

**POLK MEDICAL CENTER
POLICY AND PROCEDURE MANUAL
PATIENT CARE SERVICES**



TITLE: Antimicrobial Stewardship	Policy No.: P-PCS-06-061
<p>Purpose:</p> <ol style="list-style-type: none"> To define antimicrobial stewardship, list the team members involved, and detail the strategies that will be used as needed to make the program successful. To comply with evidence-based guidelines or best practices regarding antimicrobial prescribing and promote rational and appropriate antimicrobial therapy while improving clinical outcomes while minimizing unintentional side effects of antimicrobial use, including toxicity and emergence of resistant organisms. 	<p>Developed Date: 8/2016 Review Date: 3/17, 7/20 Revised Date: 11/16, 7/17, 1/18, 9/22 Review Responsibility: CNO, Director of Pharmacy, Antimicrobial Stewardship Team, Clinical Council, Pharmacy and Therapeutics Committee, Executive Committee of Medical Staff</p>
<p>Expected Outcomes: Track antimicrobial use and implement strategies to improve the use of antimicrobial agents by improving outcomes and reducing the development of resistance.</p>	
<p>Reference Standards: MM.09.01.01</p>	

DEFINITION

Antimicrobial stewardship is defined as a rational, systematic approach to the use of antimicrobial agents in order to achieve optimal outcomes. This means the right agent, at the correct dose, for the appropriate duration in order to cure or prevent infection, while minimizing toxicity and emergence of resistance.

POLICY

The Antimicrobial Stewardship Program (ASP) will monitor compliance with evidence-based guidelines or best practices regarding antimicrobial prescribing which may include but is not limited to the following activities:

- ◆ Streamlining or de-escalation therapy
- ◆ Educational activities
- ◆ Antimicrobial management protocols and guidelines
- ◆ Surveillance monitoring
- ◆ Formulary restrictions

LEADERSHIP COMMITMENT

The administration at Polk supports the development and expansion of the Antimicrobial Stewardship Program by dedicating the necessary human, financial, and IT resources for it to be successful.

- ◆ Personnel – provides funding for a physician (physician leader) and a clinical pharmacist for oversight and management of program.
- ◆ Education – Provides funding for education of physicians, hospital staff, and patients.
- ◆ IT Resources – Provides necessary electronic software and materials to implement, track, and report results of stewardship strategies. (EPIC and Asolva systems)

TEAM MEMBERSHIP

The Antimicrobial Stewardship Program at Polk will be made up of a multidisciplinary team and will function as a subcommittee of the P&T Committee. It will be composed of:

- ◆ Physician Leader
- ◆ Pharmacy Team Leader / Clinical Pharmacist
- ◆ Infection Prevention RN
- ◆ Microbiology Lab Representative/Director
- ◆ ED / Inpatient Nurse Representative
- ◆ Senior Administrative Representative

Additional Members: (to attend team meetings as needed)

- ◆ Quality Representative
- ◆ IT representative
- ◆ Pharmacy Director

The Antimicrobial Stewardship Team will meet (no less than quarterly) and report program performance to the Pharmacy and Therapeutics Committee.

Accountability:

The appointed physician will serve as the physician team leader and guide the team's progress. The appointed clinical pharmacist will serve as the pharmacist team leader. The Antimicrobial Stewardship Team will:

- ◆ Implement listed strategies
- ◆ Assist in the development of clinical pathways
- ◆ Perform Medication Use Evaluations as needed
- ◆ Track antimicrobial usage
- ◆ Assist microbiology with antibiogram development and susceptibility reporting

TEAM PROGRAM STRATEGIES

The Antimicrobial Stewardship Team will develop and implement the following strategies:

- ◆ Prospective audits and feedback
- ◆ Evidenced based guidelines and clinical pathways
- ◆ Develop and publish antibiogram
- ◆ Dose Optimization of antimicrobials
- ◆ De-escalation of therapy
- ◆ Parenteral to oral antimicrobial conversion
- ◆ Education to physicians, staff, and patients on antimicrobial use
- ◆ Antimicrobial Restriction (as needed)

The team will develop necessary policies, pathways, and orders regarding these strategies and submit to the Pharmacy and Therapeutics Committee for approval. Important team findings and recommendations will also be reported to the Pharmacy and Therapeutics Committee for evaluation and approval.

The team will provide feedback on antimicrobial use and resistance to the medical, nursing, and relevant hospital staff.

The antibiogram will be published in Greenlink every 12 months for the availability of physicians and hospital staff.

The team will develop and provide education to physicians and staff at hire and periodically. Prescribers of antibiotics will be educated they must document an indication for all antibiotics in the medical record or during order entry.

Patients will be educated on antimicrobial use when prescribed by their practitioner.