JOINT COMMISSION

R3 Report

REQUIREMENT, RATIONALE, REFERENCE

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Published for Joint Commission-accredited organizations and interested health care professionals, R3 Report *provides the rationale and references that Joint Commission employs in the development of new requirements. While the standards manuals also may provide a rationale,* R3 Report *goes into more depth. The references provide the evidence that supports the requirement.* R3 Report *may be reproduced if credited to Joint Commission. Sign up for email delivery.*

Antimicrobial Stewardship in Ambulatory Health Care

Effective January 1, 2020, new antimicrobial stewardship requirements will be applicable to Joint Commission-accredited ambulatory health care organizations that routinely prescribe antimicrobial medications. These include organizations providing medical or dental services, episodic care, occupational/worksite health, urgent/immediate care, or convenient care. The requirements are not applicable to ambulatory surgery centers or the office-based surgery program.

This project is a continuation of Joint Commission's initiative to promote antimicrobial stewardship in the hospital, critical access hospital, and nursing care center programs (see R3 Report Issue 8, October 19, 2016).

The inappropriate use of antimicrobial medications contributes to antibiotic resistance and adverse drug events, and improving antimicrobial prescribing practices is a patient safety priority. As a result, Joint Commission has developed a new standard in the Medication Management (MM) chapter (Standard MM.09.01.03) with 5 new elements of performance (EPs) addressing antimicrobial stewardship in the ambulatory setting.

The new EPs align with current recommendations from scientific and professional organizations and address the following concepts:

- Identifying an antimicrobial stewardship leader.
- Establishing an annual antimicrobial stewardship goal.
- Implementing evidence-based practice guidelines related to the antimicrobial stewardship goal.
- Providing clinical staff with educational resources related to the antimicrobial stewardship goal.
- Collecting, analyzing, and reporting data related to the antimicrobial stewardship goal.

Engagement with stakeholders, customers, and experts

In addition to an extensive literature review and public field review, Joint Commission obtained expert guidance from the following groups:

- Technical Advisory Panel (TAP) of subject matter experts from various health care and academic organizations and professional associations.
- Standards Review Panel (SRP) comprised of clinicians and administrators who provided a "boots on the ground" point of view and insights into the practical application of the proposed standards.

The prepublication version of the antimicrobial stewardship requirements will be available online until the end of December 2019. On or after January 1, 2020, please access the new requirements in the E-dition.

Standard MM.09.01.03: Antimicrobial stewardship is identified as an organizational priority.

Requirement

EP 1: The organization identifies an individual(s) responsible for developing, implementing, and monitoring activities to promote appropriate antimicrobial medication prescribing practices.

Rationale

Antimicrobial resistance is growing, so improving the use of antimicrobial medications across the care continuum is a patient safety priority. Identifying an individual(s) to be accountable for an organization's antimicrobial stewardship activities increases the likelihood of success by establishing clear lines of accountability. Identifying an individual(s) for this role also demonstrates an organizational commitment to improving the use of antimicrobial medications. Antimicrobial stewardship activities may be the individual(s) primary job responsibility or may be in addition to other duties.

Reference

- Cosgrove SE, et al. Guidance for the knowledge and skills required for antimicrobial stewardship leaders. *Infection Control & Hospital Epidemiology*. 2014;35(12):1444–51. doi:10.1086/678592

Resources:

- Sanchez GV,et al. Core elements of outpatient antibiotic stewardship. MMWR Recommendation Report. 2016:65(No. RR-6):1-12.
- Telligen, the Quality Innovation Network National Coordinating Center. A Field Guide to Antimicrobial Stewardship in Outpatient Settings. July 2018, https://qioprogram.org/sites/default/files/editors/141/C310_Field_Guide_20180730_FNL.pdf

Requirement

EP 2: The organization sets at least one annual antimicrobial stewardship goal.

Note: Examples of antimicrobial stewardship goals may include decreasing the use of antibiotics to treat viral infections or addressing overuse of a specific medication.

Rationale

Establishing an annual antimicrobial stewardship goal allows the organization to focus its efforts on a specific opportunity to improve antimicrobial prescribing practices. Organizations may consider reviewing their prescribing practices or consulting available national data to identify areas of inappropriate antimicrobial medication use. The organization's protocols and guidelines, education resources, and measurement activities should align with the annual goal.

Reference

- Fleming-Dutra KE, et al. Prevalence of inappropriate antibiotic prescriptions among US ambulatory care visits, 2010-2011. *Journal of the American Medical Association.* 2016;315(17):1864-1873. doi: I: https://doi.org/10.1001/jama.2016.4151
- Guzik J, et al. Antibiotic prescribing for acute respiratory infections in New York City: A model for collaboration. *Infection Control & Hospital Epidemiology.* 2018;39(11):1360-1366. doi: 10.1017/ice.2018.227

- Kobayashi M, et al. Outpatient antibiotic prescribing practices for uncomplicated urinary tract infection in women in the United States, 2002-2011. *Open Forum Infectious Diseases.* 2016;3(3):1-7. doi: https://doi.org/10.1093/ofid/ofw159
- Shively NR, et al. Prevalence of inappropriate antibiotic prescribing in primary care clinics within a Veterans Affairs health care system. *Antimicrobial Agents and Chemotherapy.* 2018;62(8): e00337-18. https://doi.org/10.1128/AAC.00337-18

Requirement

EP 3: The organization uses evidence-based practice guidelines related to its annual antimicrobial stewardship goal(s).

Note: Guidelines may include diagnostic criteria and treatment recommendations to use when prescribing antimicrobial medications.

Rationale

It is important for organizations to implement evidence-based practice guidelines or to develop protocols to improve the appropriateness of their antimicrobial prescribing. Using protocols and guidelines will help ensure that patients who need antibiotics receive them while those without an indication do not.

Reference

- Brennan-Krohn T, et al. Adherence to guidelines for testing and treatment of children with pharyngitis: A retrospective study. *BMC Pediatrics.* 2018;18(43):1-7. doi: https://doi.org/10.1186/s12887-018-0988-z
- Patros C, et al. Implementation and evaluation of an algorithm-based order set for the outpatient treatment of urinary tract infections in the spinal cord injury population in a VA Medical Center. *The Journal of Spinal Cord Medicine.* 2018;41(2):192-198. doi: https://doi.org/10.1080/10790268.2017.1324355

Requirement

EP 4: The organization provides all clinical staff and licensed independent practitioners with educational resources related to its antimicrobial stewardship goal(s) and strategies that promote appropriate antimicrobial medication prescribing practices.

Rationale

Clinical staff need to be educated about the organization's annual antimicrobial stewardship goal so that patients receive clear, consistent recommendations when antimicrobials are not indicated. Educational resources may include recommended prescribing practices (including medication selection, dosing, or duration) and strategies and interventions to explain why some patients may not need an antibiotic, such as addressing patient expectations and discussing possible adverse effects of antibiotics.

Reference

- Al-Tawfiq JA and Alawami AH. A multifaceted approach to decrease inappropriate antibiotic use in a pediatric outpatient clinic. *Annals of Thoracic Medicine.* 2017;12(1):51-54. doi: https://doi.org/10.4103/1817-1737.197779
- Dobson EL, et al. Outpatient antibiotic stewardship: Interventions and opportunities. *Journal of the American Pharmacists Association.* 2017;57(4):464-473. doi: https://doi.org/10.1016/j.japh.2017.03.014
- Drekonja DM, et al. Antimicrobial stewardship in outpatient settings: A systematic review. *Infection Control & Hospital Epidemiology.* 2015;36(2):142-152. doi: https://doi.org/10.1017/ice.2014.41

Requirement

EP 5: The organization collects, analyzes, and reports data pertaining to the antimicrobial stewardship goal(s) to organizational leadership and prescribers. (See also PI.03.01.01, EP 4)

Note: Data may include antimicrobial medication prescribing patterns, antimicrobial resistance patterns, or an evaluation of the antimicrobial stewardship activities implemented.

Rationale

It is important to evaluate whether an organization's antimicrobial stewardship activities are successful and to share with leadership any progress toward achieving the antimicrobial stewardship goal. Organizations may incorporate electronic or manual data collection and analysis methods to identify improvements, though a sustained effort is often required before organizations see change in the culture of antimicrobial prescribing.

Reference

- Cunha CB and D'Agata EMC. Implementing an antimicrobial stewardship program in out-patient dialysis units. *Current Opinions in Nephrology and Hypertension.* 2016;25(6):551-555. doi: https://doi.org/10.1097/MNH.0000000000000281
- Harris AM, et al. Appropriate antibiotic use for acute respiratory tract infection in adults: Advice for high-value care from the American College of Physicians and the Centers for Disease Control and Prevention. *Annals of Internal Medicine.* 2016;164(16):425-434. doi: https://doi.org/10.7326/M15-1840
- Hersh AL, et al. Principles of judicious antibiotic prescribing for upper respiratory tract infections in pediatrics. *Pediatrics.* 2013;132(6):1146-1154. doi: https://doi.org/10.1542/peds.2013-3260

*Not a complete literature review.