



COMMITMENT TO PARTICIPATE

The Hawaii Antimicrobial Stewardship Collaborative, or HASC, is facilitated by the Hawaii Department of Health (HDOH), the Healthcare Association of Hawaii (HAH), Hawaii Association of Directors of Nursing Administration (HADONA) and Mountain Pacific Quality Health (MPQH, Hawaii’s QIN-QIO) with technical expertise provided by the Daniel K. Inouye College of Pharmacy at the University of Hawaii at Hilo (DKICP) and the John A. Burns School of Medicine (JABSOM). HASC provides participating facilities with educational opportunities (e.g. webinars), quarterly calls, and coordination of antimicrobial stewardship efforts across the healthcare continuum.

- Yes, our facility would like to participate in HASC and agree to do the following:**
- Provide senior leadership and project leader support to achieve project goals
 - Establish a multidisciplinary team that could include people from the following specialties: Physician, Consulting Pharmacy, Information Technology, Microbiology, Infection Prevention, Quality, and Nursing Leadership
 - Committed to implementing the Centers for Disease Control and Prevention’s (CDC) [Core Elements of Antibiotic Stewardship for Nursing Homes](#) in a stepwise fashion
 - Leadership Commitment
 - Tracking
 - Accountability
 - Reporting
 - Drug Expertise
 - Education
 - Action
 - Participate in collaborative activities including
 - Quarterly conference calls (webinars substituted as needed)
 - Participate in Learning and Action Network (LAN) events, other collaborative educational sessions
 - Performing facility self-assessments and evaluation of process and outcome measures
 - Developing and implementing institutional guidelines focused around priority antimicrobial(s) or infectious syndrome(s)
 - Share relevant tools, implementation strategies, and lessons learned with the collaborative
 - Maintain and safeguard the confidentiality of privileged information
 - Acknowledge participation in HASC and authorize email communication regarding the collaborative
 - Maintain effective communication with HDOH and project consultants from DKICP and MPQH throughout duration of the Collaborative
 - Agree to HDOH publicly sharing lessons learned from the collaborative in aggregate form.

No, we are unable to participate at this time.

Facility Name		NHSN Facility ID (five-digit ID)
Street Address, City, and Zip		
Project Leader	Name	Email & Telephone
Executive leader (e.g., CEO, Executive Medical Officer)	Name	
	Signature	

Please return form by email or fax to:

Caitlin Cook
 Caitlin.Cook@doh.hawaii.gov
 (Fax) 808-587-6885; (Phone) 808-587-6581

Team Member Composition

If a team is not in place, then the facility will form a team to implement system changes related to antimicrobial stewardship as described in the *Core Elements*. Teams should include persons from departments and work areas that will be affected by the changes to ensure the team understands the system being redesigned and to promote buy-in of the proposed changes.

Getting the right people on the team is critical to a successful improvement effort. Teams may vary in size and composition, with each organization building teams to suit its own needs. The most important success factor for a team is commitment to working together toward a shared goal. The formation of a robust team and implementation of the *Core Elements* may vary based on facility staffing and resources.

Effective teams have representation from several different areas of expertise within the organization:

- ❑ **System Leadership:** (e.g., CEO, medical director, director of nursing, etc.) should have authority in the organization to institute suggested changes and to overcome barriers when they arise.
- ❑ **Day-to-Day Project Leadership:** Should understand the process being improved and the effects of any planned changes and will drive the project on a daily basis. This could be a consultant pharmacist, clinician, or other individual with a good understanding of antimicrobial stewardship.
- ❑ **Physician Champion:** Should be a clinical champion who will be able to motivate their peers, understands the scientific and clinical foundations of the processes of care that are being improved, and is interested in taking a leadership role in her/his community.
- ❑ **Information Technology:** Must understand the facility's technical processes that affect care and clinical decision making (e.g., computerized physician order entry, electronic medication administration records, etc.) and how to adapt them to achieve desired outcomes.
- ❑ **Infection Prevention & Quality Improvement:** Should be involved with ongoing surveillance and quality improvement initiatives.
- ❑ **Other Team Members:** Microbiology, administration, nursing and others who may contribute expertise and whose work flow may be affected by activities of the Collaborative.



Team Member Designation

Day-to-Day Leader (Primary contact)	
This individual (e.g., consultant pharmacist, clinician, or other individual) will drive the project on a daily basis to ensure cycles of change are tested, implemented, and documented. This individual understands the process being improved and effects of any planned changes, and maintains communication with project staff.	
Name	
Title	Telephone
Email	Fax
Alternate Contact (Serves as secondary contact)	
Name	
Title	Telephone
Email	Fax
Physician Champion	
This individual will be able to motivate their peers, understands the scientific and clinical foundations of the processes of care being improved and is interested in taking a leadership role.	
Name	
Title	Telephone
Email	Fax
Senior Leader	
This individual (e.g., CEO, medical director, director of nursing) supports the time and resources needed to achieve the team’s aim, has authority to institute changes suggested, and assists with overcoming barriers when they arise.	
Name	
Title	Telephone
Email	Fax
Others Team Members	
Name	Title
Name	Title
Name	Title
Name	Title
Name	Title
Name	Title

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