New antimicrobial stewardship standard

Requirement

Effective January 1, 2017, a new Medication Management (MM) standard, MM.09.01.01, on antimicrobial stewardship will be applicable to accredited critical access hospitals, hospitals, and nursing care centers.

Rationale

Decreasing antimicrobial resistance and improving the correct use of antimicrobials is a national priority. The Centers for Disease Control and Prevention (CDC) estimates that annually at least 2 million illnesses and 23,000 deaths are caused by antibiotic-resistant bacteria in the United States alone.^{2} Current scientific literature also emphasizes the need to reduce the use of antimicrobials (which includes antibiotic, antifungal, antiprotozoal, and antiviral medications) in all health care settings due to antimicrobial resistance. According to the World Health Organization (WHO): Antimicrobial resistance threatens the effective prevention and treatment of an ever-increasing range of infections caused by bacteria, parasites, viruses and fungi.^{4}

In response to this growing national threat, the White House issued the National Strategy for Combating Antibiotic-Resistant Bacteria in September 2014. This document identifies antibiotic stewardship as an evidence-based approach to deal with antibiotic resistance and states: A growing body of evidence demonstrates that programs dedicated to improving antibiotic use, known as “antibiotic stewardship” programs, can help slow the emergence of resistance while optimizing treatment and minimizing costs.^{5}

The Joint Commission’s new Medication Management standard, MM.09.01.01, focuses on antimicrobial stewardship and will be effective on January 1, 2017 for critical access hospitals, hospitals, and nursing care centers. This standard will promote patient safety and quality of care, as well as align these accreditation programs with current recommendations from professional and scientific organizations.

An antimicrobial stewardship standard is being developed for both the ambulatory and office-based surgery settings.

Reference

Select bibliography