

Post-Acute Care Application

2025 Review Period

Thank you for your interest in the New Jersey Department of Health's (NJDOH) Antimicrobial Stewardship Honor Roll (ASHR). This is the application for healthcare entities in New Jersey that provide post-acute care services, including facilities such as nursing homes, skilled nursing facilities, and other long-term care and/or residential healthcare facilities. A separate application should be completed for each location, even if elements of an organization's Antimicrobial Stewardship Program (ASP) are shared across a healthcare system or network. Post-acute care facilities will be evaluated based upon implementation of the Centers for Disease Control and Prevention (CDC) "Core Elements for Antimicrobial Stewardship in Nursing Homes" criteria. In order for post-acute care facilities to achieve recognition status, they must demonstrate proficiency for all seven of the CDC Core Elements. When submitting supporting documentation to provide evidence of work within a CDC Core Element, please label the document according to the corresponding Core Element (CE) number, exactly as per the directions and guidance provided in each section and for each question on the application. Please note that this will NOT occur automatically, so title each document or file prior to uploading it in conjunction with your application. Make certain to remove all patient/resident identifying information, prior to submitting supporting documentation. Be certain to address all the components requested, both within the application and within the uploaded documents. Due to the number of applications received and reviewed, in addition to the competing priorities of staff, members of the NJDOH will be providing limited to no additional feedback for cases in which recognition status was not granted.

Requirements

- You are applying for recognition of the work completed in your facility and/or organization's ASP for the previous calendar year. If recognition is granted, it will be in the year during which you are applying, for the previous year's work. As such, ensure that the corresponding documentation you will be submitting reflects work and dates for the review period (2025), rather than the current year (2026).
- Antimicrobial stewardship (AS/AMS) is a component of infection prevention and control; answer questions from the context of an AS/AMS program and details that specifically relate to its activities.
- This application is for post-acute care services; the NJDOH highly recommends checking with your facility's administration to verify the licensure status of your building/organization. If an applicant proceeds with submitting an application that is not consistent with the facility's licensure status, this will preclude the application from proceeding any further, as requirements vary based on licensure. There will be no exceptions to this requirement.
- A designated individual, physically working within the licensed facility should submit the honor roll application, even if the aforementioned building is part of a larger network or organization. Proceeding in any other manner or using the same link(s) for multiple applications within a network or organization will "rewrite" and subsequently erase previously submitted applications, precluding consideration of the submitted application for recognition. There will be no special considerations or any exceptions granted for such occurrences.
- Use a desktop or laptop for completing the application, uploading the appropriately labeled documents, and submitting the application.
- Applicants should download a version of the application (PDF), review it, and compile all information and supporting documents. Applicants should review the supporting documents required of their application and ensure that the referenced supporting documents are prepared, completed, and labeled as directed, in preparation for uploading them as part of the application process. Once done, proceed with completing the application submission process in one sitting and address all aspects requested within the application and on the submitted documentation.
- In certain sections of the application, there have been numbers placed within parenthesis; these are intended to draw attention to required elements of the application and documents. Pay attention to these in order to avoid overlooking a requirement, realizing they are not entirely representative of additional requirements. There will be requirements to list a sampling of responses in text boxes and then corroborate them in conjunction with uploaded documents at times; in such cases, the information present in the documents that will be uploaded should be used as a basis for providing data requested in the text boxes, with all requested elements matching accordingly.
- An e-mail message confirming completion of the application will be sent out once it is submitted, with the option to amend or modify it, if necessary. All application editing, modification, and/or necessary actions for completion must be performed prior to the application deadline of 2/6/2026.



Antimicrobial Stewardship Honor Roll for Post-Acute Care Setting

Facility Data

This is an application for post-acute care facilities; you should confirm that you are licensed as such with your organization's administration. A failure to apply in accordance with the correct licensing status will preclude further consideration of your application and recognition status.

1. Date of application *

2. Organization details *

Please write out the **full name** of your facility. The organization/facility name will be recorded **EXACTLY** as written in the text box that follows. It will appear as such on the NJDOH website, should recognition be granted.

| | |
|--------------------------------------|----------------------|
| Organization/facility name | <input type="text"/> |
| Organization/facility street address | <input type="text"/> |
| Town/City | <input type="text"/> |
| Zip Code | <input type="text"/> |

3. Organization License *

Upload a copy of the facility's current license as registered with the New Jersey Department of Health - Licensing and Certification Division.

Label as "Facility License" No file selected

4. Primary contact information *

Please indicate **one** e-mail address, check it for accuracy, and remain consistent for all correspondence; the person submitting the application for their building should be designated as the primary contact.

| | |
|------------------|----------------------|
| First name | <input type="text"/> |
| Last name | <input type="text"/> |
| Credential | <input type="text"/> |
| E-mail address | <input type="text"/> |
| Title/Role | <input type="text"/> |
| Telephone number | <input type="text"/> |

5. Secondary contact information *

Please indicate **one** e-mail address and remain consistent for all correspondence.

| | |
|------------------|----------------------|
| First name | <input type="text"/> |
| Last name | <input type="text"/> |
| Credential | <input type="text"/> |
| E-mail address | <input type="text"/> |
| Title/Role | <input type="text"/> |
| Telephone number | <input type="text"/> |



Core Element 1: Leadership Commitment**6. Leadership Commitment ***

The facility's leadership provides program leader(s) with dedicated time to manage the Antimicrobial Stewardship Program (ASP) and conduct routine stewardship interventions.

☐ Yes, I confirm my facility fulfills this requirement.

7. Description of the ASP Leadership *

Provide the requested information by filling in each section as follows:

Name of individual responsible for overseeing the ASP

Credential/Degree

Title/Role

8. Description of the ASP activities 1 *

Provide a description of what will be completed as part of the ASP.

9. Description of the ASP activities 2 *

Provide a description of the frequency with which ASP activities are conducted and reported.

10. Description of the ASP activities 3 *

Provide a description of the purpose of antimicrobial stewardship.

Core Element 2: Accountability**11. Accountability in Physician Leadership ***

The ASP has a designated physician leader.

☐ Yes, I confirm my facility fulfills this requirement.

12. Accountability in Physician Leadership Details *

Provide the details for your antimicrobial stewardship physician leader as follows:

Full name

Credential

Title/Role

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Core Element 3: Pharmacy Expertise**13. Drug Expertise in Pharmacy Leadership ***

The ASP has a designated pharmacist leader.

☐ Yes, I confirm my facility fulfills this requirement.

14. Drug Expertise in Pharmacy Leadership Details 1 *

Please provide the details for your antimicrobial stewardship pharmacist leader as follows:

Full name

Credential

Title/Role

15. Drug Expertise in Pharmacy Leadership Details 2 *

Provide evidence of education and/or training related to stewardship activities. The referenced information should specifically pertain to antimicrobial stewardship (AS/AMS) education, rather than topics that are similar, related, or occur in conjunction with it. Subject matter that addresses hand hygiene, infection prevention control, vaccination practices, and/or treatment of infectious diseases will not meet the requirement.

Note: The referenced educational activity must have been completed within the review period or the preceding 2 years for consideration.

Do not include an entire National Association of the Boards of Pharmacy (NABP) CE profile; a certificate of completion is also not necessary for uploading purposes but be prepared to substantiate the response with a certificate, if requested.

Educational activity name/title

Year of completion

Number of credit(s) granted

ACPE number

Core Element 4: Action

Please note, all patient identifiers/information must be redacted for privacy.

16. Action *

Choose one of the following conditions to demonstrate how staff members implement interventions and optimize the use of antimicrobials for associated treatment:

- ☐ Urinary tract infection (UTI)
- ☐ Skin/soft tissue infection (SSTI)
- ☐ Respiratory tract infections (Upper (URTI) and/or Lower (LRTI))

17. Action Documentation 1 *

Provide and upload a complete copy of a written policy for one of the chosen conditions above, which indicates the protocol, criteria, and details used to guide treatment and optimize antimicrobial therapy.

The policy should be comprehensive in describing the protocols of treatment for the chosen condition and determinants for using antimicrobial therapy, where such regimens are deemed necessary and subsequently initiated.

Ancillary policies are not necessary (e.g., if submitting a policy for UTI treatment protocols, do not include multiple or additional policies, such as those associated with the care of the perineum or cleaning a catheter).

Label as "CE4A" No file selected

18. Action Documentation 2 *

Provide and upload a completed copy of any supplementary materials that are part of the previously referenced procedure (e.g., Loeb's Criteria).

The referenced tool or protocol should be used to make clinical decisions regarding antimicrobial therapy use or precluding it, related to the previously referenced condition and completed during the referenced review period.

Label as "CE4B" No file selected

19. Action Documentation 3 *

Provide and upload a complete copy evidence of an alert system used to optimize drug therapy.

The attached document should indicate an alert system related to antimicrobial therapy (allergy, interaction, adverse drug effect, or duplication in therapy). It may be a copy of a printout or screenshot indicating an alert as referenced.

Label as "CE4C" No file selected

20. Action Documentation 4 *

Provide and upload a complete copy of a lab test that assists in guiding appropriate therapy and optimizing antimicrobial use (e.g., lab culture and sensitivity results or rapid diagnostic tests).

The documentation provided here should relate to the condition previously chosen in this section.

For example, if the applicant is submitting a detailed and comprehensive policy regarding the optimization of antimicrobials in urinary tract infection (UTI) treatment, the corresponding lab documentation should address UTI diagnostic processes as well.

It should include a defined diagnostic test that substantiated a therapeutic decision, related to the previously reference condition and reflect the review period.

Label as "CE4D" No file selected

Core Element 5: Tracking

Please note, all patient identifiers/information must be redacted for privacy.

21. Tracking Documentation 1A

Provide details in each section as requested and then upload a complete copy of a tracking report to corroborate the antimicrobial orders. These must include:

- (1) Drug name
- (2) Drug dose
- (3) Duration of drug regimen
- (4) Associated diagnoses

The information provided in the grid that follows should be present in the report that will be attached in the next section, which serves as the basis for providing details in the individual text boxes. The period of time for which the referenced data was captured should be within the review period.

The intent of this requirement is to demonstrate proactive and consistent antimicrobial therapy tracking processes.

| | Drug Name | Dose | Duration | Diagnosis |
|-----------------------|-----------|------|----------|-----------|
| Antimicrobial Order 1 | | | | |
| Antimicrobial Order 2 | | | | |
| Antimicrobial Order 3 | | | | |
| Antimicrobial Order 4 | | | | |
| Antimicrobial Order 5 | | | | |

22. Tracking Documentation 1B *

Provide and upload a complete copy of the corresponding tracking tool of antimicrobial orders. All of the following should be present on the attached, corresponding document (tracking tool):

- (1) Drug name
- (2) Drug dose
- (3) Duration of drug regimen
- (4) Associated diagnoses

The uploaded document should reflect the review period and indicate a date and/or time period for which the referenced antimicrobial regimens were administered to residents (e.g. month/year). The intent of this requirement is to substantiate proactive and consistent antimicrobial therapy tracking processes.

Label as "CE5A" No file selected

23. Tracking Documentation 2 *

Provide and upload a complete copy of a data report for quantitative tracking measures of antimicrobial agents. This requirement may be addressed by accounting for length of therapy (LOT), days of therapy (DOT) per 1,000 resident days, and/or measurement of antimicrobial use rates for a designated period of time.

The information requested here intends to capture the antimicrobial use (AU) data as a measurable quantity, for an interval of time that falls within the review period. The requested data is different and independent of infection rates. Submission of data related to infection rates will not meet the requirement.

Label as "CE5B" No file selected

24. Tracking Documentation 3 *

Provide and upload a complete copy that shows antimicrobial adverse drug reactions are routinely and actively

being monitored on a report, present or absent, as part of the previously referenced data.

A single, computer-generated warning or prescription note that is associated as a part of a medication does not meet the requirement.

The intent of this task is to show active monitoring and routine review of unintended effects associated with antimicrobial therapy, rather than monitoring that is automatic or incidental in nature. The referenced data should reflect the review period.

Label as "CE5C" No file selected

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Core Element 6: Reporting

Please note, all patient identifiers/information must be redacted for privacy.

25. Reporting Documentation *

Provide complete evidence, in the form of meeting notes, that the previously tracked data (drug name, dose, duration, diagnosis, measurable tracking element, and adverse drug reaction monitoring) was shared with the interdisciplinary team. The meeting notes should include all three of the following:

(1) A date

(2) Names of meeting participants

(3) A summary or notes of interventions or actionable items that may have occurred in antimicrobial stewardship, as a result of tracking and continued development of the program

The attached document should be reflective of information and actions that occurred during the review period.

Label as "CE6A" No file selected

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Core Element 7: Education

26. Education Documentation 1 *

Provide and upload a complete copy of annual education provided to prescribers, nurses, and ASP team members. The referenced educational material should include the (1) name, (2) credential and title/role of the educator, and (3) the date on which it was completed. The educational component should address ALL THREE of the following topics related to (4) optimal prescribing of antimicrobial agents, (5) adverse drug reactions, and (6) antimicrobial resistance.

In addition, the education should be designed and targeted towards healthcare professionals, rather than patients, residents, recipients of care, or members of the general public. It may be a slideshow presentation, a handout with accompanied discussion, or something comparable involving an interactive opportunity that meets the intent of the requirement and conducted during the review period. The required elements are as follows:

- (1) Name of presenter/educator
- (2) Credential and title/role of presenter/educator
- (3) Date of educational activity
- (4) How optimal prescribing will occur
- (5) The importance of adverse drug reactions
- (6) The importance of antimicrobial resistance (AR)

Label as "CE7A" No file selected

27. Education Documentation 2A

Provide details in each section and then upload a corresponding copy of a sign-in sheet regarding the referenced education to include and corroborate the following:

- (1) Name
- (2) Credential
- (3) Signature of participant (may be written or electronically time-stamped)

The participants (audience) in the educational activity should include at least one of each of the following:

- (4) A prescriber
- (5) A nurse
- (6) A pharmacist

Any other relevant team members, deemed necessary by leadership, may be included. The representative participants and corresponding disciplines should be evident (explicitly noted) on the sign-in sheet. The (7) date and (8) title of the educational activity on the sign-in sheet should match the date and title of the antimicrobial stewardship (AS/AMS) educational activity in the previous section and reflect the review period.

| | Name of Participant | Credential, Title, or Role |
|------------|---------------------|----------------------------|
| Physician | | |
| Nurse | | |
| Pharmacist | | |

28. Education Documentation 2B *

Provide and upload a corresponding copy of the names, credentials, titles/roles, and signatures of all AS education participants (attendees) on a sign-in sheet, completed as part of the educational component and as a confirmation of attendance.

Label as "CE7B" No file selected

29. Education Documentation 3 *

Provide and upload a complete copy of an educational activity and/or document that targets awareness of antimicrobial stewardship information to patients, residents, recipients of care, their family members, representatives, or guardians. It should be understandable by members of the general public.

Label as "CE7C" No file selected

Disclaimer Agreement**30. Please remember the following, as per the previous instructions: ***

- 1. All documents must be labeled as per the application instructions; there should be documents with labels for each of the following present, as part of the completed application: Facility License, CE4A, CE4B, CE4C, CE4D, CE5A, CE5B, CE5C, CE6A, CE7A, CE7B, and CE7C. Applications submitted with any other document labels or titles will not be graded.*
- 2. All documents should coincide with the date of the review period (2025); do not submit documents from the current year or any other year, since the application is assessing work completed in the previous year (review period).*
- 3. The application must coincide with facility licensing (post-acute care); please check with your facility administration regarding your organization's status, before submitting an application, regardless of which setting type you may think coincides with your related work.*
- 4. I have read all directions in their entirety and will follow all guidance in them, realizing that doing so does not imply a guarantee of any achievement and that failure to do so will preclude recognition.*
- 5. The New Jersey Department of Health staff will provide guidance as deemed appropriate during the application submission period, but have limited contact regarding outcomes, once the application submission period ends and recognition results are posted.*
- 6. If honor roll recognition is achieved, all recipient facilities will be acknowledged by a posting of their names on the New Jersey Department of Health website.*

☐ I have read and understand all of the application instructions and related requirements.

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