



Georgia Department of Public Health – Antibiotic Stewardship Honor Roll for Acute Care Facilities

How To Apply:

- New applications for the Georgia Department of Public Health’s Antibiotic Stewardship Honor Roll for Acute Care Facilities must be submitted via SurveyMonkey during the application period June 1- July 31.
- If applications meet honor roll criteria (criteria are listed below), a bronze, silver, gold, or platinum certificate will be issued to the facility along with a digital seal for facilities to display on their website or other publications.
- Facilities must meet all criteria listed per tier to earn honor roll status for that tier.
- Facilities will be notified of their honor roll status in September after their application. Honor roll certificates and digital seal will be issued during this time.
- Honor Roll certificates are valid for three years from issue date.
- Facilities wishing to apply for a higher status may do so at any time, it is not necessary to wait for the current certificate to expire.
- Renewal applications will be completed using the same application process as new honor roll applicants, and these will be submitted during the same time frame as new applicants: June 1-July 31. There is an area on the application to designate the application is a renewal application.

Summary Of Honor Roll Requirements:

Application Requirements	Bronze Level	Silver Level	Gold Level	Platinum Level
Facility completes specific minimum activities per CDC’s Core Elements of Antibiotic Stewardship listed in honor roll checklist below (facility has statement of commitment to stewardship, AS* policy, dedicated leader(s) of ASP*, dedicated AS committee, prospective audit and feedback practices, policy for documenting indication for antibiotic orders, tracking and reporting on antibiogram or resistance data, annual reporting on impact of ASP activities, annual staff education on AS)	X	X	X	X
Facility performs preauthorization for specific antimicrobial agents		X	X	X
Facility implements at least two evidence-based guidelines to improve antibiotic use		X	X	X
ASP evaluates adherence to at least one of the evidence-based guidelines the hospital implements and tracks prospective audit and feedback interventions			X	X
Facility monitors antibiotic use by reporting data on days of therapy per 1000 days present or 1000 patient days, or by reporting to National Healthcare Safety Network’s (NHSN) Antimicrobial Use (AU) Option of the Antimicrobial Use and Resistance Module			X	X
ASP monitors preauthorization interventions and acceptance rates			X	X
Antibiotic stewardship committee leader(s) has specialized training				X
ASP provides individual prescriber-level reports, unit-specific reports, or service-line specific reports regarding antibiotic use to prescribers at least annually				X
NHSN Antimicrobial Use (AU) Module Data is utilized to make an improvement in antibiotic stewardship efforts				X
Competency-based training on antibiotic stewardship is provided for all staff				X

- *AS – Antibiotic Stewardship
- *ASP – Antibiotic Stewardship Program

Detailed Honor Roll Checklist

	Bronze	Silver	Gold	Platinum
Leadership Commitment	A statement of commitment from senior leadership (CEO, CMO, etc.) has been obtained	A statement of commitment from senior leadership (CEO, CMO, etc.) has been obtained	A statement of commitment from senior leadership (CEO, CMO, etc.) has been obtained	A statement of commitment from senior leadership (CEO, CMO, etc.) has been obtained
	Facility has an ASP policy or procedure	Facility has an ASP policy or procedure	Facility has an ASP policy or procedure	Facility has an ASP policy or procedure
Accountability & Pharmacy Expertise	Facility has a dedicated physician and/or pharmacist who leads the antibiotic stewardship program	Facility has a dedicated physician and/or pharmacist who leads the antibiotic stewardship program	Facility has a dedicated physician and/or pharmacist who leads the antibiotic stewardship program	Facility has a dedicated physician and/or pharmacist who leads the antibiotic stewardship program
	Facility has a multidisciplinary committee that oversees the antibiotic stewardship program	Facility has a multidisciplinary committee that oversees the antibiotic stewardship program	Facility has a multidisciplinary committee that oversees the antibiotic stewardship program	Facility has a multidisciplinary committee that oversees the antibiotic stewardship program
				Antibiotic stewardship committee leader and/or co-leader has specialized training in antibiotic stewardship or infectious disease (for example, PGY2 ID residency, MAD-ID or SIDP certification course, BCIDP, or CDC Training on Antibiotic Stewardship)
Action	Prospective audit and feedback is conducted with regard to antibiotic prescribing practices	Prospective audit and feedback is conducted with regard to antibiotic prescribing practices	Prospective audit and feedback is conducted with regard to antibiotic prescribing practices	Prospective audit and feedback is conducted with regard to antibiotic prescribing practices
	Facility has a policy that requires documentation of indication or diagnosis for all antibiotics prescribed	Facility has a policy that requires documentation of indication or diagnosis for all antibiotics prescribed	Facility has a policy that requires documentation of indication or diagnosis for all antibiotics prescribed	Facility has a policy that requires documentation of indication or diagnosis for all antibiotic orders
		Facility performs preauthorization for specific antibiotic agents (this includes an internal review and approval process prior to use of restricted agents)	Facility performs preauthorization for specific antibiotic agents (this includes an internal review and approval process prior to use of restricted agents)	Facility performs preauthorization for specific antibiotic agents (this includes an internal review and approval process prior to use of restricted agents)
		Facility's antibiotic stewardship program has implemented at least two evidence-based guidelines to improve antibiotic use (for example, community-acquired pneumonia, urinary tract infections, skin/soft tissue infections, <i>Clostridioides difficile</i> colitis, and/or a plan for parenteral to oral antibiotic conversion)	Facility's antibiotic stewardship program has implemented at least two evidence-based guidelines to improve antibiotic use (for example, community-acquired pneumonia, urinary tract infections, skin/soft tissue infections, <i>Clostridioides difficile</i> colitis, and/or a plan for parenteral to oral antibiotic conversion)	Facility's antibiotic stewardship program has implemented at least two evidence-based guidelines to improve antibiotic use (for example, community-acquired pneumonia, urinary tract infections, skin/soft tissue infections, <i>Clostridioides difficile</i> colitis, and/or a plan for parenteral to oral antibiotic conversion)
				NHSN Antimicrobial Use (AU) Module Data is utilized to make an improvement in antibiotic stewardship efforts
Tracking	Facility has an antibiogram created within the last 2 years and/or tracks resistance patterns	Facility has an antibiogram created within the last 2 years and/or tracks resistance patterns	Facility has an antibiogram created within the last 2 years and/or tracks resistance patterns	Facility has an antibiogram created within the last 2 years and/or tracks resistance patterns
			The antibiotic stewardship program tracks acceptance rates of recommendations from prospective audit and feedback interventions	The antibiotic stewardship program tracks acceptance rates of recommendations from prospective audit and feedback interventions

			<p>The antibiotic stewardship program evaluates adherence (including antibiotic selection and duration of therapy, where applicable) to at least one of the evidence-based guidelines the hospital implements</p> <p>(Facility may measure adherence at the departmental, unit, clinician subgroup level or at individual prescriber level. Facility may obtain adherence data for a sample of patients from relevant clinical areas by analyzing electronic health records or by conducting chart reviews)</p>	<p>The antibiotic stewardship program evaluates adherence (including antibiotic selection and duration of therapy, where applicable) to at least one of the evidence-based guidelines the hospital implements</p> <p>(Facility may measure adherence at the departmental, unit, clinician subgroup level or at individual prescriber level. Facility may obtain adherence data for a sample of patients from relevant clinical areas by analyzing electronic health records or by conducting chart reviews)</p>
			<p>The antibiotic stewardship program monitors the facility's antibiotic use by reporting data on days of therapy per 1000 days present or 1000 patient days, or by reporting antibiotic use data to the National Healthcare Safety Network's (NHSN) Antimicrobial Use Option of the Antimicrobial Use and Resistance Module. If reporting data to NHSN, please ensure rights have been conferred to Georgia Department of Public Health in NHSN</p>	<p>The antibiotic stewardship program monitors the facility's antibiotic use by reporting data on days of therapy per 1000 days present or 1000 patient days, or by reporting antibiotic use data to the National Healthcare Safety Network's (NHSN) Antimicrobial Use Option of the Antimicrobial Use and Resistance Module. If reporting data to NHSN, please ensure rights have been conferred to Georgia Department of Public Health in NHSN</p>
			<p>The antibiotic stewardship program monitors preauthorization interventions by tracking requests and approvals for restricted agents</p>	<p>The antibiotic stewardship program monitors preauthorization interventions by tracking requests and approvals for restricted agents</p>
Reporting	Facility reports antibiogram and/or information on resistance patterns to hospital leadership and prescribers at least annually	Facility reports antibiogram and/or information on resistance patterns to hospital leadership and prescribers at least annually	Facility reports antibiogram and/or information on resistance patterns to hospital leadership and prescribers at least annually	Facility reports antibiogram and/or information on resistance patterns to hospital leadership and prescribers at least annually
	Data on the evaluation/impact of other antibiotic stewardship program activities is reported to hospital leadership and prescribers at least annually	Data on the evaluation/impact of other antibiotic stewardship program activities is reported to hospital leadership and prescribers at least annually	Data on the evaluation/impact of other antibiotic stewardship program activities is reported to hospital leadership and prescribers at least annually	Data on the evaluation/impact of other antibiotic stewardship program activities is reported to hospital leadership and prescribers at least annually
				Antibiotic stewardship program provides individual prescriber-level reports, unit-specific reports, or service-line specific reports regarding antibiotic use to prescribers at least annually
Education	Antibiotic stewardship program provides annual education to prescribers and other relevant staff on optimal antibiotic use, antibiotic prescribing, adverse reactions from antibiotics, or antibiotic resistance	Antibiotic stewardship program provides annual education to prescribers and other relevant staff on optimal antibiotic use, antibiotic prescribing, adverse reactions from antibiotics, or antibiotic resistance	Antibiotic stewardship program provides annual education to prescribers and other relevant staff on optimal antibiotic use, antibiotic prescribing, adverse reactions from antibiotics, or antibiotic resistance	Antibiotic stewardship program provides annual education to prescribers and other relevant staff on optimal antibiotic use, antibiotic prescribing, adverse reactions from antibiotics, or antibiotic resistance
				Antibiotic stewardship program provides competency-based training and education for all staff, including medical staff, on practical applications of antibiotic stewardship guidelines, policies, and procedures

References:

CDC's Core Elements of Hospital Antibiotic Stewardship Programs:

<https://www.cdc.gov/antibiotic-use/healthcare/pdfs/hospital-core-elements-H.pdf>

The Joint Commission's 2023 New and Revised Requirements Addressing Antibiotic Stewardship for the Hospital and Critical Access Hospital Programs:

[r3_antibioticstewardship_july2022_final.pdf](https://www.jointcommission.org/assets/Content/Related_Content/20230101_r3_antibioticstewardship_july2022_final.pdf)

NHSN 2021 Patient Safety Annual Hospital Survey.

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group. Infection Prevention and Control and Antibiotic Stewardship Program Interpretive Guidance Update.

<https://www.cms.gov/files/document/qso-22-20-hospitals.pdf>

General Resources for Implementation of Stewardship Activities:

Leadership Commitment Resources

- ["How to Pitch an Antimicrobial Stewardship Program to the Hospital C-Suite" \(Source: Open Forum Infectious Diseases\)](#)
- ["Demonstrating the Value of Antimicrobial Stewardship Programs to Hospital Administrators" \(Source: PubMed\)](#)
- [Antimicrobial Stewardship: Implementation Tools & Resources \(Source: SHEA\)](#)
- [Georgia DPH Hospital Commitment Letter](#)

Accountability and Pharmacy Expertise Resources:

- [The hospital antimicrobial stewardship program \(ASP\) toolkit \(Source: California Department of Public Health\)](#)
- [Step-by-Step Approach for Development and Implementation of Hospital Antibiotic Policy and Standard Treatment Guidelines \(Source: WHO\)](#)
- [Sample job description including antimicrobial stewardship related duties \(Source: SIDP\)](#)
- ["The Impact of a Pharmacist Driven 48-hour Antibiotic Time Out during Multi-disciplinary Rounds on Antibiotic Utilization in a Community Non-teaching Hospital" \(Source: Open Forum Dis.\)](#)
- [MAD-ID Antimicrobial Stewardship Training](#)
- [Society of Infectious Disease Pharmacist Antimicrobial Stewardship Certificate Program](#)
- [CDC's Antibiotic Stewardship Course - CDC TRAIN](#)

Action Resources:

- Antibiotic Time Out
 - A. ["Taking and Antibiotic Time-out: Utilization and Usability of Self-Stewardship Time-out Program for Renewal of Vancomycin and Piperacillin-Tazobactam" \(Source: Hospital Pharmacy\)](#)
 - B. [72-Hour Antibiotic Time-Out Sample Template \(Source: Minnesota Department of health\)](#)
- ["Comparison of Prior Authorization and Prospective Audit with Feedback for Antimicrobial Stewardship" \(Source: Infect Control Hosp Epidemiol.\)](#)
- Prospective Audit and Feedback
 - A. ["Prospective Audit and Feedback of Antimicrobial Stewardship in Critical Care: Program Implementation, Experience, and Challenges" \(Source: Pharmacy Practice\)](#)
 - B. [Antimicrobial Stewardship Strategy: Prospective Audit with Intervention and Feedback \(Source: Public Health Ontario\)](#)
 - C. [Example of Prospective Audit and Feedback Program \(Source: Palomar Health\)](#)
- Antimicrobial Restriction
 - A. [Antimicrobial Stewardship Strategy: Formulary restriction \(Source: Public Health Ontario\)](#)
 - B. ["Impact of Formulary Restriction with Prior Authorization by an Antimicrobial Stewardship Program" \(Source: Virulence\)](#)
 - C. [Sample Anti-Infective Restriction Policy \(Source: Nebraska Medicine\)](#)

- Sample Antimicrobial Restriction Shortest Effective Length of Antibiotic Therapy
 - A. [Antimicrobial Stewardship Strategy: Automatic stop orders \(Source: Public Health Ontario\)](#)
 - B. [“The New Antibiotic Mantra – Shorter is Better” \(Source: JAMA Internal Medicine\)](#)
 - C. [“Duration of Antibiotic Treatment in Community-Acquired Pneumonia” \(Source: JAMA Internal Medicine\)](#)
 - D. [“Duration of Antibiotic Treatment for Acute Pyelonephritis and Septic Urinary Tract Infection – 7 Days or Less Versus Longer Treatment: Systematic Review and Meta-analysis of Randomized Controlled Trials”](#)
 - E. [“Comparison of Short-Course \(5 Days\) and Standard \(10 Days\) Treatment for Uncomplicated Cellulitis” \(Source: JAMA Internal Medicine\)](#)
 - F. [“Trial of Short-Course Antimicrobial Therapy for Intraabdominal Infection” \(Source: NEJM\)](#)

- Development of Institution Specific Guidelines
 - A. [Step-by-Step Approach for Development and Implementation of Hospital Antibiotic Policy and Standard Treatment Guidelines \(Source: WHO\)](#)
 - B. [“Using Local Microbiologic Data to Develop Institution-Specific Guidelines for the Treatment of Hospital-Acquired Pneumonia” \(Source: CHEST\)](#)
 - C. [Clinical Practice Guidelines for Clostridium difficile Infection in Adults and Children: 2017 Update by the Infectious Diseases Society of America \(IDSA\) and Society for Healthcare Epidemiology of America \(SHEA\) \(Source: Infectious Disease Society of America\)](#)
 - D. [Sample Antibiotic Protocol for Empiric Therapy of Nosocomial Pneumonia: Health-Care Associated Pneumonia, Hospital-Acquired Pneumonia, and Ventilator-Associated Pneumonia \(Source: Nebraska Medicine Antimicrobial Stewardship Program\)](#)
 - E. [Severe Sepsis and Septic Shock Antibiotic Guide \(Source: Stanford Antimicrobial Safety and Sustainability Program\)](#)
 - F. [Sample Urinary Tract Infection and Asymptomatic Bacteriuria Guidance \(Source: Nebraska Medicine Antimicrobial Stewardship Program\)](#)
 - G. [Sample Intra-Abdominal Infection Guideline \(Source: University of Pennsylvania Health System Antimicrobial Stewardship Program\)](#)

- Requiring Indications for All Antimicrobial Orders
 - A. [“Use of Electronic Health Records and Clinical Decision Support Systems for Antimicrobial Stewardship”](#)

- Infectious Diseases Treatment/Management Bundles (collaborative projects)
 - A. [“Impact of an Evidence-Based Bundle Intervention in the Quality-of-Care Management and Outcome of Staphylococcus aureus Bacteremia” \(Source: Clinical Infectious Diseases\)](#)
 - B. [“Management Bundles for Candidemia: the Impact of Compliance on Clinical Outcomes” \(Source: Journal of Antimicrobial Chemotherapy\)](#)
 - C. [“Veterans Affairs Initiative to Prevent Methicillin-Resistant Staphylococcus aureus Infections” \(Source NEJM\)](#)
 - D. [Toolkit for Reduction of Clostridium difficile Infections Through Antimicrobial Stewardship \(Source: AHRQ\)](#) .

Tracking and Reporting Resources:

- [National Healthcare Safety Network \(NHSN\) Antimicrobial Use and Antimicrobial Resistance Options \(Source: CDC\)](#)
- [Measuring Antimicrobial Use: A Step-by-Step Guide \(Source: California Department of Public Health\)](#)

- [The Antimicrobial Consumption Tool \(Source: European Centre for Disease Prevention and Control\)](#)
- [“Antimicrobial Stewardship Programs: Appropriate Measures and Metric to Study Their Impact” \(Source: Current Treatment Options in Infectious Diseases\)](#)
- [Defined Daily Dose \(DDD\) Definition and General Considerations \(Source: WHO\)](#)
- [Utilization of the Antibigram in Clinical Practice Modules \(Source: BugsvsDrugs\)](#)
- [Directions for Conferring Rights to Georgia Department of Public Health for NHSN Data](#) (under General, you will find a link to the PDF)

Education Resources:

- Patient Education
 - A. [Handout “You’ve Been Prescribed an Antibiotic Now What?” \(Source: CDC\)](#)
 - B. [Poster “Viruses or Bacteria What’s Got You Sick?” \(Source: CDC\)](#)
 - C. [Handout “Combat Antibiotic Resistance: Protect Yourself & Your Family” \(Source: CDC\)](#)
- Healthcare Provider Education
 - A. [Continuing Education and Curriculum Opportunities for Healthcare Professionals, Medical Students and Pharmacists \(Source: CDC\)](#)
 - B. [An Antibiotic Stewardship Curriculum for Medical Students \(Source: Wake Forest School of Medicine\)](#)
 - C. [Handout “Is it Really a Penicillin Allergy” \(Source: CDC\)](#)
 - D. [Penicillin Allergy Management - Removing Barriers to Optimal Antibiotic Prescribing \(Source: SHEA\)](#)