

## Antimicrobial Stewardship Recognition Program General Questions

- 1. Where are the Antimicrobial Stewardship Recognition Program (ASRP) applications and FAQs located?**
  - [Department of Health | Communicable Disease Service | Antimicrobial Stewardship Recognition Program \(nj.gov\)](#)
- 2. When does the application period open and end every year?**
  - The ASRP applications are open for facilities to apply approximately the first week of June and end in first week of August every year.
- 3. When is the ASRP award ceremony scheduled every year and how?**
  - The award ceremony is generally held during the last week of November, or first week of December each year. NJDOH tries to hold the ceremony during Antibiotics Awareness Week when the week does not overlap with Thanksgiving.

## Facility Eligibility Questions

- 4. How should an acute care facility apply for ASRP recognition (as one or two separate applications) if they have a post-acute care short-term/long-term rehab?**
  - Two applications will be required to be completed. The acute care facility will complete the acute care facility application and the post-acute care facility will complete the post-acute care application.
- 5. Can a facility who is a recipient of the acute care ASRP award, apply for the outpatient award separately?**
  - The Outpatient Application should be completed by the outpatient facility providing care to patients. If a health system has ownership over multiple outpatient healthcare facilities, they should not apply on behalf of the outpatient practices.
  - Each clinic providing only outpatient services within the acute care health system would have to submit a separate application to be considered for an award, even if certain elements of the Antimicrobial Stewardship Program are shared across the healthcare system
- 6. If a facility mistakenly applied as an acute care facility instead of applying as post-acute care (PAC), would they have to reapply as PAC again?**
  - Yes, the PAC would have to reapply and complete the PAC application as there are different requirements for acute and PAC programs.

# Antimicrobial Stewardship Recognition Program Frequently Asked Questions - 2022



- 7. Can I apply as an assisted living facility (ALF)? Is there anything unique about an ALF applying?**
- Currently, assisted living facilities are not included in either post-acute or outpatient practices as per CDC's seven core elements established. They do not have a separate category by itself for assisted living facilities.
  - The closest application for assisted living is the post-acute facility application. The post-acute application is generally meant for facilities that provide expanded care beyond assisted living.
  - Regardless, if a facility feels that they are above and beyond with their stewardship competencies and activities then they will have to review the post-acute care application to be considered for evaluation if they meet all the eligibility criteria.
- 8. If we are underway and close to completing a core element but have not finished, can we still qualify for completion?**
- No. All core elements must be completed in their entirety to be eligible for the tiered status that the facility is seeking recognition for.

## Novisurvey Related Questions

- 9. Does NJDOH ASRP team provide a confirmation receipt after receiving an application from any facility?**
- NJDOH does not receive automatic notification of an application once it is submitted. If a facility would like confirmation of application submission, please email [abxaware@doh.nj.gov](mailto:abxaware@doh.nj.gov) with the name, facility type, and date of submission.
- 10. What alternative is available to send the documents if the files are too large to attach with the application?**
- All materials should be submitted via Novisurvey. If a material is too large for Novisurvey, please reach out to [abxaware@doh.nj.gov](mailto:abxaware@doh.nj.gov) for further guidance.
- 11. Is it possible to adjust NoviSurvey to have a "save and close" option? As of now, it must be submitted all at once.**
- The ASRP Team plans to build in this feature in preparation for the 2023 application period.

## Maintaining or Leveling-Up Recognition Status

- 12. Does a facility/program need to fulfill all gold-level competencies for the 7 core elements in order to achieve gold tier recognition? Or is there a threshold to meet in order to achieve overall gold (i.e., 5/7 core elements at gold competency)?**
- To be eligible for a given award, the healthcare facility must demonstrate competency for the target tier and for all the tiers below the target tier. For example, to obtain the gold award, the facility must demonstrate competencies for all 7 core elements in the gold tier, as well as all the competencies for the silver and bronze tiers.

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## 13. What is the requirement to maintain the same award status as last year if there is a change in the facility's name?

- There are no specific requirements to maintain the same award status as last year if there is a change in your facility's name. We ask that you submit your new application with your current name but refer to the previous submission for ASRP application reviewers to reference when scoring applications.

## 14. If a facility received a bronze award last year and was only missing one document to level up to silver status, how does their application process work?

- Previous awardees do not have to resubmit material for their current tier or any tier under, given that those have already been evaluated in previous years' applications. In its place, we require attestation that previous tier status has been maintained. In this case as a bronze awardee who is trying to level up to silver this year, only the additional silver competencies must be completed.

## 15. If we apply for a higher level (e.g. silver) and you determine that we don't meet that criteria but that we would meet the criteria for the lower level, would you award us the lower level even though our application was for the higher level?

- If a facility applies for a higher tier (e.g. silver or gold) and does not meet all of the competencies for that tier, they would be awarded with the lower tier for which all of their competencies were met (e.g. bronze, silver).

## Required Documentation for Maintaining Recognition Status and Leveling-Up

## 16. What should the attestation letter consist of to meet the requirements for maintaining the same status as last year?

- The attestation letter should include at minimum the following information below in any format or language:
  - Re-address the seven core elements briefly (leadership, accountability, drug expertise, action plan, tracking, reporting and education)
  - Re-address the support from facility leadership (i.e., CEO, President, Vice President, board member, or administrator) that attests to ongoing antimicrobial stewardship programs (example of an ongoing stewardship action plan).
  - Provides commitment to at least same level of robustness as last year.
- The Antimicrobial Stewardship Program members (your team) involvement with the following activities:
  - Review of infections and monitors antibiotic usage based on regular basis
  - Reviews antibiogram yearly
  - Report and track use of antibiotics and appropriateness
  - Educates the healthcare staff on a regular basis using various platforms

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- 17. How is the attestation letter submitted if the facility is only going to apply to maintain the previous year ASRP status?**
- The attestation letter would still be submitted through Novisurvey.
- 18. Can an acute care facility share documents with other facilities in the same healthcare system that were previously acceptable for an ASRP award?**
- An acute care facility can share certain documents and resources with other acute care facilities in the same healthcare system as some healthcare systems may coordinate stewardship activities as a system. However, if more than one facility of the same healthcare system is pursuing an ASRP award, they must submit separate applications for each facility.
- 19. Can facilities with multiple institutions within same healthcare system be allowed to have one signed attestation letter from their corporate leadership to maintain their previous year status?**
- Yes, all the facilities within the same healthcare system could use one attestation letter signed from their corporate leadership to maintain their previous year award status if the specific facility names are documented.
- 20. For prospective audit/feedback and pre-authorization, what would be considered an appropriate measure to meet the requirements?**
- Prospective audit/feedback would include a review of antibiotics at a certain time interval. Time-outs are also considered as a part of this process and prior authorization which would include having a restricted antibiotics list (at least 2 agents with the conditions listed) which is limited to ID physicians.
  - Sometimes, some antibiotics could be restricted to ED/ICU physicians as well. Eg: Aztreonam could be restricted to ER/ICU up to 24 hours and then would require ID approval after that.
- 21. What time frame is considered appropriate to meet the requirements for any documentation related to Core Element 7 (Education to prescribers, nurses or pharmacists)?**
- Facilities are required to submit the materials that document the education provided to prescribers, nurses and patients respectively (Bronze, silver and gold respectively) over the past one year.
- 22. What sort of evidence are you looking for regarding tracking discharges (Core Element 5) and is there a time frame that you are looking for in providing this information?**
- An example for tracking discharges would include a review or report that shows the targeted antibiotics (high risk *C. diff* agents like quinolones) have an appropriate need to be continued for an appropriate duration in any patient or focused age group. The time frame is one year from the time of last application.
  - Another way is to incorporate discharge antimicrobial stewardship is to introduce [transition of care stewardship](#).

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## 23. For the post-acute care setting, what are specific things you would be looking for under “Requirement 32- Nursing Driven Protocols?”

Post-acute care – Nursing Driven Protocol examples would include but are not limited to the following:

- Review of penicillin allergy and clarification of serious reaction vs mild to update the records for physicians to narrow or use appropriate antibiotics (to reduce use of quinolones or aztreonam in acute care if transferred).
- Review of urine culture testing algorithm to reduce the antibiotic initiation for asymptomatic bacteriuria.

## 24. Please provide budget allocation information to meet the gold requirement of leadership?

- The financial budget and support for stewardship programs should include a full-time or part-time ASP leader (physician) and a pharmacist based on the size of the hospital to lead the team and activities.
- The IT support should also be incorporated into the budget to fulfil the ongoing routine activities, tracking and reporting of those outcomes.
- Other financial support could also include funding for education through conferences or organizational membership reimbursement provided to ASP leaders.

## References & Resources

## 25. Is there any guidance for post-acute care facilities to implement the stewardship elements?

The following references and resources are useful in initiation of improvement of the core elements to meet the requirements for ASRP, but it is not an all-inclusive list:

- The following resource provides a check list for implementing CDC’s 7 core elements in post-acute care facilities:
  - [The Core Elements of Antibiotic Stewardship for Nursing Homes: Checklist \(cdc.gov\)](https://www.cdc.gov/antibiotic-use/core-elements/nursing-homes-checklist/)
- The following document provides detailed information about each of these core elements and criteria to meet them:
  - [The Core Elements of Antibiotic Stewardship for Nursing Homes \(cdc.gov\)](https://www.cdc.gov/antibiotic-use/core-elements/nursing-homes/)
- The following resources are available to implement and expand stewardship activities in long-term care facilities and nursing homes:
  - [Nh and LTCF ASP toolkit.pdf](#)
  - [Table - PMC \(nih.gov\)](#)
  - [Template for an Antibiotic Stewardship Policy for Post-Acute and Long-Term Care Settings \(nih.gov\)](#)

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- The following resource can be used to involve the consultant pharmacy in conjunction with Society of Infectious Disease Pharmacist to help implement stewardship in long-term care and nursing homes.
  - [SIDP-LTC ASP certificate Program.pdf](#)
  - [Tool kits for LTCF/NH to implement antibiotic initiation criteria for urinary tract infection/skin and soft tissue infection/lower respiratory tract infection Template for an Antibiotic Stewardship Policy for Post-Acute and Long-Term Care Settings - PMC \(nih.gov\)- Appendix 2](#)
- The following resource is useful to conduct an initial GAP analysis in post-acute care or outpatient site for improvements in ASP:
  - [https://uhfnyc.org/media/filer\\_public/4a/49/4a497bf9-d0a1-44c0-8849-874af1bb6019/antimicrobial\\_stewardship.pdf](https://uhfnyc.org/media/filer_public/4a/49/4a497bf9-d0a1-44c0-8849-874af1bb6019/antimicrobial_stewardship.pdf)