NQF, CDC release antibiotic stewardship guide to help organizations

In late May, experts from the public and private sectors released a tool to help U.S. acute-care hospitals implement strategies to promote appropriate, safe use of antibiotics. The National Quality Forum (NQF), Centers for Disease Control and Prevention (CDC) and Hospital Corporation of America (HCA) created *Antibiotic Stewardship in Acute Care: A Practical Playbook* – based on CDC’s *Core Elements of Hospital Antibiotic Stewardship Programs* – a practical guide to significantly reduce antibiotic overuse and other misuse.

The CDC estimates that the inappropriate use of antibiotics causes antimicrobial resistance that leads to 2 million illnesses and 23,000 deaths annually. Examples of strategies in the tool include:

- Assessing when patients need antibiotics and when treatment should be adjusted
- Educating staff, family and patients about appropriate antibiotic use
- Tracking and reporting antibiotic prescribing, use and resistance

The Joint Commission is currently working on a standard to address antimicrobial stewardship after having conducted an extensive field review in late 2015, which involved key stakeholders that include The Joint Commission’s accredited hospitals, critical access hospitals, ambulatory care, office-based surgery settings, and nursing care centers.

Current resources available from The Joint Commission include a Speak Up campaign on antibiotics, a Quick Safety issue focusing on using antibiotics wisely, a toolkit and an Infection Prevention and HAI portal. Joint Commission Resources recently gave a detailed presentation about antibiotic overuse and antimicrobial stewardship in San Antonio, Texas.

Lisa Waldowski MS, APRN, CIC, infection control specialist at The Joint Commission, said there is no turning back when it comes to antimicrobial stewardship.

“We all must be on the same page within health care settings that prescribe and administer antimicrobials, or our stewardship efforts will not be effective,” she said. “There are huge ramifications with antimicrobial resistance, both in the U.S. and globally.”

Joint Commission seeks field input on new sleep studies requirement, lab standards changes

The Joint Commission is seeking input from the field on the following:

- A newly proposed requirement that addresses minimum qualifications for individuals interpreting sleep studies. The proposed AHC sleep studies requirement is applicable only to ambulatory care organizations.
- New and revised laboratory standards changes. The Joint Commission regularly reviews the Laboratory accreditation requirements to identify disparities between current accreditation standards, the Clinical Laboratory Improvement Amendments of 1988 (CLIA ’88) and contemporary clinical best practice guidelines. Numerous requirements were clarified and revised, and new requirements were created to address existing and emerging issues in clinical chemistry and molecular pathology.

Comments on these field reviews are due July 6.

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**Patient safety**

**JQPS highlights 2015 John M. Eisenberg Patient Safety and Quality Award recipients**

The recipients of the 2015 John M. Eisenberg Patient Safety and Quality Awards are highlighted in the June issue of *The Joint Commission Journal on Quality and Patient Safety* (JQPS).

JQPS details the three honorees who were recognized for their efforts to advance the field of patient safety and quality improvement. JQPS highlights the winners, as well as their achievements:

- Pascale Carayon, PhD, Proctor & Gamble Bascom professor in Total Quality, Department of Industrial and Systems Engineering, University of Wisconsin-Madison, who was honored because of her advocacy of the use of human factors engineering (HFE) concepts and methods, as well as the Systems Engineering Initiative for Patient Safety (SEIPS) model that grew out of HFE.

- Premier, Inc., of Charlotte, North Carolina, which has a national quality improvement initiative called QUEST® (Quality, Efficiency, Safety and Transparency), that helps acute health care organizations improve quality and reduce harm. QUEST enabled approximately 350 volunteer health systems to transparently share data and define a common framework with consistent measures of top performance. Since its inception, QUEST participants have prevented more than 176,000 deaths and reduced health care spending by more than $15 billion.

- Mayo Clinic Hospital-Rochester in Minnesota used rigorous quality improvement methods to identify a bundle of interventions to reduce catheter-associated urinary tract infections (CAUTIs). As a result of the initiative, CAUTI rates decreased by 70 percent from the 2013 baseline of 2.0/1,000 catheter-days to 0.6/1,000 catheter-days in 2015.

The awards were given out in April. [Access JQPS](https://www.jointcommission.org).

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