# Antibiotic Stewardship Honor Roll for Long-Term Care Facilities

## How To Apply

- New applications for the Georgia Department of Public Health's Antibiotic Stewardship Honor Roll for Long-Term Care Facilities must be submitted via SurveyMonkey during the application period of October 1st – November 30th
- If applications are deemed to meet appropriate 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 December after their application, and honor roll certificates and digital seals will be issued during this time
- Honor Roll certificates are valid for three years from the issue date

## 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, dedicated leader(s) of ASP*, policy for documenting indication for antibiotic orders, tools for tracking and reporting antibiotic use, and annual staff education on AS.) | X | X | X | X |
| Facility has a multidisciplinary clinical team accountable for stewardship activities, a standard assessment tool for suspected infections, and provides educational resources for residents and family | | X | X | X |
| Facility has an AS* policy, implemented at least two protocols to improve antibiotic use, monitors at least one outcome related to antibiotic use, and reports on resistance patterns at least annually | | | X | X |
| Facility has access to individual(s) with specialized training in AS, a process for communicating or receiving antibiotic use information during resident transfers, and evaluates adherence to at least one protocol implemented to improve antibiotic use | | | | X |

\*AS – Antibiotic Stewardship
\*ASP – Antibiotic Stewardship Program

## Supporting Documentation Requirements

**Bronze Level**

- A copy of the facility's statement of commitment to improve antimicrobial use from facility leadership
- Most recent three months of antibiotic use data

**Silver Level**

- No additional documentation required

**Gold Level**

- A copy of the ASP policy or procedure

**Platinum Level**

- An example of an evaluation of adherence to a protocol implemented to improve antibiotic use

# Detailed Honor Roll Checklist

| | Bronze | Silver | Gold | Platinum |
|---|---|---|---|---|
| **Leadership Commitment** | A statement of commitment to improve antimicrobial use from facility leadership | A statement of commitment to improve antimicrobial use from facility leadership | A statement of commitment to improve antimicrobial use from facility leadership | A statement of commitment to improve antimicrobial use from facility leadership |
| | | | Facility has a written ASP policy or procedure | Facility has a written ASP policy or procedure |
| **Accountability & Drug Expertise** | Facility has designated one or more individual(s) as the stewardship champion[1] | Facility has designated one or more individual(s) as the stewardship champion[1] | Facility has designated one or more individual(s) as the stewardship champion[1] | Facility has designated one or more individual(s) as the stewardship champion[1] |
| | | Facility has a multidisciplinary clinical team[2] that is accountable for antibiotic stewardship activities | Facility has a multidisciplinary clinical team[2] that is accountable for antibiotic stewardship activities | Facility has a multidisciplinary clinical team[2] that is accountable for antibiotic stewardship activities |
| | | | | Facility has access to individual(s) with specialized training in antibiotic stewardship or infectious disease[3] |
| **Action** | Facility has a policy or procedure that requires documentation of indication or diagnosis for all antibiotics prescribed | Facility has a policy or procedure that requires documentation of indication or diagnosis for all antibiotics prescribed | Facility has a policy or procedure that requires documentation of indication or diagnosis for all antibiotics prescribed | Facility has a policy or procedure that requires documentation of indication or diagnosis for all antibiotics prescribed |
| | | Facility utilizes at least one standard assessment tool[4] for residents suspected of having an infection | Facility utilizes at least one standard assessment tool[4] for residents suspected of having an infection | Facility utilizes at least one standard assessment tool[4] for residents suspected of having an infection |
| | | | Facility has implemented at least two protocols[5] to improve antibiotic use | Facility has implemented at least two protocols[5] to improve antibiotic use |
| | | | | Facility has a process for communicating or receiving antibiotic use information[6] when residents are transferred to/from other healthcare facilities |
| **Tracking** | Facility tracks antibiotic use monthly[7] | Facility tracks antibiotic use monthly[7] | Facility tracks antibiotic use monthly[7] | Facility tracks antibiotic use monthly[7] |
| | | | Facility monitors at least one outcome related to antibiotic use[8] | Facility monitors at least one outcome related to antibiotic use[8] |
| | | | | Facility tracks adherence to at least one protocol implemented to improve antibiotic use |
| **Reporting** | Facility provides reports on antibiotic use data and/or outcomes[8] to leadership and quality assurance committee quarterly | Facility provides reports on antibiotic use data and/or outcomes[8] to leadership and quality assurance committee quarterly | Facility provides reports on antibiotic use data and/or outcomes[8] to leadership and quality assurance committee quarterly | Facility provides reports on antibiotic use data and/or outcomes[8] to leadership and quality assurance committee quarterly |
| | | | Facility provides annual reports on antibiogram to quality assurance committee and physicians | Facility provides annual reports on antibiogram to quality assurance committee and physicians |
| **Education** | Facility provides annual education to all clinical staff on optimal antibiotic use, antibiotic prescribing, adverse reactions from antibiotics, and/or antibiotic resistance | Facility provides annual education to all clinical staff on optimal antibiotic use, antibiotic prescribing, adverse reactions from antibiotics, and/or antibiotic resistance | Facility provides annual education to all clinical staff on optimal antibiotic use, antibiotic prescribing, adverse reactions from antibiotics, and/or antibiotic resistance | Facility provides annual education to all clinical staff on optimal antibiotic use, antibiotic prescribing, adverse reactions from antibiotics, and/or antibiotic resistance |
| | | Facility has educational materials on antibiotic resistance and/or improving antibiotic use available for residents and families | Facility has educational materials on antibiotic resistance and/or improving antibiotic use available for residents and families | Facility has educational materials on antibiotic resistance and/or improving antibiotic use available for residents and families |

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## Appendix

1. Team member who is responsible for promoting and overseeing the antibiotic stewardship program
2. Director of nursing, medical director, consultant pharmacist, etc.
3. Consultant pharmacist trained in antimicrobial stewardship, stewardship team at referral hospital, external infectious disease/stewardship consultant, etc.
4. SBAR tool for urinary tract infection (UTI) assessment, Loeb minimum criteria for initiation of antibiotics, etc.
5. Examples include evidence-based treatment guidelines for common infections, prospective audit and feedback policy, antibiotic timeout policy (reassess therapy 48-72 hours after initiation), preauthorization for restricted agents, or plan for parenteral to oral antibiotic conversion
6. Antibiotics given within the last 7 days, resistant organisms, signs or symptoms of infectious diseases, information regarding IV access or urinary catheter, etc.
7. Examples include Days of therapy (DOT), defined daily doses (DDD), or new starts of antibiotic treatment per 1,000 resident days
8. Rates of *Clostridioides difficile*, antibiotic-resistant organisms, or adverse drug events due to antibiotics

## References
CDC's Core Elements of Antibiotic Stewardship for Nursing Homes: [The Core Elements of Antibiotic Stewardship for Nursing Homes (cdc.gov)](#)
Centers for Medicare and Medicaid Services Long Term Care (LTC) Infection Control Worksheet: [https://qsep.cms.gov/data/252/A._NursingHome_InfectionControl_Worksheet11-8-19508.pdf](https://qsep.cms.gov/data/252/A._NursingHome_InfectionControl_Worksheet11-8-19508.pdf)
Centers for Medicare and Medicaid Services State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities: [https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf](https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf)
NHSN 2024 Patient Safety Annual Long-term Care Facility Survey: [https://www.cdc.gov/nhsn/forms/57.137_LTCFSurv_BLANK.pdf](https://www.cdc.gov/nhsn/forms/57.137_LTCFSurv_BLANK.pdf)

## General Resources for Implementation of Stewardship Activities
### Leadership Commitment Resources
- [CDC Stewardship Leadership Commitment Letter](#)
- [CDC Creating a Culture to Improve Antibiotic Use in Nursing Home](#)
- [Article "Template for an Antibiotic Stewardship Policy for Post-Acute and Long-Term Care Setting" (Source: JAMDA)](#)
- [Article "A Roadmap to Implementing Antimicrobial Stewardship Principles in Long-term Care Facilities (LTCFs): Collaboration Between an Acute-Care Hospital and LTCFs" (Source: Clinical Infectious Disease)](#)
- [Implementing an Antibiotic Stewardship Program: Guidelines by the Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America](#)
- [SHEA/APIC Guideline: Infection Prevention and Control in the Long-Term Care Facility](#)

### Accountability and Pharmacy Expertise Resources:
- [CDC Leading Antibiotic Stewardship in the Nursing Home](#)
- [AHRQ Start an Antimicrobial Stewardship Program Toolkit](#)
- [CDC 5 Ways Consultant Pharmacists Can Be Antibiotics Aware Poster](#)

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- [MAD-ID –Antimicrobial Stewardship Training Program-Making a Difference in Infectious Diseases](#)
- [Society of Infectious Disease Pharmacist Antimicrobial Stewardship Certificate Program](#) )
- [CDC's Antibiotic Stewardship Course - CDC TRAIN](#)

**Action Resources:**
- [AHRQ Toolkit to Improve Antibiotic Use in Long-Term Care](#)
- [CDC APPENDIX A: Policy and Practice Actions to Improve Antibiotic Use](#)
- [Article "Implementation of an Antibiotic Stewardship Program in Long-term Care Facilities Across the US" (Source: JAMA)](#)
- [Minnesota Department of Health 72-Hour Antibiotic Time-Out Sample Template](#)
- [IDSA Guideline for the Evaluation of Fever and Infection in Older Adult Residents of Long-Term Care Facilities](#)
- [AHRQ Minimum Criteria for Common Infections Toolkit Sample Policy](#)
- AHRQ Suspected Infection SBAR Tools
  - [UTI](#)
  - [Lower Respiratory Infection](#)
  - [Skin and Soft Tissue](#)
- [Nebraska Med Algorithm for Management of Suspected UTI in LTC Residents](#)
- [CDC Resource for Catheter-Associated Urinary Tract Infections (CAUTI)](#)
- [North Carolina DPH Sample Interfacility Transfer Instructions and Form](#)

**Tracking and Reporting Resources:**
- [Rochester Nursing Home Collaborative: Tracking Antibiotic Use](#)
- [Colorado Department of Public Health and Environment Antibiotic Tracking Tool for LTCF](#)
- [CDC APPENDIX B: Measures of Antibiotic Prescribing, Use and Outcomes](#)
- [CDC APPENDIX C: Data Sources, Elements, and Measures for Tracking](#)
- [Minnesota Department of Health Sample Letter to Obtain an Antibiogram from a Laboratory](#)
- [AHRQ Antibiogram Toolkit](#)
- [AHRQ Monitor and Sustain Stewardship Toolkit](#)

**Education Resources:**
- Patient Education
  - [AHRQ Toolkit to Educate and Engage Residents and Family Members](#)
  - [CDC Antibiotics Aren't Always the Answer](#) [(Spanish version)](#)
  - [CDC Virus or Bacteria–What's got you sick?](#) [(Spanish version)](#)
  - [CDC What to Ask Your Healthcare Provider About Antibiotics](#)
  - [CDC What You Need to Know About Antibiotics in a Nursing Home](#)
  - [CDC Do I really need antibiotics?](#) [(Spanish version)](#)
  - [CDC Can I feel better without antibiotics?](#) [(Spanish version)](#)
  - [CDC Do antibiotics have side effects?](#) [(Spanish version)](#)
  - [CDC Improving Antibiotic Use](#) [(Spanish version)](#)
  - [CDC What are antibiotic-resistant bacteria?](#) [(Spanish version)](#)
- Healthcare Provider Education
  - [CDC Nursing Home Healthcare Professionals: Effective Communication Toolkit](#)
  - [CDC Handout "Is it Really a Penicillin Allergy"](#)