

Antibiotic Stewardship Policy and Procedure Checklist

Purpose and Intent of 483.80(a)(3)

The purpose of the facility Antibiotic Stewardship Policy and Procedure is to develop guidelines about facility staff expectations in the nursing home to develop and implement a solid system to ensure residents receive the appropriate antibiotic, reduce the risk of adverse events and monitor the use of antibiotics for quality outcomes. The facility will put into place a quality improvement system based on clinical standards of practice and evidence-based guidelines, as well as regulatory compliance.

To assure that the individual facility has followed all the required steps for the development and implementation of a comprehensive Antibiotic Stewardship policy in accordance with the new Requirements of Participation (RoP), the following checklist captures specific action items for successful completion. The left column represents the actual Requirements of Participation (RoP) language and the right column indicates specific strategies for successful completion and implementation of the revised RoP. When preparing updated policies and procedures, it is recommended to include actual RoP language as applicable.

Suggested Checklist Program and Policy and Procedure

Regulation	Recommended Actions
<p>F881 §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.</p> <p>INTENT: The intent of this regulation is to ensure that the facility:</p> <ul style="list-style-type: none"> • Develops and implements protocols to optimize the treatment of infections by ensuring that residents who require an antibiotic, are prescribed the appropriate antibiotic; 	<p><input type="checkbox"/> Review, revise and institute an Antibiotic Stewardship Program Policy and Procedure with elements for compliance with F881</p> <p><input type="checkbox"/> Update staff education materials for orientation, annual education, and agency staff orientation, as needed.</p> <p><input type="checkbox"/> Educate the interdisciplinary team about the Antibiotic</p>



- Reduces the risk of adverse events, including the development of antibiotic-resistant organisms, from unnecessary or inappropriate antibiotic use; and
- Develops, promotes, and implements a facility-wide system to monitor the use of antibiotics.

GUIDANCE:

As part of their IPCP programs, facilities must develop an antibiotic stewardship program that promotes the appropriate use of antibiotics and includes a system of monitoring to improve resident outcomes and reduce antibiotic resistance.¹²³ This means that the antibiotic is prescribed for the correct indication, dose, and duration to appropriately treat the resident while also attempting to reduce the development of antibiotic-resistant organisms.

Nursing home residents are at risk for adverse outcomes associated with the inappropriate use of antibiotics that may include but are not limited to the following:

- Increased adverse drug events and drug interactions (e.g., allergic rash, anaphylaxis or death);
- Serious diarrheal infections from *C. difficile*;
- Disruption of normal flora (e.g., this can result in overgrowth of *Candida* such as oral thrush); and/or
- Colonization and/or infection with antibiotic-resistant organisms such as MRSA, VRE, and multidrug-resistant GNB.

NOTE: The Centers for Disease Control and Prevention (CDC) has identified core actions to prevent antibiotic resistance within the control of the nursing home. For more information, refer to CDC NH Core Elements at: <http://www.cdc.gov/longtermcare/pdfs/core-elements-antibiotic-stewardship-appendix-a.pdf>

Stewardship Policy and Procedure that includes the facility’s antibiotic use protocols and system to monitor antibiotic use.

- Educate residents and resident representatives about the Antibiotic Stewardship Policy and Procedure
- Conduct updated training for infection preventionist, nursing leaders, and other clinical department leaders about supervising and monitoring for compliance with the Antibiotic Stewardship Policy and Procedure
- Provide a written education program for prescribing practitioners on the facility’s antibiotic stewardship policy and procedure
- Review the Antibiotic Stewardship Policy and Procedure with the Medical Director and Pharmacy

¹ Centers for Disease Control and Prevention. (2013). Antibiotic resistance threats in the United States, 2013. Accessed on June 9, 2017 from <http://www.cdc.gov/drugresistance/threat-report-2013/pdf/ar-threats-2013-508.pdf>

² Spellberg, B., Bartlett, J.G., & Gilbert, D. N. (January 24, 2013). The future of antibiotics and resistance. *The New England Journal of Medicine*, 368, 299-302.

³ The White House. (2014). National Strategy for Combating Antibiotic Resistant Bacteria. Accessed on June 9, 2017 from https://obamawhitehouse.archives.gov/sites/default/files/docs/carb_national_strategy.pdf



NOTE: For examples of antibiotic use protocols, policies and practices developed by the Agency for Healthcare Research and Quality, see:

<http://www.ahrq.gov/nhguide/index.html>

Antibiotic Stewardship Program As summarized by the CDC⁴, the core elements for antibiotic stewardship in nursing homes include:

- Facility leadership commitment to safe and appropriate antibiotic use;
- Appropriate facility staff accountable for promoting and overseeing antibiotic stewardship;
- Accessing pharmacists and others with experience or training in antibiotic stewardship;
- Implement policy(ies) or practice to improve antibiotic use;
- Track measures of antibiotic use in the facility (i.e., one process and one outcome measure);
- Regular reporting on antibiotic use and resistance to relevant staff such as prescribing clinicians and nursing staff; and
- Educate staff and residents about antibiotic stewardship.

The facility must develop an antibiotic stewardship program which includes the development of protocols and a system to monitor antibiotic use. This development should include leadership support and accountability via the participation of the medical director, consulting pharmacist, nursing and administrative leadership, and individual with designated responsibility for the infection control program if different.⁵⁴

The antibiotic stewardship program protocols shall describe how the program will be implemented and antibiotic use will be monitored, consequently protocols must:

- Be incorporated in the overall IPCP

Consultant and pharmacy provider in conjunction with the Quarterly Quality Assurance Committee meeting

⁴ Centers for Disease Control and Prevention. (2015). The core elements of antibiotic stewardship for nursing homes. Accessed on June 9, 2017 from <https://www.cdc.gov/longtermcare/prevention/antibioticstewardship.html>

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<ul style="list-style-type: none"> • Reviewed on an annual basis and as needed • Contain a system of reports related to monitoring antibiotic usage and resistance data • Incorporate monitoring of antibiotic use, including the frequency of monitoring/review. <ul style="list-style-type: none"> ○ New resident review/monitoring ○ When a resident is transferred, or returns ○ During the MMR when a resident receives an antibiotic ○ When requested by the QAA committee ○ Establishment of frequency, mode and mechanism of feedback to prescribing practitioners on antibiotic resistance data, antibiotic use and compliance with facility protocols <ul style="list-style-type: none"> ○ Medical record reviews for new antibiotics and determination of resident signs/symptoms of infection ○ Laboratory tests ordered and results ○ Prescription documentation to include indication for use ○ Dose and duration ○ Clinical justification for use beyond the initial duration ordered • Assess residents for any infections using standardized tools and criteria • Include the mode and frequency of education for prescribing practitioners and nursing staff on antibiotic stewardship and the facility's protocols 	
<p>§483.45(c), F756, Drug Regimen Review The Antibiotic Stewardship Program in Relation to Pharmacy Services The assessment, monitoring, and communication of antibiotic use shall occur by a licensed pharmacist in accordance with §483.45(c), F756, Drug Regimen Review. A pharmacist must perform a medication regimen review (MRR) at least monthly, including review of the medical record and identify any irregularities, including unnecessary drugs.</p>	<input type="checkbox"/> Collaborate with Pharmacy Consultant in review of antibiotic use with the monthly medication regimen review and as needed



The below areas serve as a cross reference for facility leaders to conduct addition policy and procedure review across departments to incorporate the changes set forth in **§483.80(a)(3) Antibiotic Stewardship Program**

This listing is not all encompassing however should serve as a resource for leaders as they update their internal policies, procedures and operational processes.

Cross Reference: (additional areas for review)

- CMS Regulations
- State and Local Regulations
- Employee Orientation
- Annual Training Requirements
- Medical Director
- Practitioner Training
- Pharmacy Consultant Training and Monthly Medication Regimen Review
- Quality Assurance and Performance Improvement
- Staff Training and Education

References

CMS State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities, Accessed on August 28, 2017:

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf>
- Centers for Disease Control and Prevention. (2015). The core elements of antibiotic stewardship for nursing homes. Accessed on August 28, 2017 from: <https://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html>
- Agency for Healthcare Research and Quality (2016): Nursing Home Antimicrobial Stewardship Guide. Accessed on August 28, 2017 from: <https://www.ahrq.gov/nhguide/index.html>
- Centers for Disease Control and Prevention. (2013). Antibiotic resistance threats in the United States, 2013. Accessed on August 28, 2017 from <https://www.cdc.gov/drugresistance/pdf/ar-threats-2013-508.pdf>
- Spellberg, B., Bartlett, J.G., & Gilbert, D. N. (January 24, 2013). The future of antibiotics and resistance. The New England Journal of Medicine, 368, 299-302.
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