



• Antimicrobial Stewardship Centers of Excellence •
Designation Application

Part I: Demographic Data

Hospital/Facility Name:

Street address

City

State

Zip code

Hospital website

Primary Contact for Centers of Excellence Program Designation

Name

Degree

Title

Phone number

E-mail address

Billing/Accounting Contact

Name

Title

Phone Number

E-mail address

Hospital Size (Bed count)

<100

101-300

301-500

501-700

701-1000

>1001

Hospital Setting

Urban

Rural

Suburban

Other

Facility Type

Community

Academic

Community Teaching

Government

Critical Access

Other

Specialty Care Provided (check all that apply):

Solid organ transplant

Bone marrow transplant

Burn unit

Cystic fibrosis

Trauma

Other

Geographic Region

Northeast

Midwest

South

West

Patient Population (check all that apply):

- Pediatrics
- Adults
- Inpatient
- Outpatient
- Other

Organization Type (check all that apply):

- For-profit
- Not-for-profit
- Community-based
- Academic/University
- Government
- Physician-Owned
- Teaching
- Research
- Other

Hospital/Facility will be designated as (check all that apply):

- General Acute Care Facility
- Critical Access Hospital
- Children's Hospital
- Long-Term Acute Care
- Ambulatory Care
- Other

List Hospital Accreditations/Certifications

Which best describes your hospital/facility structure:

- A single, stand-alone facility: Not part of a healthcare system
 - Part of a multi-site healthcare system (i.e., governance at both the system and local levels).
 - Part of a multi-site healthcare system (i.e., each site has decision-making autonomy).
 - Matrix system: Some functions are centralized at the system level, and others are local
 - Other
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Part II: ASP alignment with the CDC Core Elements of Hospital Antibiotic Stewardship Programs

Hospital Leadership Commitment: Provide a formal letter of attestation from Division Chief or C-Suite Executive describing the program’s efforts to improve antibiotic use, including budgeted financial support for antibiotic stewardship activities, training, and supporting enrollment in and reporting to the National Healthcare Safety Network (NHSN) Antimicrobial Use and Resistance (AUR) Module with dedicated IT support), performance improvement plans, and strategic planning.

Required documents:

- Letter of attestation from division chief or C-suite executive reflecting leadership commitment and assigned accountability (to include documentation of protected or compensated time for ASP leader(s) to conduct stewardship activities 5 days a week).

Name(s) of letter signatory:

Name of physician leader:

Name of pharmacy leader:

Accountability: Provide the details of the physician and pharmacy leads that receive protected time or compensation to manage the ASP.

Physician Co-Lead

Degree(s)

Title/Role

Years of Experience

Percentage of time dedicated to ASP

Please provide details regarding the physician lead qualifications.

Pharmacist Co-Lead

Degree(s)

Title/Role

Years of Experience

Percentage of time dedicated to ASP

Please provide details regarding the pharmacist lead qualifications.

Pharmacy Expertise: Provide evidence of appointed pharmacist leader(s) fulfilling **ONE** of the following criteria:

- 1) Three years of clinical pharmacy experience, AND completion of Antimicrobial stewardship (AS) certificate program, AND a letter from institution or ID physician attesting that Pharmacist has three years of clinical experience.
- 2) Completion of PGY-2 ID Residency or Infectious Diseases Fellowship (Copy of certificate)

Required documents:

- Submit a copy of the certificate (PGY-1/PGY-2 ID Residency, MAD-ID, SIDP, BCIDP, and/or ID fellowship).
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Action: Provide evidence of antibiotic stewardship interventions that improve patient outcomes. Describe current DAILY stewardship activities and the strategies utilized (i.e., written attestation, electronic messages (e-mail), presentations, education material, and order sets).

Possible Supporting Documentation

- Prior authorization (List antimicrobials)
- Prospective audit with feedback (List antimicrobials)
- Develop institutional guidance for specific infections (List guidelines)
- Formulary restriction 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 for 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.

2) Provide an example of ONE major initiative that resulted in your stewardship program identifying a problem and implementing a solution to improve antimicrobial prescribing conducted at your hospital within the last 3 years.

IMPORTANT: The initiative example should link the following CDC stewardship core elements: action, tracking, reporting, and education in 500 words or less. Include supporting documentation).

A. [Optional] Provide evidence of three to five unique or novel ways your stewardship program has improved antibiotic prescribing, antibiotic-associated outcomes, or diagnostic stewardship in 500 words or less. *This question is optional and not a requirement to achieve COE designation.*

B. [Optional] Provide one example of an antimicrobial stewardship intervention that involves other clinical pharmacists or pharmacy staff in implementation (e.g., protocol outlining pharmacy-driven PK consult service or antibiotic-time out process). *This question is optional and not a requirement to achieve COE designation.*

Tracking: *Demonstrate measurement of antibiotic stewardship interventions and assessment of impact.*

1) What metrics does your ASP track (check all that apply)? **Required*

DOTs*

DDDs

Antibiotic starts

Acquisition cost

Resistance*

Cost per patient admission

Cost per patient day

Duration of therapy

NHSN SAAR* for antimicrobial utilization

Other

2) Provide an example of **ONE** stewardship initiative within the last 2 years, and the associated impact on antimicrobial utilization, cost, clinical outcomes, or adverse effects. Can be the same example as listed in Action section above.

Please describe in 500 words or less and provide graphs or tables as necessary.

[Optional] Measure daily stewardship interventions. This question is optional and will not impact the merit of CoE designation. Please describe in 500 words or less and provide graphs or tables as necessary.

This question is optional and not a requirement to achieve COE designation.

Possible Supporting Documentation

- Evidence of monitoring antibiotic prescribing and utilization (e.g., antimicrobial utilization data/report)
 - Evidence of monitoring resistance patterns (e.g., antibiogram)
 - Demonstrate effective use of Electronic Health Record (EHR) and/or Clinical Decision Support System (CDSS) as an integral component of the ASP (e.g., a screenshot of CDSS list or module)
 - Demonstrating participation in CDC AUR module (screenshots)
 - Antibiotic resistance testing: Hospital-wide antibiograms with/without unit-specific or disease site-specific antibiograms
 - Outcome measures: Demonstrate an intervention with process measure linked to a specific outcome
 - Disease/drug-specific tracking
 - Overall and drug-specific DOT/ABX use monitoring
 - Tracking and monitoring of ASP intervention types
 - Reporting of interventions to targeted stakeholders
 - Hospital-acquired CDI rates
 - Antimicrobial utilization
 - Antimicrobial expenditure
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Reporting: Demonstrate routine reporting to prescribers, pharmacists, nurses, and leadership on process and outcome measures.

1) Explain how your hospital currently shares facility and/or individual prescriber-specific reports on antibiotic use with prescribers, including personalized reports on prescribing patterns and opportunities for improvement to key stakeholders. All reports should be facility-specific (not just accumulated data from an organization).

Possible Supporting Documentation

- Evidence of ASP reporting with a targeted performance for intervention.
 - Unit-specific reports for display and education.
 - Direct reports of tracked ASP measures to medical staff.
 - Institution-specific example reports on medication use evaluations (templates, past reports, etc.).
 - Outline of reporting structure.
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Education: *Demonstrate comprehensive efforts to improve hospital antibiotic use.*

1) Provide examples that reflect well-established and ongoing education efforts with different healthcare groups (clinicians, prescribers, pharmacists, nursing, etc.). Examples should be within the last 3 years.

Possible Supporting Documentation (Please provide up to three examples).

- Presentation given within the past 12 months to physicians and/or pharmacists and/or nurses and/or other relevant staff (if a PowerPoint presentation, please convert to a document showing 2-3 slides per page) relating to antibiotic usage/optimization.
- Patient education materials given to patients/caregivers regarding antimicrobials.
- Information provided to patients/caregivers on discharge when discharged to complete an antibiotic regimen.
- Educational material developed in collaboration with nursing representative.
- Communication provided to patients/caregivers as part of an ongoing patient education effort (e.g., newsletter).
- Post-test or knowledge assessment.

[Optional] Provide documentation supporting involvement in educational efforts regarding antimicrobial usage/stewardship on a national level (e.g., documentation of involvement in an organization or committee focused on provider education).

This question is optional and not a requirement to achieve COE designation.

Part III: Provide any additional information on regional or national stewardship collaborations, publications, and presentation.

Possible Supporting Documentation

- List stewardship-related publications within the last 3 years (include refs only).
- Describe any stewardship collaborations your hospital has participated in the last 3 years (i.e., how your hospital engages in ongoing, formal collaboration beyond your facility to advance antibiotic stewardship, whether informal or on an as-needed basis).
- List stewardship regional and national presentations within the last 3 years.
- List any stewardship-related research grants within the last 3 years.

This question is optional and not a requirement to achieve COE designation.

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<https://www.idsociety.org/clinical-practice/antimicrobial-stewardship/>