The Joint Commission’s Antimicrobial Stewardship Standards

David W. Baker, MD, MPH - Executive Vice President
Division of Healthcare Quality Evaluation

Texas Medical Center
Antimicrobial Resistance and Stewardship Conference
Houston, Texas. January 25, 2019
Overview

Background on The Joint Commission

Overview of the 2017 Hospital and Nursing Care Center Antimicrobial Stewardship Standard

Survey findings and comments from surveyors

Leading Practices Conference recommendations

Draft standards for Ambulatory Care
No Financial Disclosures
The Joint Commission

- An independent, not-for-profit organization founded in 1951
- The nation's oldest and largest standards-setting and accrediting body in health care
- Evaluates and accredits nearly 21,000 health care organizations in the United States
- Governed by a 32-member Board
Mission and Vision

**Mission**: *To continuously improve health care for the public*, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.

**Vision**: *All people always experience the safest, highest quality, best-value health care across all settings.*
Antimicrobial Stewardship Standard

Began developing a standard directly focusing on antimicrobial stewardship in 2015

Went into effect in January, 2017

Applicable to three accreditation programs:

- Hospitals (N=4023)
- Critical Access Hospitals (N=366)
- Nursing Care Centers (N=619)
Key Element - Leadership

Leaders establish antimicrobial stewardship as an organizational priority

- Reflected in budgets, infection prevention plans, strategic plans, improvement plans

How can you tell whether an organization’s ASP is truly an organizational priority?
Antimicrobial Stewardship Standard

Key Element – Core Team

The organization establishes an antimicrobial stewardship multidisciplinary team that includes: Infectious Disease physician, Infection Preventionist, Pharmacist, Practitioner

- One overall leader, one pharmacist leader
- Other key personnel to consider: nursing, microbiologist, informaticist, data analyst
- Secondary leaders across the organization
Key Element – Staff Education

The hospital educates staff and practitioners involved in antimicrobial ordering, dispensing, administration, and monitoring about antimicrobial stewardship practices.

Who are the targets for education? Should organizations be required to have educational activities for all of the key groups?

What types of educational activities are most effective? For some activities, is competency testing necessary?
Key Element – Patient and Family Education

The hospital educates patients, and their families as needed, regarding the appropriate use of antibiotics. Originally, this applied to hospitals and nursing care centers. Requirement for hospitals was eliminated in 2017.
Key Elements - Protocols

The hospital’s antimicrobial stewardship program uses organization-approved multidisciplinary protocols, e.g., Antibiotic Formulary Restrictions, Guidelines for Antimicrobial Use, Parenteral to Oral Antibiotic Conversion, Preauthorization.

• As research determines which are most effective, should we be more prescriptive?
Antimicrobial Stewardship Standard

**Key Elements – Monitoring, Performance Improvement**

The hospital **collects, analyzes, and reports data** on its antimicrobial stewardship program.

The hospital **takes action on improvement opportunities** identified in its antimicrobial stewardship program.

**What measures are best?**
Multiple Choice Question #1

The Joint Commission AS standards for hospitals requires organizations to do which of the following:

a. Educate all patients on the dangers of antibiotic overprescribing
b. Educate respiratory therapists about proper antimicrobial use
c. Implement one or more protocols to promote optimal antimicrobial use
d. Measure hospital-onset C. difficile rates
Multiple Choice Question #1

The Joint Commission AS standards for hospitals requires organizations to do which of the following:

a. Educate all patients on the dangers of antibiotic overprescribing

b. Educate respiratory therapists about proper antimicrobial use

c. Implement one or more protocols to promote optimal antimicrobial use

d. Measure hospital-onset C. difficile rates
Survey Findings in 2017: Hospitals

34 hospitals (4% of 779) received 41 citations related to deficiencies in their ASPs:

- Education not provided to staff and/or LIP (13)
- Lack of a multidisciplinary team approach (3)
- Did not include all of the CDC core elements (6)
- Education not provided to patient/family (9)
- AS not a leadership priority (4)
- Failed to collect, analyze and report data (2)
- Lack of approved multidisciplinary protocols (4)
Survey Findings in 2017: Nursing Care Centers

13 nursing care centers (11% of 118) received 17 citations related to their ASPs:

- Education not provided to staff and/or LIP (2)
- Did not include all CDC core elements (8)
- ASP not a leadership priority (4)
- Failure to collect, analyze and report data (3)

Suggests that it is more challenging for NCCs to implement an ASP than for hospitals.
Comments from Surveyors
What are the Limitations of the Survey Procedures for Identifying Problems?

Two of 20 surveyors who responded to a survey said they found it difficult to score the antimicrobial stewardship standard.

One third said surveyor time is a limitation.

Three said that because there are no accepted performance measures, the value of performance improvement data is not clear.
Where are Organizations Struggling to Comply with the ASP Requirements?

Half stated that organizations they had surveyed were not having any difficulty (10)

Some smaller organizations have difficulty finding infectious disease expertise (4)

Having pharmacy and physician champions is important (3)

Some struggling to track data efficiently (2)

Dissemination of information to the medical staff can be an issue (2)
Leading Practices in Antimicrobial Stewardship

The Joint Commission
Oakbrook Terrace, IL. May 25, 2018
Goals of the Meeting

Identify care processes or measurement methods that are the most important to the success of antimicrobial stewardship programs

- Condense recommendations to a focused set that we plan to publish and disseminate
- Identify those recommendations strong enough to consider for TJC accreditation standards
Recommended Interventions*

**Key Recommendations**
Engage frontline clinicians
Implement Disease State Guidelines
Address Inappropriate Diagnostic Testing

**Other Recommendations**
Ensure strong leadership and adequate financial support
Engage local medical communities and academic partners
Determine whether patients labelled as having a beta lactam allergy are truly allergic
Establish standard processes and procedures to evaluate antimicrobials at transitions of care

* These recommendations should be viewed as interventions that complement, strengthen, or go beyond the traditional interventions such as the CDC Core Elements for the structure of AS programs and interventions such as preauthorization and prospective audit and feedback.
Leading Practices Conference

Recommended Measures

Key Recommendations
Days of therapy per 1,000 days present or patient days
Hospital-onset C. difficile rates
Appropriate use and concordance of care with clinical practice guidelines

Other Recommendations
Prescribing patterns of individual clinicians
Total duration of antibiotic therapy
Next Steps
Antimicrobial Stewardship in Ambulatory Care

Our ambulatory care program includes ambulatory surgery centers, office-based surgery, primary care medical home, etc.

Issues and needs for AS are very different

New standards should apply to ambulatory centers that are part of a hospital
CDC Core Elements for Ambulatory AS Programs

Commitment

Action for Policy and Practice

• Diagnostic criteria, treatment recommendations, delayed prescribing, clinical decision support, communication skills training, triage systems

Tracking and Reporting

Education and Expertise
What is the Right Model for ASPs in Ambulatory Settings?

Inappropriate use of antibiotics concentrated in:

• Upper respiratory tract infections
• Urinary tract infections
• Skin and soft tissue infections
• Prophylaxis after surgery

Therefore, stewardship standards should focus on targets rather than overall antibiotic use rates
Draft Standards* for ASPs in Ambulatory Settings

1. The [organization] identifies an individual(s) responsible for developing, implementing, and monitoring activities to promote appropriate antimicrobial medication prescribing practices.

2. The [organization] sets at least one annual antimicrobial stewardship goal.

3. The [organization] uses approved protocols and evidence-based practice guidelines related to its annual antimicrobial stewardship goal(s).

*Field Review planned for early 2019
Draft Standards for ASPs in Ambulatory Settings (2)

4. The [organization] provides all clinical staff and licensed independent practitioners with educational resources related to its antimicrobial stewardship goal(s) and strategies that promote appropriate antimicrobial medication prescribing practices.

5. When the patient’s care, treatment, or services are related to an annual antimicrobial stewardship goal, the [organization] educates the patient, and family as needed, about appropriate prescribing of antimicrobial medications, potential adverse drug events from antimicrobial medications, importance of treatment adherence, and symptom management and duration.

6. The [organization] collects, analyzes, and reports data pertaining to the antimicrobial stewardship goal(s) to [organizational] leadership.
Multiple Choice Question #2

The Joint Commission draft standards for ambulatory organizations require them to do which of the following:

a. Establish a multidisciplinary AS team
b. Set at least one annual AS goal for improvement
c. Measure antimicrobial prescriptions per 1000 visits, adjusted for case mix
d. Educate all patients on why antibiotics are not needed for the common cold and viral sore throat
Multiple Choice Question #2

The Joint Commission draft standards for ambulatory organizations require them to do which of the following:

a. Establish a multidisciplinary AS team
b. Set at least one annual AS goal for improvement
c. Measure antimicrobial prescriptions per 1000 visits, adjusted for case mix
d. Educate all patients on why antibiotics are not needed for the common cold and viral sore throat
Thank You!

Credit code: d22m

Pharmacists: to receive credit for participation in this live educational session, you must claim your credit via the TSHP Education Portal (http://tshp.wcea.education/) no later than Monday, March 9, 2019