1. **PURPOSE**

The facility recognizes that its antimicrobial and antibiotic stewardship program can help improve patient outcomes and reduce adverse events and antimicrobial and antibiotic resistance. The purpose of this policy is:

1. To establish standards for an active facility-wide program for the optimization of antimicrobial and antibiotic use through stewardship which demonstrates adherence to current scientific literature, nationally recognized stewardship guidelines, and best practices for improving antimicrobial and antibiotic use and reducing the development and transmission of antimicrobial and antibiotic resistant organisms.
2. To establish leadership and responsibility for the facility-wide program and leadership’s commitment to the program.
3. To fulfill Critical Access Hospital conditions of participation in the Medicare program and Joint Commission accreditation standards.
4. **POLICY / SCOPE**
5. The governing body or responsible individual is responsible for appointing the Leader(s), ensuring the Program is in place, and addressing antimicrobial and antibiotic stewardship within the facility.
6. The Leaders(s) shall be responsible for the development, implementation, and administration of the Program, and for review of this policy.
7. The standards captured in the Program shall apply to all departments, all clinical and nonclinical staff, independent contractors, medical staff members, and any other person who works in the facility or comes into the facility, including patients, visitors, and family as applicable.
8. **DEFINITIONS**
9. “***Leader(s)***” means the Antimicrobial and Antibiotic Stewardship Leader(s) appointed by the governing body or responsible individual based on the recommendations of medical staff leadership and pharmacy leadership.
10. “***Program***” means the Antimicrobial and Antibiotic Stewardship Program.
11. “***QAPI***” means Quality Assurance and Performance Improvement.
12. “***Team***” means the Antimicrobial and Antibiotic Stewardship Team, which may include part-time staff, consultant staff, and telehealth staff such as infectious disease physicians, infection preventionists, pharmacists, and other practitioners.
13. **PROCEDURES**
14. Governing Body or Responsible Individual Responsibilities. The governing body, or responsible individual, must ensure all of the following:
    1. Systems are in place and operational for the tracking of all antimicrobial and antibiotic use activities, in order to demonstrate the implementation, success, and sustainability of such activities.
    2. All antimicrobial and antibiotic use issues identified by the Program are addressed in coordination with the facility’s QAPI program.
    3. The Program an organizational priority. For example, governing body, or responsible individual may demonstrate prioritization of the Program through budget plans, strategic plans, or oversight over the Program or other relevant organization activities, such as infection prevention and control and quality improvement.
    4. The governing body, or responsible individual, dedicates the necessary human, financial, and information technology resources to the Program.
    5. [PLACEHOLDER – include processes for ensuring the governing body or responsible individual addresses the above-mentioned activities. *For example, indicate whether such activities will be addressed in annual meetings of the governing body, joint meetings of the QAPI leadership and Leader(s), or whether the Leader(s) is responsible for presenting reports or annual findings to the governing body and responsible individuals on a dedicated or ad hoc basis.*]
15. Appointment of the Antimicrobial and Antibiotic Stewardship Leader(s)
    1. The governing body or responsible individual for the facility shall appoint the Leader(s) of the Program. The Leader(s) may include:
       1. A single physician who is responsible for Program outcomes.
       2. A single pharmacist who is responsible for working to improve antimicrobial and antibiotic use.
    2. The Leader(s) shall be qualified through education, training, or experience in infectious diseases and/or antimicrobial and antibiotic stewardship.
       1. [PLACEHOLDER – include the education, training, or experience that your organization shall require for this leader]
    3. The appointment of the Leader(s) shall be based on the recommendations of medical staff leadership and pharmacy leadership.
       1. [PLACEHOLDER – Populate with any organization specific appointment or election procedures applicable to your organization, if needed. If the leader will be a physician or other professional eligible for medical staff membership consider whether medical staff membership is required and cross-reference the applicable policy or medical staff bylaws accordingly. Consider whether this process can or should overlap with existing appointment procedures contained in other policies and applicable to other appointed roles]
16. Responsibilities of the Antimicrobial and Antibiotic Stewardship Leader(s). The Leader(s) shall be responsible for:
    1. Developing and implementing the Program, based on current scientific literature and nationally recognized guidelines, to monitor and improve the use of antimicrobials and antibiotics.
       1. [PLACEHOLDER – If relevant to implementation of this procedure, provide organization-specific details here]
    2. Creating, compiling, and maintaining all documentation, written or electronic, related to all Program activities.
       1. [PLACEHOLDER – If relevant to implementation of this procedure, provide organization-specific details here]
    3. Communicating and collaborating with medical staff, nursing, and pharmacy leadership, as well as the facility’s infection prevention and control and QAPI programs, on antimicrobial and antibiotic use issues.
       1. [PLACEHOLDER – If relevant to implementation of this procedure, provide organization-specific details here]
    4. Providing or ensuring the provision of competency-based training and education of facility clinical and non-clinical staff, licensed independent practitioners, and patients and their families on the practical applications of antimicrobial and antibiotic stewardship guidelines, policies, and procedures.
       1. The Leader(s) should ensure that staff and licensed independent practitioners involved in antimicrobial and antibiotic ordering, dispensing, administration, and monitoring are educated about antimicrobial and antibiotic resistance and Program practices.
          1. The Leader(s) should work with other departments as necessary to ensure that staff and licensed independent practitioners will be educated upon hire or granting of initial privileges and periodically thereafter.
       2. [PLACEHOLDER – If relevant to implementation of this procedure, provide organization-specific details here]
17. Antimicrobial and Antibiotic Stewardship Program.
    1. The Leader(s) are responsible for ensuring the Program meets the following standards set forth in this Section (4) and for implementing the standards.
    2. *The Program adheres to nationally recognized guidelines and best practices for improving antimicrobial and antibiotic use and is based on current scientific literature:*
       1. The Program incorporates organization-approved multidisciplinary protocols, including:
          1. Antibiotic Formulary Restrictions
          2. Assessment of Appropriateness of Antibiotics for Community-Acquired Pneumonia
          3. Assessment of Appropriateness of Antibiotics for Skin and Soft Tissue Infections
          4. Assessment of Appropriateness of Antibiotics for Urinary Tract Infections
          5. Care of the Patient with Clostridium difficile (C. diff)
          6. Guidelines for Antimicrobial Use in Adults
          7. Guidelines for Antimicrobial Use in Pediatrics
          8. Plan for Parenteral to Oral Antibiotic Conversion
          9. Preauthorization Requirements for Specific Antimicrobials
          10. Use of Prophylactic Antibiotics
       2. [PLACEHOLDER – Consider which of the previously protocols are most relevant or reflect best practices for your organization. If relevant to implementation of this procedure, provide organization-specific details here]
    3. *The Program reflects the scope and complexity of services offered at the facility:*
       1. [PLACEHOLDER – This policy should provide detailed clinical standards developed by the Leader(s) according to evidence-based practice, current scientific literature, and nationally recognized standards]
    4. *The Program demonstrates coordination among all components of the facility responsible for antimicrobial and antibiotic use and resistance, including, but not limited to, the infection prevention and control program, the QAPI program, the medical staff, nursing services, and pharmacy services:*
       1. Information on the Program, and specifically, information regarding antimicrobial and antibiotic use and resistance, is regularly reported to doctors, nurses, and relevant staff.
       2. [PLACEHOLDER – This policy should provide detailed clinical standards developed by the Leader(s) according to evidence-based practice, current scientific literature, and nationally recognized standards]
    5. *The Program documents the evidence-based use of antimicrobials and antibiotics in all departments and services of the facility:*
       1. Data is collected, analyzed, and reported for Program evaluation purposes, and to discover antimicrobial and antibiotic prescribing and resistance patterns.
       2. [PLACEHOLDER – This policy should provide detailed clinical standards developed by the Leader(s) according to evidence-based practice, current scientific literature, and nationally recognized standards]
    6. *The Program documents any improvements, including sustained improvements, in proper antimicrobial and antibiotic use:*
       1. The facility takes action on improvement opportunities identified in its Program and evaluates its actions to confirm that they resulted in improvements.
       2. [PLACEHOLDER – This policy should provide detailed clinical standards developed by the Leader(s) according to evidence-based practice, current scientific literature, and nationally recognized standards]
18. Temporary Reporting Requirements During the COVID-19 Public Health Emergency
    1. For the duration of the COVID-19 Public Health Emergency, the facility will report antimicrobial and antibiotic stewardship information in accordance with the frequency and in the format designated by the Secretary of the Department of Health and Human Services.
    2. [PLACEHOLDER – If relevant to implementation of this procedure, provide organization-specific details here]
19. **CROSS-REFERENCED POLICIES**

Related Antimicrobial and Antibiotic Stewardship Policies: [PLACEHOLDER: Policy # - Include a list referencing any independent antimicrobial and antibiotic stewardship *policies*.

QAPI Policy and Procedures [PLACEHOLDER: Policy #]: Antimicrobial and antibiotic use issues identified in the Program must be addressed in coordination with the facility-wide QAPI program.

Infection Prevention and Control Policy [PLACEHOLDER: Policy #]: Antimicrobial and antibiotic use issues identified in the Program must be addressed in coordination with the facility-wide infection prevention and control program.

Medical Staff / Nursing Services / Pharmacy Services [PLACEHOLDER: Policy # – If applicable to your organization, cross-reference any relevant policies, procedures, or requirements that address or overlap with standards in alignment with this policy]

1. **RELATED DOCUMENTATION AND FORMS**

Related Antimicrobial and Antibiotic Stewardship Documents: [Include specific antimicrobial and antibiotic stewardship documentation, standards or forms that are specific to certain sentinel events, surgeries, diseases, populations, etc. *if not addressed in separate policies* captured in **Section V. CROSS-REFERENCED POLICIES** above.

1. **SOURCES / REFERENCES**
2. 42 C.F.R. § 485.640 (b) (2020).
3. The [State Operations Manual, Appendix W](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_w_cah.pdf) has not yet been updated with Survey Procedures and Interpretive Guidelines for this condition of participation, but such guidance is pending. In future reviews, update with any new procedures and guidelines.
4. The Joint Commission, Critical Access Hospital – Medication Management Chapter, MM.09.01.01 *et seq*.
5. [PLACEHOLDER – Include any clinical guidelines, current scientific literature, or best practice documents used to populate the clinical information above. *For example, consider incorporation of The Centers for Disease Control and Prevention’s Antibiotic Stewardship Core Elements at Small and Critical Access Hospitals available* [*here*](https://www.cdc.gov/antibiotic-use/healthcare/pdfs/core-elements-small-critical.pdf)*.*