Infectious Diseases Society of America
Antimicrobial Stewardship Centers of Excellence Program
Application Instructions

Thank you for your interest in the IDSA Antimicrobial Stewardship Centers of Excellence Program. This program promotes excellence in antimicrobial use and combating antimicrobial resistance by recognizing hospitals that effectively demonstrate excellence in this work.

The ASCoE application is structured in alignment with the CDC Core Elements for Antimicrobial Stewardship. Applicants must demonstrate that they exceed the basic requirements of the Core Elements through consistent delivery of high-quality stewardship services, execution of novel stewardship principles and high-level commitments to improving antimicrobial use and reducing antimicrobial resistance.

Designation as an ASCoE is granted for a period of two (2) years. IDSA lists designated hospitals on its website, announces new designations in press releases and on social media, and provides the hospital with a letter of designation and certificate. At the end of the two-year period, hospitals are eligible to apply for renewal using a different and shorter application.

This instruction packet is designed to assist applicants in completing the program application and submitting required documentation.

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1. **Eligibility**
   Individual hospitals are eligible to apply for designation. An individual hospital is defined as an organization operating under the same license required by the appropriate agency of the state in which it operates (licensure may be referred to as license, registration, operating certificate or other term).

   A hospital applying as one hospital with multiple campuses must demonstrate that the hospital has one license or document covering all campuses issued by the appropriate agency of the state in which the campuses operate. If each campus has its own license or operating certificate, each campus is considered a separate hospital. IDSA may request documentation and/or confirm with state agencies.

   Exceptions:
   - Federal hospitals (e.g., under the Department of Defense or Veterans Health Administration) exempted from state approval will be assessed based on criteria used by their governing agency.
   - Children's hospitals may apply for their own designation as a Center of Excellence if they have a pediatric antimicrobial stewardship program with dedicated resources – i.e., pediatric AS physician and pharmacist leads reporting to pediatric leadership (e.g., pediatric chief medical officer). If the ASP resources and leadership are shared and co-

managed for adult populations in a main hospital or campus and a children's hospital, separate designation for the children's hospital cannot be granted.

Hospitals in the United States must be participating in the Centers for Disease Control and Prevention National Health Safety Network and demonstrate reporting to the Antimicrobial Use and Resistance Module. This requirement is waived for international hospitals, which are instead required to provide evidence that DOTs are reported to institutional leadership.

At least one person listed on the application must be a current IDSA member.

2. **Application Process**
IDSA accepts ASCoE applications twice per year. The first application cycle opens in November with a deadline of January 31, and the second cycle opens in May with a deadline of July 1. Applications are not accepted after the deadlines.

Applications must be submitted electronically using the link provided on the IDSA website.

The application is structured with sections for providing attestation statements to describe the antimicrobial stewardship program, with certain items requiring documents as evidence. It is possible to save a draft of the application and resume later to allow applicants sufficient time to complete.

IDSA staff review applications and supporting documentation to ensure required items have been included. Content and supporting documentation must be in English. If key requirements are missing, IDSA staff will email the primary contact listed on the application.

Complete applications are forwarded to the ASCoE Review Panel, which consists of ID and AS trained physicians and pharmacists from designated hospitals. Each application is independently reviewed by a physician and a pharmacist. The Review Panel submits its recommendations for designation or denial to the ASCoE Subcommittee, a group of IDSA members who oversee the program.

Applicants are notified via email of the determination, by April 15 for the first cycle and by October 15 for the second cycle. The complete timeline and frequently asked questions can be found on the IDSA website:
Antimicrobial Stewardship COE Application Information

3. **Instructions for Completion**
The application is organized into four sections:
   - Applicant Information: Demographics and general information
   - Program Information: Descriptions of the program, activities and supporting documentation including contact information
   - Optional Information: Additional details to support the application
   - Terms and Conditions
Items marked with an asterisk (*) are required.

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Part 1: Applicant Information

A. Hospital Name*
    Provide the full name of the hospital as it appears on public documents such as an operating license or website. This is the name that will be used for the certificate if designation is granted. If the hospital is part of a multi-hospital system or IDN, the name of the system or network must also be provided.

B. Location*
    Provide the physical location of the hospital (street, city, state, ZIP code). Only one location is permitted. Refer to item 1 on eligibility above if there are multiple campuses. In such cases, the primary or main campus address should be used.

C. Website*
    Provide a link to the hospital's public website home or landing page. If the hospital is part of a system, provide a link to the main page for the applicant hospital. The linked page should include the hospital's name and physical location.

D. Size (licensed beds)*
    Select from the list of choices.

E. Setting*
    Select from the list of choices. If "other," provide brief description.

F. Type*
    Check all that apply from the list of choices. If "other," provide brief description.

G. Structure*
    Select from the list of choices. If "other," provide brief description.

H. Patient Populations and Specialty Services*
    Check all that apply from the list of choices. If "other," provide brief description.

I. Billing Contact for Invoices*
    Provide the name and contact information for the individual who should receive invoices for the ASCoE license fee if the hospital is designated. This may be a member of the ASP staff or another individual within the hospital or system. Invoices are sent electronically to the billing contact.

Part 2: Antimicrobial Stewardship Program Description & Documentation
This section is the core of the application and is what reviewers use to evaluate the application. Applicants are encouraged to review the instructions carefully, taking the necessary time to complete this section. Suggestions for content and supporting documentation have been provided by the Review Panel.

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A. Hospital Leadership Commitment*
    i.   Provide a letter of attestation from a senior executive leader, such as the chief executive officer or chief medical officer, that specifies the type of support provided for the ASP. The letter should note support, such as budgeted financial resources and training initiatives, and outline the compensation structure for ASP leads, including allocated time to ASP activities. The letter should be on hospital letterhead, contain the full name and title of the signatory and be dated within 1 year.

        Suggested: Include provisions for protected time, such as 5 or 7 days per week, along with the allocation of 0.5 physician full-time equivalents and 1.5 pharmacy FTEs assigned explicitly to the ASP.

B. Accountability
    Applicants must have <u>both</u> physician and pharmacist co-leads who receive protected time or compensation to manage the ASP. Physicians lacking training in infectious diseases should have targeted education focused on AS practices.

    i.   Physician ASP Lead Information*
        Required information includes name, degree(s)/credentials, title/role, years of AS experience, percentage of weekly time dedicated to ASP, whether physician is a current IDSA member (not required but one person on the application must be an IDSA member) and whether the physician is board certified in infectious disease.

        If the physician lead is not board certified in ID, documentation must be provided demonstrating completion of targeted education focused on AS stewardship practices or additional stewardship expertise (e.g., further education or skillset). Suggested examples may include:
          - Training and activities from CDC, CMS or conferences
          - Stanford Antimicrobial Safety & Sustainability Program
          - IDSA or SHEA AS training, including pre-workshops at IDWeek (e.g., SHEA stewardship track)
          - Stewardship-specific conferences

    ii.   Pharmacist ASP Lead Information*
        Required information includes name, degree(s)/credentials, title/role, years of experience and percentage of weekly time dedicated to ASP.

        The application must note whether the pharmacist lead is a current IDSA member (not required but one person on the application must be an IDSA member).

    iii.   Primary Contact*
        Applicants must designate a primary point of contact who can answer questions about the application and should receive updates on application status. If the hospital is designated, IDSA will note this individual as the contact for updates, program announcements and renewal notifications. The physician or pharmacist ASP lead can serve as the primary contact, or another individual can be designated.

NOTE: A current IDSA member must be associated with the application. This can be one of the ASP leads, the primary contact or secondary contact.

iv. Secondary Contact (optional)
IDSA recommends a secondary contact who will be contacted in case the primary contact cannot be reached. This happens if there are staffing changes or an individual is on leave. Identifying a secondary contact helps ensure that a designated hospital does not miss a renewal notification or other important announcements.

C. Pharmacy Expertise*
The pharmacist lead should have certification in AS from a reputable organization. Acceptable examples of evidence include a certificate or documentation from organizations such as IDSA, SIDP, MAD-ID Basic and/or Advanced, an accredited two-year postgraduate ID residency program or board certification in infectious disease pharmacotherapy. Documentation of at least three years of stewardship experience is recommended and may be acceptable in lieu of AS certification.

An optional text box is available for providing additional details regarding qualifications of the pharmacist lead.

D. Action
In this section, applicants must provide evidence of antibiotic stewardship interventions that improve patient outcomes, current DAILY stewardship activities and the strategies utilized (i.e., written attestation, electronic messages (email), presentations, education material, guidelines and order sets).

i. The hospital's AS Policy must be uploaded.*

ii. Three AS guidelines must be uploaded, one of which must be for IV to PO interchange.*
Two additional AS guidelines may be uploaded for a total of five.

iii. Supporting documentation of AS interventions that improve patient outcomes and current DAILY stewardship activities should be provided. There is no limit to the number of files that can be uploaded to demonstrate this.

Possible supporting documentation may include:
- Prior authorization (list antimicrobials, policy or procedure with list)
- Prospective audits with feedback (list antimicrobials)
- Institutional guidance for specific infections (list guidelines)
- Formulary restrictions for specific antimicrobials (list antimicrobials)
- Active daily review of patients with targeted infections (list targeted infections)
- Diagnostic stewardship activities (please describe)
- Evidence that the impact of actions is being monitored for success
- Required dose and indication for all antibiotic orders
- Evaluation of opportunities to convert IV to PO antibiotics

- Criteria for restricted use for broad-spectrum antimicrobial agents
- Copy of hospital stewardship policy in place of supporting documents if the policy includes the specific activities outlined above

iv. An example of one major initiative that resulted in the AS program identifying a problem and implementing a solution to improve antimicrobial prescribing within the last 3 years is required. It is important that the example link CDC AS Core Elements of action, tracking, reporting and education, and include supporting documentation with graphs or tables. The description is limited to 500 words and there is no limit to the number of files that can be uploaded to support this.*

v. Optional Information
This section is not required for designation.

There is an option to provide a description of three to five unique or novel ways your stewardship program has improved antibiotic prescribing, antibiotic-associated outcomes or diagnostic stewardship. The description is limited to 500 words and does not include an option to upload files.

There is an option to provide one example of an AS intervention that involves other clinical pharmacists or pharmacy staff in implementation. This is file upload only and limited to one file.

E. Tracking
Applicants must demonstrate the use of metrics for monitoring and improving their AS program. Specific requirements include that the hospital is
- Tracking DOTs
- Using DOT tracking to improve antibiotic prescribing
- Reporting antimicrobial utilization to the CDC NHSN
Exception: NHSN reporting is not required for hospitals outside of the United States; however, they must demonstrate that DOTs are reported to institutional leadership.

i. Check all AS metrics from the list that are tracked. There is an "other" field where additional measures can be listed if applicable.*

ii. Provide evidence of improvement in antimicrobial prescribing within the past three years by uploading supporting documents. There is no limit on the number of files.

iii. Provide evidence of an intervention where a change in DOT was tracked and resulted in improvement to antibiotic prescribing by uploading supporting documents. There is no limit on the number of files.*

iv. Provide a description and supporting documentation of ONE stewardship initiative within the last 2 years, including the associated impact on antimicrobial utilization, cost, clinical outcomes or adverse effects.*

The example submitted in item D-iv may be used for this item. Check the appropriate box if the reviewers should refer to that example. To provide a different example, enter a description of 500 words or less and upload supporting documents. There is no limit on the number of files.*

v. Optional (not required for designation):
Provide a description of measurement of daily stewardship interventions. The description is limited to 500 words and does not include an option to upload files.

F. Reporting

i. Describe the ASP reporting structure*
Include information such as:
- Outline of the reporting structure and where ASP reports (e.g., quality, infection prevention, P&T)
- Recipients of reports (hospital leadership and key stakeholders)
- Frequency of reporting
- Data metrics reported (e.g., DOT, intervention, current projects)

The description is limited to 500 words and up to three files may be uploaded as supporting documentation.

ii. Provide evidence as to how the hospital shares facility and/or individual prescriber-specific reports on antibiotic use with prescribers and key stakeholders by uploading supporting documentation. There is no limit on the number of files.*

G. Education

i. Provide examples of AS education efforts with different health care groups within the last 3 years with supporting documentation.*
Include the frequency (annual – minimum, biannually – max) for all educational documentation. There is no limit on the number of files.

ii. Provide evidence on how your ASP educates on a larger scale and provides education to three targeted audiences/groups with supporting documentation.*
Include evidence of:
- Spotlight education on the importance of antibiotic stewardship/continued reinforcement of stewardship
- AU or optimization
- A post-test or knowledge assessment
- Patient education on antibiotics
- Educational material developed in collaboration with target audiences (physicians, pharmacists, nurses, APPs and other hospital staff)
There is no limit on the number of files.

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Part 3: Optional Additional Information

This section is for additional information applicants wish to share with the Review Panel. It is not required for designation. If the application does not contain content in this section, that alone will not result in denial of designation. Use this section if there is evidence or documentation not already provided that demonstrates excellence in the hospital's AS program beyond the CDC Core Elements. The Review Panel has provided six potential topic areas. Please be judicious in the amount of additional information provided.

i. Documentation of involvement in educational efforts regarding antimicrobial usage/stewardship on a national level. There is no limit on the number of files.

ii. List of stewardship-related publications within the last 2 years (citations only) – description only, limited to 250 words or less.

iii. Description of external stewardship collaborations in the last 3 years, limited to 250 words or less.

iv. AS regional and national oral or abstract presentations within the last 2 years. Up to five files may be uploaded.

v. Description of AS-related research grants received within the last 2 years, limited to 250 words or less.

vi. The Review Panel is always interested in novel approaches to AS that can be shared with the broader ASCoE community. If your hospital has an example for consideration, it may be described here in 250 words or less.

vii. Any additional documents to support the application may be uploaded here, limit of five.

Part 4: Terms and Conditions

Hospitals approved for designation as an AS Center of Excellence are granted a limited, revocable, non-assignable license for two years upon payment of a non-refundable license fee of five thousand dollars ($5,000.00). This section summarizes the Terms and Conditions for designation. An authorized representative of the hospital must acknowledge agreement to these Terms and Conditions for the application to proceed.

If the person completing the application is not the same person who will agree to the Terms and Conditions, save the application as a draft. Your email address will be recorded as your username, and you will be prompted to set a password. You will receive an email from "no-reply@formassembly.com" with a link to your application. Send the link to the individual who will accept the Terms and Conditions. This individual should use your login to access the application, acknowledge the terms and enter their name. The application can be saved as a draft for submission later or submitted.

4. **Sample Application**
    A sample application can be found on this page of the IDSA website.
    https://www.idsociety.org/globalassets/ascoe-new-application-sample.pdf

5. **Contact Information**
    If you have any questions or need assistance in completing or submitting your application, contact the ASCoE program team at ascoe@idsociety.org.