### BASIC TIER

- Leadership commitment and accountability, establishing AMS as priority, including P&P
  - TJC *CMS *CDC
- Collaboration with Infection Control and hospital QAPI leadership
  - CMS
- Multidisciplinary team and dedicated, inclusive of pharmacy and clinical expertise
  - TJC *CMS
- Reporting, improving upon AU (such as DOT of select antibiotics per 1000 patient days)
  - TJC *CMS *CDC
- Annual competency based training of staff and licensed practitioners
  - TJC *CDC
- Patient and family education regarding appropriate use of antimicrobials
  - TJC *CDC
- Organizational protocols, i.e. de-escalation processes, guidelines, 48-72 hour time-outs
  - TJC *CMS *CDC
- Drug expertise, including appointed pharmacist leader responsible for improving AMS
  - TJC *CDC

### INTERMEDIATE TIER

- Leadership establishing AMS Budget, Strategic, IP and Performance Improvement Plans.
  - TJC
- Utilization of the Electronic Health Record (EHR) to collect AMS data
  - TJC
- Regularly reporting information on the AMS program, including antibiotic use & resistance to doctors, nurses and relevant staff.
  - TJC *CDC
- Expanded annual or ongoing education, such as education of clinicians about resistance and optimal prescribing
  - TJC *CDC
- Document evidence-based use of antibiotics in all departments and services of hospital
  - CMS
- Document the activities and components of the AMS program
  - CMS
- Demonstrate coordination among all hospital components responsible for AU & resistance
  - CMS
- Antimicrobial Formulary reviewed annually, changes made based on local antibiogram

### ADVANCED TIER

- Leadership takes direct role in training and education of hospital personnel and staff
  - CMS
- Leadership takes direct role in monitoring and improving use of antibiotics
  - CMS
- Guidelines for AU in adults, Guidelines for AU in pediatric patients
  - TJC examples of protocols
- Guidelines for prophylactic antibiotics, Guidelines for reported penicillin allergy
  - TJC examples of protocols
- Guidelines for appropriate antimicrobial use for CAP, SST, UTI, CDI
  - TJC examples of protocols
- Pre-authorization for specific antibiotics and Antibiotic Formulary Restrictions
- Monitor antibiotic usage, resistance and individual prescribing patterns
- Demonstrate improvement in proper AU, through reducing CDI and resistance
  - CMS