Are hospitals compliant with CLSI guideline recommendations when generating antibiograms?

In 2002, the Clinical Laboratory Standards Institute (CLSI; formerly the National Committee on Clinical Laboratory Standards [NCCLS]) published the first guideline recommendations for the generation of antibiograms. The guidelines were most recently updated in 2009 and offer a standardized approach for analyzing susceptibility data in hospitals. Following consistent guidelines is critical when comparing susceptibility data among different institutions. Therefore, it is important to assess how compliant institutions are in adhering to the CLSI guidelines.

A recent study published in the *American Journal of Health-System Pharmacy* evaluated the degree of compliance among University HealthSystem Consortium (UHC) hospitals.¹ Survey results were obtained from 49 hospitals from 28 states (two hospitals were not included in the final analysis). 47% of hospitals stated that they adopted all of the standards recommended by CLSI guidelines. Specific compliance measures from this survey include:

- 98% reported that they update the antibiogram annually or more frequently
- 89% reported conforming to the CLSI recommendation that duplicate cultures should be eliminated
- 83% reported that they did not include surveillance cultures
- 64% required at least 30 non-duplicate isolates for each organism
- 32% reported they had implemented the new CLSI breakpoints for extended-spectrum cephalosporins

Furthermore, less than half of the hospitals included in this survey reported that they generate unit-specific antibiograms. These data suggest that there are areas for improvement by hospitals in complying with current CLSI recommendations.