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St. Luke Community Healthcare

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**Policy Title: Antibiotic Stewardship Program (ASP)**

Policy Distribution: ACF, OB, ED, OR, Swing Bed, Pharmacy, Extended Care, Clinics

Page(s): 5 Effective Date: August 11, 2017

Developed By: Antibiotic Stewardship Committee Revised:

**POLICY/PURPOSE:**

To monitor and optimize the use of antimicrobials across the continuum to improve clinical outcomes while minimizing the unintentional side effects of antimicrobial use, including toxicity and emergence of resistant organisms. Focus areas include hospital acute care services, outpatient (including clinics) and long term care resulting in an approach that provides organization wide oversight.

The Antimicrobial Stewardship Committee (ASC) will consist of the following members:

1. Clinical Pharmacist
2. Medical Staff Champion(s) representing respective focus areas (Hospital & Acute Care, Clinic(s) and Long Term Care
3. Infection Prevention Nurse
4. Laboratory Manager or Designee,
5. Acute Care DON, or Designee
6. Extended Care DON or Designee.
7. Clinic Nursing Leadership, or Designee
8. Quality Improvement
9. Community Health Nurse, ad hoc representation

The ASP may include, but is not limited to the following activities/elements:

* Antibiotic Stewardship Program (ASP) policy development and implementation oversight
* ASP team activities and meeting(s), frequency to be determined by focus areas and supported by routine reporting to the Quality Improvement Advisory Council/Medical Staff Committee
* Surveillance monitoring of the organizations healthcare acquired infections, including Clinic(s), Rural Health Clinic, Long Term Care and Hospital wide
* Development of educational materials and programs to support activities
* Prospective antibiotic review and feedback to optimize and monitor use of antibiotics
* Facilitation of public health reporting needs, as needed

**PROCEDURE:**

**Prescribers** (organization wide):

1. Prescribers will provide complete antimicrobial orders including the following elements:
   1. Drug name
   2. Dose
   3. Frequency of administration
   4. Indication for use, if not provided in medication order, the pharmacist will clarify through provider communication and/or provider notes.
   5. Medication orders for antimicrobials will appear on the provider reorder report for 48 hours after the original order is placed for provider to review necessity and/or duration of therapy.
   6. When a patient or resident is discharged home from the hospital, long term care or provided an antibiotic prescription during their visit, the nurse, provider, or pharmacist will review antimicrobial use with the patient and provide education including:
      1. Reason for antibiotic
      2. How to take the antibiotic (dosing)
      3. Possible side effects
      4. Importance of taking antibiotics as prescribed
      5. Patient friendly medication information

**Pharmacy** (hospital based):

1. All patients receiving antibiotics will be evaluated for appropriateness of therapy. If the pharmacist determines that an antimicrobial is not optimal, the pharmacist will contact the physician to modify the antimicrobial therapy unless a therapeutic change is otherwise pre-approved by hospital policy.
2. Prior to making dosing recommendations, the pharmacist will review all pertinent information including most recent laboratory results, renal function, other medications ordered, physician notes, etc. to determine the patient’s overall status. The pharmacist will document in the patient’s medical record any assessments, recommendations and/or changes made to the patient’s therapy.
3. Orders for antimicrobials will be reviewed for indication for use, if not provided in medication order, the pharmacist will clarify through provider communication and/or provider notes.
4. Review culture and sensitivity reports for inpatients daily.
5. Recommend IV to PO conversion for antimicrobials when exclusion criteria do not exist.
6. When an interacting antimicrobial is administered, or ordered concomitantly with warfarin, an INR will be ordered within 3 days, or at the discretion of the clinical pharmacist.

**Infection Prevention** (organization wide):

1. In the Acute Care Setting, the Infection Preventionist (IP) will perform monitoring and review of all **positive** cultures for antibiotic appropriateness for the inpatient setting. This information will also be used to assist in identifying potential HAIs. Any discrepancies will be discussed with the physician by the infection preventionist.
2. The Acute Care IP will keep a record of all positive cultures and antimicrobials used for these organisms (included in NHSH worksheet) for the acute care facility. Clinic(s) and Extended Care designated Infection prevention staff will maintain records separately with aggregate results shared at the ASP level for organization wide oversight.
3. IP or Designees will perform investigation of any possible outbreaks of infectious organisms.
4. IP or Designees will collaborate with the Montana DPHHS/Lake County Health Department, as needed.
5. IP or Desingees will monitor for HAIs using NHSN criteria and report to the NHSN, and other entities as required.

**Laboratory:**

1. Provide an easily accessible antibiogram to coordinate with ASP needs.
2. When a culture and sensitivity is ordered, results will be communicated to the provider as soon as available.
3. Report all positive cultures and other infectious organism to the Infection Preventionist for acute care, and designated Infection Prevention staff for the clinic(s) and Extended Care.
4. Alert Infection Preventionist(s) or designees for the clinic(s) and Extended Care, with any unusual organism or an increase in findings of an organism.
5. The Clinical Laboratory manager will aggregate trends in unusual organisms or an increase in findings for reporting to the ASP Committee on an annual basis.

**Quality Improvement:**

1. The Antibiotic Stewardship Program at St. Luke Community Healthcare will be incorporated into the overall Quality Assessment/Performance Improvement program and Annual Program Evaluation organization wide.
2. Quality measures and respective data will be incorporated into the evaluation of the program to monitor effectiveness and safety of services provided.
3. Ongoing monitoring data will be reported quarterly, or more frequently, as indicated by the complexity of the focus and evaluation of appropriate follow up, to the respective focus area sub-committee, ASP and medical staff, at large.

**Clinic(s) and Rural Health Clinic(s)**

1. Establish a subcommittee within the Clinic(s) and Rural Health Clinic (RHC) to provide monitoring and oversight of the ASP needs within the respective setting to support the implementation of the organizational ASP purpose and objectives.
2. The ECF ASP Subcommittee will share their monitoring and surveillance reports with the overall ASP for inclusion in the organization wide antibiotic surveillance and monitoring.
3. Meeting frequency and activities will be developed as needed.

**Extended Care Facility (ECF)**

1. Establish a subcommittee within the ECF to provide monitoring and oversight of the ASP needs within the respective setting to support the implementation of the organizational ASP purpose and objectives.
2. The ECF ASP Subcommittee will share their monitoring and surveillance reports with the overall ASP for inclusion in the organization wide antibiotic surveillance and monitoring.
3. Meeting frequency and activities will be developed as needed.

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| Stlukelogowcolor.jpg | St. Luke Community Healthcare  **Antibiotic Stewardship Program**  Organizational Reporting Chart |

**REFERENCES:**

CDC—http://www.cdc.gov/getsmart/healthcare/implementation/core-elements.html

CDC—Core Elements of Hospital Antibiotic Stewardship Programs

Centers for Medicare and Medicaid—Proposed Standard for Antimicrobial Stewardship in Critical Access Hospitals (November 2015)