CDPH HAI ASP Honor Roll, Joint Commission, and CMS Comparison Chart

CDC Core Elements	Joint Commission Requirements	Centers for Medicare and Medicaid Services	CDPH HAI ASP Honor Roll (Sep 2020—Mar 2023)	CDPH HAI ASP Honor Roll (Sep 2023—present)
	Standard MM.09.01.01: The hospital establishes antibiotic stewardship as an organizational priority through support of its antibiotic stewardship program		Minimum Documentation is required for all designations. The CDPH HAI Nine Prioritized Items are required for silver and gold designations.	The Nine Prioritized Items previously required for silver and gold designations will now be required for all applicants. They have been relabeled and combined with the original Minimum Documentation.
Hospital Leadership Commitment: Support from the senior leadership of the hospital, especially the chief medical officer, chief nursing officer, and director of pharmacy, is critical to the success of antibiotic stewardship programs.	N/A	§482.42(c)(1)(ii) TAG: A-0771 (ii) All HAIs and other infectious diseases identified by the infection prevention and control program as well as antibiotic use issues identified by the antibiotic stewardship program are addressed in collaboration with hospital QAPI leadership.	Application questions: -Does your facility leadership include a senior executive that serves as a point of contact or "champion" to help ensure the program has resources and support to accomplish its mission? -Does your ASP have regularly scheduled meetings with facility leadership and/or the hospital board to report and discuss stewardship activities, resources and outcomes? -Does your facility leadership support integration of antimicrobial stewardship activities into other quality improvement and patient safety efforts?	No change.
Hospital Leadership Commitment: Support from the senior leadership of the hospital, especially the chief medical officer, chief nursing officer, and director of pharmacy, is	EP 10 (new): The hospital allocates financial resources for staffing and information technology to support the antibiotic stewardship program.	§482.42 Condition of Participation: Infection Prevention and Control and Antibiotic Stewardship Programs The hospital must have active hospital-wide programs for the surveillance, prevention, and control of HAIs and other infectious diseases, and for the optimization of antibiotic	Minimum Documentation: • Leadership support statement Prioritized Items: (1) Does your facility leadership support dedicated time to manage the program and conduct daily stewardship interventions?	Minimum Documentation *Leadership Support Statement* relabeled as Leadership 1. Prioritized item (1) relabeled as Minimum Documentation – Leadership 2; and prioritized item (2)

critical to the success of antibiotic stewardship programs.		use through stewardship. The programs must demonstrate adherence to nationally recognized infection prevention and control guidelines, as well as to best practices for improving antibiotic use where applicable, and for reducing the development and transmission of HAIs and antibiotic resistant organisms. Infection prevention and control problems and antibiotic use issues identified in the programs must be addressed in collaboration with the hospital-wide quality assessment and performance improvement (QAPI) program.	(2) Does your facility leadership support resources to effectively operate the program? If Yes, check all that apply and describe as applicable. (Example: Core members of ASP received support to attend training for IDSA workshop) ▪ Training ▪ IT support ▪ Software to assist with stewardship activities ▪ Clinical decision support software ▪ Other (please specify)	relabeled as Minimum Documentation – Leadership 3. Updated Application Question: What type of IT support (or equivalent) support you're your antibiotic stewardship program receive? • Full time dedicated IT staff member for stewardship activities • Part time dedicated IT staff member for stewardship activities • Support request through IT department for stewardship activities • No IT support for stewardship activities • Other (please specify)
Hospital Leadership Commitment: Support from the senior leadership of the hospital, especially the chief medical officer, chief nursing officer, and director of pharmacy, is critical to the success of	EP 12 (revised): The leader(s) of the antibiotic stewardship program is responsible for the following: Communicating and collaborating with the medical staff, nursing leadership, and pharmacy leadership, as well as with the hospital's infection prevention and control and quality assessment and	§482.42(c)(2); TAG: A-0770 The infection preventionist(s)/infection control professional(s) is responsible for: (vi) Communication and collaboration with the antibiotic stewardship program	Prioritized Items: (1) Does your facility leadership support dedicated time to manage the program If yes, please list the names, titles, and roles of key staff and amount of FTE/time provided for stewardship activities?	Prioritized Item (1) modified to Minimum Documentation – Leadership 1.

antibiotic stewardship programs.	performance improvement programs on antibiotic use issues EP 13 (revised): The hospital has a multidisciplinary committee that oversees the antibiotic stewardship program.			
Accountability: Appoint a leader or co-leaders, such as a physician and pharmacist, responsible for program management and outcomes. AND **Pharmacy Expertise (previously "Drug Expertise")**: Appoint a pharmacist, ideally as the co-leader of the stewardship program, to lead implementation efforts to improve antibiotic use.	EP 11 (revised): The governing body appoints a physician and/or pharmacist who is qualified through education, training, or experience in infectious diseases and/or antibiotic stewardship as the leader(s) of the antibiotic stewardship program.	§482.42(b)(1); TAG: A-0760 (1) An individual (or individuals), who is qualified through education, training, or experience in infectious diseases and/or antibiotic stewardship, is appointed by the governing body as the leader(s) of the antibiotic stewardship program and that the appointment is based on the recommendations of medical staff leadership and pharmacy leadership;	Application Question: Does your facility have a leader or co-leaders responsible for program management and outcomes of stewardship activities. If yes, please list the name, title, and roles of each leader. *(also had FTE in same line under leadership element)* - ID Physician - ID Pharmacist - Non-ID physician - Non-ID Pharmacist Documentation optional for Accountability and Pharmacy Expertise.	Revised Application Question: Does your facility have a leader or co-leaders responsible for program management and outcomes of stewardship activities? If yes, please list the names, titles, and roles of each leader. Revised Options: - Physician - Pharmacist - Other _____ Checkbox for each leader: - ASP Lead Physician - ASP Lead Pharmacist - Other ASP Lead - Other training/experience (please specify) Did your ASP Lead Pharmacist complete PGY1 residency training? - Yes - No - Not applicable

Action: Implement interventions, such as prospective audit and feedback or preauthorization, to improve antibiotic use.	EP 17 (new): The antibiotic stewardship program implements one or both of the following strategies to optimize antibiotic prescribing: -Preauthorization for specific antibiotics that includes an internal review and approval process prior to use - Prospective review and feedback regarding antibiotic prescribing practices, including the treatment of positive blood cultures, by a member of the antibiotic stewardship program	§482.42 Condition of Participation: Infection Prevention and Control and Antibiotic Stewardship Programs The hospital must have active hospital-wide programs for the surveillance, prevention, and control of HAIs and other infectious diseases, and for the optimization of antibiotic use through stewardship. The programs must demonstrate adherence to nationally recognized infection prevention and control guidelines, as well as to best practices for improving antibiotic use where applicable, and for reducing the development and transmission of HAIs and antibiotic resistant organisms. Infection prevention and control problems and antibiotic use issues identified in the programs must be addressed in collaboration with the hospital-wide quality assessment and performance improvement (QAPI) program.	Minimum Documentation: • Antimicrobial Stewardship Policy Prioritized Item: (3) Action - Perform prospective audit and feedback for specific antibiotic agents.	Minimum Documentation *Antimicrobial Stewardship Policy* renamed as Action 1. Prioritized Item (3) modified to Minimum Documentation – Action 2.
Action: Facility specific treatment guidelines, based on national guidelines and local Pathogen susceptibilities, to assist with antibiotic selection for common clinical conditions, are also considered a priority	EP 12 (revised): The leader(s) of the antibiotic stewardship program is responsible for the following: - Developing and implementing a hospital wide antibiotic stewardship program that is based on nationally recognized guidelines to monitor and	§482.42 Condition of Participation: Infection Prevention and Control and Antibiotic Stewardship Programs The hospital must have active hospital-wide programs for the surveillance, prevention, and control of HAIs and other infectious diseases, and for the optimization of antibiotic use through stewardship. The programs	Minimum Documentation: • Guidance/Algorithms/Clinical Pathways for antimicrobial use Prioritized Item: (4) Facility-specific treatment recommendations to assist with antibiotic selection for common clinical conditions.	Minimum Documentation *Guidance for antimicrobial use* increased from one guideline required to two; and merged with Prioritized Item (4); together relabeled as Action 3.

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because they can greatly enhance the effectiveness of both prospective audit and feedback and preauthorization by establishing clear recommendations for optimal antibiotic use at the hospital.	improve the use of antibiotics EP 18 (new): The antibiotic stewardship program implements at least two evidence-based guidelines to improve antibiotic use for the most common indications.	must demonstrate adherence to nationally recognized infection prevention and control guidelines, as well as to best practices for improving antibiotic use where applicable, and for reducing the development and transmission of HAIs and antibiotic resistant organisms. Infection prevention and control problems and antibiotic use issues identified in the programs must be addressed in collaboration with the hospital-wide quality assessment and performance improvement (QAPI) program. 482.42(b)(4); TAG: A-0765 (4) The antibiotic stewardship program reflects the scope and complexity of the hospital services provided.		
Action: Implement interventions, such as prospective audit and feedback or preauthorization, to improve antibiotic use.	EP 21 (revised): The hospital takes action on improvement opportunities identified by the antibiotic stewardship program.	§482.42(b)(2)(iii); TAG: A-0763 (iii) Documents any improvements, including sustained improvements, in proper antibiotic use; §482.42(c)(1)(i); TAG: A-0770 (i) Systems are in place and operational for the tracking of all infection surveillance, prevention, and control, and antibiotic use	Minimum Documentation: ASP policy or statement Also related to tracking of interventions (see below).	Minimum Documentation *ASP policy or statement* relabeled as Minimum Documentation - Action 1.

		activities, in order to demonstrate the implementation, success, and sustainability of such activities.		
Accountability: Appoint a leader or co-leaders, such as a physician and pharmacist, responsible for program management and outcomes.	EP 14 (revised): The antibiotic stewardship program demonstrates coordination among all components of the hospital responsible for antibiotic use and resistance, including, but not limited to, the infection prevention and control program, the quality assessment and performance improvement program, the medical staff, nursing services, and pharmacy services.	§482.42(b)(2); TAG: A-0761 (i) Demonstrates coordination among all components of the hospital responsible for antibiotic use and resistance, including, but not limited to, the infection prevention and control program, the QAPI program, the medical staff, nursing services, and pharmacy services; §482.42(c)(1)(ii); TAG: A-0771 (ii) All HAIs and other infectious diseases identified by the infection prevention and control program as well as antibiotic use issues identified by the antibiotic stewardship program are addressed in collaboration with hospital QAPI leadership	N/A	New Questions: At what mode(s) does your Antimicrobial Stewardship Team collaborate? • Stewardship Committee • Other Committee (Infection Prevention, Quality Control, etc.) • Staff Meetings • Emails • Other (free text) What other departments do you collaborate with on AS activities? (e.g. developing reports) • Infection prevention and control program • QAPI Program • Medical Staff • Nursing Staff
Tracking: Monitor antibiotic prescribing, impact of interventions, and other important outcomes like *C. difficile* infection and resistance patterns.	EP 12 (revised): The leader(s) of the antibiotic stewardship program is responsible for the following: - Documenting antibiotic stewardship activities, including any new or sustained improvements	482.42(c)(1)(i); TAG: A-0770 (i) Systems are in place and operational for the tracking of all infection surveillance, prevention, and control, and antibiotic use activities, in order to demonstrate the implementation, success, and sustainability of such activities	Minimum Documentation: Only 1 example required for bronze which may not be the document shows ALL activities that a facility may choose to submit for their application. Prioritized Items: (6) Prospective audit and feedback interventions by tracking the types of	Prioritized Item (6) *Prospective audit and feedback interventions and acceptance of recommendations* relabeled as Minimum Documentation - Tracking 3.

		§482.42(c)(3)(ii); TAG: A-0779 (ii) All documentation, written or electronic, of antibiotic stewardship program activities.	interventions and acceptance of recommendations Report on facility-wide, individual-, unit-, or service-specific interventions and acceptance	
Tracking: Antibiotic use measures: National Healthcare Safety Network (NHSN) Antimicrobial Use (AU) Option, or Hospitals that are not yet reporting to the NHSN AU Option can often get antibiotic use data from their pharmacy record systems, usually either as days of therapy or as defined daily doses	EP 15 (revised): The antibiotic stewardship program documents the evidence-based use of antibiotics in all departments and services of the hospital. EP 16 (new): The antibiotic stewardship program monitors the hospital's antibiotic use by analyzing data on days of therapy per 1000 days present or 1000 patient days, or by reporting antibiotic use data to the National Healthcare Safety Network's Antimicrobial Use Option of the Antimicrobial Use and Resistance Module.	§482.42(b)(2)(ii); TAG: A-0762 (ii) Documents the evidence-based use of antibiotics in all departments and services of the hospital; and §482.42(c)(3)(i); TAG: A-0778 (i) The development and implementation of a hospital-wide antibiotic stewardship program, based on nationally recognized guidelines, to monitor and improve the use of antibiotics. 482.42(b)(2)(iii); TAG: A-0763 (iii) Documents any improvements, including sustained improvements, in proper antibiotic use	Prioritized Item: (5) Antibiotic Use (e.g., DOT/1000 patient days)	Prioritized Item (5) *Antibiotic Use* relabeled as Minimum Documentation - Tracking 2.
Tracking: Monitor antibiotic prescribing, impact of interventions, and other important outcomes.	EP 19 (new): The antibiotic stewardship program evaluates adherence (including antibiotic selection and duration of therapy, where applicable) to at least one of the evidence-based guidelines the hospital implements.	§482.42(b)(3); TAG: A-0764 (3) The antibiotic stewardship program adheres to nationally recognized guidelines, as well as best practices, for improving antibiotic use; §482.42(c)(3)(i); TAG: A-0778	Minimum Documentation: Documentation required only 1 example for bronze which may not be the document shows: Facility-wide, individual-, unit-, or service-specific data based on a specific antibiotic and/or infection of how often patients are discharged on the correct antibiotics for the recommended duration.	Original minimum documentation options for Tracking relabeled and reclassified as Minimum Documentation – Tracking 2 and 3. Clarify wording for: Prioritized Item (7) *Adherence to facility specific evidence-based treatment guidelines (of antimicrobial*

		(i) The development and implementation of a hospital-wide antibiotic stewardship program, based on nationally recognized guidelines, to monitor and improve the use of antibiotics.	Acceptable to have monitoring that is periodic review for assessing how often patients are discharged on the correct antibiotics for the recommended duration. Prioritized Item: (7) Adherence to facility specific treatment recommendations	use for common infections) relabeled as Minimum Documentation – Tracking 4.
Reporting: Regularly report information on antibiotic use and resistance to prescribers, pharmacists, nurses, and hospital leadership.	EP 12 (revised): The leader(s) of the antibiotic stewardship program is responsible for the following: - Communicating and collaborating with the medical staff, nursing leadership, and pharmacy leadership, as well as with the hospital's infection prevention and control and quality assessment and performance improvement programs on antibiotic use issues EP 20 (revised): The antibiotic stewardship program collects, analyzes, and reports data to hospital leadership and prescribers.	§482.42(b)(2)(iii); TAG: A-0763 (iii) Documents any improvements, including sustained improvements, in proper antibiotic use; §482.42(c)(1)(i); TAG: A-0770 (i) Systems are in place and operational for the tracking of all infection surveillance, prevention, and control, and antibiotic use activities, in order to demonstrate the implementation, success, and sustainability of such activities. §482.42(c)(3)(iii); TAG: A-0780 (iii) Communication and collaboration with medical staff, nursing, and pharmacy leadership, as well as with the hospital's infection prevention and control and QAPI programs, on antibiotic use issues.	Minimum Documentation: Antibiogram Prioritized item: (8) Report or share with prescribers facility and/or individual prescriber-specific reports on antibiotic use.	Minimum Documentation *Antibiogram* relabeled as Minimum Documentation – Tracking 1. Prioritized Item (8) *Prescriber Reports* relabeled as Minimum Documentation – Reporting 1 • Leadership and prescribers.

Education: Educate prescribers, pharmacists, and nurses about adverse reactions from antibiotics, antibiotic resistance, and optimal prescribing.	<u>EP 12 (revised):</u> The leader(s) of the antibiotic stewardship program is responsible for the following: - Providing competency-based training and education for staff, including medical staff, on the practical applications of antibiotic stewardship guidelines, policies, and procedures	<u>§482.42(c)(3)(iv); TAG: A-0781</u> (iv) Competency-based training and education of hospital personnel and staff, including medical staff, and as applicable, personnel providing contracted services in the hospital, on the practical applications of antibiotic stewardship guidelines, policies, and procedures.	<u>Minimum Documentation:</u> Example education provided to providers. <u>Prioritized Item:</u> (9) Education for prospective audit and feedback	Prioritized item (9) *Education for prospective audit and feedback* relabeled as Minimum Documentation – Education 1. Minimum. Documentation – *Example Education*, relabeled as Minimum Documentation – Education 1a. • Add "competency-based" to education language, and provide examples: education with post-test questions, case-based training
N/A	N/A	<u>§482.42(d); TAG: A-0785</u> Standard: Unified and integrated infection prevention and control and antibiotic stewardship programs for multi-hospital systems. If a hospital is part of a hospital system consisting of multiple separately certified hospitals using a system governing body that is legally responsible for the conduct of two or more hospitals, the system governing body can elect to have unified and integrated infection prevention and control and antibiotic stewardship programs for all of its member hospitals after determining that such a decision is in accordance with all applicable State and local laws. The	No current requirements.	<u>Updated Context:</u> If the facility is part of a multi-hospital system and has a governing body oversee their Antimicrobial Stewardship Program, the facility must contextualize their *Part III: Demonstration of Outcomes* and *Part IV: Community Engagement* to reflect the individual needs of their facility and surrounding community.

		system governing body is responsible and accountable for ensuring that each of its separately certified hospitals meets all of the requirements of this section. Each separately certified hospital subject to the system governing body must demonstrate that: §482.42(d)(1); TAG: A-0786 (1) The unified and integrated infection prevention and control and antibiotic stewardship programs are established in a manner that takes into account each member hospital's unique circumstances and any significant differences in patient populations and services offered in each hospital; §482.42(d)(2); TAG: A-0787 (2) The unified and integrated infection prevention and control and antibiotic stewardship programs establish and implement policies and procedures to ensure that the needs and concerns of each of its separately certified hospitals, regardless of practice or location, are given due consideration; §482.42(d)(3); TAG: A-0788		

		(3) The unified and integrated infection prevention and control and antibiotic stewardship programs have mechanisms in place to ensure that issues localized to particular hospitals are duly considered and addressed; and §482.42(d)(4); TAG: A-0789 (4) A qualified individual (or individuals) with expertise in infection prevention and control and in antibiotic stewardship has been designated at the hospital as responsible for communicating with the unified infection prevention and control and antibiotic stewardship programs, for implementing and maintaining the policies and procedures governing infection prevention and control and antibiotic stewardship as directed by the unified infection prevention and control and antibiotic stewardship programs, and for providing education and training on the practical applications of infection prevention and control and antibiotic stewardship to hospital staff.		
Action: Implement intervention	N/A	N/A	**Part III: Demonstration of Outcomes** Demonstration of clinically meaningful outcome from AS interventions/projects.	No change.

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Tracking: document and track DOT, other outcomes.				
N/A	N/A	N/A	**Part IV: Community Engagement** Demonstrate engagement with community healthcare partners (hospitals, skilled nursing facilities) or community engagement institutions, either locally initiated or part of a local collaboration.	No change.

References:
CDC
Core Elements of Hospital Antibiotic Stewardship Programs | Antibiotic Use
(www.cdc.gov/antibiotic-use/core-elements/hospital.html)

CDPH HAI ASP Honor Roll
CDPH HAI ASP Honor Roll
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/Honor_Roll.aspx)

California Senate Bill
California Senate Bill 1311 Hospitals: Antimicrobial Stewardship
(//leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140SB1311)

Joint Commission
R3 Report Issue 35: New and Revised Requirements for Antibiotic Stewardship
(www.jointcommission.org/standards/r3-report/r3-report-issue-35-new-and-revised-requirements-for-antibiotic-stewardship#.ZBN1VRTMKUk)

R3_antibioticstewardship July2022 (PDF)
(www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/r3_antibioticstewardship_july2022_final.pdf)

On Demand Webinar - Slides Joint Commission New and Revised Antibiotic
(www.jointcommission.org/measurement/quality-measurement-webinars-and-videos/pioneers-in-quality-general-sessions/-/media/4cc7f7e6366b447e827e089c7acb0eff.ashx)

Stewardship Requirements
(e-dition.jcrinc.com

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CMS

[Infection Prevention and Control and Antibiotic Stewardship Program Interpretive Guidance Update](www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/)
(www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/
infection-prevention-and-control-and-antibiotic-stewardship-program-interpretive-guidance-update)

[QSO-22-20-Hospitals](www.cms.gov/files/document/qso-22-20-hospitals.pdf) (PDF)
(www.cms.gov/files/document/qso-22-20-hospitals.pdf)

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