



Section	Infection Prevention	Effective:	New Policy
Sub-section		Version:	1.0
Policy	Antimicrobial Stewardship Program	Last Revised:	<u>DRAFT</u>
Director's Approval	_____	Date	_____
	Pamela Fisher, Psy.D.		
PHF Medical Director's Approval	_____	Date	_____
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Supersedes:	New Policy		
Approvals:	PHF Medical Practice Committee: PHF Governing Board:		

1. PURPOSE/SCOPE

- 1.1. To maintain a program for the Santa Barbara County Psychiatric Health Facility (hereafter, the "PHF") that improves clinical outcomes and minimizes harm by optimizing antibiotic prescribing.
- 1.2. To increase infection cure rates while reducing treatment failures, secondary infections such as C. difficile infection, adverse effects, antibiotic resistance, facility costs, and length of stay.

2. DEFINITIONS

The following terms are limited to the purposes of this policy:

- 2.1. **Antimicrobial Stewardship Program (ASP)** – promotes the appropriate use of antimicrobials (including antibiotics), improves patient outcomes, reduces microbial resistance, and decreases the spread of infection caused by multidrug-resistant organisms.
- 2.2. **Culture and Sensitivity Results (C&S Results)** – results of tests conducted to find illness-causing microorganisms along with the medications that would be most effective against the microorganisms.
- 2.3. **PHF Medical Practice Committee (MPC)** – an oversight body comprised of the PHF Medical Director, physicians, the Infection Preventionist, Quality Assurance and Performance Improvement (QAPI) staff, and other PHF leadership that is granted the authority and privileges to act as both an Infection Prevention Committee and an ASP Team, which will be co-led by a physician and the Pharmacist-in-Charge appointed by

the PHF Governing Board on the recommendation of medical staff and pharmacy leadership.

3. POLICY

3.1. The PHF MPC will be responsible for maintaining an ASP for the optimization of antibiotic use through stewardship and the reduction of facility acquired infections and antibiotic resistant organisms.

4. PROCEDURE

4.1. The PHF MPC will ensure the ASP:

1. Adheres to nationally recognized guidelines, as well as best practices for improving antibiotic use;
2. Reflects the scope and complexity of the services provided at the PHF;
3. Is committed to leadership through the use of dedicated human, financial, and information technology resources;
4. Includes a physician and pharmacist who will co-lead the program and shall be responsible for:
 - a. Documentation of program activities;
 - b. Communication and collaboration among the medical staff, nursing, pharmacy leadership, and QAPI staff; and
 - c. Program outcomes.
5. Has a pharmacy leader who helps lead implementation efforts to improve antibiotic use and judicious use of antibiotics;
6. Demonstrates coordination among multiple components of the PHF responsible for antibiotic use and resistance, including but not limited to the Infection Preventionist, QAPI staff, medical staff, nursing staff, and pharmacy staff;
7. Implements interventions, such as prospective audit and feedback or preauthorization, to improve antibiotic use;
8. Regularly reports information on antibiotic use and resistance to prescribers, pharmacists and PHF leadership;
9. Uses organization-approved multidisciplinary protocols such as policies and procedures, therapeutic efficacy and cost-effectiveness, and tiered antimicrobial formulary restrictions.

10. Educates and trains PHF staff on the practical applications of antibiotic stewardship guidelines, policies, and procedures, including:
 - a. Prescribers, pharmacists, and nurses about adverse reactions from antibiotics, antibiotic resistance, and optimal prescribing; and
 - b. Practitioners on antimicrobial prescribing, monitoring, resistance, and the components of the ASP.
 - i. Education will be provided upon hire or granting of privileges, and periodically after as needed.

4.2. During order entry:

1. The PHF pharmacist will review each antibiotic order to assure selection, dosage, and duration are recorded during order entry;
 - a. If the dosage is not recorded, the pharmacist will contact the prescriber.
 - b. If the duration is not recorded, staff will apply the 7-day limit policy.
2. The reason an antimicrobial is prescribed must be included in the medication order.
 - a. Prescribers must consult with the pharmacist to request antibiotics that are not on the formulary.
 - b. The pharmacist will review the appropriateness of the prescriber's medication selection based on the diagnosis with attention to decreasing the emergence of antibiotic resistance, adverse drug reactions, and secondary infections.

4.3. The pharmacist or prescriber may review Culture and Sensitivity (C&S) results to assist in promoting the narrowest therapeutic choices.

1. The provider is responsible for ensuring the antibiotic ordered is appropriate for diagnosis.
2. The pharmacist will facilitate the clinical and microbiologic efficacy to antimicrobials using C&S results or empiric guidelines.
3. The prescriber shall review the appropriateness of the antibiotics based on C&S results and the patient's progress 48 hours after the initial orders.
4. The C&S Report is placed in the patient's medical record.

4.4. The PHF will collect, analyze, and report data to the ASP which may include prescribing and resistance patterns, as determined by a local antibiogram.

1. Antibiotic data is presented to the MPC and will include data to determine if there are opportunities for improvement.

2. The PHF will act on identified opportunities for improvement in collaboration with QAPI staff.

ASSISTANCE

Infection Preventionist

Pharmacist-In-Charge

REFERENCE

CDC: The Core Elements of Hospital Antibiotics Stewardship Programs: 2019.

CDPH: Antimicrobial Stewardship Program Toolkit, Examples for Program Implementation, 2015.

Code of Federal Regulations
Title 42, Section 482.42

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).