Surveyor Education Module
Critical Access Hospital (CAH), Hospital (HAP) and Nursing Care Center (NCC)
Accreditation Programs
Medication Management (MM) Standard.09.01.01 on Antimicrobial Stewardship

Effective Date: January 1, 2017

Introduction

This module was developed to introduce field staff to the new MM Standard.09.01.01 on antimicrobial stewardship. Upon completing this module, field staff will be able to describe the intent and survey process for MM standard.09.01.01.

Background

The Joint Commission has approved an antimicrobial stewardship standard (MM.09.01.01) for the Hospital (HAP), Critical Access Hospital (CAH), and Nursing Care Center (NCC) accreditation programs. This standard will promote patient safety and quality of care as well as align these accreditation programs with current recommendations from professional and scientific organizations.

According to the Centers for Disease Control and Prevention (CDC), antimicrobial resistance is the ability of microbes to resist the effects of drugs – that is, the germs are not killed, and their growth is not stopped. Although some people are at greater risk than others, no one can completely avoid the risk of antibiotic-resistant infections. Infections with resistant organisms are difficult to treat, requiring costly and sometimes toxic alternatives. Current scientific literature emphasizes the need to reduce the use of antimicrobials in all health care settings due to antimicrobial resistance. According to the World Health Organization (WHO): “Antimicrobial resistance threatens the effective prevention and treatment of an ever-increasing range of infections caused by bacteria, parasites, viruses and fungi.” Antimicrobial stewardship is an evidence-based best practice that addresses antimicrobial resistance. In its Antibiotic Stewardship Playbook, the NQF indicated that stewardship programs are one of the most critical mechanisms for reducing antibiotic resistance.

On June 2, 2015, The Joint Commission participated in the White House Forum on Antibiotic Stewardship. The Joint Commission announced its commitment to increase its efforts to promote effective antibiotic stewardship within health care facilities. The Joint Commission joined representatives from more than 150 major health care organizations, food companies, retailers, and animal health organizations at the forum to announce their commitment to implementing changes over the next five years. These changes are intended to slow the emergence of antibiotic-resistant bacteria, detect resistant strains, preserve the efficacy of existing antibiotics, and prevent the spread of resistant infections.

According to Mark R. Chassin, MD, FACP, MPP, MPH, president and CEO, The Joint Commission: “The Joint Commission knows that antibiotic stewardship is a proven method of reducing the inappropriate use of antibiotics and improving patient safety. We are committed to helping health care providers improve their ability to practice effective stewardship in order that the nation can both optimize the treatment of infections and reduce adverse events associated with antibiotic use.”
**Additional Background Information: Scientific Literature on Antimicrobial Stewardship in the CAH, HAP and NCC Settings:**

**For HAP and CAH:** The CDC has identified that 20-50% of all antibiotics prescribed in U.S. acute care hospitals are either unnecessary or inappropriate. Inappropriate use of antibiotics includes, but is not limited to, the following:

- Prescribing antibiotics for viral infections.
- Using broad-spectrum antibiotics instead of narrow-spectrum antibiotics.
- Prescribing antibiotics based on patient/family demand.

The rise of antibiotic-resistant bacteria represents a serious threat to public health and the economy. The CDC estimates that annually at least two million illnesses and 23,000 deaths are caused by antibiotic-resistant bacteria in the United States alone.

**For NCC:** According to the CDC, “Antibiotics are among the most commonly prescribed medications in nursing homes. Up to 70% of long-term care facility residents receive an antibiotic every year. The CDC further states: “Many long-term care residents can be "colonized" with bacteria, meaning that germs can live on the skin, wound surfaces or even in the bladder without making the person sick. Challenges with separating colonization from true infection can contribute to antibiotic overuse in this setting”. Additional issues in the NCC setting include the following:

- Studies have consistently demonstrated that about 30–50% of frail, elderly long-term care residents can have a positive urine culture even without any symptoms of a urinary tract infection. Unfortunately, many of these patients are placed inappropriately on antibiotics.
- Poor communication when patients transfer facilities, for example from a nursing home to a hospital, can result in antibiotic misuse.
- Antibiotic-related complications, such as diarrhea from *C. difficile*, can be more severe, difficult to treat, and lead to more hospitalizations and deaths among people over 65 years. Long-term care facility residents are particularly at risk for these complications.

**Notes to Field Staff**

**Note 1:** The core elements which are the basis of EP 5, were cited from the Centers for Disease Control and Prevention’s *Core Elements of Hospital Antibiotic Stewardship Programs* (See [http://www.cdc.gov/getsmart/healthcare/pdfs/core-elements.pdf](http://www.cdc.gov/getsmart/healthcare/pdfs/core-elements.pdf)) and *The Core Elements of Antibiotic Stewardship for Nursing Homes* (See [http://www.cdc.gov/longtermcare/pdfs/core-elements-antibiotic-stewardship.pdf](http://www.cdc.gov/longtermcare/pdfs/core-elements-antibiotic-stewardship.pdf)). These documents provide a clear description of the core elements that are needed in any antimicrobial stewardship program. The Joint Commission recommends that organizations use these document when designing their antimicrobial stewardship program. Field staff should review these documents prior to their first survey that includes Standard MM.09.01.01 focusing on Antimicrobial Stewardship (after January 1, 2017).

**Note 2:** The CDC and other national organizations uses the term *antibiotic* stewardship whereas The Joint Commission uses the term *antimicrobial* stewardship. The term antimicrobial stewardship includes a focus on bacteria, as well as stewardship for medications treating parasites, viruses and fungi infections.
Note 3: The National Quality Forum along with The Joint Commission and other national stakeholders, developed the following resource: *Antibiotic Stewardship in Acute Care: A Practical Playbook*. This playbook provides hospital-focused implementation strategies for antibiotic stewardship developed for the CDC’s core elements. The playbook provides examples of implementation for each core element from three organizational perspectives: basic, intermediate, and advanced. Additionally, potential barriers are identified for each core element with suggested solutions. Concepts from the NQF Playbook are integrated within the survey process section of this document. This playbook can also be used during the survey process to provide hospitals with further information on implementing the new antimicrobial stewardship standard MM.09.01.01. See: [http://www.qualityforum.org/Publications/2016/05/Antibiotic_Stewardship_Playbook.aspx](http://www.qualityforum.org/Publications/2016/05/Antibiotic_Stewardship_Playbook.aspx)

Note 4: The antimicrobial stewardship standard, MM.09.01.01, is an *affirmative observation standard*. An affirmative observation standard requires the field staff to always survey this standard during surveys for the CAH, HAP and NCC accreditation programs.

Note 5: This educational document includes a section for each of the eight EPs on “evidence of non-compliance”. This section provides direction to the field staff on situations during the survey which indicates that the organization has not met the EP’s requirement.

Note 6: Survey process information:

- EP 1 will be surveyed under the leadership session.

- EP 2 will be surveyed during two sessions as follows:
  1. Competence assessment session for staff.
  2. Medical staff credentialing and privileging session for licensed independent practitioners. Review tips for conducting this session are in the Hospital or NCC Accreditation Surveyor Survey Activity Guide.

- During the medication management system tracer, field staff will be reviewing MM.09.01.01, EPs 3, 4, 5, and 6. Review tips for conducting this system tracer are in the Hospital or NCC Accreditation Surveyor Survey Activity Guide. Some information may be identified through patient tracers.

- EPs 7 and 8 will be reviewed in the Data Management System Tracer. Review tips for conducting this system tracer are in the Hospital or NCC Accreditation Surveyor Survey Activity Guide.

This concludes the introduction and background information for MM Standard.09.01.01 that focuses on Antimicrobial Stewardship. The content of the education module follows:
I. **Standard MM.09.01.01:** The organization has an antimicrobial stewardship program based on current scientific literature.

**Applicability:**
MM.09.01.01 is applicable to the critical access hospitals, hospitals, and nursing care centers effective in January 1, 2017. The standard is also applicable to ambulatory and clinics surveyed under the hospital program. However, standard MM.09.01.01 is not applicable to the Ambulatory Care or Office-based Surgery accreditation programs at this time.

**EP 1**

**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

**Intent of the Requirement:**
EP 1, focusing on leadership support of antimicrobial stewardship, provides clear direction to organizational leadership that antimicrobial stewardship needs to be an organizational priority. The examples are provided to assist organizations to implement this EP.

**Survey Process:**
Leadership Session: Review tips for conducting this system tracer are in the Hospital Accreditation Surveyor Survey Activity Guide.

- Ask the hospital leadership to describe its antimicrobial stewardship program and look for evidence of leadership support. Examples include:
  - Providing additional staff such as a PharmD.
  - Providing more physician and lead pharmacist time dedicated to antimicrobial stewardship.
  - Providing infection preventionist time dedicated to antimicrobial stewardship.
  - Providing resources for staff and prescriber education.
  - Providing funding for remote consultation or telemedicine with experts in antimicrobial stewardship if local resources are not available (NQF Playbook, page 6).
  - Determining how long the organization has prioritized antimicrobial stewardship.
  - Providing a description of their antimicrobial stewardship team.
- Interview lead physicians and pharmacists about support provided for antimicrobial stewardship.
- If the organization is unclear or vague about leadership support of antimicrobial stewardship, probe using the following questions:
  - How long has your organization focused on antimicrobial stewardship?
How did your organization determine adequate staffing that is dedicated to antimicrobial stewardship?

Who serves on the antimicrobial team?

How is antimicrobial stewardship data collected? Who analyzes the data?

If they are available, ask to review some of the documents in the identified in the examples for EP 1, such as:
- Accountability documents
- Budget plans
- Performance improvement plans
- Strategic plans

NOTE: An accountability document is any organizational document describing the formal chain of responsibility for the antimicrobial stewardship program. The written document required in EP 5 on use of the CDC’s Core Elements could be an example of an accountability document as long as responsibility for the program is clearly identified. Direct leaders to statements on the importance of antibiotic/antimicrobial stewardship programs from groups such as the American Hospital Association, the Institute for Healthcare Improvement, and The Leapfrog Group, which are recognized by hospital C-suite leaders. (NQF Playbook, page 7).

Survey Process - Evidence of Non-Compliance
- No evidence of resources provided for antimicrobial stewardship.
- No assigned team.
- Leadership unable to identify the prioritization of antimicrobial stewardship in the leadership session.
- No antimicrobial stewardship protocols or policies or procedures.

EP 2
The [critical access] 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.

Intent of the Requirement:
EP 2 requires the organization to provide education on antimicrobial resistance and antimicrobial stewardship to staff and licensed independent practitioners.

Survey Process:
Note: EP 2 will be surveyed in two sessions:
- A. Competence assessment session for staff.
- B. Medical staff credentialing and privileging session for licensed independent practitioners.
A. Competence assessment session:
- Inquire about the type of staff that were provided with antimicrobial resistance and antimicrobial stewardship education.
− Determine what staff were selected for education.
− Do not review human resource records for this EP.
− Any evidence that staff were educated is acceptable.
− Inquire about what medication management steps the education focused on: ordering, dispensing, administration, or monitoring?
− Acceptable materials and methods of education are determined by the organization and should be based on acceptable practice. Examples can include: written materials, presentations, online education, classes, manager’s minutes from staff meetings, conferences, annual education days, CEUs, etc.
− Interview select staff involved in dispensing and administering antimicrobials during a patient tracer regarding the education they were provided with on antimicrobial stewardship. If staff are vague or unclear probe by asking details about the content of the education.
− If no education has been provided to any staff, an RFI would occur at EP 2. Note: EP 5 on the CDC’s Core elements of Antimicrobial Stewardship is for planning and determining implementation.

Survey Process - Evidence of Non-Compliance
− There is no evidence that any staff have been educated or were provided information on antimicrobial stewardship.

B. Medical staff credentialing and privileging session for licensed independent practitioners:
− Inquire about the types of licensed independent practitioners that received antimicrobial resistance and antimicrobial stewardship education.
− Inquire about the type of education that was provided to licensed independent practitioners on antimicrobial stewardship.
− Do not review medical staff credentialing and privileging records for this EP.
− Any evidence that prescribers were educated is acceptable.
− Acceptable materials and methods of education are determined by the organization and should be based on acceptable practice. Examples include: Written materials, presentations, online education, classes, conferences, annual education days, CMEs etc.
− If no education has been provided to any licensed independent practitioner an RFI would occur at EP2. Note: EP 5 on the CDC’s Core elements of Antimicrobial Stewardship is for planning and determining implementation.

Survey Process: Evidence of Non-Compliance
− There is no evidence that any licensed independent practitioners have been educated on or were provided information on antimicrobial stewardship.

EP 3

The [critical access] hospitals and NCCs 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

Intent of the Requirement:
- EP 3 focuses on education of patients (and their families as needed) about the appropriate use of antimicrobials. However, not all patients receiving antimicrobials should receive education on these medications. Some hospitalized or NCC patients/residents may be too ill to receive education. Patients/residents who are comatose, cognitively impaired or actively psychotic should not receive education on antimicrobials.

There are three specific populations that should receive field staff attention when applicable during an accreditation survey as follows:
- For the hospital accreditation programs (CAH and HAP):
  - Emergency department patients who are prescribed antimicrobials.
  - Ambulatory and clinic patients surveyed under the hospital program who are prescribed antimicrobials.
  - Hospitalized patients who will be discharged on antimicrobials.
- For the NCC education program field staff should focus on the following patients for receiving education on antimicrobials/residents.
  - Patients/residents who are discharged on antimicrobials.

Survey Process:
- The focus on this EP should be on the following populations:
  - Emergency department patients who are prescribed antimicrobials.
  - Ambulatory and clinic patients surveyed under the hospital program who are prescribed antimicrobials.
  - Hospitalized patients/residents who will be discharged on antimicrobials.
- Identify patients who are currently receiving antibiotics or antimicrobials. Oral and IV routes are acceptable.
- When conducting a patient tracer do not interview the patient. It was determined in learning visits that patient interviews provide minimal information and lengthen the survey process.
- When conducting a patient tracer, interview the staff who provided the education when staff are readily available about the type of education the patient/family was provided. Inquire about how education is provided to:
  - Emergency department patients who are prescribed antimicrobials.
  - Ambulatory and clinic patients surveyed under the hospital program who are prescribed antimicrobials.
  - Hospitalized patients who will be discharged on antimicrobials.
And
  - NCC patients/residents who are discharged on antimicrobials.
Note: The CDC developed a new educational tool for hospitalized patients. See: http://www.cdc.gov/getsmart/healthcare/pdfs/16_265926_antibioticfactsheet_v7_508-final.pdf

If the hospital can provide examples of education to patients and families, they have met the intent of this EP. There is no percentage or number of patients that need to be educated to meet this EP.

Survey Process-Evidence of Non-Compliance

- There is no evidence of any patient/resident education on antimicrobial medications for the following populations:
  - Emergency department patients who are prescribed antimicrobials
  - Ambulatory and clinic patients surveyed under the hospital program who are prescribed antimicrobials.
  - Hospitalized patients/residents who will be discharged on antimicrobials.
  - NCC patients/residents who are discharged on antimicrobials.

EP 4

The [critical access] hospitals and NCC has an antimicrobial stewardship multidisciplinary team that includes the following members, when available in the setting:
- Infectious disease physician
- Infection preventionist(s)
- Pharmacist(s)
- 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.

Intent of the Requirement:
EP 4 requires each organization to have an antimicrobial stewardship team. However, the composition of this team may be diverse based on the type of organization being surveyed. The intent of EP 4 is to determine if the organization has a team reflective of the services provided, location, population served and availability of practitioners.

Survey Process:
- Inquire about the composition of the multidisciplinary antimicrobial stewardship team to determine if the team meets the expectations per EP 4.
− “When available in the setting”, a phrase in EP 4, is an important issue. For example, rural hospitals or NCCs may not have an infectious disease physician. The organization needs to have a team based on their setting, location, patient population etc.

− Some teams may not be acceptable such as a team consisting of only a pharmacist and a nurse when physicians and other prescribers are available in the organization. Physicians need to be part of the team when available. A nurse practitioner would be acceptable as a practitioner. (NQF Playbook, P. 10).

− It is acceptable for the antimicrobial stewardship team to be a subcommittee of the P and T Committee.

− Interview the multidisciplinary team to determine:
  o Team functions such as reviewing the Cumulative Susceptibility Report (Antibiogram).
  o Analyzing prescribing practices.
  o Analyzing other data associated with the antimicrobial stewardship program, such as determining the outcomes of their program, and planning activities.
  o Interview the team about the education they have received in antimicrobial stewardship (e.g. certification program, training course etc.). (NQF Playbook, p. 9.)
  o How the medical staff are informed regarding the results of the Cumulative Susceptibility Report (Antibiogram), and antimicrobial prescribing practices.
  o How do the team’s roles differ?
  o How are roles operationalized?

Survey Process—Evidence of Non-Compliance

− Evidence that the team is composed of one person.

− Evidence that the team is composed of 2 people but does not include a licensed independent practitioner.

− Evidence that the team is inactive.

EP 5

Note 1 for field staff: Although the hospital and NCC accreditation programs have the same core elements for antimicrobial stewardship, the CDC’s definitions are different for the settings. The core elements and their definitions are provided separately below for CAH/HAP and NCC.

Note 2 for field staff: Green text indicates the core elements relationship to the EPs of MM.09.01.01.

CAH and HAP

The [critical access] hospitals antimicrobial stewardship program includes the following core elements:

-Leadership commitment: Dedicating necessary human, financial, and information technology resources. (See EP 1)

-Accountability: Appointing a single leader responsible for program outcomes. Experience with successful programs shows that a physician leader is effective. (See EP 1)

-Drug expertise: Appointing a single pharmacist leader responsible for working to improve antibiotic use. (See EP 4)
- **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). (See EP 8)

- **Tracking:** Monitoring the antimicrobial stewardship program, which may include information on antibiotic prescribing and resistance patterns. (See EP 7)

- **Reporting:** Regularly reporting information on the antimicrobial stewardship program, which may include information on antibiotic use and resistance, to doctors, nurses, and relevant staff. (See EP 7)

- **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). (See EPs 2 and 3)

**Note:** These core elements were cited from the Centers for Disease Control and Prevention’s Core Elements of Hospital Antibiotic Stewardship Programs (http://www.cdc.gov/getsmart/healthcare/pdfs/core-elements.pdf) and The Core Elements of Antibiotic Stewardship for Nursing Homes (See http://www.cdc.gov/longtermcare/pdfs/core-elements-antibiotic-stewardship.pdf).

**NCC**

The organization’s antimicrobial stewardship program includes the following core elements:

- **Leadership commitment:** Demonstrate support and commitment to safe and appropriate antibiotic use in your facility. (See EP 1)

- **Accountability:** Identify physician, nursing, and pharmacy leads responsible for promoting and overseeing antibiotic stewardship activities in your facility. (See EP 1)

- **Drug expertise:** Establish access to consultant pharmacists or other individuals with experience or training in antibiotic stewardship for your facility. (See EP 4)

- **Action:** Implement policy or practice changes to improve antibiotic use. (See EP 8)

- **Tracking:** Monitor and measure the use of antibiotic use and at least one outcome from antibiotic use in your facility. (See EP 7)

- **Reporting:** Regularly reporting information on the antimicrobial stewardship program, which may include antibiotic use and resistance, to physicians and other practitioners, nurses, and relevant staff. (See EP 7)

- **Education:** Provide resources to physicians and other practitioners, nursing staff, residents, and families about antibiotic resistance and opportunities for improving antibiotic use. (See also IC.02.01.01, EP 1) (See EPs 2 and 3)

**Intent of the Requirement:**

Intent of EP 5 is for organizations to develop or organize their antimicrobial stewardship program around national guidelines developed by the CDC. The documentation icon indicates that organizations needs to have a written document explaining how their antimicrobial stewardship program applies the concepts of the core elements. The Joint Commission recommends that organizations use this document when designing their antimicrobial stewardship program but this is not required.
**Survey Process:**

- The hospital or NCC must have a document that addresses the CDC’s core elements of an antimicrobial stewardship program. The document should be based on the organization’s size, mission, patient population, etc.
- Review the hospital or NCC’s core elements of antimicrobial stewardship document prior to the medication management system tracer.
- EP 5 contains definitions developed by the CDC for the core elements. Including these definitions was requested by customers in the field review. **Do not survey to these definitions.** They are provided for customer’s convenience and guidance, but are not Joint Commission requirements.
- The Joint Commission recommends that hospitals and NCCs use these CDC documents when designing their antimicrobial stewardship programs, but this is not a requirement. However, every hospital and NCC should have a document describing how the core elements are part of their antimicrobial stewardship program. Note: Some hospitals and NCCs have had antimicrobial stewardship programs for years prior to the availability of these CDC documents. For these organizations inquire about how the hospitals and NCC has used the core elements document in organizing their antimicrobial stewardship program.

**Survey Process-Evidence of Non-Compliance**

- No written document explaining how the core elements of EP 5 are addressed in the antimicrobial stewardship program.
- During the medication management system tracers attending leadership, and leadership of the antimicrobial stewardship program cannot describe how the core elements are implemented in their antimicrobial stewardship program.

**EP 6**

D The [critical access] hospitals and NCC 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 (Not included as an example for NCC)
- Plan for Parenteral to Oral Antibiotic Conversion
- Preauthorization Requirements for Specific Antimicrobials
- Use of Prophylactic Antibiotics (Not included as an example for NCC)
**Intent of the Requirement:**
The intent of EP 6 is for organizations to have antimicrobial stewardship protocols that provide direction for the treatment of patients/residents with infections. These organization-approved protocols should be based on the population it serves and the services it provides. Examples are provided with this EP but these examples are not required.

**Survey Process:**
- Review the protocols before the MM system tracer.
- A minimum of one protocol is acceptable.
- Order sets are acceptable as antimicrobial stewardship protocols, policies and procedures.
- The hospitals or NCC does not need to have all the examples listed in the EP.
- Inquire about the antimicrobial stewardship protocols and how they were developed by the hospitals and NCC. What was the development process? Who approved? How were they implemented? Are they required for use by prescribers?
- Inquire why the hospital and NCC has developed these specific protocols (i.e. patient population, services provided etc.) The NQF Playbook recommends that treatment recommendations are based on national guidelines and local susceptibility data (p. 14).
- Interview prescribers about how they use the antimicrobial stewardship protocols/policies/procedures.
- How accessible are the protocols/policies/procedures to the prescriber?

**Survey Process-Evidence of Non-Compliance:**
- Leadership cannot provide evidence of antimicrobial stewardship protocols.
- Staff and prescribers cannot identify antimicrobial stewardship protocols associated with their patient population.

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**EP 7**

**D** The [critical access] hospitals and NCC 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.

**Intent of the Requirement:**
The intent of EP 7 is to assure that organizations are collecting, analyzing and reporting on the outcomes of their antimicrobial stewardship program. It is with this EP that a surveyor will determine if the program is actually implemented.

**Survey Process:**
- Inquire about the data the organization is collecting on antimicrobial stewardship.
- Note: The types of data collected will depend on how long the organization has had an antimicrobial stewardship program. Any antimicrobial stewardship data is acceptable including
data collected on any of the EPs in MM.09.01.01, antimicrobial prescribing practices, Cumulative Susceptibility Report (Antibiogram) and other data. Consultation from field staff may be needed (See the NQF Playbook). The NQF Playbook identifies adherence to documentation policies as a basic process measure (p. 17).

- Determine how the data is collected and analyzed.
- Determine how the data is reported and to whom.

Survey Process-Evidence of Non-Compliance:
- No evidence of collecting any type of antimicrobial stewardship data.
- No evidence of reporting antimicrobial stewardship data within the organization.

EP 8

D The [critical access] hospitals and NCC takes action on improvement opportunities identified in its antimicrobial stewardship program. (See also MM.08.01.01, EP 6).

Intent of the Requirement:
The intent of EP 8 is to determine if organizations take action on antimicrobial stewardship data that indicates problematic issues.

Survey Process:
- Inquire about what actions the hospitals and NCC has taken to improve antimicrobial stewardship?
- For organizations that have sound data supporting there are no antimicrobial stewardship issues, this EP may be non-applicable.

Survey Process-Evidence of Non-Compliance:
- The organization is unable to demonstrate that they have taken improvement actions based on collected and analyzed antimicrobial stewardship data.

References: Select Bibliography

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