



Minnesota Antibiotic Stewardship Long-Term Care Honor Roll Application

This document provides an offline space where you can gather information prior to completing your online application for the Minnesota Antibiotic Stewardship (AS) Long-Term Care Honor Roll. Refer to the colored descriptions under each part to understand the recognition-level requirements for your application.

Facility Information

Please note that honor roll confirmations, certificates, and renewal notices will be emailed to the contact listed on this application.

Your First and Last Name: _____

Applicant Email Address: _____

Applicant Phone Number: _____

Applicant Job Title:

- Infection Preventionist
- Director of Nursing
- Assistant Director of Nursing
- Administrator
- Medical Director
- Other: _____

Are you applying to the Honor Roll for the first time, or are you renewing your commitment to antibiotic stewardship?

- First-time Applicant
- Renewing Commitment

For which Honor Roll level are you applying?

- Bronze
- Silver
- Gold

Facility Name: _____

Is your facility affiliated with a health system? Yes No

IF YES, Health System:

- Allina
- CentraCare Health
- Essentia Health
- Fairview Health Services
- HealthPartners Inc.
- Mayo Clinic
- Sanford Health
- Other: _____

Street Address: _____

Street Address 2 (optional): _____

City: _____ **County:** _____ **Zip Code:** _____

Part One: Facility-wide commitment to antibiotic stewardship

This section is required of all Honor Roll facilities. Facilities applying for Bronze Level (Commitment) recognition are required to meet the criteria outlined in this section. In addition, they must upload a copy of the facilities AS policy and upload a letter of commitment from facility leadership.

Facilities applying for Silver Level or Gold Level recognition are required to meet the criteria outlined in this section and in Part Two and Part Three, which follow.

Structure of Your Antibiotic Stewardship Program (ASP)

1. Which of the following positions are represented on the ASP team *and/or* ASP advisory committee (by full-time, part-time, contract staff; onsite or tele-based)? All Honor Roll facilities must engage with, at minimum, a physician, pharmacist, and infection preventionist.

- Infection preventionist
- Nursing staff
- Medical staff
- Consultant pharmacist
- Consultant infectious disease physician
- Information technology staff
- Quality improvement staff
- Administration
- Other: _____

2. Names of ASP team leaders

Nursing Leader

- Name and degrees: _____
- Email address: _____
- Is this position fulfilled through tele-stewardship? Yes No
- Does the nursing leader have formal stewardship training?
This is not required for Honor Roll recognition. Yes No

- If yes, what type of stewardship training?

Physician Leader

- Name and degrees: _____
- Email address: _____
- Is this position fulfilled through tele-stewardship? Yes No
- Does the physician leader have formal stewardship training?
This is not required for Honor Roll recognition. Yes No
- If yes, what type of stewardship training?

Consultant Pharmacist

- Name and degrees: _____
- Email address: _____
- Is this position fulfilled through tele-stewardship? Yes No
- Does the consultant pharmacist have formal stewardship training?
This is not required for Honor Roll recognition. Yes No
- If yes, what type of stewardship training?
 - PGY2 ID residency
 - MAD-ID certification course
 - SIDP certification course
 - BCIDP
 - Don't know
 - Other: _____

Leadership Commitment Verification

1. Upload a letter of commitment from the organization CEO/COO or other relevant executive.

- A new letter must be submitted with each Honor Roll application.
- The letter must include a description of how the facility has established antibiotic stewardship as an organizational priority through support of its ASP, including provision of staffing, financial, and information technology resources.

2. Upload a copy of the Facility antibiotic stewardship policy.

Education Verification

Honor Roll recognition requires that antibiotic stewardship education or training is provided to health care providers. You must select one or more of the education activity types (i.e., didactic, pharmacy-driven, case-based) below to describe. Selection of more than one activity type is encouraged.

- 1. Didactic Education.** Provide information describing didactic education sessions targeted to providers and clinical caregivers. You will be able to enter information for up to three didactic education sessions that were held in the last year.

Education session 1

- Date of education session: _____
- Staff included: _____
- Description of education event or series:

Education session 2

- Date of education session: _____
- Staff included: _____
- Description of education event or series:

Education session 3

- Date of education session: _____
- Staff included: _____
- Description of education event or series:

2. Pharmacy-driven Education. Select the pharmacy-driven approach(es) that involve education of prescribers used in your facility. Prospective audit and feedback are required for facilities applying for Silver or Gold Level recognition.

- Prospective audit with feedback (external review of antibiotic therapy by an expert in antibiotic use, accompanied by suggestions to optimize use, after the agent has been prescribed)
- Preauthorization
- Other pharmacy-driven approach:

3. Case-based Education. Select the case-based education approach(es) used in your facility in the last year.

- Retrospective review of de-identified cases with providers to identify opportunities to improve antibiotic therapy
 - What method is used to provide education (e.g., in person, email): _____
 - Who is involved in case review (e.g., providers, clinical caregivers): _____
 - Are outcomes of these interventions measured? Yes No
- Other case-based approach
 - Briefly describe this case-based method:

 - Are outcomes of these interventions measured? Yes No

Part Two: Antibiotic stewardship actions

Completion of this section is required of facilities applying for Silver and Gold Honor Roll levels. There are required and optional actions for Silver and Gold-level facilities. If not currently a part of your ASP, it is recommended that the optional activities be considered for your facility.

Facilities looking to achieve Gold-level status must also complete Part Three.

Required Actions

1. **Antibiotic use tracking.** Tracking can be accomplished through multiple methodologies. Tell us about your approach here. You can tell us about optional reporting of antibiotic use to CDC in the optional actions section below.
 - a. Which measure(s) is used?
 - Days of therapy (DOT)
 - Defined daily dose (DDD)
 - Purchasing data
 - Antibiotic starts
 - Other (describe below)
 - b. Where in your facility are antibiotics tracked?
 - Facility-wide
 - In a subset of priority units or wards
 - c. Which antibiotics are tracked?
 - All antibiotic drugs
 - Selected antibiotic classes
 - Selected antibiotic drugs
 - d. Do you also track the following?
 - Antifungal
 - Antiviral
 - e. How does your facility track antibiotic use data?
 - Electronic medical records system
 - Additional software tracker/third party product
 - Excel spreadsheet from the Minnesota Department of Health
 - Other
 - f. How does the ASP use antibiotic-use data to guide action or intervention? Briefly describe your approach to data analysis and use of data to inform strategies:

2. Antibiotic use reporting.

- a. Who receives reports or can access a dashboard summarizing antibiotic use?
 - Facility leadership
 - Medical director
 - Quality improvement team
 - Providers
 - ASP advisory committee

- Infection prevention team
- Infectious disease consultant
- Consultant pharmacist

b. How are reports delivered (e.g., directly during meetings, dashboard, email)? _____

3. Use of facility-specific evidence-based treatment and prescribing guidelines.

- For which conditions do you have guidelines?

- Are outcomes of this intervention measured? Yes No

4. Use of a facility-specific antibiogram.

- Does your facility have an onsite laboratory with susceptibility testing?
 Yes No Don't know
- Does your facility use a facility-specific antibiogram?
 Yes No Don't know

5. **Additional AS intervention(s).** Information provided here might be included in your facility's summary on the Honor Roll webpage. This allows others to learn about the great work happening in Minnesota nursing homes:

Optional Actions

Which of the following actions or strategies are in place at your facility?

- Prospective audit with feedback (external review of antibiotic therapy by an expert in antibiotic use, accompanied by suggestions to optimize use, after the agent has been prescribed)
- Indication required for all antibiotic orders
- Guidelines to address inappropriate treatment of asymptomatic bacteriuria
- Resident/family/public education about antibiotic use
- Review of antibiotic prescriptions within 72 hours of first dose ("antibiotic time-out")
- Tracking of antibiotic resistance patterns (e.g., MRSA, ESBL, carbapenem resistance)
- Tracking of *C. difficile*
- Reporting of *C. difficile* infections to National Healthcare Safety Network (NHSN)
- Prescribing guidelines

Part Three: Collaborative antibiotic stewardship endeavors

This section is required of all facilities applying for Gold-level recognition. This level is meant to recognize nursing homes who are looking beyond their facility to practice antibiotic stewardship.

Describe how your facility engages in ongoing, formal collaboration beyond your facility to advance antibiotic stewardship. Some examples of how this requirement can be met are:

- a. Formal mentorship of area long-term care facilities or clinics.
- b. Regional coordination, e.g., sharing antibiotic use and resistance data with other facilities in benchmarking process.
- c. Advancing antibiotic stewardship during care transition by ongoing, formal communication/collaboration with area nursing homes and other care facilities.

Part Four: Optional collaboration opportunity

This applies to applicants for all Honor Roll levels. One goal of the Honor Roll program is to share ideas and to encourage facilities to take on new antibiotic stewardship activities.

If you are willing to share your knowledge and experience with other facilities on an informal, as-needed basis, please check the box below. Your facility's willingness to share knowledge and experiences will be highlighted on the Honor Roll website.

We are willing to share our Antibiotic Stewardship Program knowledge and experiences with other facilities!

Yes No

Thank you for applying to the Minnesota Antibiotic Stewardship Honor Roll program!

Minnesota One Health Antibiotic Stewardship Collaborative
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To obtain this information in a different format, call: 651-201-5414.