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TITLE		POLICY NUMBER/V#	
Antimicrobial Stewardship Program		MMC- MED- 07(01)	
INITIATED DATE	EFFECTIVE DATE	REVISED DATE	
02/08/2025	01/09/2025	01/08/2028	
REPLACES NUMBER		NO. OF PAGES	
N/A		03	
APPLIES TO		RESPONSIBILITY	
All Healthcare Providers		Medical director, IPC, Pharmacy, Microbiology, Antimicrobial Stewardship Committee	

1. PURPOSE:

1.1 To provide a process governing the Antimicrobial Stewardship Program (ASP) and proper antimicrobial prescribing in the medical center

2. DEFINITION:

2.1 Antibigram: summarizes the cumulative proportions of pathogenic organisms that are susceptible to antimicrobials. This provides a profile of the susceptibilities of specific pathogenic bacteria to antimicrobial agents as tested in routine clinical microbiology practice.

2.2 Antimicrobial Stewardship Program (ASP) refers to a systematic approach to optimizing antimicrobial therapy through a variety of structures and interventions. ASP promotes not only limiting inappropriate use but also optimizing antimicrobial selection, dosing, route, and duration of therapy to maximize clinical cure or prevention of infection, while limiting the unintended consequences, such as the emergence of resistance, adverse drug events, and unnecessary costs.

2.3 The Antimicrobial Stewardship Team (AST) is a clinic-based team of experts in the field of infectious diseases responsible in monitoring the appropriateness of antimicrobial usage, composed of, but is not limited to the following:

- The Medical director
- Pharmacist
- Infection Control Coordinator
- Laboratory Representative (Microbiology)

2.4 Clinical guidelines refer to a multidisciplinary standardized plan of care that describes the course of events in the treatment of patients with similar problems with specific timeline, incidents/actions/interventions which must take place, and resources that should be used to achieve desired, standardized outcomes.



3. POLICY:

- 3.1 This policy applies for all clinicians, health administrators, and personnel involved with the proper utilization of antimicrobials in the medical center.
- 3.2 It is a priority to improve the use of antimicrobial agents with the establishment of an ASP, which resides within the clinic's highest quality improvement and patient safety governance structure.
- 3.3 The antimicrobial guidelines are updated in accordance with MOH most recently released guidelines, it's then reviewed and discussed through AST & AS committee (ASC), who are competent to address antimicrobial agents.
- 3.4 The ASC monitors compliance upon the recommendations of the AST.
- 3.5 The antimicrobial usage is regularly conducted and reports on antimicrobial utilization are provided to clinical departments and executive management committees.
- 3.6 AST is responsible to initiate and update the antibiotics guidelines.
- 3.7 AST provides specific guidance and monitoring regarding antibiotic prophylaxis before surgery and/or dental procedures. Also, for empiric and therapeutic use of antibiotics.
- 3.8 It is also the functional responsibility of the AST to:
 - 3.8.1 Assist the prescriber or clinician for better utilization of the antimicrobial guidelines/protocols and enhance de-escalation as well switching parenteral to oral when needed.
 - 3.8.2 Conduct review on the broad-spectrum antimicrobials (within 48-72 hours of initiation) concurrently with the guidelines in a timely manner and provide feedback on improving utilization.
 - 3.8.3 With the assistance of the microbiology department, ensures that antibiograms are prepared on at least an annual basis to determine which antimicrobial is best against a strain of infection.

4. PROCEDURE:

- 4.1 The development of antibiotic guidelines and the associated clinical pathways/protocols must be in accordance with the existing standards, policies, and procedures for improving the appropriate use of antibiotics.
- 4.2 The Medical Director will serve as Team Leader and perform the following:
 - 4.2.1 Provide expert advice, educate prescribers, and play a major role in the development and implementation of antimicrobial policy and prescription guidelines.
 - 4.2.2 Use antimicrobial stewardship as clinical outcome measures and quality improvement, wherein the outcome measurements include, but not limited to the following:
 - 4.2.2.1 Restricted antibiotic use
 - 4.2.2.2 Appropriate use of antibiotics
 - 4.2.2.3 Compliance with Antibiotic Prescribing Guidelines
- 4.3 All clinicians and practitioners involved in antimicrobial ordering, dispensing, administration and monitoring antimicrobial resistance and antimicrobial stewardship practices will be properly educated and trained upon hiring at orientation.
- 4.4 Continuous education and trainings are conducted by AST to improve antimicrobial prescribing of clinicians.



4.5 The antimicrobial guidelines must be reviewed and updated on 3 years basis by the Antimicrobial Stewardship Subcommittee.

5. RESOURCES:

5.1 N/A

6. CROSS REFERENCE:

6.1 N/A

7. REFERENCES:

7.1 CBAHI National Standards for Ambulatory Care Centers, Effective Jan,2020.

7.2 The Joint Commission International (JCI), 7th Edition, Effective Jan 2021.

7.3 The GCC Infection Prevention & Control Manual 3rd Edition 2018.

7.4 Antimicrobial Stewardship in Australian Health Care 2018

8. FORMS & ATTACHMENT:

8.1 N/A

9. Approved

APPROVALS & REVIEWS:			
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