

ANTIMICROBIAL STEWARDSHIP POLICY

Ambulatory Surgery Centers

Policy Effective Date: [Date]

Next Review Date: [Date + 1 year]

Policy Owner: [Infection Prevention/Clinical Leadership]

I. PURPOSE AND SCOPE

This policy establishes standards for appropriate antimicrobial use in outpatient surgical settings to optimize patient outcomes, reduce antibiotic resistance, and minimize adverse effects. This policy applies to all staff involved in prescribing, dispensing, or administering antibiotics at this ambulatory surgery center (ASC), including physicians, nurse practitioners, physician assistants, and nursing staff.

Key Definitions:

- **Surgical prophylaxis:** Antibiotics administered perioperatively to prevent surgical site infections (SSIs)
- **Antimicrobial stewardship:** Coordinated interventions designed to optimize antimicrobial selection, dosing, route, and duration

II. CORE ELEMENTS (CDC Framework, 2016/2026 Updates)

1. Leadership Commitment

- Administrative and clinical leadership commit resources (human, financial, IT) to support stewardship initiatives
- Designate an antimicrobial stewardship coordinator and multidisciplinary oversight team
- Include stewardship objectives in organizational strategic plans and performance metrics

2. Accountability

- Assign clear responsibility for program development, implementation, and monitoring
- Establish stewardship committee representation from surgery, anesthesia, nursing, and pharmacy
- Include accountability for prescribing practices in physician and provider evaluations

3. Expertise

- Ensure access to infectious disease or clinical pharmacist expertise to guide protocol development
- Provide training to clinical staff on principles of antimicrobial stewardship and ASC-specific guidelines
- Maintain current knowledge of local and national resistance patterns

4. Action - Perioperative Antibiotic Prophylaxis

- Implement evidence-based surgical prophylaxis protocols for each procedure type using current guidelines (AAOS, ASHP, CDC, ACOG)
- Establish standardized order sets with automated decision support for:
 - Appropriate antibiotic selection by procedure and patient risk factors
 - Correct prophylactic dosing (including renal dose adjustments)
 - Optimal timing (most antibiotics dosed within 60 minutes of incision; vancomycin/clindamycin within 120 minutes)
 - Single-dose prophylaxis; discontinue within 24 hours post-op (48 hours for cardiac surgery)
- Address penicillin allergy history systematically; obtain detailed allergy description and consider cross-reactivity (true IgE-mediated allergy <1% despite reported rates of ~10%)
- Limit prophylaxis redosing to specific high-risk situations per facility protocol

5. Tracking and Reporting

- Monitor antibiotic use through electronic health record (EHR) or manual data collection:
 - Prophylactic antibiotic prescribing patterns by procedure and prescriber
 - Compliance with timing, dosing, and duration guidelines
 - Rates of SSI by procedure type (benchmark against National Healthcare Safety Network [NHSN] data)
- Generate quarterly reports for clinician feedback and identify improvement opportunities
- Track and analyze any SSI cases to identify prescribing or technique gaps

6. Education and Expertise

- Provide educational resources to all clinical staff at orientation and annually covering:
 - Principles of appropriate prophylaxis (timing, dosing, duration)
 - Local resistance patterns and current guidelines
 - Role of stewardship in reducing resistance and adverse effects

- Distribute educational materials to patients about appropriate antibiotic use (pre- and post-operative)
- Engage surgeons and anesthesia providers in continuing education on evidence-based prophylaxis

III. SPECIFIC OPERATIONAL STANDARDS

Prophylactic Antibiotic Protocols:

- Develop facility-specific surgical prophylaxis guidelines aligned with AAOS, American Society of Health-System Pharmacists (ASHP), and CDC recommendations
- Update protocols every 1-2 years or when new evidence emerges
- Include decision tree for patients with documented allergy, obesity, renal impairment, or other risk factors

Therapeutic Antibiotics:

- Reserve therapeutic (non-prophylactic) antibiotics for documented or suspected infections
- Require documented clinical or microbiological justification
- Include duration limits in orders when appropriate

Antibiotic Allergy Management:

- Implement standardized allergy assessment and documentation process
- Educate patients on the difference between true allergy and intolerance/adverse reaction
- Maintain allergy status in EHR with reaction type and severity

IV. COMPLIANCE AND MONITORING

- Monitor compliance with prophylaxis protocols through monthly EHR audits
- Report aggregate prescribing data and SSI rates to the Medical Staff and Administration quarterly
- Perform peer benchmarking against published ASC outcomes when available
- Implement corrective action plans if non-compliance or increased SSI rates are identified
- Conduct annual competency assessment for staff involved in antibiotic administration

V. REFERENCES

CDC Core Elements:

- Centers for Disease Control and Prevention. Core Elements of Outpatient Antibiotic Stewardship. <https://www.cdc.gov/antibiotic-use/hcp/core-elements/outpatient-antibiotic-stewardship.html>

- CDC. Antibiotic Use and Stewardship in the United States, 2025 Update. <https://www.cdc.gov/antibiotic-use/hcp/data-research/stewardship-report.html>

Clinical Guidelines:

- American Academy of Orthopedic Surgeons (AAOS). Appropriate Use of Antibiotics to Prevent Surgical Site Infection
- American Society of Health-System Pharmacists (ASHP). Antimicrobial Prophylaxis in Surgery (ASHP Therapeutic Guidelines)
- American College of Obstetricians and Gynecologists (ACOG). Prophylactic Antibiotics in Gynecologic Surgery

Additional Resources:

- National Healthcare Safety Network (NHSN) Surgical Site Infection Surveillance
- CDC. Implementing a health-system-wide antibiotic stewardship program in ambulatory surgery centers. Antimicrobial Stewardship & Healthcare Epidemiology. 2024.

Policy Approval By:

Clinical Leadership: _____ Date: _____

Administrative Leadership: _____ Date: _____
