**North Dakota Antimicrobial Stewardship Honor Roll Application for Hospitals**

Please email completed application, statement of commitment from leadership, and a copy of the facility’s antimicrobial stewardship policy, to HHS Antimicrobial Stewardship Lead Emily Perry at [Emily.perry@ndsu.edu](mailto:Emily.perry@ndsu.edu)

**Facility Information:**

Are you applying to the honor roll for the first time or renewing?

* First Time Applicant
* Renewing Applicant

Hospital Name:

Address:

Name of person filling out application:

Applicant Job Title:

Applicant Email Address:

Applicant Phone Number:

Which honor roll level are you applying for?

* Bronze
* Silver
* Gold
* Platinum

Please complete the following sections based on the honor roll level being applied for.

**Commitment (For** **Bronze, Silver, Gold, and Platinum level applicants)**

To demonstrate commitment to antibiotic stewardship each facility needs to email a copy of a current letter of commitment from hospital leadership and the hospital’s antimicrobial stewardship policy or similar document that includes an explanation of antibiotic use protocols and tracking.

Composition of the antimicrobial stewardship team:

Name of Stewardship Leader:

Position of Stewardship Leader:

Names and positions of other antimicrobial stewardship team members:

* Physician with infectious disease or antibiotic stewardship experience
* Pharmacist
* Infection Preventionist
* Microbiology laboratory staff
* Physician
* Quality improvement staff
* Nursing Staff
* Hospital Administration
* Information technology staff
* Patient safety staff
* Other

Educating staff and physicians about antimicrobial stewardship is a requirement of the honor roll. Describe below your educational activity(ies), including dates of recent or upcoming trainings, targeted staff, and attendance rates.

1. Antibiotic stewardship education activity:

Date Completed/Upcoming date(s):

Targeted staff:

Attendance rate:

2. Additional educational activities:

**Action (for** **Silver, Gold, and Platinum applications)**

Silver, gold, and platinum level hospitals must demonstrate the use of evidence-based treatment and guidelines, track and report antibiotic use, create an antibiogram and share with HHS to be included on North Dakota’s antibiogram webpage, and provide at least one stewardship intervention the facility is working on.

\*\*Current antibiograms can be emailed in PDF form to [Emily.perry@ndsu.edu](mailto:Emily.perry@ndsu.edu) \*\*

1. Describe how the hospital tracks and reports quarterly antibiotic use:
2. Describe how the hospital used evidence-based treatment and prescribing guidelines for at least one disease state in the previous year.
3. Describe how an antibiogram is used in the hospital.
4. Describe at least one stewardship intervention the hospital’s ASP (antibiotic stewardship program) is working or has worked on in the previous twelve months.

**Collaborative (Gold and Platinum applications)**

For gold and platinum level recognition, hospitals must engage with community partners on an antimicrobial stewardship initiative.

1. Describe how your hospital collaborates with community partners.

Examples include transition of care planning with local long term care facilities, collaborating on stewardship projects with facilities outside of your health system, partnering with a clinic on a stewardship initiative, or creating a multi-health system collaborative effort to improve antimicrobial use.

1. Does your facility report data at least annually to the National Healthcare Safety Network’s (NHSN) Antimicrobial Use module?

* Yes
* No

**Results (Platinum applications)**

Platinum level hospitals must demonstrate they have achieved improved antimicrobial usage due to stewardship initiatives and continue to meet the requirements of the gold level.

Describe how improved antimicrobial usage has been obtained in the previous twelve months. Supporting documentation, such as graphs or PDFs, that help demonstrate improved usage may be emailed with the application.