

**TITLE: Facility Antimicrobial Stewardship Program**

Effective Date: MM/DD/YYYY  
 Supersedes: Procedure # \_\_\_\_\_  
 Reference: Administrative Manual or Pharmacy Policy and Procedure Manual

Responsible Parties: PHARMACY DIRECTOR OR DESIGNEE PHARMACY & THERAPEUTICS COMMITTEE

Approval Parties: PHARMACY DIRECTOR  
 PHARMACY & THERAPEUTICS COMMITTEE  
 QUALITY ASSURANCE DEPARTMENT (OPTIONAL) INFECTIOUS DISEASE PRACTITIONER (OPTIONAL)

**PURPOSE:**

As Antibiotic resistance is one of the world's most pressing public health problems, responsible for over two million illnesses and 23,000 deaths annually, the hospital will have a program to address antibiotic stewardship. This policy will provide framework for the hospital antimicrobial stewardship program (ASP) and establish pharmacy's drug therapy monitoring program. ASP has been shown to improve patient outcomes significantly by individualizing dosing, reducing toxicity, and, possibly, decreasing medication costs.

**POLICY:**

The hospital antimicrobial stewardship program includes the following elements:

- Hospital antimicrobial stewardship policy and procedure.
- Physician-supervised multidisciplinary antimicrobial stewardship committee is in place (or part of a current workgroup) and meets at least quarterly. In addition to a pharmacy leader, key department leaders would include an infectious disease (ID) physician and/or a hospitalist that would be engaged in the work on a day-to-day basis. Information gets reported up to the board with strategies and data analysis. The committee will choose 1-2 focus projects a year based on trends in ordering practices, review of cultures, review of antibiotic days of therapy or based on vulnerable diagnosis.
- Report and improve results on days of therapy (DOT) of select antibiotics over 1000 patient days.
- There is an identified person with accountability and training in antimicrobial stewardship, with time allotted for work in antibiotic stewardship. Annual training will be provided to staff and providers.
- Develop and engage in a real-time antibiotic review and feedback process to optimize and monitor use of antibiotics. An example includes pharmacist review of anti-infective data for inpatients and suggests modification of agents and dosing based on the results of microbiologic cultures and anti-infective sensitivity results.

**The above policy includes the minimum foundational elements for an antimicrobial stewardship program. Please see {ASP Tiers} for additional intervention and expansion strategies.**

**PROCEDURE:**

1. All patients with orders for anti-infective medications will be screened for appropriate agent selection.
2. Pharmacy shall obtain reports from the microbiology lab that list new culture and sensitivity results, which will be used to identify which patients may require changes to ordered anti-infective therapies.
3. Prior to making dosing recommendations, the pharmacist will review all pertinent information including most recent laboratory results, renal function, I/Os, other medications ordered, physician notes, etc. to determine the patient's overall status. Pharmacists may order lab tests not ordered by the physician to assure safe and efficient use of medications.
4. Suggested changes will be made based on current dosing recommendations for anti-infective products on the hospital formulary, approved by P&T.
5. The pharmacist will contact the prescriber to discuss recommended changes. A written recommendation may be left in the patient notes section of the medical chart if the prescriber cannot be contacted in a timely manner or to serve as a reminder if the recommendation is not initially accepted by the prescriber.
6. If the recommendation is accepted by the prescribing physician, the pharmacist will write a new medication order in the physician orders section of the chart or enter the orders via CPOE. The order shall consist of a discontinuation of the original order, addition of the revised order, and be signed (written or electronic signature).

*Discontinue Ceftazidime 1 gm Q8H IVPB. Zosyn 3.375 gm IVPB.  
VORB Prescriber Name, Pharmacist Signature, title, date and time*

7. If the patient is being followed by an infectious disease specialist, the pharmacist will notify that practitioner prior to the making any changes.
8. Physicians may alter the pharmacy recommended agent and dose by writing a new order in the order section of the patient's chart.
9. Monitor patients daily after making any therapy adjustments to assess changes in culture results and recommend further changes as necessary.