates scoring category A; C indicates scoring category C; © indicates that documentation is required; Ⓜ indicates Measure of Success is needed; ⚠ indicates an Immediate 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 information on antibiotic use and resistance, to doctors, nurses, and relevant staff.
- Education: Educating practitioners, staff, and patients on the antimicrobial program, which may include information about resistance and optimal prescribing. (See also IC.02.01.01, EP 1 and NPSG.07.03.01, EP 5)

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.*

6. ⑩ The [critical access] hospital'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*
- *Assessment of Appropriateness of Antibiotics for Urinary Tract Infections*
- *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*

7. ⑩ The [critical access] hospital 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. ⑩ The [critical access] hospital takes action on improvement opportunities identified in its antimicrobial stewardship program. (See also MM.08.01.01, EP 6)