

Antimicrobial Stewardship Policy

This Policy describes how the Leicestershire Partnership NHS Trust will ensure that antimicrobials are utilized in the best possible way in order to maximize effectiveness and minimize resistance. It includes systems and processes as well as individual clinical interactions.

Key Words:	Antimicrobial	
Version:	2.0	
Adopted by:	Quality Assurance Committee	
Date Adopted:	17 October 2017	
Name of Author:	Tejas Khatau Lead Pharmacist – FYPC Division and Lead Pharmacist – Antimicrobials	
Name of responsible Committee:	Infection Prevention and Control Committee	
Date issued for publication:	October 2017	
Review date:	November 2020	
Expiry date:	1 June 2021	
Target audience:	Doctors, non-medical prescribers, nurses working in inpatient settings	
Type of Policy	Clinical ✓	Non Clinical
Which Relevant CQC Fundamental Standards?	Person-Centred Care	

Contents

Contents Page.....	2
VERSION CONTROL.....	3
Equality Statement.....	3
Due Regard.....	3
Definitions that apply to this policy.....	4
THE POLICY- (this section describes what the policy is about)	
1,0 Purpose of the Policy.....	5
2.0 Summary of the Policy.....	5
3.0 Introduction	5
4.0 Flowchart/Process Chart	5
5.0 Duties within the Organisation.....	8
6.0 Training Needs.....	10
7.0 Monitoring Compliance and Effectiveness.....	11
8.0 Standards/Performance Indicators.....	11
9.0 References and Bibliography.....	11
REFERENCES AND ASSOCIATED DOCUMENTATION	
Appendix 1 Policy Training Requirements.....	12
Appendix 2 NHS Constitution Checklist	13
Appendix 3 Stakeholder and Consultation.....	14
Appendix 4 Due Regard Screening Template Statement	16

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
V1	April 2015	New Policy
V2	May 2017	Transferred into new format

For further information contact:

Lead Pharmacist for Antimicrobial Prescribing

Member of the Pharmacy team

Member of the IPC team

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

Due Regard

LPT must have **due regard** to the aims of eliminating discrimination and promoting equality when policies are being developed. Information about due regard can be found on the Equality page on e-source and/or by contacting the LPT Equalities Team.

The Due regard assessment template is Appendix 4 of this document

Definitions that apply to this Policy

CDT	Clostridium difficile toxin
DIPaC	Director of Infection Prevention and Control
DoH	Department of Health
ESBL's	Bacteria that produce enzymes called extended-spectrum beta-lactamases (ESBLs) are resistant to many penicillin and cephalosporin antibiotics and often to other types of antibiotic.
LPT	Leicestershire Partnership Trust
MRSA	Methicillin Resistant Staphylococcus aureus
PHE	Public Health England
UHL	University Hospitals of Leicester

1.0. Purpose of the Policy

The purpose of this Policy is to encapsulate all the national guidelines and implement these within the Leicestershire Partnership NHS Trust. This policy spells out LPTs commitment to safeguard antimicrobials by ensuring:

1. Infections are being diagnosed correctly and accurately;
2. Appropriate antimicrobials are being used in line with local antimicrobial guidelines. This includes the correct agents, correct dose and frequency and correct length;
3. After initial assessment, therapy is reviewed and where appropriate treatment is stopped, continued, changed or switched based on clinical and/or microbiological findings;
4. The above is fully documented and audited;
5. Staff have the correct skills to undertake the above activity.

2.0. Summary and Key Points

Antimicrobial resistance is a major threat. We need to conserve antimicrobials and use them wisely so that they remain effective in the future.

3.0. Introduction

Over recent decades, resistance to antimicrobials has been a growing concern. Antimicrobial resistance is defined as 'loss of effectiveness'. There are a number of micro-organisms (or strains of) which have evolved to become resistant to many of the commonly used antimicrobials, which in the past, the micro-organisms (or strains of) were sensitive to. Furthermore, there are fewer antimicrobials on the horizon. It is therefore vital that we use our existing antimicrobials wisely and only when absolutely necessary so that when we genuinely need them, they work optimally.

Inappropriate and excessive use of antimicrobials can have serious consequences. Infections such as Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile colitis (CDT) are a problem associated with use of antimicrobials and these infections can lead to mortality.

4.0. Flowchart/process chart (see below)

4.1 Antimicrobial Ward Stock and Supply from Pharmacy

4.1.1 Where necessary, limited range of antimicrobials will be available on ward stock in order to promptly treat patients. These antimicrobials will usually consist of first line treatments for common infections (as recommended in UHL and primary care antimicrobial guidance) including those for patients with penicillin allergy.

4.1.2 The range of antimicrobials on stock will be reviewed annually by the ward pharmacist, technician and matron with advice from the clinician.

4.1.3 Antimicrobials not on ward stock should be promptly ordered from pharmacy so that patients can start their treatment as soon as possible. Before releasing supply, the pharmacist must satisfy themselves that the prescription is appropriate in terms of indication, dose and length of treatment.

4.2 Clinical Management, Prescribing and Review

4.2.1 Use the START SMART – THEN FOCUS approach – see algorithm below.

START SMART

4.2.2 Antimicrobials must only be prescribed when there is proven or clinical suspicion of infection. This will necessitate a thorough assessment and investigations.

4.2.3 Consider obtaining cultures before start of therapy but do not delay treatment if the patient is unwell, deteriorating rapidly or vulnerable.

4.2.4 The spectrum of activity of antimicrobial chosen should be as narrow as possible but cover the likely pathogens.

4.2.5 UHL and primary care antimicrobial guidelines must be adhered to when selecting the antimicrobial drug, dose, frequency and length of course. It is recognized that in some instances this may not be possible owing to patient's drug history, medical history, allergy status, previous exposure to antimicrobials, previous microbiological/sensitivity information or microbiology advice. These guidelines can be accessed via the following link:
<http://insite.xuhl-tr.nhs.uk/antibiotic/>

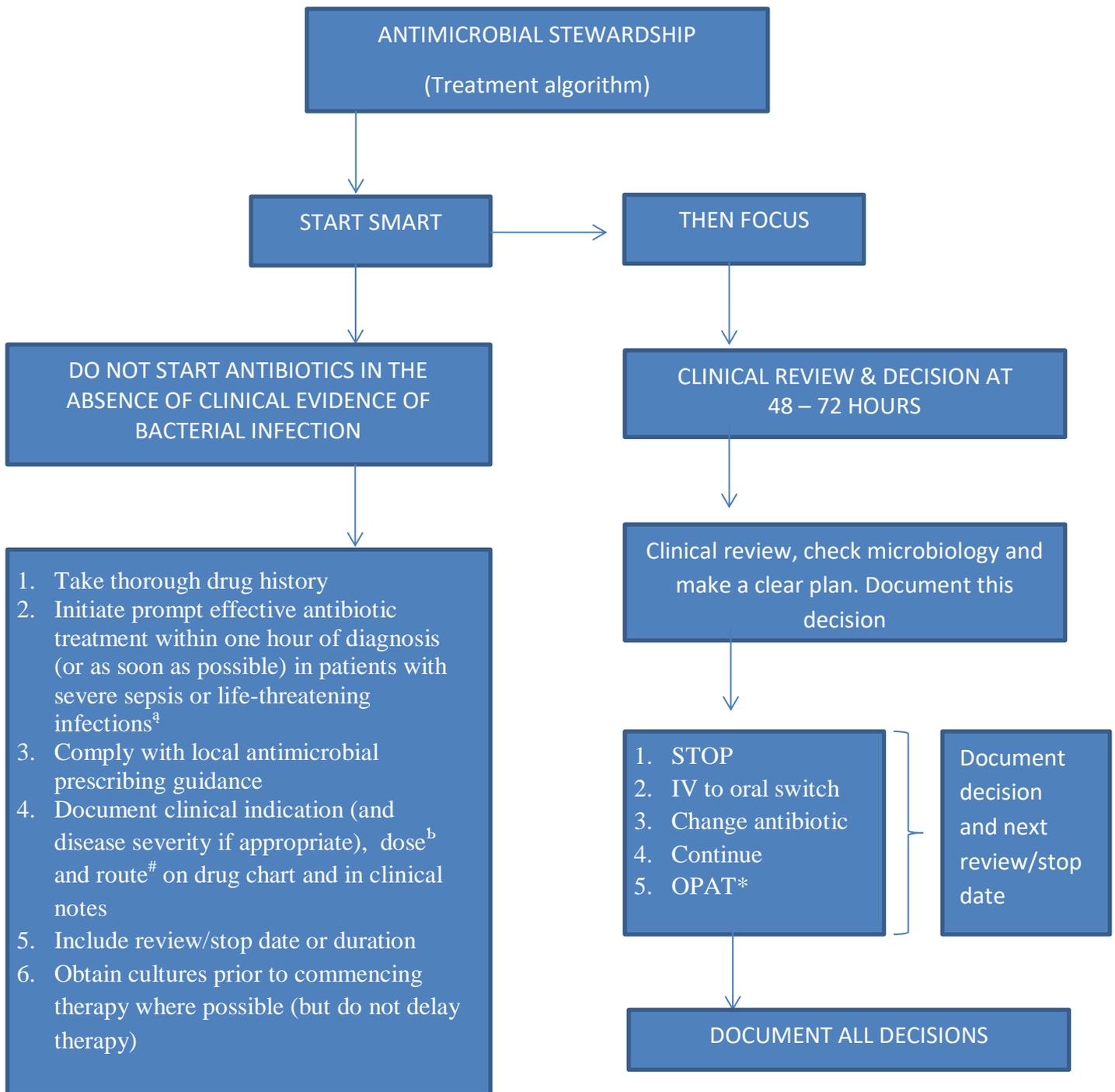
4.2.6 Where facilities within ePrescribing exist, use prescribing protocols which will automatically prepopulate the dose and frequency information once you know which antibiotic is required.

THEN FOCUS

4.2.7 Review the clinical diagnosis and the continued need for antibiotics at 48-72 hours (particularly if further test or microbiology results become available).

4.2.8 Devise a clear plan which may involve the following:

- **Stopping** antimicrobial
- **Changing** to another antimicrobial
- **Continuing** with antimicrobial
- **Switching** from IV to oral



a In accordance with surviving sepsis patient safety alert

<http://www.england.nhs.uk/wp-content/uploads/2014/09/psa-sepsis.pdf>

b According to weight/age in children refer to local formulary or cBNF

Use appropriate route in line with severity/patient factors

* Outpatient Parenteral Antibiotic Therapy

4.3 Documentation

4.3.1 The following should be documented in the medical notes:

- Thorough assessment. Include consideration of patient's medical history, drug history, allergy status, previous exposure, biochemistry and sensitivity results;
- Diagnosis/impression (including severity if appropriate);
- Rationale for prescribing/not prescribing;
- Name of antimicrobial, dose and length of treatment;
- Rationale for deviating from guidelines (if appropriate);
- Management plan including review date/stop date;
- Discussion with patient, if appropriate.

4.4 Antimicrobial Surveillance

4.4.1 On a periodic basis, antimicrobial consumption must be analysed to ensure that there are no worrying trends.

4.4.2 This should be done at the LPT Infection Prevention and Control meeting, where antimicrobial stewardship will be a standing agenda.

4.4.3 Where a prescribing error has occurred with antimicrobials, the LPT Medication Error Policy must be followed and the nature of the error fed back to the prescriber and their line manager.

4.5 Antimicrobial Guidelines

4.5.1 LPT will work to guidelines that have been developed by experts in the wider healthcare community. These guidelines can be accessed via the following link: <http://insite.xuhl-tr.nhs.uk/antibiotic/>

5.0. Duties within the Organisation

The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

Trust Board Sub-committees have the responsibility for ratifying policies and protocols.

Chief Executive Officer

The Chief Executive Officer (CEO) of Leicester Partnership Trust is responsible for ensuring that there are effective arrangements for antimicrobial stewardship. The CEO devolves this responsibility to the Trust's Director of Infection Prevention and Control (DIPaC).

Director of Infection Prevention and Control (Chief Nurse)

The DIPaC is responsible for LPT's antimicrobial stewardship and for providing assurance to the Trust board and general public. The DIPaC delegates the duties, in so far as they are applicable to the Deputy DIPaC.

Lead Pharmacist – Antimicrobial Prescribing

The Lead pharmacist for antimicrobial prescribing is responsible for:

- The integration of antimicrobial stewardship into the organisation's clinical governance systems and for ensuring it's implementation;
- Undertaking and facilitating audits;
- Facilitating the development of training packages;
- Working with wider healthcare community to strengthen antimicrobial stewardship.

Directors and Heads of Service are responsible for:

Ensuring that comprehensive arrangements are in place regarding adherence to this policy and how policies and procedures are managed within their own Department or Service in line with the guidelines in this policy.

Ensuring that team managers and other management staff are given clear instructions about policy arrangements so that they in turn can instruct staff under their direction.

Distributing information about this policy and associated procedures in a timely manner throughout the division.

Ensure that all staff have access to this policy, either through the intranet or if policy manuals are maintained that this up to date policy replaces previous policies.

Maintain a system for recording that this policy has been distributed to and received by staff within the Division and these records are available for inspection upon request for audit purposes.

Medical Director and Clinical Directors are responsible for:

Ensuring this policy is understood and followed as appropriate to each staff member's role and function.

Pharmacists are responsible for:

Ensuring that all prescriptions for antimicrobials are reasonable (based on information available) and comply with the local guidelines;

Ensuring that where an antimicrobial prescription is non-compliant, every effort is made to ascertain the rationale for such deviation.

Ensuring that ward stock of antimicrobials are appropriate.

Prescribers are responsible for:

Ensuring that they comply with all aspects of this Policy.

Ensuring that they maintain their competence in managing infections.

Nursing staff are responsible for:

Ensuring that the antimicrobial they are administering is appropriate (as per local formulary/guidelines) for the infection being treated.

Ensuring that where an antimicrobial prescription is non-compliant, every effort is made to ascertain the rationale for such deviation.

Responsibility of Clinical Staff

- Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given verbally and / or in writing. Someone could also give non-verbal consent as long as they understand the treatment or care about to take place. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.
- In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following;
 - o Understand information about the decision
 - o Remember that information
 - o Use the information to make the decision
 - o Communicate the decision

6.0. Training needs

There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as mandatory training

The course directory e-source link below will identify who the training applies to, delivery method, the update frequency, learning outcomes and a list of available dates to access the training.

A record of the event will be recorded on staff members' uLearn.

The governance group responsible for monitoring the training is Trust Infection Prevention and Control

7.0. Monitoring Compliance and Effectiveness

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
	Monitoring of antimicrobial prescribing, review and documentation	4.2	Annual audit for Quality Schedule	Prescribing Group and Infection, Prevention and Control Group	Annual
	Antimicrobial surveillance	4.4	Analysis of inpatient antimicrobial usage via JAC report	Infection, Prevention and Control Group	Quarterly

8.0. Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
90% of antimicrobials will be compliant	Choice of antimicrobial, dose, frequency and length of course will be compliant with local policies and guidelines

9.0. References and Bibliography

Antimicrobial Stewardship: systems and processes for effective antimicrobial medicine use (draft for consultation); February 2015. NICE.

Annual Report of the Chief Medical Officer: infections and rise of antimicrobial resistance, volume 2, 2011.

UK five year antimicrobial resistance strategy 2013-2018, DoH.

Start Smart – Then Focus: Antimicrobial Stewardship Toolkit for English Hospitals, updated March 2015. Public Health England.

Training Requirements

Training Needs Analysis

Training topic:	Antimicrobial Stewardship (uLearn module)
Type of training: (see study leave policy)	<input type="checkbox"/> Mandatory
Division(s) to which the training is applicable:	<input type="checkbox"/> Adult Mental Health & Learning Disability Services <input type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input type="checkbox"/> Families Young People Children <input type="checkbox"/> Hosted Services
Staff groups who require the training:	Doctors and non-medical prescribers who are likely to prescribe antimicrobials
Regularity of Update requirement:	Every 3 years
Who is responsible for delivery of this training?	Accessed via uLearn
Have resources been identified?	Yes
Has a training plan been agreed?	Yes
Where will completion of this training be recorded?	<input type="checkbox"/> ULearn
How is this training going to be monitored?	Via Infection Prevention and Control Committee

The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	✓
Respond to different needs of different sectors of the population	✓
Work continuously to improve quality services and to minimise errors	✓
Support and value its staff	✓
Work together with others to ensure a seamless service for patients	✓
Help keep people healthy and work to reduce health inequalities	✓
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	✓

Stakeholders and Consultation

Key individuals involved in developing the document

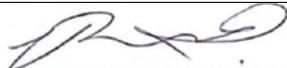
Name	Designation
Tejas Khatau	Lead Pharmacist – FYPC Division

Circulated to the following individuals for comment

Name	Designation
Armitage Claire	Lead Nurse - AMH
Bailey Maureen (H&S)	
Brookhouse Michelle	Head of Learning and Development
Childs Adrian	Chief Nurse
Churchard Michelle	Head of Nursing
Compton Elizabeth	Senior Matron
Feltham Kathy	Lead Nurse
Garfoot Antonia	Senior Infection Prevention and Control Nurse
Gilbert Zoe	Senior Matron for Prison Healthcare
Hutchings Mel	Infection Prevention and Control Nurse
Keavney Bernadette	Head of Trust Health and Safety Compliance
Knock Andrew	Infection Prevention and Control Nurse
Martin Jane	Senior Matron
McMahon Deborah	Infection Control Nurse
Pabani Amin	Podiatry Service Manager
Palin Kam	Occupational health Nurse
Payne Gregory	Training Delivery Manager

Peach Victoria	Head of Professional Practice and Education
Powell Annette	Infection Prevention and Control Nurse
Sally Smith	
Emma Spencer	
Swann Andrew	Consultant Microbiologist
Walton Helen	Property Manager
Dr Satheesh Kumar	Medical Director
Dr Noel O'Kelly	Divisional Clinical Director - CHS
Dr Mohammed Al-Uzri	Divisional Clinical Director – AMH & LD
Anthony Oxley	Head of Pharmacy
Joanne Charles	Lead Pharmacist – CHS Division
Caroline Barclay	Nurse Consultant – CHS Division
Rachel Calton	Lead Pharmacist – Education and Training
Robyn McAskill	Pharmacy Clinical Services Manager
Dr Toral Thomas	Consultant Forensic Psychiatrist
Amanda Hemsley	Senior Nurse Advisor – Infection Prevention and

Due Regard Screening Template

Section 1			
Name of activity/proposal		Antimicrobial Stewardship Policy	
Date Screening commenced		03/10/2017	
Directorate / Service carrying out the assessment		Pharmacy	
Name and role of person undertaking this Due Regard (Equality Analysis)		Tejas Khatau	
Give an overview of the aims, objectives and purpose of the proposal:			
AIMS: Ensure we preserve antimicrobials and reduce resistance			
OBJECTIVES: There is a sound rationale for the use of antimicrobials			
Section 2			
Protected Characteristic		If the proposal/s have a positive or negative impact please give brief details	
Age		No	
Disability		No	
Gender reassignment		No	
Marriage & Civil Partnership		No	
Pregnancy & Maternity		No	
Race		No	
Religion and Belief		No	
Sex		No	
Sexual Orientation		No	
Other equality groups?		No	
Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
Yes		No ✓	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	
Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
Clinicians will follow evidence based guidelines for approach to treatment.			
Signed by reviewer/assessor		Tejas Khatau	Date 03/10/2017
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed			Date 03/10/17