IDSA Antimicrobial Stewardship Centers of Excellence - Core Criteria Description

Program attests to complying with CDC Core Elements, specifically:

- o Sustained Institutional Leadership Support
- o Represents having ID Physician Leadership of the ASP, who receive protected time or compensation for their leadership.
- o Represents having Drug Expertise with ID-trained Pharmacist
    - ▪ PharmD with **one** of the following:
        - o Three years of clinical pharmacy experience AND AS training course certificate (SIDP/MAD-ID course) AND a letter of endorsement from ID Physician
        - o Completed PGY-1 Residency AND AS training course certificate (SIDP/MAD-ID course)
        - o PGY-2 Residency in ID
        - o ID fellowship
- o Has established protocols, consistent with reporting on antibiotic use and resistance patterns to clinicians, and proven interventions that effectively optimize antimicrobial use
- o Provides on-going education to facility staff

Demonstrate effective use of Electronic Health Record (EHR) and/or Clinical Decision Support System (CDSS) as an integral component of the ASP. At a minimum, a program should be able to demonstrate the following capabilities of their EHR/CDSS:

- Produces reports on overall antibiotic use and trends (antibiotic use measured by using defined daily dosing (DDD) or days of therapy (DOT)).
- Produces reports on ASP interventions accepted and actions taken (e.g., percentage of cases where therapy is appropriate, adherence to hospital-specific guidelines, frequency at which de-escalation occurs, appropriate cultures obtained before starting antibiotics, timely administration of appropriate antibiotics for those cases of suspected sepsis, and performance of antibiotic time-outs), and measures of appropriate use and outcome measures such as length of stay, risk-adjusted mortality, hospital-onset *C. difficile* infection rates, adverse drug reactions, and antibiotic-resistance (focusing on hospital onset cases).

IDSA Antimicrobial Stewardship Centers of Excellence - Possible Supporting Documentation*	
Leadership Commitment: *Dedicate necessary human, financial and information technology resources.* **Accountability:** *Appoint a leader or co-leaders, such as a physician and pharmacist, responsible for program management and outcomes.*	• Hospital mission statement, if it specifically mentions AMS as a priority or its associated values of safety and quality. • Letter of attestation from division chief or C-suite executive reflecting leadership commitment and assigned accountability. • Documentation of ID physician leadership of the ASP, including amount of protected time or compensation for their leadership. • Print out/screenshot of facility's website that outlines ASP leaders and title(s).

Drug Expertise:
Appoint a pharmacist, ideally as the co-leader of the stewardship program, to lead implementation efforts to improve antibiotic use.
	• ≥ 1 following (depending on which criteria PharmD fulfills):
	  • Letter from institution or ID physician, attesting that Pharmacist has three years of clinical experience
	  • Copy of certificate of PGY-1 Residency
	  • Copy of certificate of PGY-2 ID Residency
	  • Copy of training certificate (MAD-ID or SIDP)
	  • Copy of certificate of ID fellowship

Action: *Monitor antibiotic prescribing, impact of interventions, and other important outcomes like C. difficile infection and resistance patterns.*	• Annual action plan for ASP. • Copy of disease-specific protocol developed and implemented, with outcomes. • List of peer-reviewed, published literature displaying effectiveness of interventions of ASP.

Tracking:
Regularly report information on antibiotic use and resistance to prescribers, pharmacists, nurses, and hospital leadership.
	• Monitoring antibiotic prescribing and resistance patterns.
	• Demonstrate effective use of Electronic Health Record (EHR) and/or Clinical Decision Support System (CDSS) as an integral component of the ASP. At a minimum, a program should be able to demonstrate the following capabilities of their EHR/CDSS:
	  o Produces reports on overall antibiotic use and trends (antibiotic use measured by using defined daily dosing (DDD) or days of therapy (DOT));
	  o Produces reports on ASP interventions accepted and actions taken (e.g., percentage of cases where therapy is appropriate, adherence to hospital-specific guidelines, frequency at which de-escalation occurs, appropriate cultures obtained before starting antibiotics, timely administration of appropriate antibiotics for those cases of suspected sepsis, and performance of antibiotic time-outs), and measures of appropriate use and outcome measures such as length of stay, risk- adjusted mortality, hospital-onset C. difficile infection rates, adverse drug reactions, and antibiotic-resistance (focusing on hospital onset cases).

Reporting: *Regularly report information on antibiotic use and resistance to prescribers, pharmacists, nurses, and hospital leadership.*	• Demonstrating participation in CDC AUR Module; • Examples of institution-specific reports (templates, past reports, etc.) and outline of reporting structure.
Education: *Educate prescribers, pharmacists, and nurses about adverse reactions from antibiotics, antibiotic resistance and optimal prescribing.*	• Documentation that reflects well-established and ongoing education efforts with clinicians, including clinicians of various disciplines (surgery, hospitalists, pulmonary, etc.), nurses, and pharmacists.