Creating an Antibiotic Stewardship Program in Your Hospital

The steps below are provided as suggestions to consider in working with your hospital's administration to develop an antimicrobial stewardship program (ASP).

1. Determine core team members (physician and pharmacist).
   - The ideal is an infectious disease physician and a pharmacist with special training in infectious disease.
   - Core members to be physician and pharmacist.
   - Multidisciplinary staff include any or all of the following: micro lab, infection preventionist (IP), administration, information technology, nursing, education, emergency physician, intensivist, hospitalist, quality or risk management.

2. Select a first meeting date.
   - The physician and administration may want to begin their contract arrangement before the first team meeting.
   - In the meantime, select and invite the team members for annual or semi-annual meetings, if needed.

3. The IP should run surveillance rate reports by unit to determine which unit(s) or whole house have the most *Clostridium difficile* (C. diff) or antimicrobial resistance issues. Present recommendations at first ASP meeting.

4. The IP, nursing, education and micro staff should review and update the specimen obtainment policy.

5. Nursing and/or education staff should review the following with nurses on each unit in the facility:
   - How to appropriately obtain specimens
   - Personal protection equipment to wear to obtain specimens (e.g., nasal washing for flu vs. urine)
   - Timeliness of getting specimen to the lab for an appropriate outcome

6. Informally review with the core team members possible established protocol such as update protocol (e.g., community-acquired pneumonia for antimicrobial selection; levaquin/fluoroquinolone may not be first choice to help prevent C.diff). Place on meeting agenda if appropriate.

7. Agenda items for the first meeting might include:
    - Published antibiogram
    - Goals for committee, including any or all of the following suggestions:
        - Optimize the use of antimicrobial agents in inpatient health care settings
        - Improve patient safety through better treatment of infections
        - Reduce the emergence of antimicrobial-resistant pathogens and Clostridium difficile
        - Heighten awareness of the challenges posed by antimicrobial resistance in health care and encourage better use of antimicrobials as one solution
    - Review of C.diff, MRSA, VRE, ESBL, CRE, etc., rates by unit or specialty
    - Determine unit(s) or house wide (You may wish to select only one unit to determine the process and then add units as needed)
    - Group may want to consider possible antibiotic selections for restrictions or limitations
8. The ASP may be a sub-committee of Pharmacy & Therapeutics and/or Infection Prevention Committees.

References:

- Dellit, T, etal. Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America Guidelines for Developing an Institutional Program to Enhance Antimicrobial Stewardship, Clinical Infectious Diseases Journal
- CDC: Get Smart For Healthcare, Know When Antibiotics Work; Antimicrobial Stewardship Toolkit: Best Practices from the Greater New York Hospital Association/United Hospital Fund Antimicrobial Stewardship Collaborative
- IHI Antibiotic Stewardship Driver Diagram and Change Package – July 2012
- Evaluation and Research on Antimicrobial Stewardship's Effect on Clostridium difficile (ERASE C.difficile) Project, AHRQ
- SHEA/IDSA/PIDS Policy Statement on Antimicrobial Stewardship – ICHE April 2012, Vol. 33, No. 4

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