

LOS ANGELES GENERAL MEDICAL CENTER POLICY

Subject: ANTIMICROBIAL STEWARDSHIP PROGRAM		Original Issue Date: 05/19/23	Policy # 964
		Supersedes:	Effective Date: 05/19/23
Policy Owner(s): Director of Pharmacy Services Executive Sponsor(s): Chief Medical Officer			
Departments Consulted: Pharmacy Infection Control Infectious Diseases Pharmacy and Therapeutics Committee	Reviewed & approved by: Attending Staff Association Executive Committee Senior Executive Officer	Approved by: Chief Medical Officer Chief Executive Director	

PURPOSE

Los Angeles General Medical Center Antimicrobial Stewardship Program is intended to optimize clinical outcomes while minimizing unintended consequences of antimicrobial use, including toxicity, the selection of pathogenic organisms and the emergence of pathogenic organisms and to provide cost-effective care in both inpatient and outpatient settings.

POLICY:

Every patient receiving antimicrobial therapy will be monitored by providers and pharmacists for appropriateness and optimization of antimicrobial therapy.

PROCEDURE

- A. For each patient started on antimicrobial therapy, the following will be monitored by physicians and pharmacists to include the following:
1. Clear and appropriate indication for use.
 2. Allergies to any antimicrobial drug.
 3. Choice of antimicrobial agent used is clinically indicated for the infection or condition of the patient.
 4. Doses of all antimicrobials are appropriate, and dosages are adjusted as needed.
 5. Therapeutic issues identified by the pharmacist will be brought to the attention of the prescriber for appropriate resolution before the antibiotic is dispensed.
 6. The prescriber will actively streamline or de-escalate empirical antimicrobial therapy on the basis of culture results and eliminate redundant combination therapy to effectively target the causative pathogen. Pharmacists will monitor and aid in streamlining therapy and make interventions as necessary with the prescriber.
 7. Patients are converted from parenteral to oral antimicrobials when deemed clinically appropriate.
- B. Education for Prescribers and Staff

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1. Prescribers, nursing staff and pharmacy staff are knowledgeable about the following through house-wide dissemination on the institution intranet:
 - i. Restricted antibiotic guidelines.
 - ii. Antibigram to monitor changes in resistance patterns and aid in appropriate selection of empiric therapy.
 - iii. Expected practice guidelines on antibiotic durations and empiric recommendations for common infectious diseases, such as skin and soft tissue infections, urinary tract infections, community and hospital acquired pneumonia, central nervous system infections, intra-abdominal infections, *C. difficile* infection, etc.
 - iv. Other antibiotic use guidance or institution specific practice algorithms including IV to oral antibiotic conversions for bloodstream infections.
 - v. Multi-drug resistant pathogen rates through the hospital antibiogram, management, and isolation precautions.
 - vi. The Antimicrobial Stewardship team takes action on problem areas identified through quality improvement projects through direct communication with the prescriber, the department, or the entire house staff depending on the problem identified.

C. Education for Patients

1. Prescribers and nursing staff provide verbal education to patients on their infectious diagnosis, the need to antibacterial therapy, therapeutic plan, antibiotic adverse effects, and outpatient prescriptions.

D. Evaluation of the Antimicrobial Stewardship Program

1. Prospective audits with direct intervention and feedback to the prescribers on target antibiotics are regularly performed by infectious diseases physicians and infectious diseases pharmacists.
2. Clinical research studies are performed to assess outcomes of infection for patients receiving treatment to identify areas for improvement.
3. Antibiotic use metrics are monitored and reported at the Antimicrobial Subcommittee quarterly. The data is also submitted to the Pharmacy and Therapeutics Committee and the Medical Executive Committee.
4. Antibiotic resistance data is monitored and reported at the Antimicrobial Subcommittee quarterly and at the Infection Control committee quarterly.

E. Formulary restriction

1. Physicians will need to complete a Non-Formulary Request Form for all antimicrobials that are not included in the formulary. Each request will be reviewed by a clinical pharmacist for appropriateness, with final approval by Department of Health Services or

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the chair of Pharmacy and Therapeutics Committee at Los Angeles General Medical Center..

2. Physicians will need to call the ID (infectious diseases) pharmacist or infectious diseases consult team for approval of restricted antimicrobials in the inpatient and outpatient settings. Each request will be reviewed by the ID pharmacist or physician for appropriateness.
3. New antimicrobial agents and existing agents on the Formulary are evaluated on an ongoing basis with the goal of providing the most cost-effective agents for the care of patients.
4. Selection of antimicrobial agents for microbiology reporting is consistent with agents available on the Los Angeles General Formulary.

F. Outpatient antimicrobial prescribing

1. Evidence-based diagnostic criteria and the DHS Expected Practice Guidelines for empiric antibiotic selection are used.
2. Physicians, pharmacists, and nurses educate patients and families about appropriate antimicrobial use and their potential harms.
3. Delayed antimicrobial prescribing or 'watchful waiting' strategy is used when appropriate.
4. Audit and feedback to prescribers on target antibiotics are performed and reported at the Antimicrobial Subcommittee.

G. Antimicrobial stewardship team

1. The team consists of a multidisciplinary core group of members, which include infectious diseases physicians, infectious diseases pharmacist specialists, infectious diseases fellows and residents, pharmacy department, microbiologists, and infection control personnel.
2. The antimicrobial subcommittee meets quarterly, or more often as needed, to review data from audits, antibiogram, etc. to improve and streamline the stewardship processes. This committee reports directly to the Pharmacy and Therapeutics Committee.
3. An infectious diseases physician and pharmacist rounds Monday through Friday on patients receiving antimicrobials to assess appropriateness. Interventions are made as warranted to the primary team with recommendations and education. Recommendations that are communicated to the prescriber verbally are also documented in the Electronic Medical Record.

H. Other measures

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1. Infectious diseases pharmacist specialists work closely with microbiologists to ensure timely and accurate reporting of microbiology test results to guide antimicrobial prescribing.
2. Infectious diseases pharmacist specialists work closely with infection prevention/epidemiologists to evaluate patients with multi-drug resistant organisms (MDRO) infections and other organisms that may be culprits in outbreak situations.
3. The institutional antibiogram is updated yearly and posted on the Los Angeles General intranet to provide access to all providers.
4. All inpatient antimicrobial orders have time-sensitive automatic stop orders of 14 days and physicians will have to reevaluate and re-order the antimicrobial as appropriate for the patient.
5. All indications for all antimicrobials must be documented in the patient's electronic medical record.
6. All inpatient antimicrobial orders will be reviewed for appropriateness at or after 48 hours from the initial orders.
7. Evidence-based guidelines and clinical pathways are available as references for physicians and pharmacists. These are updated yearly, or as needed, for changes in the formulary, updates in national guidelines, or to reflect a change in the institution's resistance patterns.

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6. Yadav K, Masuda E, MInejima E, Spellberg B, et al. Expected practice as a novel antibiotic stewardship intervention. *Open Forum infect Dis* 2018;6(1):ofy319.

REVISION DATES (if any)

May 19, 2023;