**North Dakota Antimicrobial Stewardship Honor Roll Application for Long-Term Care Facilities**

Please email the completed application, statement of commitment from leadership, and a copy of the facility’s antimicrobial stewardship policy, to HHS Antimicrobial Stewardship Lead Emily Perry at [Emily.perry@ndsu.edu](mailto:Emily.perry@ndsu.edu).

**Facility Information:**

Are you applying to the honor roll for the first time or renewing?

* First Time Applicant
* Renewing Applicant

Facility Name:

Address:

Name of Applicant:

Applicant Job Title:

Applicant Email Address:

Applicant Phone Number:

Which honor roll level are you applying for?

* Bronze
* Silver
* Gold
* Platinum

Please complete the following sections based on the honor roll level being applied for.

**Commitment (For Bronze, Silver, Gold, and Platinum level applicants)**

To demonstrate commitment to antibiotic stewardship each facility needs to email a copy of a current letter of commitment from facility leadership and the facility’s antimicrobial stewardship policy or similar document that includes an explanation of antibiotic use protocols and tracking.

Composition of the antimicrobial stewardship team:

Name of Stewardship Leader:

Position of Stewardship Leader:

Names and positions of other antimicrobial stewardship team members:

* Infection Preventionist
* Quality improvement staff
* Consultant pharmacist
* Nursing Staff
* Administration
* Infectious Disease physician
* Medical staff
* Information technology staff
* Other

Educating staff and physicians about antimicrobial stewardship is a requirement of the honor roll. Describe below your educational activity(ies), including dates of recent or upcoming trainings, targeted staff, and attendance rates.

1. Antibiotic stewardship education activity:

Date Completed/Upcoming date(s):

Targeted staff:

Attendance rate:

2. Additional educational activities:

**Action (for Silver, Gold, and Platinum applications)**

Silver, gold and platinum-level facilities must demonstrate at least two stewardship activities; one must include education to residents or their families.

1. Describe educational activities provided to residents and/or families about antibiotic use.
2. Describe at least one antimicrobial stewardship intervention for improving antibiotic use in the facility.

**Collaborative (for Gold and Platinum applications)**

For gold and platinum level recognition, the facility must engage with community partners on an antimicrobial stewardship initiative.

1. Describe how the facility collaborates with community partners:

Examples include the transition of care planning with a local hospital, collaborating on stewardship projects with facilities outside of your health system, or partnering with a clinic on a stewardship initiative.

**Results (for Platinum applications)**

Platinum-level facilities must demonstrate they have achieved improved antimicrobial usage due to stewardship initiatives and continue to meet the requirements of the gold level.

Describe how improved antimicrobial usage has been obtained in the previous twelve months. Supporting documentation, such as graphs or PDFs, that helps demonstrate improved usage may be emailed with the application.