



# Antimicrobial Stewardship Center of Excellence Application & Designation Terms & Conditions

## \* Required items

### **Part I: Demographic Data**

Hospital Name (single hospital only)\*

Street Address (location of hospital operations)\*

City\*

State\*

Postal Zip Code\*

Country

Hospital Public Website (main page showing name and location of hospital)\*

### **Primary Contact Name\***

Degree\*

Title\*

Phone Number\*

Primary Contact Email Address\*

### **Billing Contact Name\***

Title

Phone Number

Billing Contact Email Address\*

Hospital Size (bed count)\*

- < 100
- 101 – 300
- 301 – 500
- 501 – 700
- 701 – 1000
- > 1000

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

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

**Part II:  
ASP alignment with CDC Core Elements of Hospital Antibiotic Stewardship Programs**

**CDC CORE ELEMENT: Hospital Leadership Commitment**

Provide a formal letter of attestation from the Division Chief or C-Suite Executive, dated and current within 1 year, reflecting leadership commitment, assigned accountability and including documentation of protected or compensated time for ASP leader(s) to conduct stewardship activities 5 days a week.

The letter should describe the program's efforts to improve antibiotic use, including budgeted financial support for antibiotic stewardship activities, training, 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.

Letter\*  
Name(s) of letter signatory

**CDC CORE ELEMENT: Accountability**

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

- Physician Co-Lead Name\*
- Degree(s)
- Title / Role
- Years of Experience
- Percentage of time dedicated to ASP
- Please provide details regarding qualifications of the physician lead.
  
- Pharmacist Co-Lead Name\*
- Degree(s)
- Title / Role
- Years of Experience
- Percentage of time dedicated to ASP
- Please provide details regarding the qualifications of the pharmacist lead.

**CDC CORE ELEMENT: Pharmacist Expertise**

Provide evidence of appointed pharmacist leader(s) fulfilling ONE of these two 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.  
*OR*
- 2) Completion of PGY-2 ID Residency or Infectious Diseases Fellowship (Copy of certificate)

### **CDC CORE ELEMENT: Action**

Provide evidence of antibiotic stewardship interventions that improve patient outcomes, 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 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 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.

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 example should link the CDC stewardship core elements of action, tracking, reporting, and education, and include supporting documentation. (500 words or less)*

#### Optional Information (not required for designation)

Describe three to five unique or novel ways your stewardship program has improved antibiotic prescribing, antibiotic-associated outcomes, or diagnostic stewardship. (500 words or less).

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).

### **CDC CORE ELEMENT: Tracking**

Confirm that your ASP tracks the following required metrics.\*

- DOTs
- Resistance
- NHSN SAAR for antimicrobial utilization

Does your ASP track any of these metrics (check all that apply)?\*

DDDs

- Antibiotic starts
- Acquisition cost
- Cost per patient admission
- Cost per patient day
- Duration of therapy
- Other

List other metrics tracked (if applicable)

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. This can be the same example as listed in the previous Action section. (500 words or less with graphs or tables)\*

Optional (not required for designation):

Describe measurement of daily stewardship interventions. (500 words or less)

Possible Supporting Documentation for measurement of daily stewardship interventions

- Evidence of monitoring antibiotic prescribing and utilization (e.g., antimicrobial utilization data/report)
- Evidence of monitoring resistance patterns (e.g., antibiogram)
- 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)
- Participation in CDC AUR module (screenshots)
- Antibiotic resistance testing: Hospital-wide antibiograms with/without unit-specific or disease site-specific antibiograms
- Outcome measures: 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
- Graphs, tables or supporting documents

### **CDC CORE ELEMENT: Reporting**

Provide evidence as to 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

#### **CDC CORE ELEMENT: Education**

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 (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 relating to antibiotic usage/optimization (if a PowerPoint presentation, please convert to a document showing 2-3 slides per page)
- 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 of involvement in educational efforts regarding antimicrobial usage/stewardship on a national level (e.g., involvement in an organization or committee focused on provider education).

#### **Part III: Optional**

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

#### Possible Supporting Documentation

- List of stewardship-related publications within the last 3 years (citations only).
- Description of 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 of stewardship regional and national presentations within the last 3 years.
- List of stewardship-related research grants within the last 3 years.

#### **Part IV: Optional**

Include additional documents that you feel will be helpful for the review panel in assessing your application.

#### **Terms & Conditions\***

By signing below, I acknowledge and agree that I am authorized as a representative of the Hospital submitting this application to accept the following terms and conditions, on behalf of the Hospital, for participation in the Antimicrobial Stewardship Centers of Excellence ("Program"):

- Participation and designation by IDSA as an "Antimicrobial Stewardship Center of Excellence" is subject to Hospital's compliance with all applicable laws and IDSA policies, including specifically those policies related to the Program.
- IDSA is the sole owner of all rights, title, and interest in and to IDSA's name and trademarks, including the IDSA "Antimicrobial Stewardship Center of Excellence" designation, for which a limited, revocable, non-assignable license will be granted to Hospital for use, only upon the prior review and approval of IDSA, and subject to the terms and conditions of the Program.
- The Hospital shall pay a non-refundable license fee of five thousand dollars (\$5,000.00) with each approved initial or renewal application for participation in the Program.
- The limited license herein and related fee will be valid for two (2) years starting with the date listed on the Program designation letter and certificate provided by IDSA and will expire at the end of the two (2) year period. Hospital's use of the limited license must cease following expiration or termination of Hospital's participation in the Program.
- IDSA will list the Hospital's name on its public website list of Antimicrobial Stewardship Centers of Excellence.
- Neither IDSA nor the Hospital may disclose any Confidential Information of the other that was acquired in the course of Hospital's application to or participation in the Program, except as permitted by the other party or under compulsion of law. "Confidential Information" means any information that is not generally available to the public.
- Any notices or communications required for the license shall be in writing via electronic mail to the contact persons designated by IDSA and Hospital and shall become effective upon receipt unless the recipient responds otherwise.
- IDSA may terminate Hospital's participation in the Program for the Hospital's breach of 1) these Terms and Conditions; or 2) any other applicable requirements or obligations under the Program upon written notice and Hospital's failure to cure such breach within ten (10) days of the written notice.

Name of Hospital representative\*

Title\*