

**REGULATORY —  
ANTIMICROBIAL STEWARDSHIP UTILIZING NHSN'S AUR MODULE**

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In August, MHA [released](#) an Inside Track outlining recent regulatory changes regarding infection control and antimicrobial stewardship. The issue also outlined requirements of [Senate Bill 579](#) which was passed in the 2016 state legislative session.

The importance of antimicrobial stewardship is increasingly drawing the attention of media, regulators and legislators. There is no sign that interest on this topic will fade as illnesses related to overuse of antibiotics become harder to treat, the costly and grim outcomes of sepsis continue to rise, and as the development of new antimicrobial agents is at an all-time low.

Across the nation nearly 39 percent of hospitals have an antimicrobial stewardship program that reflects the following the Centers for Disease Control and Prevention's Core Elements of Antibiotic Stewardship. In Missouri, the estimated percentage is 29. The CDC's core [elements](#) include the following.

- Leadership commitment: Dedicating necessary human, financial and information technology resources
- Accountability: Appointing a single leader responsible for program outcomes, experience with successful programs show that a physician leader is effective
- Drug expertise: Appointing a single pharmacist leader responsible for working to improve antibiotic use
- Action: Implementing at least one recommended action, such as systemic evaluation of ongoing treatment need after a set period of initial treatment (i.e. "antibiotic time out" after 48 hours)
- Tracking: Monitoring antibiotic prescribing and resistance patterns
- Reporting: Regular reporting information on antibiotic use and resistance to doctors, nurses and relevant staff
- Education: Educating clinicians about resistance and optimal prescribing

Antibiotic stewardship initiatives of federal regulators, state legislators and The Joint Commission are enacted or expected. The Centers for Medicare & Medicaid Services has proposed changes to the Conditions of Participation regarding antimicrobial stewardship and we expect the final version of those changes to be issued this year. Specifically, CMS' proposal includes:

- implementation of a hospitalwide ASP
- evidence of coordinated efforts across hospital departments, including infection prevention and control, quality, medical staff, nursing services and pharmacy
- identified leadership at all levels
- antibiotic use protocols and a system to monitor antibiotic use

In addition, TJC has eight elements of participation regarding antibiotic stewardship which take effect Jan. 1, 2017. TJC standards and proposed CMS standards will include mental health facilities. While they do not appear to require AUR module use, Missouri hospitals will be expected to do so according to the explanation previously provided.

According to SB 579 — the state legislation enacted earlier this year — by Aug. 28, 2017, each Missouri hospital, excluding mental health facilities as defined in section 632.005, and each ambulatory surgical center, must establish an antimicrobial stewardship program. In addition, hospitals are required to use CDC's Antimicrobial Use and Resistance Module when regulations concerning Stage 3 of the Medicare and Medicaid Electronic Health Records Incentive Program take effect. This is slated for January 2018.

So, are our hospitals ready for AUR module use? The quick answer is no, but we have a better foundation than we may think. A recent analysis of Hospital Annual IT Surveys from 2015 reveals out of 146 hospital responses:

- 133 have fully implemented the ability to review laboratory results across all units
- 132 have fully implemented eMAR across all units
- 105 have fully implemented bar coding or radio frequency identification for closed-loop medication administration across all units
- 131 have fully implemented record-preferred language for communication with providers of care as part of meaningful use
- 117 can automatically generate hospital-specific meaningful use quality measures by extracting data from an electronic record without additional manual processes
- 111 have some level of clinical document architecture to send clinical/summary of care records

Utilization of the AUR Module specifically requires eMAR and some sort of CDA. In addition, the vendor system has to have the service and software that will allow participating in the AUR pharmacy option through direct reporting. According to the CDC, there are only nine vendors who have the software and services and are actively reporting: EPIC, Asolva, MedMinded, Bacter (ICNet), Intelligent Medical Systems (Meditab), RL Solutions, Senti7, TheraDoc and VigiLanz. Keep in mind, even though you may have one of these vendors, you may not have the specific software needed to begin reporting. What you can do to prepare:

- Share this information with quality, IT, infection control, pharmacy, administration, compliance, nursing, human resources and medical staff.
- Review the CDC core elements, as well as proposed CMS CoP changes.
- Review SB 579.
- Assess current policies, as well as the need for additional policies on integration of QAPI, infection control and ASP.
- Check with pharmacy staff and see what their current processes are. How closely aligned are they to the CDC's core elements for an ASP? Who will lead your ASP? CMS sees ASP as primarily led by medical staff and pharmacy, not infection control.
- Conduct a gap analysis of where you are compared to where you will need to be and conduct a timeline for implementation: current situation, potential/real new requirements, actions needed and comments.
- Verify that laboratory staff know about the ASP requirement.
- Submit regulatory concerns to [Sarah Willson](#) at MHA.
- Participate in MHA's Antibiotic Stewardship Program Immersion Project.
- Overall, ensure that hospital policies are being revised to reflect the needed involvement of hospital administration, medical staff and the governing body when it comes to quality, infection prevention and control, and antibiotic use and resistance. Show how your actions reflect your policies.

- Verify that the terms transmission, surveillance, infection detection, data collection and analysis, monitoring and evaluation of preventive interventions are clearly defined and familiar to your organization.
- Register for MHA's infection prevention and control webinar on Nov. 15.

What MHA is doing to support Missouri hospitals:

- convening monthly with the CDC and the Department of Health and Senior Services to help identify educational and practical resources to meet requirements
- launching the Antimicrobial Stewardship Program Immersion [Project](#) in November
- keeping [MHAnet](#) updated with resources
- communicating requirements through routine communications

Please contact [Sarah Willson](#) for any regulatory questions and [Alison Williams](#) for any clinical quality improvement needs or questions regarding MHA's Antimicrobial Stewardship Program Immersion Project.

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