

CMS Infection Prevention and Control and Antimicrobial Stewardship Program

*General Fact Sheet: What You Need to Know**

In June 2016, CMS proposed changes to the current Infection Control Conditions of Participation (CoP) to further require active antimicrobial stewardship programs and improvements in infection control and prevention.

Overview of Proposed Changes in Requirements (CFR Section 482.42)

- Demonstrate evidence of a **hospital-wide infection prevention and control program actively aligned with the antibiotic stewardship program**
 - Based on national guidelines and best practices
 - Examples include: IDSA, SHEA, ASHP and CDC
 - For flexibility, no specific guidelines are required
 - Reflective of the range of services provided at the institution
 - Includes surveillance practices and activities including automation/informatics
 - Focus on transmission of infection across the entire enterprise and among health care environments
 - Each program closely collaborates together but should have their own structure and leadership duties
 - Hospital leadership will be accountable for creating a culture of safety and quality at all levels (i.e. across all disciplines and programs to include the Quality Assessment Performance Improvement (QAPI) program)

- Goals of the antibiotic stewardship (AS) program:
 - Demonstrate **internal coordination** across all programs and disciplines concerning antibiotic use and reduction of antibiotic resistance (collaboration between AS and IC, with at least one representative sitting on both committees)
 - Document **evidence-based use** of antibiotics (ex.: standardized order sets)
 - Demonstrate perpetual **improvements** in appropriate antibiotic use (e.g. reductions in CDI and resistance)
 - Note: Interpretive guidelines for compliance to be determined

- Designate a qualified **individual as the leader** of the antibiotic stewardship program
 - Recommended by medical and pharmacy leadership based on experience, training or education in infectious diseases or AS
 - The AS leader should have direct knowledge and experience with antibiotic prescribing (i.e. physician or pharmacist)
 - Duties include:
 - Develop and implement a hospital-wide AS program
 - Document AS program activities
 - Collaborate across disciplines and programs regarding antibiotic use issues
 - Utilize competency-based training and education on AS guidelines, policies and procedures for medical staff and hospital personnel including contracted staff

*This document serves as a guide and should not be considered all inclusive

Adapted from the Centers for Medicare & Medicaid Services 42 CFR Parts 482 and 485. Federal Register. June 16, 2016; 81 (116): 39454-39464.

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