Program attests to complying with **CDC Core Elements**, specifically:

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