

MULTI-DRUG RESISTANT ORGANISMS (MDRO) 48-HOUR TIME OUT

CASE FOR CHANGE

20 TO 50 PERCENT

of all antibiotics prescribed in U.S. acute care hospitals are either unnecessary or inappropriate. Any medication can have serious side effects. For antibiotics, those side effects can include adverse drug reactions and Clostridium difficile infection.¹

The Centers for Disease Control and Prevention (CDC) estimates more than two million people are infected with antibiotic-resistant organisms, resulting in approximately

23,000 DEATHS ANNUALLY.¹

◀ Nurses Role in ATM Stewardship

- ◀ Assistance and Training from Clinical Quality Consultants

◀ Joint Commission – Antimicrobial Stewardship Standard

◀ Core Elements of Hospital Antibiotic Stewardship Program – CDC

TOOLS & RESOURCES

◀ Iowa's Antimicrobial Stewardship Toolkit

- ◀ HIIInnovation
- ◀ Data Support

QUESTIONS TO CONSIDER

- Have you reviewed your current performance data for the 48-Hour Time Out process measure?
- Describe your process for collecting data on this measure?
- If you are using a sampling methodology, what methodology are you using and has it been consistent?
- Do you have an Antimicrobial Stewardship team?
 - IHC Toolkit - Recommended Team Members Pg. 77
- Do you have a documented policy/protocol for a 48-hour time out to include the physician, pharmacy, IP and nursing?
- What processes do you currently have in place to review that a prescribed antibiotic is appropriate?
- If you do have a process for antibiotic time out, what are typical causes for "falling out"?

FREQUENTLY ASKED QUESTIONS

Q: What should be addressed at the Antibiotic Timeout?

- Does the patient have an infection that requires an antibiotic?
- If so, is the patient on the right antibiotic(s) and is it being administered in the correct dose and by the correct route?
- Is a more targeted antibiotic regimen required to treat the infection?
- Is the duration of the antibiotic appropriate?

Q: What population do I include in this measure?

- All inpatients are included in this measure (sampling is an option). Hospitals are in varying degrees of implementation of their antimicrobial stewardship programs. A few examples of how they are achieving this include:
 - Focusing on just a specific diagnosis
 - Focusing on a specific unit
 - Focusing on a specific drug

MEASURE

Numerator:

- Number of patients administered antibiotics that have an antibiotic "time out" in order to reassess the continuing need and choice of antibiotics, within 48 hours of initiation of antimicrobial therapy

Denominator:

- Number of patients prescribed/administered antimicrobial therapy

