Policy: Antibiotic Stewardship Program	Dept: Infection Control
Approved by:	Reviewed:
Org approval date:	Revised & Approved:

## I. PURPOSE

To provide an organization wide framework for Antimicrobial Stewardship (ASP) to include both in and out-patient therapy with the goal of improving patient outcomes through improving the utilization of antimicrobial agents.

Prudent use and management of antibiotics is required to preserve efficacy and optimal outcome. Adverse patient outcomes can occur due to inappropriate dose, inappropriate choice, not changing antibiotics when resistance is discovered, or prolonged duration of therapy is used when not warranted. Appropriate antibiotic usage practices need to be in place to reduce the likelihood of developing multidrug resistant organisms.

## II. POLICY

- A. \_\_\_\_\_ Hospital will use a multi-disciplinary team approach for Antimicrobial Stewardship. Members will include the Medical Director, Director of Nurses, infection preventions, pharmacist, and laboratory manager who will meet quarterly, or more often as deemed necessary.
- B. Monthly activities will include:
  - 1. Observation of trends, concurrent, prospective and retrospective review of antimicrobial use. Annual laboratory anithiogram reports will be used as part of this review.
  - 2. Just in time education will be used when seeing an increase in antibiotic prescribing, i.e. increased prescription of IV Vancomycin when other options are available.
  - 3. The pharmacist will provide consultation to physicians on appropriate antibiotic selection, dosing and duration of therapy based on culture reports and current evidence based guidelines.
  - 4. Review of negative culture reports where antibiotics are prescribed. Issues will be addressed concurrently as needed.
  - 5. Targeted antibiotic use by class of drug and/or problem prone diagnosis as needed.
  - 6. Hospital microbiologist will be consulted as needed.
  - 7. Communication with prescribing physicians as necessary to convey findings and recommendations regarding individual patient care.
  - 8. Surveillance for multi-drug resistant organisms in regards to antibiotic therapy.
  - 9. All activities and monitoring regarding Antimicrobial Stewardship will be reported at Infection Control committee and the Pharmacy & Therapeutics committee.

## III. MEASURE OF SUCCESS

- A. Reduction in antibiotic utilization is the ultimate measure of success with the exclusion of outbreaks.
- B. Feedback will be sought from the medical staff on ways to improve process and enhance the program.
- C. Data collection started in 2016 will be the baseline therapy starting point.

## IV. SUPPLEMENTAL ACTIVITIES

Activities may include educational initiatives, development of clinical algorithms, guidelines, renal dose adjustment, therapeutic monitoring, MDRO tracking, and review of antimicrobial susceptibility patterns.