

## New and Revised Antibiotic Stewardship Requirements from The Joint Commission

### Introduction

The Joint Commission (TJC) has released the new, revised antibiotic stewardship (AS) requirements, that will apply to all Joint Commission accredited hospitals and critical access hospitals beginning January 1, 2023. They will be included in the same Medication Management standard (MM.09.01.01) and are composed of 12 elements of performance (EP), **EP 10 through EP 21**.

The changes in the new requirements represent the most comprehensive revision of the standards since they were first implemented in January 2017. These modifications were made to reflect the current state of stewardship best practices and include changes needed to meet requirements of the new CMS Conditions of Participation related to stewardship. The revised standards are a result of a methodical multi-year process starting with identifying that only 3.8% of hospitals surveyed during the first year of the stewardship standards had deficiencies cited. (Baker et al. 2019) In early 2018 the Joint Commission and Pew Charitable Trusts brought together experts from around the country as well as the CDC, the American Hospital Association (AHA), and the National Quality Forum (NQF) in an effort to identify leading practices feasible for widespread stewardship program implementation and their ability to measure successful AS programs. The Joint Commission later also performed a voluntary survey in hospitals to better assess current practices in hospital AS programs. Several of the hospitals in DASON participated in this survey in 2019.

The objective of this newsletter is to bring these updated requirements to your attention and, if applicable, help you assess regulatory readiness after the January 2023 implementation. Fortunately, most DASON hospital

stewardship programs already meet these revised standards or will with few modifications.

### Key differences and important questions

We would encourage you to visit the Joint Commission's [comparison document](#) as you read through this newsletter, since we plan to highlight only a few notable differences in the new requirements.

The current first element of performance (EP) text is going to be the new overriding requirement statement: *"The hospital establishes antibiotic stewardship as an organization priority through support of its antibiotic stewardship program."* This move shifts the perspective of the Joint Commission away from having facilities develop a program that just meets the Core Elements, to now ensuring hospitals support a thriving program and sets the tone for the EPs that follow.

Many of the standards that appear new on first review, are actually just re-organized standards giving more emphasis on certain programmatic elements. This includes **EP 10**: *"The hospital allocates financial resources for staffing and information technology (IT) to support the program"* which references the leadership standard that requires the governing body to provide for the resources needed to maintain safe, quality care, treatment and services. This IT requirement gives new emphasis to IT which was previously included only as a possible action to demonstrate leadership commitment. We are encouraged by this addition since we know how integral IT is in successful AS programs. **EPs 15 and 20** both appear new, but are actually verbatim from prior revisions to the standard and are infrequently the source of program citation. (Baker et al. 2019) Therefore we are confident our current practices of reviewing and reporting antibiotic data, providing prospective audit and feedback or preauthorization are exactly what the

**"Fortunately, most DASON hospital stewardship programs already meet these revised standards or will with few modifications."**

Joint Commission is looking for from these program elements.

**EP 11 and EP 12** update the two leadership requirements describing who should be the leader of the program and what their roles should be, first by adding the specification that the governing body appoints a “physician and/or a pharmacist”. Then the new **EP 12** outlines the responsibilities for the leader(s). The most notable change to this requirement is that education of staff was moved from a stand-alone EP to be included as a responsibility of the stewardship leader(s). What has gotten more attention, however, is that the requirement now includes the additional word “competency”. This has prompted much discussion among our team as to how this will be interpreted. While we await the updated accreditation survey guide for a formal response on how this will be addressed at survey, there may be some hints in prior versions of the survey guide. In 2017, education was assessed in two survey activities. The first is the individual tracer where staff could be asked about the education they received on antibiotic stewardship. The second mention was in the competence assessment. This is the session where human resources records of staff are reviewed to assess for competency. Beginning with the 2017 survey, assessment of staff education about antibiotic use and resistance was specifically exempt from human resource or medical staff records reviews. The addition of the word competency to the 2023 standard likely reflects a change in how this will be assessed going forward. We are confident that initial training processes, perhaps with more detailed record keeping will meet this requirement. We will closely follow the release of the 2023 survey guide and update members on any changes that may be needed.

**EPs 16, 17, and 19** are new additions reflecting specific elements taken from the list of CDC Core Elements the Leading Practices Panel felt best reflected successful AS programs. These including specific recommendations regarding how to measure and report antibiotic use, the need for targeted syndrome based stewardship and the importance of putting stewardship data including outcomes in front of leadership and front-line prescribers. Further, programs are also encouraged to

evaluate adherence to stewardship initiatives, something that is routine part of DASON work. This requirement also, initially caused pause from some stewards given a concern over the need to review copious patient charts. Fortunately, clarification is provided, this adherence measure can be obtained from a review of sample of patients in relevant clinical areas. Member hospitals will easily meet this standard through ongoing quality reviews underway (which you may better know as medication use evaluations or MUEs). In recent years, the focus of our MUEs have been much more disease-state than medication based in many cases. Again, we feel confident that our DASON members will continue to track adherence using our DASON data feeds along with some on-site case reviews, easily meet this standard.

### Conclusion

We want to close in saying these new, revised antibiotic stewardship requirements from the Joint Commission will take some thought and collaboration within your facility, but we believe they sought to encourage healthy and thriving AS program instead of programs that just exist to check a box. Furthermore, we are confident that these elements are already in place at many member hospitals and achieving full compliance will not be a significant additional effort. We are here to help and are excited to review this new standard with you on site.

### References:

<https://www.jointcommission.org/standards/prepublication-standards/new-and-revised-requirements-addressing-antibiotic-stewardship-for-hospital/>  
(accessed 7/20/22)

Baker, David W., David Hyun, Melinda M. Neuhauser, Jay Bhatt, and Arjun Srinivasan. 2019. “Leading Practices in Antimicrobial Stewardship: Conference Summary.” *Joint Commission Journal on Quality and Patient Safety* 45 (7): 517–23.  
<https://doi.org/10.1016/j.jcjq.2019.04.006>.