



Antimicrobial Stewardship Collaborative Commitment Letter

_____ (hospital name) commits to participate in the Colorado Hospital Association’s Antimicrobial Stewardship Collaborative. The aim of this collaborative is to disseminate evidence and strategies for antimicrobial stewardship and to assist hospitals in embedding those strategies in daily clinical practice. The focus of the collaborative will be proper prescribing of antimicrobials for Urinary Tract Infections (UTIs) and Skin and Soft Tissue Infections (SSTIs) with the dual goal of improving the accurate diagnosis of UTIs. Each participating hospital will work to implement or enhance its antimicrobial stewardship program between May 1, 2015 and April 30, 2017.

As part of this education program, the **Antimicrobial Stewardship Team Lead** agrees to:

1. Attend a kick-off webinar event in late April 2015 (date TBD).
2. Host the Colorado Hospital Association for at least two (2) site visits over the course of the collaborative.
3. Participate in at least 75% of educational events (to include webinars, regional meetings, in-person meetings and coaching calls).
4. Engage a team of key players and stakeholders to form a new antimicrobial stewardship program and/or enhance an existing program.
5. Confer NHSN rights to the Colorado Hospital Association Group for CDI data.
6. Fill out and return UTI and SSTI data collection tools to the Colorado Hospital Association during three (3) data collection periods over the course of two years. The number of tools each facility needs to complete during the three data collection phases will be based on the number of yearly cases of UTIs and SSTIs at that specific facility.

As part of this program, the **CEO** agrees to support the Antimicrobial Stewardship Team in the efforts outlined above.

1. Understands what the Antimicrobial Stewardship Team is trying to accomplish and supports them, including breaking down barriers that may exist.
2. Holds all team members, including executives, accountable for implementing the antimicrobial stewardship program.

CHA commits to:

1. Provide two (2) in-person meetings (May 2016 and May 2017).
2. Provide two (2) site visits to your hospital over the course of the project.
3. Provide at a minimum twenty (20) educational offerings (webinars, regional meetings, in-person meetings, and coaching calls) over the course of the project.
4. Provide the tools and resources necessary to fulfil your commitments stated in this letter.
5. Provide additional individual coaching and assistance as requested from each participant.
6. Provide data support (including for collection and analysis) and feedback.

The Team (please provide the following information for already identified team members)

Role	Name and Title	Email Address	Phone Number
Team Lead (should be an ID physician or pharmacist)			



Track (please check the track that best describes the hospital’s needs)

- Beginner Track:** This track is for those hospitals without a current antimicrobial stewardship program and who want coaching from CHA and mentorship from an experienced hospital/pharmacist/physician on how to implement a program. This facility will receive a site visit as early on in the collaborative as possible and will also get a check-in call once a month during the intervention phase and every other month during the sustainability phases.
- Advanced Track:** This track is for hospitals with existing antimicrobial stewardship programs but who need guidance in keeping key stakeholders involved and continuing forward progress to achieve desired clinical outcomes (lower c. diff rates, appropriate prescribing/diagnosis of UTIs and SSTIs). These hospitals will also focus on working with community partners (LTACs, SNFs, clinics) to improve outcomes.

Team Lead: By signing below, I hereby commit to the above stated objectives and expectations.
 CEO: By signing below, I hereby commit to supporting the Antimicrobial Stewardship Team Lead in the above stated ways.

Team Lead:

Chief Executive Officer:

Signature

Signature

Printed Name

Printed Name

Date

Date

Title

Upon completion please send along with survey on current activities **by April 3, 2015** to:

Sarah.hodgson@cha.com

OR

Colorado Hospital Association
 Attn: Sarah Hodgson
 7335 E. Orchard Road
 Greenwood Village, CO
 80111

OR

Fax to:
 720.489.9400
 Attn: Sarah Hodgson