



IDPH Acute Care Antimicrobial Stewardship Honor Roll Leadership Support Letter and Attestation

_____ is committed to improving the quality and impact of its antimicrobial stewardship program. Our facility has fulfilled or is actively working towards implementing the Centers for Disease Control and Prevention's (CDC) *Priorities for Hospital Core Element Implementation*:

- **Leadership:** Antimicrobial stewardship physician and/or pharmacist leader(s) have antimicrobial stewardship responsibilities formally documented in their job description, contract, or annual performance review.
- **Accountability:** The antimicrobial stewardship program is co-led by a physician and pharmacist who are responsible for program management and outcomes.
- **Drug Expertise:** Antimicrobial stewardship physician and/or pharmacist leader(s) have completed infectious diseases training, an antimicrobial stewardship certificate program, or other structured antimicrobial stewardship training.
- **Action:** The antimicrobial stewardship program has implemented facility-specific treatment recommendations for common clinical conditions and carries out prospective audit and feedback or preauthorization for specific antimicrobial agents.
- **Tracking:** The facility submits antibiotic use data to the CDC's National Healthcare Safety Network (NHSN) Antimicrobial Use (AU) Option.
- **Reporting:** Prescriber-, unit-, or service-level antibiotic use reports are provided at least annually to support targeted feedback and improvement.

We, the undersigned, attest that the information submitted in this Honor Roll application is complete and accurate to the best of our knowledge and reflects our ongoing commitment to excellence in antimicrobial stewardship.

Leadership Administrator (Print Name)

Title

Leadership Administrator Signature

Date

Physician Champion Signature

Title

Pharmacist Champion Signature

Date