

**Example Silver Application:** One criterion met per core element AND six additional criteria met.

Note additional criteria can be intermediate or advanced and can be under any combination of core elements

|                                     |   |
|-------------------------------------|---|
| Leadership Commitment               |   |
| <input checked="" type="checkbox"/> | Hospital Leadership has signed a letter of commitment supporting antimicrobial stewardship within the last two years.   |
| <input type="checkbox"/>            | Antimicrobial stewardship program leader(s) have stewardship responsibilities included in their job description or performance reviews. (I)                                   |
| <input type="checkbox"/>            | Hospital leadership provides dedicated time to manage and conduct stewardship interventions and resources (e.g, IT support, training) to effectively operate the program. (A) |
| Accountability                      |   |
| <input checked="" type="checkbox"/> | Our antimicrobial stewardship program or committee has dedicated leader(s)  |
| <input checked="" type="checkbox"/> | Our antimicrobial stewardship program or committee meets to discuss stewardship at least quarterly (I)  |
| <input checked="" type="checkbox"/> | Our antimicrobial stewardship program or committee is co-led by a physician and a pharmacist (A)  |
| Pharmacy/Stewardship Expertise      |   |
| <input checked="" type="checkbox"/> | Our hospital antimicrobial stewardship team includes a pharmacist.  |
| <input type="checkbox"/>            | Our antimicrobial stewardship team includes a pharmacist or physician with formal infectious diseases specialty training. (A)   |
| Action                              |   |
| <input checked="" type="checkbox"/> | Use of facility-specific evidence-based treatment and prescribing guidelines for at least 2 common clinical conditions.   |
| <input checked="" type="checkbox"/> | Preauthorization or formulary restriction (approval from antimicrobial steward or pharmacy before prescribing selected antimicrobials). (I)                                   |
| <input type="checkbox"/>            | Prospective audit with feedback (pharmacy or ID review of antimicrobial therapy after the agent has been prescribed, with feedback to optimize therapy) (I)                   |
| <input type="checkbox"/>            | Antimicrobial use data is utilized to make an improvement in antimicrobial stewardship efforts (A)  |
| Tracking                            |   |
| <input checked="" type="checkbox"/> | Monitor antimicrobial use, the impact of interventions or other outcomes (i.e., C. diff infections or resistance patterns)  |
| <input checked="" type="checkbox"/> | Use a hospital-specific antibiogram created within the last 2 years (I)   |
| <input type="checkbox"/>            | Hospital has submitted at least 9 months of antibiotic use data to NHSN in year prior to application (A)  |
| Reporting                           |   |
| <input checked="" type="checkbox"/> | Local antibiogram disseminated/available to prescribing staff   |
| <input checked="" type="checkbox"/> | Antimicrobial use data is shared with hospital staff at least annually (through committees, publications, dashboards, etc.) (I)   |
| <input type="checkbox"/>            | Provider level, unit specific or syndrome specific antimicrobial use reports are provided at least annually (A)   |
| Education                           |   |
| <input checked="" type="checkbox"/> | Provide AMS education to prescribing staff at least annually.   |
| <input type="checkbox"/>            | Incorporate patient and family antimicrobial education into the hospital discharge process. (I)   |
| <input checked="" type="checkbox"/> | Ongoing AMS collaboration beyond your facility (e.g., ORASN or UW CSiM membership, providing expertise to a long-term care facility) (A)                                      |