

**Appendix 1:** Crosswalk from Antibiotic Stewardship Template and Interpretive Guidance from the Centers for Medicare and Medicaid Services (CMS)

| <b>Section(s) of Antibiotic Stewardship Policy Template</b> | <b>Excerpts from the CMS Manual System, State Operations Manual, Appendix PP—Guidance to Surveyors for Long Term Care Facilities<sup>a</sup></b>   |
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| Composition   | ...include leadership support and accountability via the participation of the medical director, consulting pharmacist, nursing and administrative leadership, and individual with designated responsibility for the infection control program if different. (page 657)   |
| Governance of Antimicrobial Stewardship                     | Be incorporated in the overall infection prevention and control program . (page 658)   |
| Governance of Antimicrobial Stewardship; Procedures B3      | Be reviewed on an annual basis and as needed . (page 658)  |
| Procedures A2c-e, A3a-b,                                    | Contain a system of reports related to monitoring antibiotic usage and resistance data. (page 658)   |
| Procedures A2a-c, C   | Incorporate monitoring of antibiotic use, including the frequency of monitoring/review.  |
| Procedures A2a-b, C   | Monitor/review when the resident is new to the facility; when a prior resident returns or is transferred from a hospital or other facility; during each monthly medication regimen review when the resident has been prescribed or is taking an antibiotic, or any antibiotic regimen review as requested by the QAA committee. (page 658) |
| Procedures A2c-e, A3b B5,                                   | In addition, establish the frequency and mode or mechanism of feedback (e.g., verbal, written note in record) to prescribing practitioners regarding antibiotic resistance data, their antibiotic use and their compliance with facility antibiotic use protocols. (page 658)  |

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| Procedures B5, A2b-e         | Feedback on prescribing practices and compliance with facility antibiotic use protocols may include information from medical record reviews for new antibiotic starts to determine whether the resident had signs or symptoms of an infection; laboratory tests ordered and the results; prescription documentation including the indication for use (i.e., whether or not an infection or communicable disease has been documented), dosage and duration; and clinical justification for the use of an antibiotic beyond the initial duration ordered such as a review of laboratory reports/cultures in order to determine if the antibiotic remains indicated or if adjustments to therapy should be made (e.g., more narrow spectrum antibiotic); (page 658) |
| Procedures A1a               | Assess residents for any infection using standardized tools and criteria <sup>63</sup> (e.g., SBAR tool for urinary tract infection (UTI) assessment <sup>67</sup> , Loeb minimum criteria for initiation of antibiotics <sup>68</sup> ); (page 658)   |
| Procedures A4a               | Include the mode (e.g., verbal, written, online) and frequency (as determined by the facility) of education for prescribing practitioners and nursing staff on antibiotic use (stewardship) and the facility's antibiotic use protocols. (page 658)  |
| Procedures A1a-e, A2c-e, A3a | Determine whether the facility's antibiotic stewardship program includes antibiotic use protocol(s) addressing antibiotic prescribing practices (i.e., documentation of the indication, dose, and duration of the antibiotic; review of laboratory reports to determine if the antibiotic is indicated or needs to be adjusted; an infection assessment tool or management algorithm is used when prescribing) and a system to monitor antibiotic use (i.e., antibiotic use reports, antibiotic resistance reports). (page 659)  |

<sup>a</sup>Accessed on July 13, 2017 from <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf>