

**Illinois Department of Public Health
Acute Care Antimicrobial Stewardship Honor Roll
Guidance Document**

Overview

The Illinois Department of Public Health Division of Patient Safety and Quality is launching an Acute Care Antimicrobial Stewardship Honor Roll that aims to recognize hospitals that prioritize and excel in implementing evidence-based practices of antimicrobial stewardship. With nearly 98% of Illinois hospitals successfully implementing all seven of the Centers for Disease Control and Prevention's (CDC) [Core Elements of Hospital Antibiotic Stewardship Programs](#), this Honor Roll emphasizes the implementation of the CDC's 2022 [Priorities for Hospital Core Element Implementation](#) – targeted strategies aimed at enhancing the quality and impact of existing antimicrobial stewardship programs (ASPs). Despite the widespread adoption of the *Core Elements*, only 3.8% of Illinois hospitals have reported implementing all six *Priorities*, highlighting a significant opportunity for growth in the state's antimicrobial stewardship efforts. By focusing on these *Priorities*, the Honor Roll seeks to encourage hospitals to adopt high-impact strategies that optimize antimicrobial use, facilitate the sharing of successful interventions and best practices, and foster collaboration among health care facilities to collectively combat antimicrobial resistance.

Recognition Framework

Part I (Required): CDC *Priorities for Hospital Core Element Implementation*

- Bronze: Implementation of at least two *Priorities*
- Silver: Implementation of at least four *Priorities*
- Gold: Implementation of all six *Priorities*

Part II (Optional): Antimicrobial Stewardship Collaboration Distinction

- This distinction is awarded to hospitals that demonstrate a strong commitment to formal, documented, and sustained partnerships beyond their institution. Collaborations must meaningfully contribute to the broader stewardship community and reflect a shared goal of improving antimicrobial use across health care settings.
- Awarded independently of tier status and is open to all applicants.

Benefits

Awardees will receive a Certificate of Achievement and be recognized on the Illinois Department of Public Health Antimicrobial Stewardship (AS) webpage. Other benefits include opportunities to:

- Collaborate and network by sharing best practices, innovative strategies, and success stories.
- Encourage professional development by engaging health care professionals and staff in meaningful AS efforts.
- Demonstrate compliance and quality through your hospital's commitment to meeting regulatory standards.
- Improve patient outcomes by contributing to better treatment outcomes, fewer adverse events, and reduced health care-associated infections through optimized antimicrobial use.

5/27/25

Application Process and Notice of Award

1. **Eligibility:** Determine your facility's designation for the Bronze, Silver, or Gold tier based on the number of CDC *Priorities* implemented at your facility.
 - All hospitals are encouraged to apply, including acute care, critical access, and long-term acute care hospitals.
 - Each individual facility within a health care system must submit a separate application.
2. **Supporting Documentation:** Gather documentation aligned with the six CDC *Priorities*.
 - Required documentation for each *Priority* is provided in Table 1 below. These are the only acceptable forms of supporting documentation. These were selected to promote consistency across facilities and ensure clear alignment with each CDC *Priority*.
 - Ensure that supporting documentation is fully de-identified and does not contain any patient health information (PHI). If any PHI is inadvertently submitted, notify us at DPH.Antimicrobial.Stewardship@Illinois.gov.
 - Ensure you have the correct file before selecting "Upload." Once you select "Upload," you will no longer be able to see or edit your file(s).



3. **Submission:** Complete the [online application form](#).
 - Applications will be accepted twice per year during designated submission periods. Facilities may apply during any of the following cycles:
 - 2025 Fall Application Window: July 1 – September 30
 - 2026 Spring Application Window: April 1 – June 30
 - 2026 Fall Application Window: October 1 – December 31
 - Late or incomplete applications will not be considered.
4. **Notice of Award:** Applicants will be notified of their award status within **three months** of the application deadline.

Renewal and Upgrade

- **Renewal:** Designation is valid for **two years** from the award date.
- **Upgrade:** Facilities may apply for a higher tier **one year** after receiving a designation.

Leadership Support Letter and Attestation

- Attestation Requirement: Before submitting your application, download and complete the IDPH Honor Roll Leadership Support Letter and Attestation to confirm your hospital's commitment to the CDC's Priorities and verify that the information submitted in the application is complete and accurate to the best of your knowledge.
- The letter template is available within the online application. This form must be signed by facility leadership and hospital ASP champion(s).

Closing Questions

- Facilities participating in the Honor Roll may opt to participate in a statewide AS Champion Call. Selecting "Yes" indicates that your facility is willing to present your success stories, initiatives, collaborative efforts, etc. with other AS leaders across Illinois. Participation is optional, but strongly encouraged.
- Facilities are also invited to indicate interest in sharing an AS poster presentation at the annual Illinois Summit on Antimicrobial Stewardship. Poster materials are not required at the time of application.

Contact Information

For more information, email the Division of Patient Safety and Quality's Antimicrobial Stewardship Program at:

DPH.Antimicrobial.Stewardship@illinois.gov

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Table 1. Criteria and Required* Documentation

**These are the only acceptable forms of supporting documentation.*

| Implementation of CDC Priorities for Hospital Core Element Implementation (Bronze, Silver, and Gold Tiers) | | |
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| Core Element | Priority | Required Documentation |
| <i>Leadership Commitment</i> | AS physician and/or pharmacist leader(s) have AS responsibilities in their contract, job description, or performance review. | <ul style="list-style-type: none"> • Employment contract, job description, or performance review excerpt that explicitly includes antimicrobial stewardship responsibilities for the physician and/or pharmacist leader(s); OR • Letter of attestation from facility leadership reflecting assignment of AS responsibilities to physician and/or pharmacist leader(s). |
| <i>Accountability</i> | ASP is co-led by a physician AND pharmacist.* <i>*For critical access hospitals (CAHs), accountability can be met if the hospital has a physician leader with a pharmacist involved in stewardship (recognizing that some CAHs do not have pharmacists on staff, so co-leadership is not possible).</i> | <ul style="list-style-type: none"> • ASP organizational chart listing both the physician and pharmacist as co-leaders; OR • ASP charter, committee roster, or meeting minutes identifying both co-leaders by name and role. |
| <i>Drug Expertise</i> | AS physician and/or pharmacist leader(s) have completed infectious diseases specialty training, a certificate program, or other training on AS. | <ul style="list-style-type: none"> • CV or transcript showing ID fellowship, residency, or relevant education; OR • Certificate(s) of completion from SIDP Antimicrobial Stewardship Certificate Program or MAD-ID Antimicrobial Stewardship Training Program. |

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| <p><i>Action</i></p> | <p>ASP has facility-specific treatment recommendations.</p> <p><u>AND</u></p> <p>Performs prospective audit and feedback (PAF).</p> <p><u>OR</u></p> <p>Preauthorization (PA).</p> | <p><u>Facility-specific Treatment Recommendations</u></p> <ul style="list-style-type: none"> • Facility-specific evidence-based treatment guideline(s) for common infections (e.g., community acquired pneumonia, urinary tract infection, skin and soft tissue infection); OR • Screenshot(s) of clinical decision support software or order entry process that includes antimicrobial recommendations based on indication; OR • Protocol(s) for stewardship interventions targeting a common infection. <p><u>Prospective audit and feedback</u></p> <ul style="list-style-type: none"> • Policy or protocol describing how PAF is conducted (e.g., daily review of select antimicrobials or patients by stewardship team); OR • Screenshot(s) of dashboard or tracking tool used for identifying and following up on patients for PAF. • List of antimicrobials or patient types reviewed for PAF; OR • Blank or de-identified audit template or feedback note used to track reviews and recommendations. <p><u>Preauthorization</u></p> <ul style="list-style-type: none"> • Antimicrobial restriction policy listing agents that require PA and corresponding criteria; OR • Protocol describing PA workflow (e.g. who reviews requests, how approval is granted, what criteria are used, etc.); OR • Screenshot(s) of clinical decision support software or order entry process showing preauthorization alert or approval process. |
| <p><i>Tracking</i></p> | <p>Hospital submits antibiotic use data to NHSN Antimicrobial Use (AU) Option.</p> | <ul style="list-style-type: none"> • Recent report downloaded from NHSN indicating submission of antimicrobial use data. |
| <p><i>Reporting</i></p> | <p>Reports are shared with prescribers AND adherence to treatment guidelines is monitored.</p> | <ul style="list-style-type: none"> • Prescriber, unit, or service-level <u>antibiotic use report</u> that has been shared with prescribers for at least one antimicrobial agent or common clinical condition; OR • Prescriber, unit, or service-level report <u>indicating adherence to treatment recommendations</u> for at least one common clinical condition; OR • Medication use evaluation of adherence to treatment recommendations for an antimicrobial agent or condition. |

Antimicrobial Stewardship Collaboration

(Open to all applicants and awarded independently of tier status)

To achieve this distinction, facilities must engage in **active, structured, and ongoing** collaborations that extend beyond their own institution to advance AS. These collaborations should involve sharing best practices, data, and resources with external partners to collectively enhance antimicrobial use practices and combat antimicrobial resistance. Please describe your collaboration efforts in detail, including:

1. Name(s) of partner organizations
2. Goals of the collaboration
3. Target population
4. When the collaboration was initiated
5. Frequency of engagement or meetings
6. Activities conducted (e.g., meetings, data sharing, protocol development, training sessions, intervention implementation)
7. Outcomes or impact to date

Examples include:

- **Participation in the [PALASE Collaborative](#) and/or [CHARM Project](#).**
- **Regional Collaborative:** Collaborating with regional hospitals, long-term care facilities, outpatient clinics, etc. to share antimicrobial use and resistance data. This includes developing and integrating AS interventions and protocols, facilitated through regularly scheduled meetings to exchange information and strategies.
- **Formal Mentorship/Support:** Establishing structured, ongoing mentorship programs where your facility provides AS expertise to regional hospitals, long-term care facilities, outpatient clinics, etc. This involves regular meetings, shared resources, and continuous support to help mentee facilities develop and enhance their ASPs.
- **Optimizing Stewardship at Care Transitions:** Engaging in regular meetings with facilities that share patients to optimize antimicrobial use during transitions of care. This involves developing or improving protocols and communication practices to ensure continuity and appropriateness of antimicrobial therapy.
- **Community Outreach:** Providing ongoing AS education and outreach to the general public and community stakeholders. This may include hosting awareness events, developing educational materials, collaborating with schools or community groups, and/or promoting responsible antimicrobial use through public health campaigns.

Activities That Would Not Qualify:

- Occasional discussions or information sharing with peers that lack formal structure, documentation, or sustained collaborative efforts.
- Providing a one-time webinar or educational session to another facility without ongoing support or collaboration.
- Partnering with a "sister" hospital within the same health system to consolidate or coordinate AS interventions.
- Providing AS support within your hospital Emergency Department.