

[Facility Name/Logo]

Policy Name/Subject:	Antimicrobial Stewardship Program
Policy Number:	<u>[Facility Policy Number]</u>
Policy Origin Date:	<u>[mm/dd/yyyy]</u>
Date of Last Review/Revision:	<u>[mm/dd/yyyy]</u>
Approved By:	<u>[Approving Individual/Committee]</u>
Regulatory Reference:	CMS 42 CFR part 483, subset B CMS § 483.80(a)(3)

Background

Antimicrobials are essential for resident care when it comes to treating infections. However, this does not make them immune to misuse. In published surveys of long-term care facilities (LTCFs) across the United States, up to 70% of LTCF residents receive at least 1 antimicrobial agent at some point during the year, with an estimated 40-75% of antimicrobial prescriptions being deemed as inappropriate or non-concordant with nationally published treatment guidelines.¹⁻² Unnecessary antimicrobial use can lead to resident harm from increased adverse events, such as diarrhea, renal impairment, cardiac abnormalities, and/or *Clostridioides difficile* infections, as well as increased risk for colonization/infection with antibiotic resistant organisms.

Policy Statement

The aim of the Antimicrobial Stewardship Program (ASP) at **[Facility Name]** is to provide optimal resident care through the appropriate and judicious use of antimicrobial agents. This program is established to promote awareness of antimicrobial prescribing practices within the facility by creating a system to monitor and report on antimicrobial utilization and implementing procedures and protocols to ensure the optimization of antimicrobial therapy prescribed, while minimizing the risks and consequences of therapy to residents.

Program Structure

[Facility Name] has established an ASP Committee to provide oversight of the facility's ASP and provide direct support for staff in regards to antimicrobial stewardship (AS) activities. The ASP is included as part of the facility's Infection Prevention and Control Program (IPCP), as recommended by the Centers of Medicare and Medicaid Services (CMS) Conditions for Participation for LTCFs. The IPCP, or appropriate ASP Committee representative, will report ASP activities to the Quality Assurance and Performance Improvement (QAPI) Committee, or its equivalent, within the facility. The ASP Committee and IPCP will also report activities to facility prescribers, nursing staff, and other relevant staff, either directly or through efforts determined appropriate by the QAPI Committee.

ASP Committee Members

The ASP Committee shall consist of the following members:

1. Medical Director
2. Nursing Director/Manager
3. Infection Preventionist
4. Consultant Pharmacist
5. Additional members deemed appropriate by the ASP Committee
 - a. Facility Administrator
 - b. Nursing Staff Representative
 - c. QAPI Director/Chair/Representative
 - d. Prescribing Clinician
 - e. Other Interested Healthcare Worker

ASP Committee Meetings

The ASP Committee shall meet on a [mo] basis. The ASP Committee meeting shall be used to review ASP related activity and outcomes data. ASP Committee meeting minutes shall be taken for documentation purposes. The IPCP, or appropriate ASP representative, shall report ASP related data to the facility's QAPI program at least on a [monthly/bimon] basis.

ASP Committee Responsibilities

The ASP Committee shall ensure the following responsibilities are provided within the facility, as recommended by the CMS Conditions for Participation for LTCFs, as well as the Centers for Disease Control and Prevention's (CDC) Core Elements of Antimicrobial Stewardship in Nursing Homes.

1. Develop/Implement policies/procedures targeting the optimization of antimicrobial utilization within the facility, including labeling of specific antimicrobial order indication, dose, and duration.
2. Monitor antimicrobial utilization through facility/pharmacy data that could include, but not limited to:
 - a. New antimicrobial starts per 1,000 resident days
 - b. Days of antimicrobial therapy per 1,000 resident days
 - c. Number of antimicrobial-related adverse events
3. Monitor relevant infection rates and antimicrobial resistance rates that can include, but not limited to:
 - a. Cumulative antimicrobial susceptibility report (or "antibiogram")
 - b. Rates of *Clostridioides difficile*, Carbapenem-Resistance Enterobacterales, Methicillin-Resistant *Staphylococcus aureus*, Vancomycin-Resistant *Enterococcus* infection(s).

4. Report collected data to the IPCP Committee, with emphasis on the most common infectious disease syndromes reported, percent of antimicrobial orders/prescriptions meeting established facility criteria for use, and duration of therapy.
5. Report collected data to the QAPI Committee.
6. Identify potential opportunities for improvement with antimicrobial prescribing practices, test/culture collection, antimicrobial agent or resistance data collection, and/or antimicrobial stewardship communication practices and implementing action plans to address these areas.
7. Provide regular antimicrobial stewardship specific education to prescribers, nursing staff, and other healthcare workers, as well as residents and families, on appropriate antimicrobial use, including situations in which antimicrobial treatment is not warranted.

References

1. Nicolle LE, Bentley DW, Garibaldi R, Neuhaus EG, Smith PW; SHEA Long-Term-Care Committee. Antimicrobial use in long-term-care facilities. *Infect Control Hosp Epidemiol*. 2000;21(8):537-545. <https://dx.doi.org/10.1086/501798>
2. Lim CJ, Kong DCM, Stuart RL. Reducing inappropriate antibiotic prescribing in the residential care setting: current perspectives. *Clin Interv Aging*. 2014;9:165-177. <https://dx.doi.org/10.2147/CIA.S46058>
3. Centers for Medicare and Medicaid Services (CMS) 42 CFR Part 483 Subpart B. <https://www.ecfr.gov/current/title-42/part-483/subpart-B>
4. CDC. The Core Elements of Antibiotic Stewardship for Nursing Homes. Atlanta, GA: US Department of Health and Human Services, CDC; 2015. Available at: <http://www.cdc.gov/longtermcare/index.html>
5. Agency for Healthcare Research and Quality (AHRQ) Draft Policies and Procedures for the Antimicrobial Stewardship Program, Toolkit 1, Tool 5. Nursing Home Antimicrobial Stewardship Guide. https://www.ahrq.gov/sites/default/files/wysiwyg/nhguide/3_TK1_T5-Draft_Policies_and_Procedures_for_the_Antimicrobial_Stewardship_Program_final.pdf