

**POLICY AND PROCEDURE MANUAL
PHARMACY SERVICES**

SECTION: **INPATIENT PHARMACY**
SUBJECT: **ANTIMICROBIAL STEWARDSHIP
PROGRAM (ASP)**

CODE: 3.36.0
DATE: 1/24/12
REVISED: 4/19/22
APPROVED: Think Tran, Pharm.D
MEC APPROVED: 2/22/12, 5/13/15

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Purpose:

1. To provide guidelines for establishing and maintaining an effective multi-disciplinary Antimicrobial Stewardship Program; which can effectively decrease patient morbidity and mortality via evidence-based utilization of antimicrobial agents in hospitalized patients.
2. To reduce the risk of health-care associated infections per: **NPSG-07.03.01**: *“Implement evidence-based practices to prevent health care–associated infections due to multidrug-resistant organisms in acute care hospitals; focusing on methicillin-resistant Staphylococcus aureus (MRSA), Clostridium difficile-associated disease (CDAD), vancomycin-resistant Enterococci (VRE), and multidrug-resistant gram negative organism (MDROs).”*
3. To establish compliance with current and future laws including **California SB-158 Section 6 (3)**, which requires *“...that general acute care hospitals develop a process for evaluating the judicious use of antimicrobials, the results of which shall be monitored jointly by appropriate representatives and committees involved in quality improvement.”*
4. To meet the **Infectious Disease Society of America Guidelines**, which state: *“The combination of an effective antimicrobial stewardship with a comprehensive infection control program has been shown to limit the emergence and transmission of antimicrobial-resistant pathogens. A Secondary goal of antimicrobial stewardship is to reduce healthcare costs, without adversely impacting the quality of care.”*

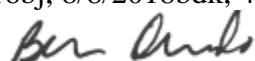
Intended Outcome:

1. Improve the appropriate use of antimicrobials.
2. Reduce health-care costs without adversely impacting quality of care.
3. Optimize patient safety.

Key Personnel/Departments/Committees:

1. Infectious Diseases (ID) Physician
2. Critical Care Physician
3. Pharmacy
4. Nursing
5. Infection Control
6. Microbiology/Pathology
7. Hospital Infection Control Committee

Reviewed: 4/8/16bj, 8/8/2018bdk, 4/19/2022 TT

Approved By: 

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8. Pharmacy and Therapeutics (P&T) Committee
9. Quality, Risk, Safety (QRS) Committee

Policy:

Antimicrobial Stewardship Program is a subcommittee of the P&T Committee and will utilize a multidisciplinary, programmatic, prospective, interventional approach to optimizing the use of antimicrobial agents prescribed for patients treated at Rancho Los Amigos National Rehabilitation Center. In concert with the Infection Disease, Infection Control, Nursing, and the Clinical Pharmacy staff, will provide ongoing review of ordered therapeutic regimens and recommendations to prescribers, to achieve the following goals:

1. Improve the appropriate use of antimicrobials
 - a. Reduce excessive broad spectrum antimicrobial use
 - b. Reduce excessive duration of antimicrobial use
 - c. Adjust empiric antimicrobial coverage based on local resistance patterns
 - d. Limit the emergence and transmission of antimicrobial resistant bacteria.
2. Optimize patient safety
 - a. Minimize exposure to unnecessary antimicrobials
 - b. Reduce and/or eliminate redundant antimicrobial therapy
 - c. Streamline and de-escalate antimicrobial therapy when appropriate
 - d. Address drug-drug interactions with antimicrobials
 - e. Reduce adverse drug events (ADEs) related to antimicrobial therapy.
3. Promote cost containment
 - a. Discontinue and/or de-escalate antimicrobial therapy based on clinical and microbiologic grounds as soon as it is appropriate.
 - b. Transition to oral formulations or more cost-effective alternatives when clinically appropriate.

Procedure:

1. Appropriate selection of antimicrobials based on currently available data
 - a. Utilize local resistance patterns (e.g. antibiogram and other available data)
 - b. Evaluation of adherence to current available guidelines
 - c. Monitoring for appropriate use of surgical prophylaxis
 - d. Periodic review to evaluate adherence to the above
 - e. Utilize laboratory culture and sensitivity results.

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2. Antimicrobial agent restriction
 - a. Antimicrobials that require Infectious Diseases approval
 - Amp/Sulbactam, Daptomycin, Linezolid, Meropenem, Pip/Tazo, Vancomycin (see Appendix 3.36.5 RLA Antibiotic Pocket Guide)
 - Specific antimicrobials with significant risk of toxicity or potential for inappropriate use determined by Antimicrobial Stewardship Committee
 - b. Prospective Review
 - Restricted antibiotics are reported to Infectious Disease team multiple times a week to evaluate the clinical need for use in our clinical population
 3. Dose optimization of antimicrobial agents
 - a. Clinical Pharmacy, by protocol, is involved in dose optimization of vancomycin and aminoglycosides and includes dosing and monitoring of these agents by consult. Pharmacy also reviews antimicrobial orders for dosing appropriateness of antimicrobials in general.
 4. Clinical Interventions and review by Antibiotic Stewardship Team (AST)
 - a. Therapeutic substitutions in discussion with primary provider.
 - b. Monitor on a regular schedule
 - Review of clinical data and available laboratory data
 - Therapy review discussion with prescribing provider
 - Adjustment of duration to limit course of antimicrobials
 - c. Automatic IV-to-PO conversion per pharmacy protocol
 - d. Review of surgical care antibiotics (QIP) metrics in conjunction with Quality Improvement
 - Appropriate selection of antibiotic for surgical prophylaxis per protocol.
 - Appropriate antibiotic administration time for surgical prophylaxis per protocol.
 - Automatic discontinuation of surgical prophylaxis (24 or 48 hours) per protocol.
 - Appropriate length of antibiotic therapy.
 - e. Review of patients on multiple antimicrobial therapy.
 - f. Review of all long-term antibiotic regimen for appropriateness.
 - g. Implement antibiotic 48 hours time out. Providers to evaluate and document appropriateness of antibiotic and make changes based upon available clinical data.
 5. Education and feedback
 - a. Direct feedback to providers
 - b. Development of core items to improve provider prescribing habits
 - c. CME on antimicrobials and common infection syndromes to update and educate staff members.
 6. Management of providers who repeatedly fail AST recommendations
 - a. Collaborative attempts to discuss with prescribers directly

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- All recommendations will be communicated with the provider either via direct communication, electronic medical record, text pages, or phone call
 - If recommendations are not acknowledged, direct contact to provider will be made so they are aware of the recommendations and to explain the purpose of the AST
- b. Repeated failure to implement recommendations will result in the following possible actions:
- In cases in which either prescribing patterns or prescribing in an individual case is inconsistent with recommendations by the AST, despite the above steps being taken, , the Antimicrobial Stewardship Director will bring the matter to the attention of the providers division chief or department chair.