



or

“Accreditation Body X”

The inappropriate use of antimicrobial medications contributes to antibiotic resistance and adverse drug events and improving antimicrobial prescribing practices is a patient safety priority. As a result, The Joint Commission implemented an antimicrobial stewardship standard (MM.09.01.01) for the Hospital (HAP), Critical Access Hospital (CAH), and Nursing Care Center (NCC) accreditation programs on January 1, 2017.

Last updated on March 17, 2021

Proposed New Requirements at MM.09.01.01 Antibiotic Stewardship Field Review – HAP and CAH

<https://www.jointcommission.org/standards/standards-field-reviews/proposed-new-requirements-at-mm090101-antibiotic-stewardship-hap-and-cah-field-review/>



Proposed Revisions Related to Antibiotic Stewardship Critical Access Hospital (CAH) Accreditation Program

Medication Management (MM) Chapter

Standard MM.09.01.01

The critical access hospital establishes antibiotic stewardship as an organizational priority through support of its antibiotic stewardship program.

MM.09.01.01, EP 1

The critical access hospital allocates staffing, financial, and information technology resources to support the antibiotic stewardship program. (See also LD.01.03.01, EP 5)

MM.09.01.01, EP 2

The governing body appoints a physician and/or pharmacist who is qualified through education, training, or experience in infectious diseases and/or antibiotic stewardship as the leader or coleaders of the antibiotic stewardship program.

Note: The appointment(s) is based on recommendations of medical staff leadership and pharmacy leadership.

MM.09.01.01, EP 3

The leader(s) of the antibiotic stewardship program is responsible for the following:

- Developing and implementing an organizationwide antibiotic stewardship program that is based on nationally recognized guidelines to monitor and improve the use of antibiotics
- Documenting antibiotic stewardship activities
- Communicating and collaborating with the medical staff, nursing leadership, and pharmacy leadership, as well as with the critical access hospital's infection prevention and control and quality assessment and performance improvement programs on antibiotic use issues
- Training and educating staff, including medical staff, on the practical applications of antibiotic stewardship guidelines, policies, and procedures

MM.09.01.01, EP 4

The critical access hospital has a multidisciplinary antibiotic stewardship program team composed of the following members:

- Physician with infectious disease or antibiotic stewardship experience
- Infection preventionist(s)
- Pharmacist(s)
- Microbiology laboratory staff
- Health care practitioner with antibiotic stewardship experience

Note: The multidisciplinary antibiotic stewardship program team may include part-time or consultant staff. Participation may occur on-site or remotely.

MM.09.01.01, EP 5

The antibiotic stewardship program coordinates all components of the critical access hospital responsible for antibiotic use and resistance, including, but not limited to, the infection prevention and control program, quality assessment and performance improvement program, medical staff, nursing services, and pharmacy services.

MM.09.01.01, EP 6

The antibiotic stewardship program documents the evidence-based use of antibiotics in all departments and services of the critical access hospital.

MM.09.01.01, EP 7

The antibiotic stewardship program implements evidence-based guidelines that address the following:

- Diagnosis and treatment of community-acquired pneumonia
- Diagnosis and treatment of urinary tract infections
- Diagnosis and treatment of skin and soft tissue infections
- Inappropriate use of urine testing for patients without symptoms of urinary tract infections



MM.09.01.01, EP 8

The antibiotic stewardship program implements strategies to optimize antibiotic prescribing.

Note: Examples of strategies to optimize antibiotic prescribing include:

- **Preauthorization** requirements for specific antibiotics that entails an internal review and approval process prior to the use of specific antibiotics. To avoid treatment delays, antibiotics that require preauthorization are identified based on the expertise and resources available on the antibiotic stewardship team.
- **Prospective review and feedback** regarding antibiotic prescribing practices, including the treatment of positive blood cultures, by a member of the antibiotic stewardship team.

MM.09.01.01, EP 9

The antibiotic stewardship program evaluates adherence (including antibiotic selection and duration of therapy, where applicable) **to at least one of the following evidence-based guidelines:**

- Diagnosis and treatment of community-acquired pneumonia
- Diagnosis and treatment of urinary tract infections
- Diagnosis and treatment of skin and soft tissue infections
- Inappropriate use of urine testing for patients without symptoms of urinary tract infections

Note 1: The critical access hospital may measure adherence at the group level (that is, departmental, unit, clinician subgroup) or at the individual prescriber level.

Note 2: The critical access hospital may obtain adherence data for a sample of patients from relevant clinical areas by analyzing electronic health records or by conducting chart reviews.

MM.09.01.01, EP 10

The critical access hospital reports data about the antibiotic stewardship program to critical access hospital leadership.

Note: Examples of antibiotic stewardship program data include antibiotic resistance patterns, antibiotic prescribing practices, or an evaluation of antibiotic stewardship activities.

MM.09.01.01, EP 11

The antibiotic stewardship program **monitors the critical access hospital's antibiotic** use by analyzing data on days of therapy per 1000 days present or 1000 patient-days, or by reporting antibiotic use data to the National Healthcare Safety Network's Antimicrobial Use Option of the Antimicrobial Use and Resistance Module.

MM.09.01.01, EP 12

The critical access hospital takes action on improvement opportunities identified by the antibiotic stewardship program.

Step 2: Provide Your Comments

Tell us what you think. You can submit your comments in one of the following ways:

- Submit your comments via the [online survey](#), which will take approximately 25-30 minutes to complete.
- Submit your comments via email.

Comments will be gathered for six weeks beginning on August 4, 2021 and ending on September 15, 2021.

Resources

- The Joint Commission proposed [new AS standards](#) website
- Proposed new CAH AS [standard](#) and [comparison](#)
- Proposed new HAP AS [standard](#) and [comparison](#)
- SHEA listserv [comments](#)

