

## Virginia Antimicrobial Stewardship Honor Roll for Small and Critical Access Hospitals Application Form

Please fill this form out in its entirety. Applications will be deemed incomplete if any of the below information is omitted.

**Applicant Name:**

**Applicant Title:**

**Applicant Email Address:**

**Facility Name:**

The Virginia Antimicrobial Stewardship Honor Roll for Small and Critical Access Hospitals is a three-tiered system in which facilities have the opportunity to meet Bronze, Silver, or Gold status based on the CDC Core Elements. Facilities are also recognized for collaboration on the state and/or local level. Participating facilities will be awarded a star for each of the below initiatives in the recognition process.

Status Level	Collaboration Recognition
<p><b>Please indicate the status for which your facility is applying (see page 2 for more details):</b></p> <p><input type="checkbox"/> Bronze: Must meet at least one criteria per core element</p> <p><input type="checkbox"/> Silver: Must meet at least one criteria per core element and at least 4 intermediate criteria</p> <p><input type="checkbox"/> Gold: Must meet at least one criteria per core element and at least 4 advanced criteria</p>	<p><b>Please indicate if your facility/ASP Program:</b></p> <p><input type="checkbox"/> Annually submits the facility-antibiogram to VDH* for inclusion in the Virginia State and Regional Cumulative Antibiogram</p> <p><input type="checkbox"/> Shares antimicrobial consumption data with VDH* (confer NHSN AU data rights or other mechanism)</p> <p><input type="checkbox"/> Shares best practices with others (e.g. submits abstract for SIGoVA Research Symposium or mentorship among other non-affiliated facilities). If yes, describe:</p>

\*For more information, contact the VDH HAI/AR Program at [hai@vdh.virginia.gov](mailto:hai@vdh.virginia.gov)

**Please email completed form along with the following supporting documents to [hai@vdh.virginia.gov](mailto:hai@vdh.virginia.gov)**

### Supporting Documents

- ❖ 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

**Please check all of the activities that your facility's antimicrobial stewardship program engages in using the table below. Example forms can be found in the Antimicrobial Stewardship Honor Roll Program Details document.**

**Abbreviations:**

ASP – Antimicrobial Stewardship Program  
AU – Antimicrobial Use

CMO – Chief Medical Officer  
MAD-ID – Making a Difference in Infectious Diseases

NHSN – National Healthcare Safety Network  
SIDP – Society of Infectious Diseases Pharmacists

SIGoVA – Stewardship Interest Group of Virginia  
SHEA – Society for Healthcare Epidemiology of America

Adapted with permission from the Georgia State Antimicrobial Stewardship Honor Roll

# Virginia Antimicrobial Stewardship Honor Roll for Small and Critical Access Hospitals

## Application Form

Core Element	Advanced	Intermediate	Basic
<b>Leadership and Accountability</b>	<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> <hr/> <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> <hr/> <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 type="checkbox"/></p> <hr/> <p>Policy for the creation and/or expansion of the antibiotic stewardship program to include all core elements has been approved. <input type="checkbox"/></p>
<b>Drug Expertise</b>	<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> <hr/> <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 type="checkbox"/></p> <hr/> <p>ASP has designated physician leader who is on-site either full- or part-time. <input type="checkbox"/></p> <hr/> <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> <hr/> <p>ASP has designated physician leader located off-site. <input type="checkbox"/></p>
<b>Action</b>	<p>Implementation of antibiotic time-out protocol. <input type="checkbox"/></p> <hr/> <p>Protocol for automatic stop orders for specified antibiotic prescriptions or indications. <input type="checkbox"/></p> <hr/> <p>Antimicrobial restriction with pre-authorization process. <input type="checkbox"/></p>	<p>Facility-wide prospective audit and feedback is conducted. <input type="checkbox"/></p> <hr/> <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 type="checkbox"/></p> <hr/> <p>Pharmacist review for opportunities for intravenous to oral conversion daily <input type="checkbox"/></p>
<b>Tracking</b>	<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 type="checkbox"/></p>
<b>Reporting</b>	<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 type="checkbox"/></p>
<b>Education</b>	<p>Education for all healthcare providers involved in antimicrobial ordering, dispensing, administration and monitoring occurs upon hire and recurs periodically thereafter; <b>AND</b> 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; <b>AND</b> 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; <b>AND</b> Patient and family education regarding antimicrobial use is provided as needed to patients. <input type="checkbox"/></p>

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