The role rapid diagnostics play in antimicrobial stewardship
In a study conducted at The Johns Hopkins Hospital, it was demonstrated that guidelines for management of community-acquired pneumonia could promote the use of shorter courses of therapy, saving money and promoting patient safety.

Guidelines on the Management of Community-Acquired Pneumonia in Adults, as Recommended by the IDSA/ATS:

- Diagnostic Tests for Etiology: Patients with severe community-acquired pneumonia (CAP) should have blood samples drawn for culture, urinary antigen tests for Legionella pneumophila and Streptococcus pneumoniae performed, and expectorated sputum samples collected for culture.
- Pathogen-directed Therapy: Patients with CAP should be investigated for specific pathogens that would significantly alter standard (empirical) management decisions. [Strong recommendation; level II evidence] The spectrum of antibiotic therapy can be broadened, narrowed, or completely altered on the basis of diagnostic testing.

Tools to help you with antimicrobial stewardship:
- An example of an educational tool that can be used for patients and families includes the Centers for Disease Control and Prevention's Get Smart document, "Viruses or Bacteria—What's got you sick?" at http://www.cdc.gov/getsmart/community/downloads/getsmart-chart.pdf.
- The core elements were cited from the Centers for Disease Control and Prevention’s Core Elements of Hospital Antibiotic Stewardship Program (http://www.cdc.gov/getsmart/healthcare/pdfs/core-elements.pdf). The Joint Commission recommends that organizations use the document when designing their antimicrobial stewardship program.
- To learn more about antimicrobial stewardship, visit TestTargetTreat.com.

Don’t wait to prioritize antimicrobial stewardship in your facility!
Is your facility prepared with an antimicrobial stewardship program?

In June of 2016, new Antimicrobial Stewardship Standards were proposed and accepted, effective January 1, 2017. This means Antimicrobial Stewardship Standards are a Joint Commission requirement, supported by evidence-based national guidelines.

• Examples of protocols are as follows:
  • Antibiotic Formulary Restrictions
  • Assessment of Appropriate Use of Antibiotics for Community-Acquired Pneumonia
  • Assessment of Appropriate Use of Antibiotics for Skin and Soft Tissue Infections
  • Assessment of Appropriate Use of Antibiotics for Urinary Tract Infections
  • Care of the Patient with Clostridium difficile (C. diff.):
    • Guidelines for Antimicrobial Use in Adults
    • Guidelines for Antimicrobial Use in Pedicatrics
  • Plan for Parenteral to Oral Antibiotic Conversion
  • Pneumococcal Requirements for Specific Antimicrobials
  • Use of Prophylactic Antibiotics

What’s next?

In June 2016, the Centers for Medicare & Medicaid Services (CMS) also announced that it is proposing to update the requirements that hospitals and critical access hospitals (CAHs) must meet to participate in Medicare and Medicaid. The proposed changes to the requirements, formally called the Conditions of Participation, would reflect the requirements, formally called the Medicaid. The proposed changes to meet to participate in Medicare and critical access hospitals (CAHs) must

Under the proposed rule, hospitals and CAHs would be required to:

• Have hospital-wide infection prevention and control and antibiotic stewardship programs for the surveillance, prevention, and control of health-care-associated infections and other infections diseases, and for the appropriate use of antibiotics.

• Designate leaders of the infection prevention and control program and the antibiotic stewardship program respectively, who are qualified through education, training, experience, or certification. This requirement allows for flexibility in staffing in order to suit the needs of each hospital or CAH.

Influenza A & B CLIA-WAIVED
Alere i Strep A CLIA-WAIVED
Alere i RSV CLIA-WAIVED
Alere i Influenza A & B
Alere i PBP2a SA Culture Colony Test
Alere i MRSA Testing

C. difficile

Toxin detection is a necessary part of C. difficile disease diagnosis combined with a sensitive screen for the bacteria. Molecular testing doesn’t target active toxin production and may mistake colonized patients as acute C. difficile infections if used stand-alone.

Availability
Alere i Tests
Alere i Influenza A & B CLIA-WAIVED
Alere i RSV CLIA-WAIVED
Alere i Strep A CLIA-WAIVED

Optimizing patient management based on diagnosis of Legionella or S. pneumoniae has a major impact on the cost of care, including 50% reduction in duration of intravenous antibiotics and 15% decrease in length of stay.

When its findings are positive the pneumococcal urinary antigen test is a useful tool in the treatment of adult patients, allowing the clinician to optimize antimicrobial therapy, resulting in good clinical outcomes.

Alere Solutions

Alere BinaxNOW™ Legionella Urinary Antigen Card. Alere BinaxNOW™ Streptococcus pneumoniae Antigen Card

Community-acquired pneumonia (CAP) is often treated empirically with broad-spectrum antibiotics due to the delay in results from traditional diagnostic methods. This can expose patients unnecessarily to high-risk antibiotics that negatively impact patient health.

Associated costs

• Cost of the treatment
• Cost of the antibiotic
• Cost of the healthcare visit
• Cost of the laboratory test

Influenza, RSV, and Strep A.

C. DIFF QUIK CHEK COMPLETE
PBP2a SA Culture Colony Test
MRSA Testing

C. difficile Testing

• C. difficile disease diagnosis

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