Specific Wording AMP Regulatory Comparison Crosswalk

Core Elements	CDC Core Elements Actual Wording	Joint Commission Standards Actual Wording	LeapFrog 2016 Survey	CMS Requirements for Participation (Proposed)
Leadership Support and Commitment	"Leadership support is critical to the success of antibiotic stewardship programs and can take a number of forms, including: 1) Formal statements that the facility supports efforts to improve and monitor antibiotic use. 2) Including stewardship-related duties in job descriptions and annual performance reviews, 3) Ensuring staff from relevant departments are given sufficient time to contribute to stewardship activities 4) Supporting training and education 5) Ensuring participation from the many groups that can support stewardship activities. Financial support greatly augments the capacity and impact of a stewardship program and stewardship programs will often pay for themselves, both through savings in both antibiotic expenditures and indirect costs."	Leaders establish antimicrobial stewardship as an organizational priority. (See also LD.01.03.01, EP 5) Note: Examples of leadership commitment to an antimicrobial stewardship program are as follows:Accountability documents, Budget plans, Infection prevention plans, Performance improvement plans, Strategic plans, Using the electronic health record to collect antimicrobial stewardship data The hospital's antimicrobial stewardship program includes the following core elements: **Leadership commitment:** Dedicating necessary human,financial, and information technology resources. ***Note Documentation Required.***	Does your facility have a written statement of support from leadership that supports efforts to improve antibiotic use (antibiotic stewardship)?	(c) **Standard**: Leadership responsibilities. (1) The governing body must ensure all of the following: (i) Systems are in place and operational for the tracking of all infection surveillance, prevention, and control, and antibiotic use activities, in order to demonstrate the implementation, success, and sustainability of such activities. (ii) All HAIs and other infectious diseases identified by the infection prevention and control program as well as antibiotic use issues identified by the antibiotic stewardship program are addressed in collaboration with hospital QAPI leadership.
Drug Expertise and Accountability	· **Stewardship program leader:** Identify a single leader who will be responsible for program outcomes. Physicians have been highly effective in this role. · **Pharmacy leader**: Identify a single pharmacy leader who will co-lead the program. · Quality improvement · Laboratory staff · Infection preventionists and hospital epidemiologists · Nurses · Information technology	The hospital has an antimicrobial stewardship multidisciplinary team that includes the following members, when available in the setting: Infectious disease physician, Infection preventionist(s), Pharmacist(s) and Practitioner. Note 1: Part-time or consultant staff are acceptable as members of the antimicrobial stewardship multidisciplinary team. Note 2: Telehealth staff are acceptable as members of the antimicrobial stewardship multidisciplinary team. The hospital's antimicrobial stewardship program includes the following core elements: **Accountability:** Appointing a single leader responsible for program outcomes. Experience with successful programs shows that a physician leader is effective. **Drug expertise**: Appointing a single pharmacist leader responsible for working to improve antibiotic use. ***Note Documentation Required.***	Is there a leader responsible for outcomes of stewardship activities at your facility? Is there at least one pharmacist responsible for improving antibiotic use at your facility? Does your facility provide any salary support for dedicated time for antibiotic stewardship activities?	(b) **Standard:** Antibiotic stewardship program organization and policies. The hospital must ensure all of the following: An individual, who is qualified through education, training, or experience in infectious diseases and/or antibiotic stewardship, is appointed by the governing body as the leader of the antibiotic stewardship program and that the appointment is based on the recommendations of medical staff leadership and pharmacy leadership. (2) An active hospital-wide antibiotic stewardship program must: (i) Demonstrate coordination among all components of the hospital responsible for 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. (3) The leader of the antibiotic stewardship program is responsible for: (i) The development and implementation of a hospital-wide antibiotic stewardship program, based on nationally recognized guidelines, to monitor and improve the use of antibiotics. (ii) All documentation, written or electronic, of antibiotic stewardship program activities. (iii) Communication and collaboration with medical staff, nursing, and pharmacy leadership, as well as the hospital's infection prevention and control and QAPI programs, on antibiotic use issues. (iv) Competency-based training and education of hospital personnel and staff, including medical staff, and, as applicable, personnel providing contracted services in the hospital, on the practical applications of antibiotic stewardship guidelines, policies, and procedures.
Action: Policies that support optimal antibiotic use and Monitor Antibiotic Prescribing	· **Document dose, duration, and indication.** Specify the dose, duration and indication for all courses of antibiotics so they are readily identifiable. Making this information accessible helps ensure that antibiotics are modified as needed and/or discontinued in a timely manner.	The hospital's antimicrobial stewardship program includes the following core elements: **Action:** Implementing recommended actions, such as systemic evaluation of ongoing treatment need, after a set period of initial treatment (for example, "antibiotic time out" after 48 hours) ***Note Documentation Required*** . The hospital takes action on improvement opportunities identified in its antimicrobial stewardship program. (See also MM.08.01.01, EP 6) ***Note Documenation Required.***	Does your facility have a policy that requires prescribers to document an indication for all antibiotics in the medical record or during order entry If Yes, has adherence to the policy to document an indication been monitored?	(ii) Document the evidence-based use of antibiotics in all departments and services of the hospital. (4) The antibiotic stewardship program reflects the scope and complexity of the hospital services provided.
	· Develop and implement **facility specific treatment** recommendations. Facility-specific treatment recommendations, based on national guidelines and local susceptibilities and formulary options can optimize antibiotic selection and duration, particularly for common indications for antibiotic use like community-acquired pneumonia, urinary tract infection, intra-abdominal infections, skin and soft tissue infections and surgical prophylaxis.	The hospital's antimicrobial stewardship program uses organization-approved multidisciplinary protocols (for example, policies and procedures). Note: Examples of protocols are as follows: Antibiotic Formulary Restrictions, Assessment of Appropriateness of Antibiotics for Community-Acquired, Pneumonia, Assessment of Appropriateness of Antibiotics for Skin and Soft Tissue Infections, Assessment of Appropriateness of Antibiotics for Urinary Tract Infections, Care of the Patient with Clostridium difficile (c.-diff), Guidelines for Antimicrobial Use in Adults, Guidelines for Antimicrobial Use in Pediatrics, Plan for Parenteral to Oral Antibiotic Conversion, Preauthorization Requirements for Specific Antimicrobials, Use of Prophylactic Antibiotics ***Note Documentation Required.***	Does your facility have facility-specific treatment recommendations, based on national guidelines and local susceptibility, to assist with antibiotic selection for common clinical conditions? If Yes, has adherence to facility-specific treatment recommendations been monitored?	
Action: Broad Interventions	**Antibiotic "Time outs"**. Antibiotics are often started empirically in hospitalized patients while diagnostic information is being obtained. However, providers often do not revisit the selection of the antibiotic after more clinical and laboratory data (including culture results) become available. An antibiotic "time out" prompts a reassessment of the continuing need and choice of antibiotics when the clinical picture is clearer and more diagnostic information is available. All clinicians should perform a review of antibiotics 48 hours after antibiotics are initiated to answer these key questions: o Does this patient have an infection that will respond to antibiotics? o If so, is the patient on the right antibiotic(s), dose, and route of administration? o Can a more targeted antibiotic be used to treat the infection (de-escalate)? o How long should the patient receive the antibiotic(s)?		Is there a formal procedure for all clinicians to review the appropriateness of all antibiotics at or after 48 hours from the initial orders (e.g. antibiotic time out)?	
	Prior authorization. Some facilities restrict the use of certain antibiotics based on the spectrum of activity, cost, or associated toxicities to ensure that use is reviewed with an antibiotic expert before therapy is initiated. This intervention requires the availability of expertise in antibiotic use and infectious diseases and authorization needs to be completed in a timely manner.	The hospital's antimicrobial stewardship program uses organization-approved multidisciplinary protocols (for example, policies and procedures). Note: Examples of protocols are as follows: Antibiotic Formulary Restrictions, Assessment of Appropriateness of Antibiotics for Community-Acquired, Pneumonia, Assessment of Appropriateness of Antibiotics for Skin and Soft Tissue Infections, Assessment of Appropriateness of Antibiotics for Urinary Tract Infections, Care of the Patient with Clostridium difficile (c.-diff), Guidelines for Antimicrobial Use in Adults, Guidelines for Antimicrobial Use in Pediatrics, Plan for Parenteral to Oral Antibiotic Conversion, Preauthorization Requirements for Specific Antimicrobials, Use of Prophylactic Antibiotics ***Note Documentation Required.***	Do any specified antibiotic agents need to be approved by a physician or pharmacist prior to dispensing at your facility?	

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	Prospective audit and Feedback. External reviews of antibiotic therapy by an expert in antibiotic use have been highly effective in optimizing antibiotics in critically ill patients and in cases where broad spectrum or multiple antibiotics are being used. Prospective audit and feedback is different from an antibiotic "time out" because the audits are conducted by staff other than the treating team. Audit and feedback requires the availability of expertise and some smaller facilities have shown success by engaging external experts to advise on case reviews.		Does a physician or pharmacist review courses of therapy for specified antibiotic agents and communicate results with prescribers (i.e., audit with feedback) at your facility?	
Action: Pharmacy Driven Interventions	· Automatic changes from intravenous to oral antibiotic therapy in appropriate situations and for antibiotics with good absorption (e.g., fluoroquinolones, trimethoprim-sulfamethoxazole, linezolid, etc.), which improves patient safety by reducing the need for intravenous access · Dose adjustments in cases of organ dysfunction (e.g. renal adjustment) · Dose optimization including dose adjustments based on therapeutic drug monitoring, optimizing therapy for highly drug-resistant bacteria, achieving central nervous system penetration, extended-infusion administration of beta-lactams, etc.	The hospital's antimicrobial stewardship program uses organization-approved multidisciplinary protocols (for example, policies and procedures). Note: Examples of protocols are as follows: Antibiotic Formulary Restrictions, Assessment of Appropriateness of Antibiotics for Community-Acquired, Pneumonia, Assessment of Appropriateness of Antibiotics for Skin and Soft Tissue Infections, Assessment of Appropriateness of Antibiotics for Urinary Tract Infections, Care of the Patient with Clostridium difficile (c.-diff), Guidelines for Antimicrobial Use in Adults, Guidelines for Antimicrobial Use in Pediatrics, Plan for Parenteral to Oral Antibiotic Conversion, Preauthorization Requirements for Specific Antimicrobials, Use of Prophylactic Antibiotics ***Note Documentation Required.***		
Action: Diagnosis and Infection Specific Interventions	· The interventions below are intended to improve prescribing for specific syndromes; however, these should not interfere with prompt and effective treatment for severe infection or sepsis. · Community-acquired pneumonia · Urinary tract infections (UTIs). · Skin and soft tissue infections · Empiric coverage of methicillin-resistant Staphylococcus aureus (MRSA) infections · Clostridium difficile infections. · Treatment of culture proven invasive infections.	The hospital's antimicrobial stewardship program uses organization-approved multidisciplinary protocols (for example, policies and procedures). Note: Examples of protocols are as follows: Antibiotic Formulary Restrictions, Assessment of Appropriateness of Antibiotics for Community-Acquired, Pneumonia, Assessment of Appropriateness of Antibiotics for Skin and Soft Tissue Infections, Assessment of Appropriateness of Antibiotics for Urinary Tract Infections, Care of the Patient with Clostridium difficile (c.-diff), Guidelines for Antimicrobial Use in Adults, Guidelines for Antimicrobial Use in Pediatrics, Plan for Parenteral to Oral Antibiotic Conversion, Preauthorization Requirements for Specific Antimicrobials, Use of Prophylactic Antibiotics. ***Note Documentation Required.***		(3) The antibiotic stewardship program adheres to nationally recognized guidelines, as well as best practices, for improving antibiotic use.
Tracking and Reporting Antibiotic Use and Outcomes	**Process Measures** · Perform periodic assessments of the use of antibiotics or the treatment of infections to determine the quality of antibiotic use. Examples include determining if prescribers have: accurately applied diagnostic criteria for infections; prescribed recommended agents for a particular indication; documented the indication and planned duration of antibiotic therapy; obtained cultures and relevant tests prior to treatment; and modified antibiotic choices appropriately to microbiological findings. Standardized tools such as those for drug use evaluations or antibiotic audit forms like those developed by CDC can assist in these reviews. Likewise, assess if antibiotics are being given in a timely manner and assess compliance with hospital antibiotic use policies such as the documentation of dose, duration and indication or the performance of reassessments of therapy (antibiotic time outs). These reviews can be done retrospectively on charts which could be identified based on pharmacy records or discharge diagnoses. If conducted over time, process reviews assess the impact of efforts to improve use. For interventions that provide feedback to clinicians, it is also important to document interventions and track responses to feedback (e.g., acceptance).	The hospital's antimicrobial stewardship program includes the following core elements: **Tracking:** Monitoring the antimicrobial stewardship program, which may include information on antibiotic prescribing and resistance patterns.***Note Documentation Required.*** ***Reporting:*** *Regularly reporting information on the antimicrobial stewardship program, which may include information on antibiotic use and resistance, to doctors, nurses, and relevant staff.* ***Note Documentation Required.***		**(iii) Demonstrate improvements, including sustained improvements, in proper antibiotic use, such as through reductions in CDI and antibiotic resistance in all departments and services of the hospital.**
	Antibiotic consumption · Measure antibiotic use as either days of therapy (DOT) or defined daily dose (DDD). · As part of the National Healthcare Safety Network (NHSN), CDC has developed an Antibiotic Use (AU) Option that automatically collects and reports monthly DOT data, which can be analyzed in aggregate and by specific agents and patient care locations.		Does your facility monitor antibiotic use (consumption) at the unit, service, and/or facility wide? If Yes, are facility- and/or unit- or service-specific reports on antibiotic use shared with prescribers?	
	Outcomes · Track clinical outcomes that measure the impact of interventions to improve antibiotic use. Improving antibiotic use has a significant impact on rates of hospital onset CDI and the current challenge of CDI in hospitals makes this an important target for stewardship programs. An advantage of this measure is that most acute care hospitals are already monitoring and reporting information on CDI into NHSN as part of the Centers for Medicare and Medicaid Services Hospital Inpatient Quality Reporting Program. · Reducing antibiotic resistance is another important goal of efforts to improve antibiotic use and presents another option for measurement. · Stewardship programs can result in significant annual drug cost savings and even larger savings when other costs are included.	The hospital collects, analyzes, and reports data on its antimicrobial stewardship program. Note: Examples of topics to collect and analyze data on may include evaluation of the antimicrobial stewardship program, antimicrobial prescribing patterns, and antimicrobial resistance patterns. ***Note Documentation Required.***	Do prescribers ever receive feedback by the stewardship program about how they can improve their antibiotic prescribing?	
Staff and Practioners Education	· Antibiotic stewardship programs should provide regular updates on antibiotic prescribing, antibiotic resistance, and infectious disease management that address both national and local issues. Sharing facility-specific information on antibiotic use is a tool to motivate improved prescribing, particularly if wide variations in the patterns of use exist among similar patient care locations. There are many options for providing education on antibiotic use such as didactic presentations which can be done in formal and informal settings, messaging through posters and flyers and newsletters or electronic communication to staff groups. Reviewing de-identified cases with providers where changes in antibiotic therapy could have been made is another useful approach. A variety of web-based educational resources are available that can help facilities develop education content. · Education has been found to be most effective when paired with corresponding interventions and measurement of outcomes.	The hospital educates staff and licensed independent practitioners involved in antimicrobial ordering, dispensing, administration, and monitoring about antimicrobial resistance and antimicrobial stewardship practices. Education occurs upon hire or granting of initial privileges and periodically thereafter, based on organizational need. The hospital's antimicrobial stewardship program includes the following core elements: **Education:** Educating practitioners, staff, and patients on the antimicrobial program, which may include information about resistance and optimal prescribing. (See also IC.02.01.01, EP 1 and NPSG.07.03.01, EP 5) ***Note Documentation Required.***	Has your stewardship program provided education to clinicians and other relevant staff on improving antibiotic use?	(iv) Competency-based training and education of hospital personnel and staff, including medical staff, and, as applicable, personnel providing contracted services in the hospital, on the practical applications of antibiotic stewardship guidelines, policies, and procedures.
Patient Education	N/A	The hospital educates patients, and their families as needed, regarding the appropriate use of antimicrobial medications, including antibiotics. (For more information on patient education, refer to Standard PC.02.03.01) Note: An example of an educational tool that can be used for patients and families includes the Centers for Disease Control and Prevention's Get Smart document, "Viruses or Bacteria—What's got you sick? at http://www.cdc.gov/getsmart/community/downloads/getsmart-chart.pdf		