



Audience: Hospitals and Critical Access Hospitals

Education Level - Yellow

DATE Released: June 22, 2016

SUMMARY

On June 22, 2016, The Joint Commission released new Medication Management standard for **hospitals, critical access hospitals, and nursing care centers** addressing new Antimicrobial Stewardship Standards effective January 1, 2017.

Medication Management (MM): MM.09.01.01

Elements of Performance:

1. Leaders establish antimicrobial stewardship as an organizational priority. (*See also* LD.01.03.01, EP 5)
2. The 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.
3. The hospital 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)
4. The [hospital 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.*
5. The hospital's antimicrobial stewardship program includes the following core elements:
 - Leadership commitment: Dedicating necessary human, financial, and information technology resources.
 - Accountability: Appointing a single leader responsible for program outcomes. Experience with successful programs shows that a physician leader is effective.
 - Drug expertise: Appointing a single pharmacist leader responsible for working to improve antibiotic use.
 - 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).
 - Tracking: Monitoring the antimicrobial stewardship program, which may include information on antibiotic prescribing and resistance patterns.
 - Reporting: Regularly reporting information on the antimicrobial stewardship program, which may include information on antibiotic use and resistance, to doctors, nurses, and relevant staff.
 - 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)
6. The hospital's antimicrobial stewardship program uses organization-approved multidisciplinary protocols (for example, policies and procedures).
7. The hospital collects, analyzes, and reports data on its antimicrobial stewardship program.
8. The hospital takes action on improvement opportunities identified in its antimicrobial stewardship program. (*See also* MM.08.01.01, EP 6)

Highlights

Effective Dates:

January 1, 2017

Other Highlight information:

To see the full publication [click here](#).

Center for Disease Control and Prevention's Get Smart Document:

"Viruses or Bacteria - What's got you sick?"

<http://www.cdc.gov/getsmart/community/downloads/getsmart-chart.pdf>