Introduction
This instruction manual is to be used alongside filling out the Honor Roll application. The Honor Roll application is open to all California hospitals (acute care, critical access, long-term acute care) to apply for Honor Roll designation. The application covers antimicrobial stewardship program (ASP) activities for the two years prior to the enrollment period. Individual institutions within a healthcare system will need to apply separately to obtain designation for each facility.

Enrollment Process and Notifications
Application deadlines are every 6 months: September 1 and March 1. Designations are for Bronze, Silver, and Gold. If a facility is awarded Bronze or Silver, that facility can apply for an upgrade in the next 6 month enrollment period. A facility has the option to continue to apply for an upgrade every 6 months until they reach Gold level. Facilities will be notified and awarded (if accepted) approximately 1 month after each application deadline.

Designation Period
Facilities enrolled into the Honor Roll will receive a designation expiring 2 years from the notification date. For example, applications placed during enrollment period with September 1, 2020 deadline will be notified and awarded around October 1, 2020. Their designations will expire two years from the award date October 1, 2022. Applications for upgrades, will also have a 2 year expiration from the awarded date corresponding to the 6 month enrollment period. For example, a facility applies for an upgrade by the March 1, 2021 deadline and was accepted, will be notified approximately April 1, 2021 with designation expiring on April 1, 2023. Once Gold level is reached, facilities can apply again in two years for the Honor Roll.

Instructions
1) Review criteria in the table below to determine your institution’s designation for Bronze, Silver, or Gold. Refer to the CDC Core Elements at https://www.cdc.gov/antibiotic-use/core-elements/hospital.html.
2) Collect supporting documentation for each section. Examples of documentation are included in each section below.
3) Complete the SurveyMonkey application (https://www.surveymonkey.com/r/ASPHonorRoll) by deadline above. Your answers and document uploads will be saved automatically. If you need to complete your application at a later date, use the same computer and browser to access your saved information. Do not delete cookies on your browser. See Appendix A for a preview of application questions.
Criteria

To qualify for Bronze designation, you must have at least one item from each of CDC’s core elements with supporting documentation.

To qualify for Silver designation, in addition to satisfying the criteria for Bronze, you must:
- Satisfy all Silver/Gold Designation questions in Part II and provide documentation for each of those items, and
- Provide an outcomes example in Part III.

To qualify for Gold designation, in addition to satisfying criteria for Bronze and Silver noted above, you must also provide a community engagement example in Part IV.

Part I - Institution Information

1. Enter name of hospital.
2. Enter address, city, state, county, and website. Provide as much information as possible.
3. Enter your facility’s NSHN ID. Tip: Ask your Infection Preventionist for this information.
4. Enter primary contact information. Provide as much information as possible.
5. Enter alternate contact information.
6. Enter a second alternate contact information, if applicable.
7. Check all that apply for your facility’s association.
8. Check your facility’s ownership type. Choose from the drop down menu.
9. Select average number of beds from the drop down menu.
10. Check the facility type that applies best to your facility. Check all that apply.

Part II - CDC Core Elements

Satisfy one item for each of CDC’s 7 Core Elements for at least Bronze level designation.

All items marked with 🔴 are required for Silver designation, and items marked with 🌈 are required for Gold designation.

Additional instructions and examples (not a complete list) for each element are described below.
Core Element 1: Leadership Commitment
1. Select “Yes” or “No.” Dedicated time refers to managing the stewardship program and conducting daily stewardship interventions. If yes, list the name(s), title(s), role(s) of leader(s) and FTE(s). Required for Silver and Gold.
2. Select “Yes” or “No.” Resources refers to items such as support to attend antimicrobial stewardship trainings, or IT or software support. If yes, check all that apply and describe (example: Core members of ASP received support to attend training for IDSA workshop). Required for Silver and Gold.
3. Select “Yes” or “No.” If yes, list names, titles, and roles of staff from key support departments and amount of FTE provided for antimicrobial stewardship activities.
4. Select “Yes” or “No.” If yes, then provide name and title, and describe how this senior executive helps the program.
5. Select “Yes” or “No.” If yes, select the frequency of the scheduled meetings with facility leadership from the drop down menu.
6. Select “Yes” or “No.” Check all that apply.
7. Select “Yes” or “No.”
8. Select “Yes” or “No.” If yes, describe other examples of leadership commitment.

Supporting documentation
Upload documentation of your facility’s leadership support. Examples of support include:
• Leadership support letter (See Appendix B for template)
• Hospital mission statement, if it specifically mentions antimicrobial stewardship as a priority
• Letter of attestation from Division Chief or C-Suite Executive reflecting leadership commitment and assigned accountability
• Print out/screenshot of facility’s website that shows leadership title

Core Element 2: Accountability
1. Select “Yes” or “No.” If yes, list the name(s), title(s), and role(s) of each leader.
   If a non-physician is the leader of the program, select “Yes” or “No.” Select “Not applicable” if there is a physician co-leader.
2. Select “Yes” or “No.” If yes, describe other examples of accountability.

Core Element 3: Pharmacy Expertise
1. Select “Yes” or “No.” If yes, list the names, titles, and roles of your pharmacists. Check all that apply for the level of training for each of your pharmacists.
2. Select “Yes” or “No.” If yes, describe other examples of pharmacy expertise.

Core Element 4: Action
1. Select “Yes” or “No” for each item that your facility performs. If yes is selected for any item, upload supporting documentation. Examples follow.
   • Specific interventions to ensure optimal use of antibiotics for treating the most common infections (e.g., CAP, UTI, SSTI). Example: ensuring correct discharge duration of therapy.
Annual ASP action plan
Protocol for implemented intervention

- Preauthorization for specific antibiotic agents
  - Facility guidelines/protocols/policies that discuss preauthorization process
  - Screenshot or copy of preauthorization requirement for ordering specific antibiotic agents
- Requirements for prescribers to document indication on medical record or during order entry for all antibiotic prescriptions
  - Annual ASP action plan
  - Guidelines/protocols or policies
  - Copy or screenshot of order entry

- Prospective audit and feedback for specific antibiotic agents. **Required for Silver and Gold.**
  - Facility protocols/policies that discuss prospective audit and feedback processes.
- Requirements for documenting or a procedure for defining duration for all antibiotics once a diagnosis has been established
  - Annual ASP action plan
  - Guidelines/protocols or policies
- Facility-specific treatment recommendations to assist with antibiotic selection for common clinical conditions. **Required for Silver and Gold.**
  - Facility specific guidelines/protocols or policies for treatment based on national guidelines and local pathogen susceptibilities
  - Protocol for implemented intervention with summary of results
- Formal procedure for all prescribers to conduct daily reviews of antibiotic selection until a definitive diagnosis and treatment duration are established (i.e. time out)
  - Annual ASP action plan
  - Guidelines/protocols or policies regarding the process
  - Copy or screenshot of, e.g, electronic medical record alert prompting review of antibiotic after 3 days of start date

2. Select “Yes” or “No” for each intervention as it applies to your facility. If yes is selected for any item AND you are using this item as documentation for Bronze level designation, then upload supporting documentation.
3. Select “Yes” or “No.” If yes, describe other examples of action.

**Supporting Documentation**
Collect all documents to support the questions above. Examples of documents to upload are listed above. Combine all documents into a single file for uploading.
- For Bronze, supply documentation for at least one question. It is not necessary to submit documentation for all questions to which you answer “Yes.”
- For Silver or Gold, supply documentation for all Silver/Gold level questions.

**Core Element 5: Tracking**
1. Select “Yes” or “No” for each question. If yes is selected for any item, upload supporting documentation. Examples follow.
   - Preauthorization interventions by tracking which agents are being requested for which conditions
Individual-, unit-, or service-specific report

- Antibiotic use (through DOT, DDD or NHSN AU module, etc). Required for Silver and Gold.
  - Individual-, unit-, or service-specific reports on antibiotic use in DOT (days of therapy) or DDD (defined daily doses), or some other way
  - Recent report from the National Healthcare Safety Network (NHSN) Antimicrobial Use (AU) module
- Adherence to a documentation policy (dose, duration and indication). Documentation policy refers to adherence in documenting dose, duration and indication. This may be in the medical record or in the order entry process, or some other means of tracking.
  - Individual-, unit-, or service-specific report
- Prospective audit and feedback interventions by tracking the types of interventions and acceptance of recommendations. Required for Silver and Gold.
  - Report on individual-, unit-, or service-specific interventions and acceptance
- Performance of antibiotic timeouts to see how often these are being done and if opportunities to improve use are being acted on during timeouts
  - Individual-, unit-, or service-specific report
- Adherence to facility specific treatment recommendations. Tracking adherence to facility specific treatment recommendations may be reviewed periodically to a specific treatment guideline. This does not require routine or frequent monitoring to qualify. Required for Silver and Gold.
  - Individual-, unit-, or service-specific report.
- Routine medication use evaluations (MUE) to identify opportunities to improve use.
  - MUE report that assesses course of therapy for select antibiotic and/or infections
- Assess how often patients are discharged on the correct antibiotics for the recommended duration. Monitoring may be periodic review for assessing how often patients are discharged on the correct antibiotics for the recommended duration.
  - Individual-, unit-, or service-specific report based on a specific antibiotic and/or infection
- Antibiotic resistance.
  - Recent report from the NHSN AR module
  - Individual-, unit-, or service-specific reports on antibiotic resistance monitoring.
- CDI in context of antibiotic use
  - Graphs of CDI rates in relation to antibiotic use

2. Select “Yes” or “No.” If yes, select if your facility produces facility-wide and/or unit or service level antibiograms. If applicable, upload:
  - Facility specific antibiogram (should be at least annually produced)

3. Select “Yes” or “No.” If yes, describe other examples of tracking.

**Supporting Documentation**
Collect all documents to support the questions. Examples of documents to upload are listed above. Combine all documents into a single file for uploading.
- For Bronze, supply documentation for at least one question. It is not necessary to submit documentation for all questions to which you answer “Yes.”
- For Silver or Gold, supply documentation for all Silver/Gold level questions.
Core Element 6: Reporting
1. Select “Yes” or “No” for each question. If yes is selected for any item, upload supporting documentation. Examples follow.
   - Adherence to treatment recommendations. Examples include institution specific reports disseminated to prescribers/stakeholders, such as:
     □ Results from medication use evaluation
   - Facility and/or individual prescriber-specific reports on antibiotic use. Required for Silver and Gold.
     □ Institution specific reports disseminated to prescribers/stakeholders (Examples: monthly report on intervention and acceptance, medication use and evaluation summary report)
   - Current antibiogram
     □ Copy of email/memo/newsletter or other form of communication to prescribers regarding the current antibiogram
2. Select “Yes” or “No.” If yes selected, please describe other examples of reporting.

Supporting Documentation:
Collect all documents to support the questions. Examples of documents to upload are listed above. Combine all documents into a single file for uploading.
- For Bronze, supply documentation for at least one question. It is not necessary to submit documentation for all questions to which you answer “Yes.”
- For Silver or Gold, supply documentation for all Silver/Gold level questions.

Core Element 7: Education
1. Select “Yes” or “No” for each question. If yes is selected for any item, upload supporting documentation. Examples follow.
   - Education to prescribers and other relevant staff on optimal prescribing, adverse reactions from antibiotics, and antibiotic resistance
     □ Well documented proof of education including participation by clinicians of various disciplines (Examples: continuing education quarterly seminars, new employee orientation, orientation, annual credentialing/competence training)
   - Education to prescribers as part of the prospective audit and feedback process (sometimes called "handshake stewardship"). Required for Silver and Gold.
     □ Policy/protocol/guidance that describes how education is provided to prescribers through the prospective audit and feedback process
2. Select “Yes” or “No.” If yes, describe other examples of education.

Supporting Documentation:
Collect all documents to support the questions. Examples of documents to upload are listed above. Combine all documents into a single file for uploading.
- For Bronze, supply documentation for at least one question. It is not necessary to submit documentation for all questions to which you answer “Yes.”
- For Silver or Gold, supply documentation for all Silver/Gold level questions.
If you would like to apply for at least Silver designation, select “Yes;” otherwise select “No.” If yes, you will be prompted to continue to Part III. If no, you will skip to Part V.

Part III - Demonstration of Outcomes (Required for Silver 🌋 and Gold 🌟 Designations)

Describe how you are using your tracking data to evaluate outcomes of your antimicrobial stewardship program. Provide a specific example of an intervention and outcomes (clinically meaningful results preferred). Examples are data that can be analyzed as a type of outcomes such as infection, antibiotic usage, CDI rates, etc.

Examples of interventions:

- Targeted fluoroquinolone use due to overprescribing and increased resistance in gram negatives
- Targeted *Staphylococcus aureus* blood stream infections due to high mortality rates and inappropriate antibiotics being started

1. Check all that apply for the type of project or intervention.
2. Select project time frame.
3. Check all that applies as it relates to the project target.
4. Describe the participants engaged. For example, facility-wide, top 10% prescribing ED physicians, burn unit, etc.
5. Briefly describe the project background in 1-2 paragraphs (1500 character limit).
6. Briefly describe the project rationale in 1-2 paragraphs (1500 character limit).
7. Check all that apply for the type of outcome(s). If “other” is selected, describe outcomes in a few words.
8. Summarize the measurable outcomes in 1-2 paragraphs (1500 character limit). Include numbers, percentages, rates, etc.
9. Describe the lessons learned, if any, and if you are incorporating lessons into a future intervention. Describe in 1-2 paragraphs (1500 character limit).

Optional: Attach any relevant figures, graphs, abstracts, posters, publications, or facility-specific report/summary of outcomes/figures/tables presented to clinicians/stakeholders, etc.

If you would like to apply for Gold designation, select “Yes;” otherwise select “No.” If yes, you will be prompted to continue to Part IV. If no, you will skip to Part V.

Part IV - Community Engagement (Required for Gold Designation)

For designation as Gold 🌟, you will need to demonstrate work with community healthcare partners (hospitals, skilled nursing facilities) or community engagement institutions, either locally initiated or as part of a local collaboration.

Examples of community engagement:
Mentored another facility on their ASP
Collaborate with network SNF on antimicrobial stewardship projects
Partner with Urgent-care networks to create urgent care or ED-specific ASP choices

1. Name of community partner.
2. Check all that apply for the type of community partner. If “other” is selected, please describe in a few words.
3. Describe community engagement background of how the partnership developed in 1-2 paragraphs (1500 character limit).
4. Describe community engagement purpose and significance in 1-2 paragraphs (1500 character limit).
5. Provide a time frame for community engagement duration. Please select one for the duration of work together.
6. Select “Yes” or “No.” If yes, specify length of partnership.
7. Check all that apply for the type of collaboration. Describe the work/collaboration/project in 1-2 paragraphs (1500 character limit).
8. Select “Yes” or “No.” If yes, check all that apply for type of outcome. If “other” is checked, provide details in a few words.
9. Provide additional outcome details in 1-2 paragraphs. Summarize the outcomes, include numeric details (rates, percentages, numbers), if applicable.

Optional: In addition to the information above, you may upload documentation of community engagement. Examples include: action plans, summary reports, collaborative education.

Part V - Additional Questions Regarding your Antimicrobial Stewardship Program

1. Select “Yes” or “No.” If yes, check all regional collaborative project involvement.
2. Check all that apply if you have used or referred to any of the toolkits listed.
3. Select “Yes” or “No.” If yes, list all toolkits or other HAI Program publications to which your facility contributed.
4. Select “Yes” or “No.” If yes, describe. This may be an invitation or requirement for prescriber(s) to sign a public commitment to antimicrobial stewardship. For example, a commitment poster to antimicrobial stewardship signed by prescribers is publicly displayed in the lobby where patients can see. You also have the option to upload examples of your antimicrobial commitment forms.
5. Select “Yes” or “No.”
6. Select “Yes” or “No.” If yes, mark if you have engaged patients and families.
7. Select all that apply in how you learned about the ASP Honor Roll.
8. Select “Yes” or “No.” If yes, provide more details of innovative ways you have addressed ASP at your facility.
APPENDIX A - Application

Note: Do not use this form to complete your application. Use the SurveyMonkey link to complete your application electronically. This version of the application is intended for informational purposes only. Questions designated with an asterisk (*) are required.

Part I - Institution Information

* 1. Name of hospital

2. Hospital contact information

   Address

   Address 2

   City/Town

   ZIP/Postal Code

   County

   Website

3. NHSN ID (optional, please ask your Infection Preventionist if not known)

* 4. Primary contact information

   Name

   Title

   Role

   Email Address

   Phone Number
5. Alternate contact information

Name
Title
Role
EmailAddress
PhoneNumber

6. Second alternate contact

Name
Title
Role
EmailAddress
PhoneNumber

7. Is your facility (select all that apply)

- Part of a hospital network
- Part of a health system
- Free standing
- Other (please specify)

8. Select your facility’s ownership type

9. Select average number of beds

10. Mark your facility type(s)

- Academic/Major Teaching
- Community
- Pediatric
- Critical Access
- Long-term Acute Care
- Other (please specify)

Part II - CDC Core Elements

1) Satisfy at least one item for each of CDC’s 7 Core Elements for Bronze level designation.
2) All items marked with ☐ are required for Silver designation, and items marked with ✫ are required for Gold designation.
3) Check “Yes” or “No” for each question. If yes, then respond or provide documentation as noted for each question (please refer to the Instruction Manual).

Core Element 1: Leadership Commitment

**Question 1** ☒ ☒

Does your facility leadership support dedicated time to manage the program and conduct daily stewardship interventions?

- ☐ Yes ☐ No

If Yes, please list the names, titles, and roles of leaders and amount of FTE/time dedicated to stewardship activities.
Physician

Pharmacist

Other

**Question 2**

Does your facility leadership support resources to effectively operate the program?

- ☐ Yes  ☐ No

If Yes, check all that apply.

- [ ] Training
- [ ] IT support
- [ ] Software to assist with stewardship activities
- [ ] Clinical decision support software
- [ ] Other (please specify)

**Question 3**

Does your facility leadership support sufficient time for staff from key support departments and groups to contribute to stewardship activities?

- ☐ Yes  ☐ No

If Yes, please list names, titles, and roles of key staff and amount of FTE/time provided for stewardship activities.

Infection preventionist

IT
Microbiologist

Other (please describe)

**Question 4**

Does your facility leadership include a senior executive that serves as a point of contact or “champion” to help ensure the program has resources and support to accomplish its mission?

☐ Yes  ☐ No

If Yes, please provide name, title, and describe how this senior executive helps the program.

Senior executive (C-suite)

Director of pharmacy

Director of quality

Other (please describe)

**Question 5**

Does your ASP have regularly scheduled meetings with facility leadership and/or the hospital board to report and discuss stewardship activities, resources and outcomes?

☐ Yes  ☐ No

If Yes, describe how often the program meets with facility leadership/board.

**Question 6**

Does your facility leadership support integration of antimicrobial stewardship activities into other quality improvement and patient safety efforts?
Yes  No

If Yes, check all that apply.

☐ Sepsis management
☐ Diagnostic stewardship
☐ Other (please specify)

**Question 7**

Does your facility leadership support enrollment and reporting into the National Healthcare Safety Network (NHSN) Antimicrobial Use and Resistance (AUR) Module, including any necessary IT support?

☐ Yes  ☐ No

**Question 8**

Would you like to provide other examples of leadership commitment?

☐ No
☐ Yes, please describe

**Supporting Documentation**

Please upload supporting documentation. Refer to Instruction Manual for a list of examples. If uploading multiple documents, combine into one file.

Choose File  No file chosen
Core Element 2: Accountability

Question 1

Does your facility have a leader or co-leaders responsible for program management and outcomes of stewardship activities?

☐ Yes ☐ No

If Yes, please list the names, titles, and roles of each leader.

ID physician

ID pharmacist

Non-ID physician

Non-ID pharmacist

Other (please describe)

If a non-physician is the leader of the program, does the facility have a designated physician who can serve as a point of contact and support for the non-physician leader?

☐ Yes ☐ No ☐ Not applicable

Question 2

Would you like to provide other examples of accountability?

☐ No

☐ Yes, please describe
Core Element 3: Pharmacy Expertise

**Question 1**

Does your facility have one or more pharmacists responsible for leading implementation efforts to improve antibiotic use?

☐ Yes  ☐ No

If Yes, please list the names, titles, and roles of your pharmacist(s), and check level of training for each pharmacist.

Pharmacist 1

Pharmacist 2

Pharmacist 3

**Pharmacist 1 level of training**

☐ Completed PGY2 residency in ID

☐ ID fellowship

☐ Completed a certificate program or other coursework

☐ Other (please specify)

**Pharmacist 2 level of training**

☐ Completed PGY2 residency in ID

☐ ID fellowship

☐ Completed a certificate program or other coursework

☐ Other (please specify)
**Pharmacist 3 level of training**

- ✔ Completed PGY2 residency in ID
- ✔ ID fellowship
- ✔ Completed a certificate program or other coursework
- ✔ Other (please specify)

**Question 2**

Would you like to provide other examples of pharmacy expertise?

- No
- Yes, please describe

**Core Element 4: Action**

**Question 1**

Does your facility have or perform the following?

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific interventions to ensure optimal use of antibiotics for treating the most common infections (e.g., CAP, UTI, SSTI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preauthorization for specific antibiotic agents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requirements for prescribers to document indication on medical record or during order entry for all antibiotic prescriptions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prospective audit and feedback for specific antibiotic agents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requirements for documenting or a procedure for defining duration for all antibiotics once a diagnosis has been established</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility-specific treatment recommendations to assist with antibiotic selection for common clinical conditions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Question 2

Does your facility have specific interventions to ensure optimal use of antibiotics in the following situations?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sepsis</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Staphylococcus aureus</em> infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stopping unnecessary antibiotic(s) in new cases of <em>Clostridioides difficile</em> infection (CDI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Culture-proven invasive (e.g., blood stream) infections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of planned outpatient parenteral antibiotic therapy (OPAT)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Question 3

Would you like to provide other examples of action?

- [ ] No
- [ ] Yes, please describe

Supporting Documentation

Please upload supporting documentation. Refer to Instruction Manual for a list of examples. If uploading multiple documents, combine into one file.

Choose File  No file chosen
Core Element 5: Tracking

**Question 1**

Does your antimicrobial stewardship program monitor the following?

<table>
<thead>
<tr>
<th>Core Element 5: Tracking</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preauthorization interventions by tracking which agents are requested for specific conditions</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Antibiotic use (through DOT, DDD, or NHSN AU module, etc)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Adherence to a documentation policy (dose, duration, and indication)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Prospective audit and feedback interventions by tracking the types of interventions and acceptance of recommendations</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Performance of antibiotic timeouts to see how often these are being done and if opportunities to improve use are being acted on during timeouts</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Adherence to facility-specific treatment recommendations</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Routine medication use evaluations (MUE) to identify opportunities to improve use</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Assess how often patients are discharged on the correct antibiotics for the recommended duration</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Antibiotic resistance</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>CDI in context of antibiotic use</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Question 2**

Does your facility produce an antibiogram (cumulative antibiotics susceptibility report)?

- [ ] Yes, facility-wide
- [ ] Yes, unit or service level
- [ ] No
Question 3

Would you like to provide other examples of tracking?

- No
- Yes, please describe

Supporting Documentation

Please upload supporting documentation. Refer to Instruction Manual for a list of examples. If uploading multiple documents, combine into one file.

Choose File  No file chosen

Core Element 6: Reporting

Question 1

Does your antimicrobial stewardship program report or share the following with prescribers?

- Yes
- No

<table>
<thead>
<tr>
<th>Adherence to treatment recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility and/or individual prescriber-specific reports on antibiotic use</td>
</tr>
<tr>
<td>Current antibiogram</td>
</tr>
</tbody>
</table>

Question 2

Would you like to provide other examples of reporting?

- No
- Yes, please describe
Supporting Documentation

Please upload supporting documentation. Refer to Instruction Manual for a list of examples. If uploading multiple documents, combine into one file.

Choose File  No file chosen

Core Element 7: Education

**Question 1**

Does your stewardship program provide the following?  

<table>
<thead>
<tr>
<th>Education to prescribers and other relevant staff on optimal prescribing, adverse reactions from antibiotics, and antibiotic resistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education to prescribers as part of the prospective audit and feedback process (sometimes called &quot;handshake stewardship&quot;)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Question 2**

Would you like to provide other examples of education?

<table>
<thead>
<tr>
<th>No</th>
</tr>
</thead>
</table>

| Yes, please describe |

**Supporting Documentation**

Please upload supporting documentation. Refer to Instruction Manual for a list of examples. If uploading multiple documents, combine into one file.

Choose File  No file chosen
Thank you for completing Part II of the application!

Part III asks questions that determine if your hospital is eligible for Silver designation. Please note that in order to be eligible to apply for Gold designation, all Silver designation requirements must be fulfilled.

In order to qualify for Silver designation you must also provide a specific example of an intervention and its outcomes (clinically meaningful results preferred). Please refer to the Instruction Manual for more details.

* Would you like to apply for at least Silver designation?

☐ Yes  ☐ No

Part III – Demonstration of Outcomes

Describe how you are using your tracking data to evaluate antimicrobial stewardship outcomes. Provide a specific example of an intervention and its outcomes (clinically meaningful results preferred). Please refer to the Instruction Manual for more details on answering each question.

This section is required to fulfill criteria for Silver 🌜 and Gold 🌑 designations.

Question 1

Type of project or intervention (please check all that apply).

☐ Algorithm or clinical pathway
☐ Automated stop or antibiotic ordering form
☐ Diagnostic stewardship testing
☐ Education
☐ Engagement of additional staff (e.g. nursing in a stewardship intervention)
☐ Formulary change or restriction/preauthorization
Policy or guideline

Use of technology

Other (please specify)

Question 2

Time frame of the project.

One quarter

Less than six months

One year

Other (please specify)

Question 3

Select the project target(s) (please check all that apply).

Reduce infection (e.g. CDI, Bacteremia, etc.)

Reduce use of class antibiotics

Reduce antibiotic resistance

Other (please specify)

Question 4

Describe the participants engaged. For example, facility-wide, top 10% prescribing ED physicians, burn unit.
Question 5

Provide background information in 1-2 paragraphs.

Question 6

Describe rationale in 1-2 paragraphs.

Question 7

Select outcome(s) (please check all that apply).

☐ Clinical (infection/CDI, mortality, adverse events)

☐ Prescribing behavior/antibiotic use

☐ Cost/length of stay

☐ Antibiotic resistance

☐ Other (please specify)

Question 8

Summarize the measurable outcomes in 1-2 brief paragraphs. Please make sure to include numbers, percentages, rates, etc.
Question 9

What were the lessons learned, and are you considering incorporating them into a future intervention? Please describe in 1-2 paragraphs.

Optional

In addition, you may attach any relevant figures, graphs, abstracts, posters, publications, facility-specific report/summary of outcomes/figures/tables presented to clinicians/stakeholders, etc. If uploading multiple documents please combine into one file.

Choose File       No file chose

Thank you for completing Part III of the application!

Part IV asks questions that determine if your hospital is eligible for Gold designation.

In order to qualify for Gold designation you must demonstrate work with community healthcare partners (hospitals, skilled nursing facilities) or community engagement institutions, either locally initiated or as part of a local collaboration. Please refer to the Instruction Manual for more details and explanation.

* Would you like to apply for Gold designation?

☐ Yes ☐ No

Part IV – Community Engagement

For designation as Gold ⭐, you will need to demonstrate work with community healthcare partners (hospitals, skilled nursing facilities) or community engagement institutions, either locally initiated or as part of a local collaboration. Please refer to the Instruction Manual for more details and explanation.

Examples of community engagement include:

- Mentor another facility on their ASP
- Collaborate with network SNF on antimicrobial stewardship projects
- Partner with urgent-care networks to create urgent care or ED-specific ASP choices

Please describe in the following questions your institution’s antimicrobial stewardship involvement with community partners.
Question 1

Name of community partner(s).

Question 2

Type of community partner(s) (check all that apply).

- Skilled nursing facility
- Long-term acute care
- Hospital (acute care or critical access)
- Collaborative
- Outpatient clinic(s) or network (outside your own facility)
- Other (please specify)

Question 3

Provide background information of how the partnership developed in 1-2 paragraphs.

Question 4

Describe the purpose and significance in 1-2 paragraphs.

Question 5

Duration of work together.

- One quarter
- Less than six months
- One year
- Other (please specify)
Question 6

Is the partnership ongoing?

☐ Yes ☐ No

If Yes, for how long?

Question 7

Describe the type of collaboration.

Type of collaboration (check all that apply).

☐ Mentorship

☐ Collaboration

☐ Partnership/Network

☐ Consultation to another facility

☐ Transition of care (e.g., consistent duration communication from discharge to step down facility)

Also, please briefly describe in 1-2 paragraphs details of the work/collaboration/project.

Question 8

Did any outcomes arise from the partnership?

☐ Yes ☐ No

If Yes, select type(s) of outcome(s) (please check all that apply)
Question 9

Please provide more details on the outcome(s) in 1-2 brief paragraphs. Also include numbers, percentages, rates, etc. if applicable.

Optional

In addition to the information above, please upload documentation of community engagement (examples may include action plans, summary reports, collaborative education). If uploading multiple documents please combine into one file.

Choose File  No file chose

Part V – Additional Questions Regarding your Antimicrobial Stewardship Program

Please refer to the Instruction Manual for more details or explanation.

Question 1

Has your facility participated or is currently enrolled in an HAI Program Antibiotic Stewardship regional collaborative?

☐ Yes ☐ No

If Yes, check all that apply.
Antibiotic Stewardship Program Collaborative (Statewide)
Coachella Valley / Desert Health Care District CDI Prevention Collaborative
Emergency Department Antibiotic Resistance Prevention Collaborative (Statewide)
Imperial County Antibiotic Stewardship Collaborative
Long Beach CRE Prevention Collaborative
Orange County CDI Prevention Collaborative
Sacramento Metropolitan Area CDI Prevention Collaborative
San Francisco Bay Area CRE Prevention Collaborative

Question 2
Has your facility referenced any of the following toolkits? (Check all that apply).
- Hospital Antimicrobial Stewardship Program Implementation Toolkit
  (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ASP_ToolkitAC_examples.aspx)
- Skilled Nursing Facility Antibiotic Stewardship Program Implementation Toolkit
  (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_ASP_Toolkit.aspx)
- Antimicrobial Use and Resistance toolkit
  (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/NHSN_AUR_OptionImplementation)
- None of the above

Question 3
Has your facility contributed to a toolkit or other HAI Program publication?
- Yes  - No
If Yes, please specify
Question 4

Does your facility use antibiotic stewardship commitment forms?

- Yes  - No

*If Yes, please specify*

Please upload an example of an antimicrobial stewardship commitment form, if applicable.

Choose File  No file chose

Question 5

Does your facility work with or have a stewardship component that focuses on outpatient clinics?

- Yes  - No

Question 6

Do your ASP activities target outpatient clinics?

- Yes  - No

*If Yes, do you engage patients and families?*

- Yes  - No

- Facebook

- Twitter

- CDPH HAI website

- Email from the HAI Program

- Word of mouth

- Other (please specify)
Question 8

Is there anything else you would like to share, or items not in the application that show innovative ways to address ASP in your facility?

☐ Yes  ☐ No

If Yes, please specify
APPENDIX B - Support Letter Template

STATEMENT OF LEADERSHIP COMMITMENT
FOR ANTIBIOTIC STEWARDSHIP

**INSERT FACILITY NAME** commits to improving antibiotic use in our facility. Facility leadership is committed to embracing and executing the Centers for Disease Control and Prevention’s (CDC) *Core Elements of Antibiotic Stewardship for Hospitals*. The seven core elements for antimicrobial stewardship include leadership commitment, accountability, drug expertise, action, tracking, reporting, and education.

Our administration has identified an Antimicrobial Stewardship Program (ASP) Leadership Team at our facility. Our ASP leadership team will meet/meets at least quarterly and they are (as applicable):

1. Our ASP physician champion is: **INSERT FULL NAME AND TITLE**
2. Our ASP pharmacy champion: **INSERT FULL NAME AND TITLE**
3. Our ASP infection prevention champion: **INSERT FULL NAME AND TITLE HERE**
4. Our ASP microbiology laboratory champion: **INSERT FULL NAME AND TITLE**
5. Our ASP information technology champion: **INSERT FULL NAME AND TITLE**
6. Our ASP **INSERT ADDITIONAL MEMBER** champion: **INSERT FULL NAME AND TITLE**

Of the people listed above, **INSERT FACILITY’S NAME** designated Lead Antimicrobial Stewardship Champion is: **INSERT FULL NAME, TITLE, EMAIL**

**STATEMENT OF COMMITMENT**

1. We, the administration, are committed to supporting efforts that improve antibiotic use in our facility, including providing dedicated necessary human, financial, and information technology resources. *(Leadership Commitment Core Element)*

2. We will appoint a leader or co-leaders, such as a physician and pharmacist, responsible for program management and outcomes. *(Accountability Core Element)*

3. We will appoint a pharmacist, ideally as the co-leader of the stewardship program, to lead implementation efforts to improve antibiotic use. *(Pharmacy Expertise Core Element)*

4. We will support implementation of interventions, such as prospective audit and feedback or preauthorization, to improve antibiotic use *(Action Core Element)*.

5. We will work with our ASP leader(s) and team to create a system that monitors antibiotic prescribing, impact of interventions, and other important outcomes like *Clostridioides difficile* infection and resistance patterns. *(Tracking Core Element)*.

6. We will create an environment that allows the antimicrobial stewardship team to regularly report information on antibiotic use and resistance to prescribers, pharmacists, nurses, and hospital leadership. *(Reporting Core Element)*
7. We commit to creating a culture for education which promotes antimicrobial stewardship through education of prescribers, pharmacists, and nurses about adverse reactions from antibiotics, antibiotic resistance, and optimal prescribing. *(Education Core Element)*

__________________________________
Leadership Administrator (Print Name)

_______________________
Title

__________________________________
Leadership Administrator Signature

__________________________
Date

__________________________________
Lead ASP Champion (Print Name)

_______________________
Title

__________________________________
Lead ASP Champion Signature

__________________________
Date