

**Antimicrobial Stewardship Program WVH
Administrative House Wide Policy and Procedure**

Applicable Campus	Department Name	Approval Authority
West Valley Hospital	Pharmacy WVH	WVH Director, Clinical Operations

Effective Date: November 2022	Next Review Date: October 2024
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List Stakeholders Position or Committee	Document Status	Date of Approval
Pharmacy Manager	Revised	08/2022
System Director, Pharmacy	Reviewed	09/2022
WVH Director, Clinical Operations	Reviewed	09/2022
WVH Medical Care Advisory Committee	Reviewed	10/2022
SH Pharmacy and Therapeutics Committee	Revised	10/2022
Final Approval Date WVH	Final Approval	10/2022

Describe briefly the most recent revision made to this policy, procedure or protocol & why:

Minor edits: Updated wording for section C. AMS Program Elements, subsection a. Prospective audit of antimicrobial use, i. –changed Pharmacists will “meet” with an AMS physician, general physician, etc. to “connect”. Added “as needed” to prospective audit cadence.

Policy Content

Inappropriate antimicrobial use is a contributor to adverse patient outcomes, the development of antimicrobial resistance, and excessive pharmaceutical expenditures. To address this problem numerous organizations (including the Infectious Disease Society of America, the Society for Healthcare Epidemiology of America, the American Society of Health-System Pharmacists, the American Academy of Pediatrics, the Centers for Medicare and Medicaid Services and others) have endorsed the concept of establishment of antimicrobial stewardship programs. Such programs are usually a collaborative effort involving providers, pharmacists, infection prevention/control practitioners, and microbiology labs. The following is a program for Antimicrobial Stewardship for West Valley Hospital.

West Valley Hospital (WVH) will participate in Antimicrobial Stewardship (AMS) and meet program elements as set forth by the Centers for Medicare and Medicaid Services (CMS). The Antimicrobial Stewardship program will be for purposes of surveillance, prevention, antimicrobial resistance, and control of Hospital Acquired Infections (HAI's), and other infectious diseases (ID) and for the optimization of antimicrobial use through stewardship.

Steps/Key Points Procedure

A. Administrative Leadership Commitment

West Valley Hospital Leadership, recognizing the importance of AMS, will provide adequate resources to allow for provision of stewardship services in both personnel and time. Support may include a formal written statement from WVH Leadership, designated AMS leaders, support training and education (specific to AMS and ID), and provision of data analytic support to assist in accurately measuring and analyzing AMS program elements and outcomes.

B. West Valley Hospital Antimicrobial Stewardship Committee:

- a. A hospital wide committee to oversee AMS efforts at West Valley Hospital composed of:
 - i. An Antimicrobial Stewardship Pharmacist Chair

- ii. A Stewardship Physician Champion
- iii. Other committee members may include a representative of outpatient clinics or surgery, an Infection Preventionist, a Quality Improvement nurse, a Microbiology Specialist, an outpatient infusion pharmacist, an administrative leadership representative, and/or a representative from EPIC/information technology.
- b. The Antimicrobial Stewardship Committee will design stewardship programs at WVH, provide ongoing guidance to hospital activities, and will monitor success and compliance with stewardship efforts.
- c. The Antimicrobial Stewardship Committee may perform the following duties:
 - i. Demonstrate coordination and collaboration with the Salem Health AMS program.
 - ii. Document the evidence-based use of antimicrobials at WVH.
 - iii. Demonstrate improvements, including sustained improvements in proper antimicrobial use, such as through reductions in CDI and antimicrobial resistance.
 - iv. Develop and implement AMS based on nationally recognized guidelines.
 - v. Document AMS activities.
 - vi. Communicate and collaborate on antimicrobial use issues with other hospital programs, including medical staff, nursing and pharmacy leadership; infection prevention and control; and quality.
 - vii. Educate hospital personnel on stewardship guidelines, policies, and procedures.
- d. The Antimicrobial Stewardship Committee will meet at least quarterly. This committee will report to Salem Health Pharmacy and Therapeutics Committee, and the Chief Pharmacy Officer for Salem Health

C. AMS Program Elements

a. Prospective audit of antimicrobial use:

- i. Pharmacists will connect with an AMS physician, general physician, or other members of the AMS committee (either in person or by electronic means) to present patient data for review as to appropriateness of antimicrobial use as needed. Such intensive review of antimicrobial prescribing will serve to rapidly identify potential inappropriate antimicrobial prescribing.
 - 1. Criteria for selection of patients for review may include:
 - a. Patients who appear to be failing antimicrobial therapy
 - b. Patients whose antimicrobial use falls outside of algorithms of appropriate antimicrobial use for common infectious diseases syndromes according to local patterns of antimicrobial susceptibilities
 - c. Patients who appear to be candidates for “de-escalation” of broad spectrum antimicrobial therapy
 - d. Patients on potentially toxic antimicrobial regimens or those on regimens risking “collateral damage (i.e. *C. difficile* infection)”
 - e. Patients on parenteral therapy who could be changed to equivalent orally bioavailable drugs. In some cases this may occur via existing automatic “therapeutic interchange protocols”
 - f. Patients who could be candidates for outpatient IV antimicrobial therapy
 - g. Patients who could be changed to equally efficacious, less expensive antimicrobial therapy
 - h. Patients on antimicrobials whose use might be specifically targeted for review on the basis of cost, novelty, spectrum, etc.
 - i. Patients whose antimicrobial therapy appears to be excessively *long*
 - j. Patients with *Staphylococcus aureus* bacteremia who were switched from parenteral therapy before receiving a total of two weeks of therapy
 - k. Other criteria such that the AMS Committee might establish
- ii. Interventions
 - 1. Suggested interventions as identified by prospective audit will be communicated to attending providers via electronic communication and/or by direct communication
 - 2. Acceptance of recommendations by attending providers may be monitored/discussed at follow-up antimicrobial stewardship meetings
 - 3. In a formulary sense if there is need to substitute one antimicrobial for another for reasons of cost, efficacy, toxicity, or collateral damage (i.e., rising *Clostridioides difficile* rates), AMS efforts can be utilized to rapidly effect such change.

b. Education and Feedback:

- i. Guidelines for empirical antimicrobial selection for common infectious diseases syndromes based on susceptibility patterns may be made available to WVH providers.

- ii. Antibiograms detailing antimicrobial susceptibility data will be regularly made available to prescribing clinicians. When possible and practical, such data will be made available in hospital specific form.
- iii. When individual providers appear to be regularly prescribing antimicrobials in patterns that do not appear to conform to appropriate prescribing (as indicated above), they will be provided counsel by members of the Antimicrobial Stewardship Committee.
- iv. Antimicrobial utilization data using measures of either days of therapy (preferred) or defined daily dose will be made available when data abstraction methods render this practical in order to better understand antimicrobial utilization.

c. Monitoring

- i. The following may be monitored as applicable:
 - 1. Antimicrobial susceptibility patterns
 - 2. Antimicrobial orders, cultures, and labs to flag patient cases requiring changes in antimicrobial therapy
 - 3. Prospective audit recommendation and rates of acceptance by providers as well as rates of various categories of recommendations.
 - 4. *Clostridioides difficile* infection rates
 - 5. Antimicrobial utilization rates
 - 6. Antimicrobial expenditures
 - 7. Provider feedback

Definitions – Insert N/A if not applicable
<ul style="list-style-type: none"> • ID: Infectious Disease • AMS: Antimicrobial Stewardship • WVH: West Valley Hospital • HAI: Hospital Acquired Infection • QAPI: Quality Assurance Process Improvement • CMS: Centers for Medicare and Medicaid Services • CDI: Clostridioides difficile Infection • CDC: Centers for Disease Control • IDSA: Infectious Disease Society of America • SHEA: Society for Healthcare Epidemiology of America • NHSN: National Healthcare Safety Network
Equipment or Supplies - Insert N/A if not applicable
N/A
Form Name and Number or Attachment Name - Insert N/A if not applicable
N/A
Expert Consultants Position
N/A
References (Required for clinical Documents and within the last five years) :
<ul style="list-style-type: none"> • <i>Prepublication Requirements, New Antimicrobial Stewardship Standard</i>, Standard MM.09.01.01, The Joint Commission, • <i>Guidelines for the Prevention of Antimicrobial Resistance in Hospitals</i>, Society for Healthcare Epidemiology of America and Infectious Diseases Society of America Joint Committee on the Prevention of Antimicrobial Resistance. CID 1997;25 (September) • Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America Guidelines for Developing an Institutional Program to Enhance Antimicrobial Stewardship, CID 2007:44 (15 January), Dellit et al. • http://www.cdc.gov/getsmart/healthcare/pdfs/core-elements.pdf • 39458 Federal Register / Vol. 81, No. 116 / Thursday, June 16, 2016 / CMS Proposed Rules • <i>How to Eradicate Antibiotic Overuse. Implementing and Antibiotic Stewardship Program in a Resource-Limited Environment</i>, The Advisory Board Company, Physician Executive Council, 2015/ • A Guide to Developing an Antimicrobial Stewardship Program, McKesson Corp., 2016. • https://www.federalregister.gov/documents/2019/09/30/2019-20736/medicare-and-medicaid-programs-regulatory-provisions-to-promote-program-efficiency-transparency-and

Related CBT's, Policy, Procedure or Epic Protocol Cross Reference Information – Insert N/A if not applicable
N/A
Computer Search Words
N/A
Is there a Regulatory Requirement? Yes
CMS Antibiotic Stewardship

Review and Revision History		
History	Review or Revision	Date
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New	New	11/2020