

## Requirements for Department of Health Honor Roll for Hospital Antimicrobial Stewardship

The Washington State Department of Health plans to honor facilities that have an antimicrobial stewardship program (ASP) and are working to improve antibiotic use through education, targeted activities, and assessment. This is an opportunity for hospitals to be recognized for efforts to reduce antibiotic resistance and improve patient outcomes. If interested in this opportunity, a senior executive (CEO, CFO) should submit the attached form documenting the facility's antimicrobial stewardship (AMS) activities.

Centers for Disease Control and Prevention have described the key core elements that should guide establishment of a successful ASP (see <http://www.cdc.gov/getsmart/healthcare/implementation/core-elements.html>).

1. **Leadership commitment:** Dedicate necessary human, financial, and informatics resources.
2. **Accountability:** Appoint a single leader responsible for program outcomes. Physicians have proven successful in this role.
3. **Drug expertise:** Appoint a single pharmacist leader to support improved prescribing.
4. **Action:** Take at least one prescribing improvement action, such as requiring reassessment of antibiotic selection after 48 – 72 hours, or by requiring indication and duration for each antibiotic prescription.
5. **Track:** Monitor prescribing and antibiotic resistance patterns.
6. **Report:** Regularly report to staff prescribing and resistance patterns and identify steps to improve appropriate prescribing.
7. **Educate:** Offer education about antibiotic resistance and optimal prescribing practices.

In order for your hospital to be recognized for by the Washington State Department of Health, document that:

- The facility has an AMS program policy and procedure approved by leadership. A sample policy and procedure template is available at <http://www.wsha.org/wp-content/uploads/Antimicrobial-Stewardship-ASP-Policy-and-Procedure-Sample.pdf>, but other versions are acceptable.
- The facility has an AMS committee (or AMS subcommittee to the Quality Committee) that meets at least quarterly. This AMS committee should be multidisciplinary and include, ideally, at a minimum, a physician AMS champion leader and clinical pharmacist; other AMS committee staff may include infection preventionist, microbiologist, and quality improvement professionals.
- The facility has access to a local antibiogram to guide antibiotic prescribing.
- The facility provides yearly AMS education to prescribing staff and other caregivers (such as grand rounds, or other formal presentation or training).
- The facility plans and implements one or more actions to improve antibiotic use. Examples might include requiring an indication and duration for all antibiotics, adherence to facility-specific treatment recommendations, or review of antibiotics after 48 - 72 hours (eg. "antibiotic timeout"). Additional examples of specific actions are detailed in CDC's "Core Elements of Hospital Antibiotic Stewardship Programs" (see <http://www.cdc.gov/getsmart/healthcare/implementation/core-elements.html>).
- The facility tracks and uses data internally to assess antibiotic use and effectiveness of the ASP.
  - These data should include, at a minimum, monthly tracking of Antibiotic Days of Therapy (DOT) for some, or all, antibiotics used on one or more specific units, or facility-wide. Larger facilities may have electronic infrastructure to allow reporting of DOT for all antibiotics to either the Washington State Hospital Association Quality Benchmarking System, or to the National Healthcare Safety Network-Antibiotic Use and Resistance (NHSN-AUR) module. Smaller facilities without advanced electronic infrastructure capabilities may track DOT manually for one or more select antibiotics on a particular unit.
  - These data are reported at least quarterly to the AMS Committee and annually to the Pharmacy and Therapeutics Committee, Quality Committee, or Board of Directors.
  - Tracking facility-wide and/or unit-specific rates of select resistant organisms and of *Clostridium difficile* is not required for recognition but should be considered as a goal for the future.

Facilities wishing to be recognized in the Department's "2016 Honor Roll for Hospital Antimicrobial Stewardship" should submit the signed commitment by **March 1, 2016**. The Honor Roll will be updated quarterly in 2016 as additional hospitals commit. Ongoing recognition requires a yearly status report due by December 1 for recognition the following year. Please use the attached form (2 versions).

The commitment should be submitted to Kelly Kauber, Department of Health Antimicrobial Stewardship Coordinator, via email at [Kelly.kauber@DOH.wa.gov](mailto:Kelly.kauber@DOH.wa.gov) or fax at 206-418-5515. For questions, call Kelly at 206-418-5589.

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### Instructions:

1. Please fill in the blanks and initial next to each core element.
2. Return the signed copy to Kelly Kauber, Department of Health Antimicrobial Stewardship Coordinator, via email at [Kelly.kauber@DOH.wa.gov](mailto:Kelly.kauber@DOH.wa.gov) or fax at 206-418-5515.

I, [Click here to enter name](#) (Name), [Click here to enter title](#) (Title), affirm that [Click here to enter name of hospital](#) (Name of hospital), located in [City, State](#) has the following core elements of a hospital Antimicrobial Stewardship Program (ASP).

**Initial** The facility has an approved ASP policy and procedure. A copy of the policy and procedure is included with this submission.

**Initial** The facility has identified an antimicrobial stewardship (AMS) leader and AMS committee that meet at least quarterly. List AMS leader and committee members:

[Click here to enter name](#). (Physician Champion)

[Click here to enter name](#). (Pharmacist Champion)

[Click here to enter name](#). (Committee member name, title)

[Click here to enter name](#). (Committee member name, title)

[Click here to enter name](#). (Committee member name, title)

[Click here to enter name](#). (Committee member name, title)

\*Please add additional names if necessary.\*

**Initial** The facility has access to a local antibiogram to guide antibiotic prescribing.

**Initial** The facility provides yearly AMS education to prescribing staff and other caregivers.

1. Date of recent or upcoming AMS education event: [Click here to enter a date](#).
2. Intended audience for AMS education event: [Click here to enter text](#).  
(e.g., all prescribers, physicians, all healthcare personnel)

**Initial** The AMS committee plans and implements one or more actions to improve antibiotic use. List current AMS actions: [Click here to enter text](#).

**Initial** Antibiotic Days of Therapy (DOT) for one or more antibiotic classes are tracked:  
in one or more specific unit  OR facility-wide

The following antibiotic classes are tracked: [Type classes of drugs here](#)

**Initial** Tracked data are reported at least quarterly to the AMS Committee and annually to the Pharmacy and Therapeutics Committee, Quality Committee, or Board of Directors.

The following are desired but not required elements for recognition:

YES  NO (Check one) — The facility participates in the WSHA/WSPA Hospital AMS Collaborative.

YES  NO (Check one) — DOT are reported to WSHA Quality Benchmarking System.

YES  NO (Check one) — DOT are reported to NHSN-AUR module.

YES  NO (Check one) — The facility tracks *Clostridium difficile* infection rates.

\_\_\_\_\_ (Signature of facility leadership)

[Click here to enter name of hospital](#) (Name of hospital), [Enter date](#). (Date)