**Attachment C: Core components of antimicrobial stewardships (AS) programs implemented by state and local health departments**

Purpose: Provide guidance to health departments and organizations focused on quality improvement to establish an effective program to support appropriate antibiotic use as part of a coordinated approach to prevent and reduce antibiotic resistance

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| **Components** | **More details** |
| **Establish AS leadership** and support within program | Identified lead to evaluate and incorporate AS activities into HAI program  Secure expertise knowledgeable on AS activities and tools (steering committee)  Staff available to diagnose and investigate ASP and AR patterns and trends |
| **Surveillance** to understand current AS practices/needs across facilities, antibiotic use, resistance patterns and outbreaks | Assess ASP activities and needs  Evaluate progress in ASP implementation  Monitor resistance (CRE, CDI, ESBL)  Monitor antibiotic susceptibility patterns  Improve tracking to antibiotic use and trends to aid AS  Disease prevalence at points in time (i.e. flu surveillance) |
| **Coordination** of AS activities with resistance prevention and quality improvement efforts | Interdepartmental within own agency  Other CDC programs (EIP, EpiCenters academic institutions, other ELC and non-funded States)  CMS (QIO/QINs efforts)  Hospital Association (HEN)  Pharmacy and medical societies |
| **Education and tools** on appropriate antimicrobial prescribing for facilities and healthcare professionals   * **Convene AS prevention collaboratives** (for facilities who commit to sharing tools and best practices) | Key AS resources available on website  Train and support professionals and facilities on AS (online or in-person education)  Technical assistance targeted by surveillance  Link facilities with each other to enhance AS across a region; share effective methods for AS implementation and promote guidance and best practices |
| **Communication strategy** to reach and maintain relationships with facilities and organization with similar goals.   * Raise **Public awareness** of antimicrobial overuse and potential risks | Develop and maintain useful website  Build and use list-serves to share info.  Incorporate ASP and AU into departmental reports and improvement plans  Reach out to public regarding appropriate AU and issue of AR  Media presence  Assist facilities with patient/family education tools |
| **Policy** to support antimicrobial stewardship programs |  |

**Aligns with:** CDC ELC K2 State Antibiotic Resistance Program (2015); [ASTHO Combatting AR: Policies to Promote ASPs](http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/2014PS/14_ID_01.pdf) (2015); [CSTE Recommendations for Strengthening AS in the US, including the Role of the State and Local Health Departments](http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/2014PS/14_ID_01.pdf) (2014); [PHF Public Health Role in AS](http://www.phf.org/resourcestools/Documents/Antibiotic_Stewardship_Driver_Diagram.pdf) (2013); [The role of public health in antimicrobial stewardship in healthcare.](http://cid.oxfordjournals.org/content/59/suppl_3/S101.abstract) Clin Infect Dis. 2014;59:S101-3