

Virginia Antimicrobial Stewardship Honor Roll for Acute Care Hospitals Program Details

Program Information

The Virginia Healthcare-Associated Infections (HAI) Advisory Group, led by the Virginia Department of Health (VDH), Health Quality Innovators (HQI), and the Virginia Hospital and Healthcare Association (VHHA), has developed the Virginia Antimicrobial Stewardship Honor Roll for Acute Care Hospitals. The goal of the Honor Roll is to recognize facilities meeting each of the CDC seven core elements of hospital antimicrobial stewardship programs and to encourage facilities to enhance existing programs. In addition, the honor roll gives the Virginia HAI Advisory Group a mechanism to promote statewide initiatives and to highlight participating facilities.

Honor Roll awardees will have also met The Joint Commission antimicrobial stewardship accreditation standards. Participation in the Honor Roll will help align your facility's stewardship program with evidence-based best practices.

Application Process

- ❖ Facilities should [fill out the application form](#) and send the following documentation:
 - Statement of commitment from leadership for the Antimicrobial Stewardship Program
 - Antimicrobial stewardship policy outlining purpose and at least two program policies and interventions to improve antibiotic use
 - Agenda from most recent antimicrobial stewardship committee meeting
- ❖ Completed form and documentation should be emailed to hai@vdh.virginia.gov

Renewal Process

- ❖ All recognized facilities will need to re-apply to maintain their status every 3 years from their initial award date.
 - Facilities may choose to apply for an upgrade in their status at any point. The same Honor Roll application form can be used.
- ❖ While applications may be submitted at any point during the year, review of applications will occur twice a year in July and December.
 - Honor roll status will be awarded January and August.

Status Levels and Star Designations

- ❖ Status Levels
 - The application form includes basic, intermediate, and advanced criteria for each of the [CDC's core elements of hospital antimicrobial stewardship programs](#)
 - The three different status levels include:
 - Bronze: Must meet at least one criteria per core element
 - Silver: Must meet at least one criteria per core element and at least 4 intermediate criteria
 - Gold: Must meet at least one criteria per core element and at least 4 advanced criteria
- ❖ Star Designee
 - The application form includes questions about participation in statewide antimicrobial stewardship initiatives sponsored by partner organizations.
 - One star is awarded to each facility for the following collaborations:
 - i. Annually submits facility antibiogram to VDH* for inclusion in the [Virginia State and Regional Cumulative Antibiogram](#)
 - ii. Shares antimicrobial consumption data with VDH* (National Healthcare Safety Network Antimicrobial Use data or other mechanism)
 - iii. ASP committee shares best practices with others (e.g. mentorship among facilities in community or submitting an abstract for Stewardship Interest Group of Virginia (SIGoVA) Research Symposium)

*For more information, contact the VDH HAI Program at hai@vdh.virginia.gov

Recognition

- ❖ Facilities will be awarded a certificate stating their status level.
- ❖ Facility names will be listed on the Virginia HAI Advisory Group webpage along with their status level and star designation for the three-year period.
- ❖ Facilities meeting silver or gold status will have program achievements highlighted on the HAI Advisory Group webpage for the three-year period.
- ❖ Facilities meeting a star designation AND a status level will be permitted to use the Virginia Antimicrobial Stewardship Honor Roll graphic of their status level on presentations, posters, etc.

Contact Information

- ❖ Questions regarding this process can be sent to: hai@vdh.virginia.gov

Example Application Forms Indicating Status Levels

Below is an example application that would meet **BRONZE** status

	Advanced	Intermediate	Basic
Hospital Leadership Commitment	<p>Program has 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.</p> <input type="checkbox"/> <p>Program leader(s) have regularly scheduled meetings with facility leadership and/or the hospital board to report and discuss stewardship activities, resources and outcomes.</p> <input type="checkbox"/>	<p>Facility leadership provides stewardship program leader(s) with resources (e.g. IT support, and training) to effectively operate the program.</p> <input type="checkbox"/> <p>Facility leadership ensures that antibiotic stewardship activities are integrated into other quality improvement and patient safety efforts, such as sepsis management and diagnostic stewardship.</p> <input type="checkbox"/>	<p>Facility leadership provides stewardship program leader(s) dedicated time to manage the program and conduct daily stewardship interventions.</p> <input checked="" type="checkbox"/>
Accountability & Pharmacy Expertise	<p>ASP physician lead and pharmacist lead have obtained antimicrobial stewardship training from a recognized professional organization (MAD-ID, SHEA, SIDP etc.) or have completed post-graduate education in infectious diseases.</p> <input type="checkbox"/>	<p>A physician supervised multidisciplinary ASP committee has been convened and access to ID clinician, pharmacist, infection preventionist, and practitioner has been established when available.</p> <input type="checkbox"/>	<p>ASP has designated physician and pharmacist leads.</p> <input checked="" type="checkbox"/>
Action	<p>Stewardship team conducts stewardship rounds (e.g., "handshake rounds")</p> <input type="checkbox"/> <p>Facility has a 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).</p> <input type="checkbox"/> <p>Protocol for automatic stop orders for specified antibiotic prescriptions or indications.</p> <input type="checkbox"/>	<p>Facility-wide prospective audit and feedback is conducted.</p> <input checked="" type="checkbox"/> <p>Facility performs preauthorization for specific antibiotic agents.</p> <input type="checkbox"/> <p>Protocol requiring indications for all antimicrobial prescriptions.</p> <input type="checkbox"/>	<p>Facility has specific interventions to ensure optimal use of antibiotics for treating community-acquired pneumonia (e.g., treatment duration of 5 days).</p> <input checked="" type="checkbox"/> <p>Facility has specific interventions to ensure optimal use of antibiotics for treating urinary tract infections (e.g., avoiding antibiotic therapy for asymptomatic bacteria).</p> <input checked="" type="checkbox"/> <p>Facility has specific interventions in place to ensure optimal use of antibiotics in patients with sepsis.</p> <input checked="" type="checkbox"/>
Tracking	<p>Program tracks antibiotic use by submitting to the National Healthcare Safety Network (NHSN) Antimicrobial Use (AU) Option.</p> <input type="checkbox"/>	<p>Program monitors prospective audit and feedback interventions by tracking the types of interventions and acceptance of recommendations.</p> <input type="checkbox"/> <p>Program monitors preauthorization interventions by tracking which agents are being requested for which conditions.</p> <input type="checkbox"/>	<p>Antibiotic use is tracked on a monthly basis.</p> <input checked="" type="checkbox"/> <p>Adherence to facility-specific treatment recommendations have been evaluated for at least two infectious disease states in the past three years.</p> <input type="checkbox"/>
Reporting	<p>Monthly antibiotic use data is reported on a dashboard for individual units.</p> <input type="checkbox"/>	<p>Program reports adherence to treatment recommendations to prescribers (e.g., aggregate results such as medication use evaluations, etc).</p> <input checked="" type="checkbox"/>	<p>Local antibiogram disseminated to medical staff at least annually.</p> <input type="checkbox"/> <p>Antibiotic use data is shared with hospital staff through presentations, committees etc.</p> <input type="checkbox"/>
Education	<p>Education for all healthcare providers involved in antimicrobial ordering, dispensing, administration and monitoring occurs upon hire and recurs periodically thereafter; AND Patient and family education regarding antimicrobial use is integrated in discharge process for all patients leaving on antibiotics.</p> <input type="checkbox"/>	<p>Education for all healthcare providers involved in antimicrobial ordering, dispensing, administration and monitoring occurs upon hire and recurs periodically thereafter; AND Patient and family education regarding antimicrobial resistance and use is available for all patients admitted to the facility (i.e. informational posters).</p> <input type="checkbox"/>	<p>Education for all healthcare providers involved in antimicrobial ordering, dispensing, administration and monitoring occurs upon hire and recurs periodically thereafter; AND Patient and family education regarding antimicrobial use is provided as needed to patients.</p> <input checked="" type="checkbox"/>

Rationale: A criteria from each core element is checked AND the applicant does not meet criteria for silver (4 intermediate criteria) or gold (4 advanced criteria).

Below is an example application that would meet **SILVER** status

	Advanced	Intermediate	Basic
Hospital Leadership Commitment	<p>Program has 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.</p> <input type="checkbox"/> <p>Program leader(s) have regularly scheduled meetings with facility leadership and/or the hospital board to report and discuss stewardship activities, resources and outcomes.</p> <input type="checkbox"/>	<p>Facility leadership provides stewardship program leader(s) with resources (e.g. IT support, and training) to effectively operate the program.</p> <input checked="" type="checkbox"/> <p>Facility leadership ensures that antibiotic stewardship activities are integrated into other quality improvement and patient safety efforts, such as sepsis management and diagnostic stewardship.</p> <input checked="" type="checkbox"/>	<p>Facility leadership provides stewardship program leader(s) dedicated time to manage the program and conduct daily stewardship interventions.</p> <input checked="" type="checkbox"/>
Accountability & Pharmacy Expertise	<p>ASP physician lead and pharmacist lead have obtained antimicrobial stewardship training from a recognized professional organization (MAD-ID, SHEA, SIDP etc.) or have completed post-graduate education in infectious diseases.</p> <input type="checkbox"/>	<p>A physician supervised multidisciplinary ASP committee has been convened and access to ID clinician, pharmacist, infection preventionist, and practitioner has been established when available.</p> <input checked="" type="checkbox"/>	<p>ASP has designated physician and pharmacist leads.</p> <input checked="" type="checkbox"/>
Action	<p>Stewardship team conducts stewardship rounds (e.g., "handshake rounds")</p> <input type="checkbox"/> <p>Facility has a 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).</p> <input type="checkbox"/> <p>Protocol for automatic stop orders for specified antibiotic prescriptions or indications.</p> <input checked="" type="checkbox"/>	<p>Facility-wide prospective audit and feedback is conducted.</p> <input checked="" type="checkbox"/> <p>Facility performs preauthorization for specific antibiotic agents.</p> <input checked="" type="checkbox"/> <p>Protocol requiring indications for all antimicrobial prescriptions.</p> <input type="checkbox"/>	<p>Facility has specific interventions to ensure optimal use of antibiotics for treating community-acquired pneumonia (e.g., treatment duration of 5 days).</p> <input checked="" type="checkbox"/> <p>Facility has specific interventions to ensure optimal use of antibiotics for treating urinary tract infections (e.g., avoiding antibiotic therapy for asymptomatic bacteria).</p> <input checked="" type="checkbox"/> <p>Facility has specific interventions in place to ensure optimal use of antibiotics in patients with sepsis.</p> <input checked="" type="checkbox"/>
Tracking	<p>Program tracks antibiotic use by submitting to the National Healthcare Safety Network (NHSN) Antimicrobial Use (AU) Option.</p> <input type="checkbox"/>	<p>Program monitors prospective audit and feedback interventions by tracking the types of interventions and acceptance of recommendations.</p> <input type="checkbox"/> <p>Program monitors preauthorization interventions by tracking which agents are being requested for which conditions.</p> <input type="checkbox"/>	<p>Antibiotic use is tracked on a monthly basis.</p> <input checked="" type="checkbox"/> <p>Adherence to facility-specific treatment recommendations have been evaluated for at least two infectious disease states in the past three years.</p> <input checked="" type="checkbox"/>
Reporting	<p>Monthly antibiotic use data is reported on a dashboard for individual units.</p> <input type="checkbox"/>	<p>Program reports adherence to treatment recommendations to prescribers (e.g., aggregate results such as medication use evaluations, etc).</p> <input checked="" type="checkbox"/>	<p>Local antibiogram disseminated to medical staff at least annually.</p> <input type="checkbox"/> <p>Antibiotic use data is shared with hospital staff through presentations, committees etc.</p> <input type="checkbox"/>
Education	<p>Education for all healthcare providers involved in antimicrobial ordering, dispensing, administration and monitoring occurs upon hire and recurs periodically thereafter; AND Patient and family education regarding antimicrobial use is integrated in discharge process for all patients leaving on antibiotics.</p> <input type="checkbox"/>	<p>Education for all healthcare providers involved in antimicrobial ordering, dispensing, administration and monitoring occurs upon hire and recurs periodically thereafter; AND Patient and family education regarding antimicrobial resistance and use is available for all patients admitted to the facility (i.e. informational posters).</p> <input type="checkbox"/>	<p>Education for all healthcare providers involved in antimicrobial ordering, dispensing, administration and monitoring occurs upon hire and recurs periodically thereafter; AND Patient and family education regarding antimicrobial use is provided as needed to patients.</p> <input checked="" type="checkbox"/>

Rationale: A criteria from each core element is checked AND the applicant has at least 4 intermediate criteria checked but does not meet gold status (4 advanced criteria).

Below is an example application that would meet **GOLD** status

	Advanced	Intermediate	Basic
Hospital Leadership Commitment	<p>Program has 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. <input checked="" type="checkbox"/></p> <p>Program leader(s) have regularly scheduled meetings with facility leadership and/or the hospital board to report and discuss stewardship activities, resources and outcomes. <input checked="" type="checkbox"/></p>	<p>Facility leadership provides stewardship program leader(s) with resources (e.g. IT support, and training) to effectively operate the program. <input checked="" type="checkbox"/></p> <p>Facility leadership ensures that antibiotic stewardship activities are integrated into other quality improvement and patient safety efforts, such as sepsis management and diagnostic stewardship. <input checked="" type="checkbox"/></p>	<p>Facility leadership provides stewardship program leader(s) dedicated time to manage the program and conduct daily stewardship interventions. <input checked="" type="checkbox"/></p>
Accountability & Pharmacy Expertise	<p>ASP physician lead and pharmacist lead have obtained antimicrobial stewardship training from a recognized professional organization (MAD-ID, SHEA, SIDP etc.) or have completed post-graduate education in infectious diseases. <input checked="" type="checkbox"/></p>	<p>A physician supervised multidisciplinary ASP committee has been convened and access to ID clinician, pharmacist, infection preventionist, and practitioner has been established when available. <input checked="" type="checkbox"/></p>	<p>ASP has designated physician and pharmacist leads. <input checked="" type="checkbox"/></p>
Action	<p>Stewardship team conducts stewardship rounds (e.g., "handshake rounds") <input type="checkbox"/></p> <p>Facility has a 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). <input type="checkbox"/></p> <p>Protocol for automatic stop orders for specified antibiotic prescriptions or indications. <input checked="" type="checkbox"/></p>	<p>Facility-wide prospective audit and feedback is conducted. <input checked="" type="checkbox"/></p> <p>Facility performs preauthorization for specific antibiotic agents. <input checked="" type="checkbox"/></p> <p>Protocol requiring indications for all antimicrobial prescriptions. <input type="checkbox"/></p>	<p>Facility has specific interventions to ensure optimal use of antibiotics for treating community-acquired pneumonia (e.g., treatment duration of 5 days). <input checked="" type="checkbox"/></p> <p>Facility has specific interventions to ensure optimal use of antibiotics for treating urinary tract infections (e.g., avoiding antibiotic therapy for asymptomatic bacteria). <input checked="" type="checkbox"/></p> <p>Facility has specific interventions in place to ensure optimal use of antibiotics in patients with sepsis. <input checked="" type="checkbox"/></p>
Tracking	<p>Program tracks antibiotic use by submitting to the National Healthcare Safety Network (NHSN) Antimicrobial Use (AU) Option. <input checked="" type="checkbox"/></p>	<p>Program monitors prospective audit and feedback interventions by tracking the types of interventions and acceptance of recommendations. <input checked="" type="checkbox"/></p> <p>Program monitors preauthorization interventions by tracking which agents are being requested for which conditions. <input type="checkbox"/></p>	<p>Antibiotic use is tracked on a monthly basis. <input checked="" type="checkbox"/></p> <p>Adherence to facility-specific treatment recommendations have been evaluated for at least two infectious disease states in the past three years. <input checked="" type="checkbox"/></p>
Reporting	<p>Monthly antibiotic use data is reported on a dashboard for individual units. <input type="checkbox"/></p>	<p>Program reports adherence to treatment recommendations to prescribers (e.g., aggregate results such as medication use evaluations, etc). <input checked="" type="checkbox"/></p>	<p>Local antibiogram disseminated to medical staff at least annually. <input type="checkbox"/></p> <p>Antibiotic use data is shared with hospital staff through presentations, committees etc. <input type="checkbox"/></p>
Education	<p>Education for all healthcare providers involved in antimicrobial ordering, dispensing, administration and monitoring occurs upon hire and recurs periodically thereafter; AND Patient and family education regarding antimicrobial use is integrated in discharge process for all patients leaving on antibiotics. <input type="checkbox"/></p>	<p>Education for all healthcare providers involved in antimicrobial ordering, dispensing, administration and monitoring occurs upon hire and recurs periodically thereafter; AND Patient and family education regarding antimicrobial resistance and use is available for all patients admitted to the facility (i.e. informational posters). <input type="checkbox"/></p>	<p>Education for all healthcare providers involved in antimicrobial ordering, dispensing, administration and monitoring occurs upon hire and recurs periodically thereafter; AND Patient and family education regarding antimicrobial use is provided as needed to patients. <input checked="" type="checkbox"/></p>

Rationale: A criteria from each core element is checked AND the applicant has at least 4 advanced criteria checked.