The Core Elements of

Hospital Antibiotic Stewardship Programs

Priorities for Hospital Core Element Implementation

CDC

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Introduction

The *Core Elements of Hospital Antibiotic Stewardship Programs* outline structural and procedural components that are associated with successful antibiotic stewardship programs, which were updated in 2019 to reflect new evidence and lessons learned from implementing programs. In 2021, nearly 95% of U.S. hospitals had antibiotic stewardship programs that met all seven of the Hospital Core Elements.

To continue enhancing hospital antibiotic stewardship programs, CDC released Priorities for Hospital Core Element Implementation in 2022 to help enhance the quality and impact of existing antibiotic stewardship programs. The Priorities highlight highly effective implementation approaches and are supported by evidence and stewardship experts. The Priorities have been identified for **six of the seven** Core Elements and provide hospital leadership and antibiotic stewards opportunities to **expand** and **enhance** their antibiotic stewardship programs.

To accomplish the Hospital Leadership Commitment Core Element, a priority may be for pharmacist leaders to have antibiotic stewardship in their contract, job description or performance review.

Priorities for Hospital Core Element Implementation

Hospital Leadership Commitment: This Priority specifies that antibiotic stewardship physician and/or pharmacist leader(s) have antibiotic stewardship responsibilities in their contract, job description, or performance review.

Accountability: This Priority specifies that an antibiotic stewardship program is co-led by a physician and pharmacist. Most hospitals have found a co-leadership model to be effective, and according to the 2021 National Healthcare Safety Network (NHSN) Annual Hospital Survey, 64% of hospitals in the United States have stewardship programs that are co-led by a physician and pharmacist. For critical access hospitals (CAHs), accountability can be met if the hospital has a physician leader with a pharmacist involved in stewardship (recognizing that some CAHs do not have pharmacists on staff, so co-leadership is not possible).

Pharmacy/Stewardship Expertise: This Priority specifies that antibiotic stewardship physician and/or pharmacist leader(s) have completed infectious diseases specialty training, a certificate program, or other training on antibiotic stewardship. Highly effective hospital antibiotic stewardship programs have strong engagement of pharmacists and physicians with stewardship training and expertise.

Action: This Priority specifies that an antibiotic stewardship program has facility-specific treatment recommendations for common clinical condition(s) and performs prospective audit and feedback or preauthorization for specific antibiotic agents. Facility-specific treatment guidelines establish clear recommendations for optimal antibiotic use. As outlined by the Hospital Core Elements, prospective audit/feedback and preauthorization are the two most effective antibiotic stewardship interventions in hospitals and can be greatly enhanced by facility-specific treatment guidelines.

Tracking: This Priority specifies that a hospital submits antibiotic use data to the NHSN Antimicrobial Use (AU) Option. Monitoring and benchmarking antimicrobial use data is important to inform and assess stewardship interventions.

Reporting: This Priority specifies that prescriber, unit or service-level antibiotic use reports are provided at least annually to target feedback to prescribers. In addition, the antibiotic stewardship program monitors adherence to facility-specific treatment references for at least one common clinical condition. This ensures that the priority actions, tracking, and reporting are integrated in the quality improvement pathway.

Education: No implementation Priority was identified for education.

Hospital Antibiotic Stewardship Core Elements & Priorities

Hospitals that have implemented the Hospital Core Elements of Antibiotic Stewardship can use the Priorities for Hospital Core Element Implementation to further enhance their stewardship programs.

Hospital Core Elements	Priorities for Implementation
Hospital Leadership Commitment	**Hospital Leadership Commitment**
 Dedicate necessary human, financial, and information technology resources.	Antibiotic stewardship physician and/or pharmacist leader(s) have antibiotic stewardship responsibilities in their contract, job description, or performance review.
Accountability	**Accountability**
 Appoint a leader or co-leaders, such as a physician and pharmacist, responsible for program management and outcomes.	Antibiotic stewardship program is co-led by a physician and pharmacist.*
Pharmacy/Stewardship Expertise	**Pharmacy/Stewardship Expertise**
 Appoint a pharmacist, ideally as the co-leader of the stewardship program, to help lead implementation efforts to improve antibiotic use.	Antibiotic stewardship physician and/or pharmacist leader(s) have completed infectious diseases specialty training, a certificate program, or other training on antibiotic stewardship.
Action	**Action**
 Implement interventions, such as prospective audit and feedback or preauthorization, to improve antibiotic use.	Antibiotic stewardship program has facility-specific treatment recommendations for common clinical condition(s) and performs prospective audit/feedback or preauthorization.

Hospital Core Elements	Priorities for Implementation
Tracking	
 Monitor antibiotic prescribing, impact of interventions, and other important outcomes, like *C. difficile* infections and antimicrobial resistance patterns.	Hospital submits antibiotic use data to CDC's National Healthcare Safety Network Antimicrobial Use Option.
Reporting	
 Regularly report information on antibiotic use and antimicrobial resistance to prescribers, pharmacists, nurses, and hospital leadership.	Antibiotic use reports are provided at least annually to target feedback to prescribers. In addition, the antibiotic stewardship program monitors adherence to facility-specific treatment recommendations for at least one common clinical condition.
Education	
 Educate prescribers, pharmacists, nurses, and patients about adverse reactions from antibiotics, antimicrobial resistance, and optimal prescribing.	No implementation priority identified.

* For critical access hospitals (CAHs), this criterion can be met if the hospital has a physician leader with a pharmacist involved in stewardship (recognizing that some CAHs do not have pharmacists on staff, so co-leadership is not possible).