

Virginia Antimicrobial Stewardship Honor Roll for Small and Critical Access 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 Small and Critical Access Hospitals. The goal of the Honor Roll is to recognize facilities meeting each of the CDC seven core elements of 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

Eligible Facilities

Critical Access Hospitals are defined as hospitals meeting the following criteria according to the [Balanced Budget Act \(BBA\) of 1997](#):

- Located in a rural area or an area treated as rural under federal guidelines;
- Provide 24-hour emergency care services;
- Furnish no more than 25 acute care inpatient beds and include the following provisions:
 - That the facility provide no more than 25 inpatient beds that can be used for either inpatient or swing bed services, and/or;
 - To include a separate provision for up to 10 additional rehab or psych beds in a "distinct part unit."
- Possess a length of stay averaging no more than 96 hours; and
- Meet Geographic conditions.

Small hospitals are defined as hospitals with 49 eligible beds or less.

Hospitals that don't meet the criteria for small or critical access hospital should use the [Acute Care Hospital Application Form](#).

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 during the month following review.

Status Levels and Star Designations

- ❖ Status Levels
 - The application form includes basic, intermediate, and advanced criteria for each of the [CDC's antibiotic stewardship core elements at small and critical access hospitals](#).
 - 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

| Core Element | Advanced | Intermediate | Basic |
|-------------------------------|--|---|---|
| Leadership and Accountability | <p>Leadership commitment used to gain dedicated budget for stewardship activities (e.g., salary support for ASP leads on staff or remote consultation with experts in antibiotic stewardship has been funded). <input type="checkbox"/></p> <p>Stewardship activities have been integrated into ongoing quality improvement and/or patient safety efforts in the hospital in the past two years. <input type="checkbox"/></p> | <p>A physician (e.g., CMO) in the C-suite or individual that reports to C-suite has been designated to be accountable for the outcomes of the program. <input type="checkbox"/></p> <p>Statement from hospital leadership has been sent to all providers and patients highlighting the hospital's commitment to improving antibiotic use. <input type="checkbox"/></p> | <p>Formal board-approved statement on the importance of the antibiotic stewardship program has been obtained. <input checked="" type="checkbox"/></p> <p>Policy for the creation and/or expansion of the antibiotic stewardship program to include all core elements has been approved. <input checked="" type="checkbox"/></p> |
| Drug Expertise | <p>Stewardship related duties are included in job description or service contract for ASP lead(s) and leaders have dedicated time to spend on developing and maintaining stewardship activities. <input type="checkbox"/></p> <p>At least one of the ASP leads have completed a formal stewardship training program (e.g., MAD-ID, SHEA, SIDP etc.) or have completed post-graduate education in infectious diseases. <input type="checkbox"/></p> | <p>ASP has designated pharmacist leader who is on-site either full- or part-time. <input checked="" type="checkbox"/></p> <p>ASP has designated physician leader who is on-site either full- or part-time. <input checked="" type="checkbox"/></p> <p>Training for hospital stewardship leaders on antibiotic stewardship is supported. <input type="checkbox"/></p> | <p>ASP has designated pharmacist leader located off-site. <input type="checkbox"/></p> <p>ASP has designated physician leader located off-site. <input type="checkbox"/></p> |
| Action | <p>Implementation of antibiotic time-out protocol. <input type="checkbox"/></p> <p>Protocol for automatic stop orders for specified antibiotic prescriptions or indications. <input type="checkbox"/></p> <p>Antimicrobial restriction with pre-authorization process. <input type="checkbox"/></p> | <p>Facility-wide prospective audit and feedback is conducted. <input type="checkbox"/></p> <p>Protocol requiring indications for all antimicrobial prescriptions. <input type="checkbox"/></p> | <p>Development of institution specific guidelines for at least 3 infectious disease states. <input checked="" type="checkbox"/></p> <p>Pharmacist review for opportunities for intravenous to oral conversion daily <input type="checkbox"/></p> |
| Tracking | <p>Antibiotic use data is reported in NHSN AU module. <input type="checkbox"/></p> | <p>Adherence to facility-specific treatment recommendations have been evaluated for at least one infectious disease in the past three years or a medication use evaluation for an antibiotic has been performed in the past three years. <input type="checkbox"/></p> | <p>Antibiotic use is tracked on a monthly basis. <input checked="" type="checkbox"/></p> |
| Reporting | <p>Monthly antibiotic use data is reported on a dashboard for individual units. <input type="checkbox"/></p> | <p>Antibiotic use and resistance data (antibiogram) is shared with hospital staff through presentations, committees, etc. <input type="checkbox"/></p> | <p>Local antibiogram disseminated to medical staff on a recurring basis (at least annually). <input checked="" 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 does not meet criteria for silver (4 intermediate criteria) or gold (4 advanced criteria).

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

| Core Element | Advanced | Intermediate | Basic |
|-------------------------------|--|---|---|
| Leadership and Accountability | <p>Leadership commitment used to gain dedicated budget for stewardship activities (e.g., salary support for ASP leads on staff or remote consultation with experts in antibiotic stewardship has been funded). <input type="checkbox"/></p> <p>Stewardship activities have been integrated into ongoing quality improvement and/or patient safety efforts in the hospital in the past two years. <input type="checkbox"/></p> | <p>A physician (e.g., CMO) in the C-suite or individual that reports to C-suite has been designated to be accountable for the outcomes of the program. <input type="checkbox"/></p> <p>Statement from hospital leadership has been sent to all providers and patients highlighting the hospital's commitment to improving antibiotic use. <input type="checkbox"/></p> | <p>Formal board-approved statement on the importance of the antibiotic stewardship program has been obtained. <input checked="" type="checkbox"/></p> <p>Policy for the creation and/or expansion of the antibiotic stewardship program to include all core elements has been approved. <input checked="" type="checkbox"/></p> |
| Drug Expertise | <p>Stewardship related duties are included in job description or service contract for ASP lead(s) and leaders have dedicated time to spend on developing and maintaining stewardship activities. <input type="checkbox"/></p> <p>At least one of the ASP leads have completed a formal stewardship training program (e.g., MAD-ID, SHEA, SIDP etc.) or have completed post-graduate education in infectious diseases. <input type="checkbox"/></p> | <p>ASP has designated pharmacist leader who is on-site either full- or part-time. <input checked="" type="checkbox"/></p> <p>ASP has designated physician leader who is on-site either full- or part-time. <input checked="" type="checkbox"/></p> <p>Training for hospital stewardship leaders on antibiotic stewardship is supported. <input type="checkbox"/></p> | <p>ASP has designated pharmacist leader located off-site. <input type="checkbox"/></p> <p>ASP has designated physician leader located off-site. <input type="checkbox"/></p> |
| Action | <p>Implementation of antibiotic time-out protocol. <input type="checkbox"/></p> <p>Protocol for automatic stop orders for specified antibiotic prescriptions or indications. <input type="checkbox"/></p> <p>Antimicrobial restriction with pre-authorization process. <input type="checkbox"/></p> | <p>Facility-wide prospective audit and feedback is conducted. <input checked="" type="checkbox"/></p> <p>Protocol requiring indications for all antimicrobial prescriptions. <input type="checkbox"/></p> | <p>Development of institution specific guidelines for at least 3 infectious disease states. <input checked="" type="checkbox"/></p> <p>Pharmacist review for opportunities for intravenous to oral conversion daily <input type="checkbox"/></p> |
| Tracking | <p>Antibiotic use data is reported in NHSN AU module. <input type="checkbox"/></p> | <p>Adherence to facility-specific treatment recommendations have been evaluated for at least one infectious disease in the past three years or a medication use evaluation for an antibiotic has been performed in the past three years. <input type="checkbox"/></p> | <p>Antibiotic use is tracked on a monthly basis. <input checked="" type="checkbox"/></p> |
| Reporting | <p>Monthly antibiotic use data is reported on a dashboard for individual units. <input type="checkbox"/></p> | <p>Antibiotic use and resistance data (antibiogram) is shared with hospital staff through presentations, committees, etc. <input checked="" type="checkbox"/></p> | <p>Local antibiogram disseminated to medical staff on a recurring basis (at least annually). <input checked="" 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 intermediate criteria checked but does not meet gold status (4 advanced criteria).

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

| Core Element | Advanced | Intermediate | Basic |
|-------------------------------|--|---|---|
| Leadership and Accountability | <p>Leadership commitment used to gain dedicated budget for stewardship activities (e.g., salary support for ASP leads on staff or remote consultation with experts in antibiotic stewardship has been funded). <input checked="" type="checkbox"/></p> <p>Stewardship activities have been integrated into ongoing quality improvement and/or patient safety efforts in the hospital in the past two years. <input type="checkbox"/></p> | <p>A physician (e.g., CMO) in the C-suite or individual that reports to C-suite has been designated to be accountable for the outcomes of the program. <input type="checkbox"/></p> <p>Statement from hospital leadership has been sent to all providers and patients highlighting the hospital's commitment to improving antibiotic use. <input type="checkbox"/></p> | <p>Formal board-approved statement on the importance of the antibiotic stewardship program has been obtained. <input checked="" type="checkbox"/></p> <p>Policy for the creation and/or expansion of the antibiotic stewardship program to include all core elements has been approved. <input checked="" type="checkbox"/></p> |
| Drug Expertise | <p>Stewardship related duties are included in job description or service contract for ASP lead(s) and leaders have dedicated time to spend on developing and maintaining stewardship activities. <input checked="" type="checkbox"/></p> <p>At least one of the ASP leads have completed a formal stewardship training program (e.g., MAD-ID, SHEA, SIDP etc.) or have completed post-graduate education in infectious diseases. <input checked="" type="checkbox"/></p> | <p>ASP has designated pharmacist leader who is on-site either full- or part-time. <input checked="" type="checkbox"/></p> <p>ASP has designated physician leader who is on-site either full- or part-time. <input checked="" type="checkbox"/></p> <p>Training for hospital stewardship leaders on antibiotic stewardship is supported. <input type="checkbox"/></p> | <p>ASP has designated pharmacist leader located off-site. <input type="checkbox"/></p> <p>ASP has designated physician leader located off-site. <input type="checkbox"/></p> |
| Action | <p>Implementation of antibiotic time-out protocol. <input type="checkbox"/></p> <p>Protocol for automatic stop orders for specified antibiotic prescriptions or indications. <input type="checkbox"/></p> <p>Antimicrobial restriction with pre-authorization process. <input checked="" type="checkbox"/></p> | <p>Facility-wide prospective audit and feedback is conducted. <input checked="" type="checkbox"/></p> <p>Protocol requiring indications for all antimicrobial prescriptions. <input type="checkbox"/></p> | <p>Development of institution specific guidelines for at least 3 infectious disease states. <input checked="" type="checkbox"/></p> <p>Pharmacist review for opportunities for intravenous to oral conversion daily <input type="checkbox"/></p> |
| Tracking | <p>Antibiotic use data is reported in NHSN AU module. <input checked="" type="checkbox"/></p> | <p>Adherence to facility-specific treatment recommendations have been evaluated for at least one infectious disease in the past three years or a medication use evaluation for an antibiotic has been performed in the past three years. <input checked="" type="checkbox"/></p> | <p>Antibiotic use is tracked on a monthly basis. <input checked="" type="checkbox"/></p> |
| Reporting | <p>Monthly antibiotic use data is reported on a dashboard for individual units. <input type="checkbox"/></p> | <p>Antibiotic use and resistance data (antibiogram) is shared with hospital staff through presentations, committees, etc. <input checked="" type="checkbox"/></p> | <p>Local antibiogram disseminated to medical staff on a recurring basis (at least annually). <input checked="" 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.