

**ANTIBIOTIC STEWARDSHIP CHECKLIST OF REQUIREMENTS FOR STAR PARTNERS  
(Based on CDC checklist for hospital antibiotic stewardship programs)**

Core elements of NC SHARPPS Star Partner Program (based on CDC core elements of hospital antibiotic stewardship)	Stewardship Commitment	Level 1/ Beginner	Level 2/ Advanced	Level 3/ Champion
<b>Element 1 - Leadership Support</b>				
Formal written statement in support of antibiotic stewardship from facility leadership	x	x	x	x
Stewardship activities written into team job descriptions and assessed in annual reviews			x	x
Facility has a dedicated stewardship budget			x	x
<b>Elements 2 &amp; 3 - Accountability &amp; Drug Expertise</b>				
Identified physician and pharmacist leaders	x	x	x	x
Established stewardship team		x	x	x
Facility has a written stewardship policy and program goals			x	x
All key support groups represented in the stewardship team*			x	x
Stewardship leads have received recognized stewardship training**				x
<b>Element 4 - Actions to support optimal use</b>				
<b>Facility Policies</b>				
Written policy in place which requires prescribers <sup>#</sup> to document in the medical record a dose, duration, and indication for all antibiotic prescriptions	x	x	x	x
Presence of facility-specific treatment recommendations, based on national guidelines			x	x
Specific Interventions implemented		At least <b>1 + 1</b>	At least <b>3 + 2</b>	At least <b>5 + 4</b>
<b>Passive</b>				
Formal requirement for all clinicians to review the appropriateness of all antibiotics 48 hours after initial orders (“antibiotic time-out”)				

Core elements of NC SHARPPS Star Partner Program (based on CDC core elements of hospital antibiotic stewardship)	Stewardship Commitment	Level 1/ Beginner	Level 2/ Advanced	Level 3/ Champion
Implementation of automatic changes from intravenous to oral antibiotic therapy as appropriate in the electronic medical record orders				
Automatic alerts for duplicative therapy in electronic medical record				
Time-sensitive stop orders for specified antibiotic prescriptions				
Written facility specific guidance for: common infectious syndromes (e.g., urinary tract infections, community-acquired pneumonia, skin and soft tissue infections); empiric coverage of methicillin-resistant Staphylococcus aureus (MRSA); treatment of culture proven invasive infections; critical evaluation of need for continued non-CDI antibiotic therapy in new cases of CDI; surgical prophylaxis				
Other innovative interventions (requires approval from DPH)				
<b>Active</b>				
Need for approval of specific antibiotics by physician or pharmacist prior to prescribing (pre-authorization)				
Process in place for prospective audit with feedback (i.e., a physician or pharmacist reviewing courses of therapy for specified antibiotic agents)		Any one unit	Any three units	Facility-wide
Dose adjustments in cases of organ dysfunction				
Dose adjustment to optimize treatment of organisms with reduced susceptibility				
Point of care beta-lactam skin testing for patients with reported penicillin allergy that is not documented to be a severe non-IgE mediated reaction and no documented severe IgE mediated reaction within the past 3 months.				

Core elements of NC SHARPPS Star Partner Program (based on CDC core elements of hospital antibiotic stewardship)	Stewardship Commitment	Level 1/ Beginner	Level 2/ Advanced	Level 3/ Champion
Engagement in collaborative QI projects with other services.				
Other innovative interventions (requires approval from DPH)				
<b>Element 5 - Tracking (Monitoring antibiotic prescribing, use &amp; resistance)</b>				
<b>Process Measures</b>				
Monitoring in place for adherence to a documentation policy (dose, duration and indication)		x	x	x
Monitoring in place for adherence to written facility-specific recommendations			Any 1 of 2	x
Monitoring in place for compliance with one or more specific interventions				All
<b>Antibiotic use and Outcome measures</b>				
Facility tracks CDI rates	x	x	x	x
Facility tracks antibiotic use by Days of Therapy (DOT)	Any 1 of 3	Any 1 of 3	Any 1 of 2	Any 1 of 2
Facility tracks antibiotic use by Defined Daily Dose (DDD)				
Facility tracks direct expenditure for antibiotics (purchasing costs)			-	-
Facility produces a periodic antibiogram at least every two years			x	x
Facility produces at least 2 periodic unit specific antibiograms at least every two years				x
Facility uses antibiogram data to inform formulary.				x
<b>Element 6 - Reporting information to staff on improving antibiotic use &amp; resistance</b>				
Facility shares facility specific reports on antibiotic use with prescribers <sup>#</sup>		x	x	x
Prescribers <sup>#</sup> receive direct personalized communication about practices to improve their antibiotic prescribing (“provider report cards”)			x	x
Facility distributes current antibiogram to prescribers <sup>#</sup> periodically			x	x

Core elements of NC SHARPPS Star Partner Program (based on CDC core elements of hospital antibiotic stewardship)	Stewardship Commitment	Level 1/ Beginner	Level 2/ Advanced	Level 3/ Champion
Facility implements external benchmarking of antimicrobial use (i.e. via the NHSN antibiotic use module or a stewardship collaborative)				X
<b>Element 7 - Education</b>				
Antibiotic use education is provided as needed/on request to patients and families and resource materials (e.g. pamphlets, posters) are available for patients and families.	X	X	X	X
Stewardship program in the facility provides education to clinicians and other relevant staff on improving antibiotic prescribing as needed	X	X	X	X
Stewardship program in the facility provides education to clinicians and other relevant staff on improving antibiotic prescribing at least annually		X	X	X
Antibiotic use education is integrated into patient discharge materials.				X
<b>NC SHARPPS Element 8 - Mentoring</b>				
Facility is committed to mentoring interested Stewardship Commitment, Beginner or Advanced facilities (at least one)				X

\*Includes representation of: physicians, pharmacists, infection preventionists, nursing, IT, and the microbiology lab.

\*\*[CDC's Antibiotic Stewardship Training Series](#), SHEA Antibiotic Stewardship Training Course, SIDP, MAD-ID, IDSA LEAP Fellowship graduates. Training to be repeated every five-years.

# Any provider that is able to prescribe antimicrobials to patients within the facility