



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

### ANTIMICROBIAL STEWARDSHIP PROGRAM (ASP)

**Effective Date:** February 7, 2019

**Policy:** IC-10

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- I. **PURPOSE:** To achieve optimal clinical outcomes related to antimicrobial use while minimizing toxicity and other adverse events, as well the emergence of antimicrobial-resistant organisms. By providing an active system of reporting patient infections, evaluating treatment outcomes, and maintaining records related to hospital acquired infections.
- II. **POLICY:**
  - A. Hospital leadership is committed to dedicating human, financial, and information technology resources to improve and monitor antimicrobial use.
  - B. The Antimicrobial Stewardship Program (ASP) initiatives are consistent with evidence-based practices and regulatory requirements.
  - C. The ASP is overseen by a multidisciplinary team hence forth known as the Antimicrobial Stewardship Team (AST) the AST will consist of members of the Infection Control Committee (ICC), the Pharmacy and Therapeutics (P&T) Committee, hospital administration, and Medical staff leadership including a designated consulting Licensed Independent Practitioner for infection prevention. Working together their initiatives are designed to reduce or prevent healthcare-associated infections due to multidrug-resistant organisms (MDROs).
    1. Initiatives are developed to prevent infections due to MDROs including, but not limited to, methicillin-resistant *Staphylococcus aureus* (MRSA), *Clostridium difficile* infection (CDI), vancomycin-resistant *Enterococci* (VRE), and Gram-negative bacteria.
    2. Practices consistent with evidence-based standards of practice and regulatory requirements are developed and implemented to reduce the risk of transmitting MDROs.
  - D. The core members of a multidisciplinary AST, at minimum, will include the Infection Control Nurse, the consulting Licensed Independent Practitioner for infection prevention, and a pharmacist.
  - E. The ASP, as developed by the AST, utilizes the following interventions and strategies, as appropriate to conduct prospective audits of select antimicrobial use based on established criteria with direct feedback to the prescriber:
    1. Select target medications by the AST to prompt review when ordered.

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2. Recommend alternatives that maintain efficacy and safety while reducing resistance liability.
3. Evaluate target medications for de-escalation or discontinuation.
4. Communicate recommendations to the prescribing provider and, as appropriate, to the AST, ICC, and P&T Committees respectively.

### III. DEFINITIONS:

- A. **Infection:** The state produced by the establishment of an infective agent in or on a suitable host which, under favorable conditions, multiplies and produces effects which are injurious.
- B. **Licensed Independent Practitioner:** Physician, advanced practice nurse, or physician assistant with prescriptive authority.
- C. **Antimicrobial Stewardship:** Refers to coordinated interventions designed to improve and measure the appropriate use of antimicrobial agents by promoting the selection of the optimal antimicrobial regimen including dosing, duration of therapy, and route of administration. When used in conjunction with infection prevention and control, antimicrobial stewardship also prevents the development of antimicrobial-resistant pathogens.

### IV. RESPONSIBILITIES:

- A. All licensed nurses:
  1. Promptly complete the Infection Prevention Report and fax the collected data to both the Infection Control Nurse and the Pharmacy.
- B. The Infection Control Nurse:
  1. Reports "Reportable Diseases" in accordance with requirements of the Department of Public Health and Human Services, Health Policy & Services Division.
  2. Prepares the monthly "Antimicrobial Stewardship Data Entry Form" for the Medical staff meeting and for the Infection Control Committee.
  3. Provides training to treatment units, through the Nursing Supervisors and Staff Development on Infection Prevention issues.
- C. The Infection Control Committee:
  1. Reviews the monthly "Antimicrobial Stewardship Data Entry Report."
  2. Takes corrective action on issues related to infection prevention.
  3. Makes recommendations for prevention of infections when applicable.
  4. Develop quality indicators, preparing quarterly summaries, and reporting results to the Quality Improvement Committee and the Medical Staff.

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- D. Pharmacy's role in the ASP includes active participation in the following:
1. Antibiotic streaming and de-escalation.
  2. IV to PO conversion.
  3. Patient rounding and discharge planning.
  4. Entering and collecting data for the "Antimicrobial Stewardship Data Entry Form" for infection control.
- E. Microbiology Laboratory plays a critical role in antimicrobial stewardship by providing:
1. Patient-specific cultures and susceptibility data using suppression cascade reporting.
  2. Antibigram data development and maintenance. Antibigram must be developed and published at least annually.
- F. Antimicrobial Stewardship Team (AST) is responsible for:
1. Complete oversight of the ASP initiatives, to report findings and their recommendations to the responsible person.
- G. The consulting Licensed Independent Practitioner for infection prevention is responsible for:
1. Reviewing the Infection Reports.
  2. Reviewing the Antimicrobial Stewardship Data Entry Report.
  3. Reviewing all hospital policies for infection prevention and all policy changes dealing with infection prevention.
  4. Will act as a liaison between the AST and Medical Director to report these findings quarterly.
- V. **PROCEDURE:** An Infection Prevention Report (see Attachment A) will be completed on all infections. Recorded data will include identification and location of the patient, onset of symptoms, signs and symptoms, type of infection or disease (see Attachment B), date of culture, type of specimen sent, and treatment prescribed.
- A. Steps to be taken for the processing of Infection Prevention Reports:
- Step 1. The Infection Prevention Report is completed by the RN or LPN on the designated treatment unit.
  - Step 2. Fax the completed data to the Infection Control Nurse and Pharmacy daily.
  - Step 3. The Infection Control Nurse will review all Infection Report data. He/she will note trends or issues related to the types, locations, and frequency of infections. This information can be utilized to investigate possible sources of transmission on the various treatment units.

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- Step 4. Reports will be reviewed at the next meeting of Infection Control Committee and summarized on the Antimicrobial Stewardship Data Entry Report. The AST will evaluate the appropriateness and effectiveness of treatment.
- Step 5. The Antimicrobial Stewardship Data Entry Report will be distributed to the AST members, Hospital Administrator, Director of Nursing, Nurse Supervisors, and Medical Director after each Infection Control committee meeting.
- Step 6. The Infection Control Nurse will present the Antimicrobial Stewardship Data Entry Report quarterly to the QI Committee.

- VI. REFERENCES:** Montana Administrative Rules: Reporting regulations A.R.M. 16.28.201 through 16.28.204.
- VII. COLLABORATED WITH:** Infection Control Committee; Director of Nursing; Medical Director, and Pharmacy.
- VIII. RESCISSIONS:** IC-10, *Infection Report* dated May 25, 2017; IC-10, *Infection Report* dated June 17, 2014; IC-10, *Infection Report* dated October 1, 2009; IC-10, *Infection Report* dated October 30, 2006; IC-10, *Infection Report* dated December 18, 2002; IC-10, *Infection Report* dated February 14, 2000; IC-01-03, *Infection Report* dated February 27, 1995.
- IX. DISTRIBUTION:** All hospital policy manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Infection Control Nurse.
- XII. ATTACHMENTS:** For internal use only.
- A. Infection Prevention Report form.
  - B. Reporting of Communicable Diseases in Montana.
  - C. Antimicrobial Stewardship Data Entry Form.

Signatures:

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