

Example Gold Application: One criterion per core element AND six intermediate criteria AND six advanced criteria met.

Leadership Commitment	
<input checked="" type="checkbox"/>	Hospital Leadership has signed a letter of commitment supporting antimicrobial stewardship within the last two years.
<input checked="" type="checkbox"/>	Antimicrobial stewardship program leader(s) have stewardship responsibilities included in their job description or performance reviews. (I)
<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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)