



# Antimicrobial Stewardship in Illinois: What's New and How to Get Involved



**BE  
ANTIBIOTICS  
AWARE**  
SMART USE, BEST CARE

**U.S. ANTIBIOTIC  
AWARENESS WEEK**  
November 18-24, 2023  
[www.cdc.gov/antibiotic-use](http://www.cdc.gov/antibiotic-use)

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Illinois Department of Public Health / CDC Foundation

November 15<sup>th</sup>, 2023

# Antimicrobial Stewardship in Illinois:

## What's New and How to Get Involved



### Background

Antimicrobial Use & Resistance  
Antimicrobial Stewardship (AS)



### Regulatory Update

NHSN AUR Module Requirement



### IDPH AS Initiatives

IDPH AS Efforts  
Grantee Activities



### USAAW

Be Antibiotics Aware Partner Toolkit  
IDPH USAAW Activities

# ANTIMICROBIAL USE & RESISTANCE

# The Threat of Antibiotic Resistance in the United States



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

## New National Estimate\*

Antibiotic-resistant bacteria and fungi cause at least an estimated:

 **2,868,700** infections  **35,900** deaths



*Clostridioides difficile* is related to antibiotic use and antibiotic resistance: \*

 **223,900** cases  **12,800** deaths

## New Threats List

Updated urgent, serious, and concerning threats—totaling 18

**5** urgent threats

**2** new threats

NEW:  
Watch List with **3** threats



Antibiotic resistance remains a significant One Health problem, affecting humans, animals, and the environment.

\* *C. diff* cases from hospitalized patients in 2017

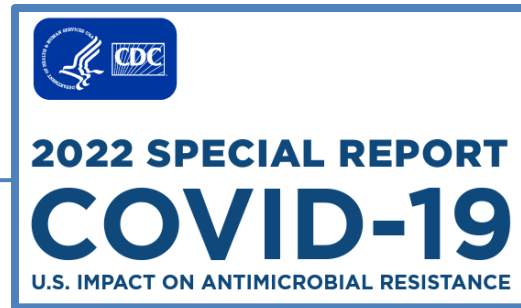
[www.cdc.gov/DrugResistance/Biggest-Threats](http://www.cdc.gov/DrugResistance/Biggest-Threats)

## 2012–2017

Between 2012 and 2017, deaths from antimicrobial resistance ↓ by **18%** overall and nearly **30%** in hospitals.<sup>1</sup>

ANTIBIOTIC RESISTANCE THREATS  
IN THE UNITED STATES

**2019**



Resistant hospital-onset infections and deaths both ↑ at least **15%** during the first year of the pandemic.<sup>2</sup>

## 2020–2021

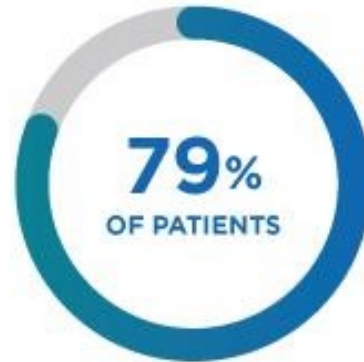
<sup>1</sup>CDC. Antibiotic Resistance Threats in the United States, 2019. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2019.

<sup>2</sup>CDC. COVID-19: U.S. Impact on Antimicrobial Resistance, Special Report 2022. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2022.

# Hospital

More than **50%** of antibiotic prescribing for selected events in hospitals was not consistent with recommended prescribing practices.

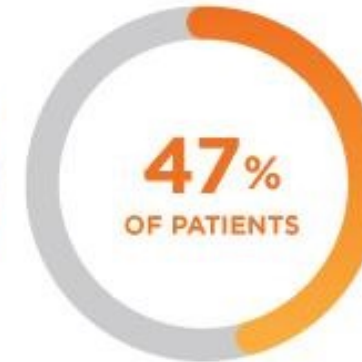
## ANTIBIOTIC PRESCRIBING WAS NOT SUPPORTED IN:



with community-acquired pneumonia



with urinary tract infections



prescribed fluoroquinolone treatment



prescribed intravenous vancomycin antibiotic

## Hospital

More than **50%** of antibiotic prescribing for selected events in hospitals was not consistent with recommended prescribing practices.

## Outpatient

Approximately **60%** of U.S. antibiotic expenditures are related to care received in outpatient settings.

Approximately **50%** of outpatient antibiotic prescribing may be inappropriate.

## Nursing Home

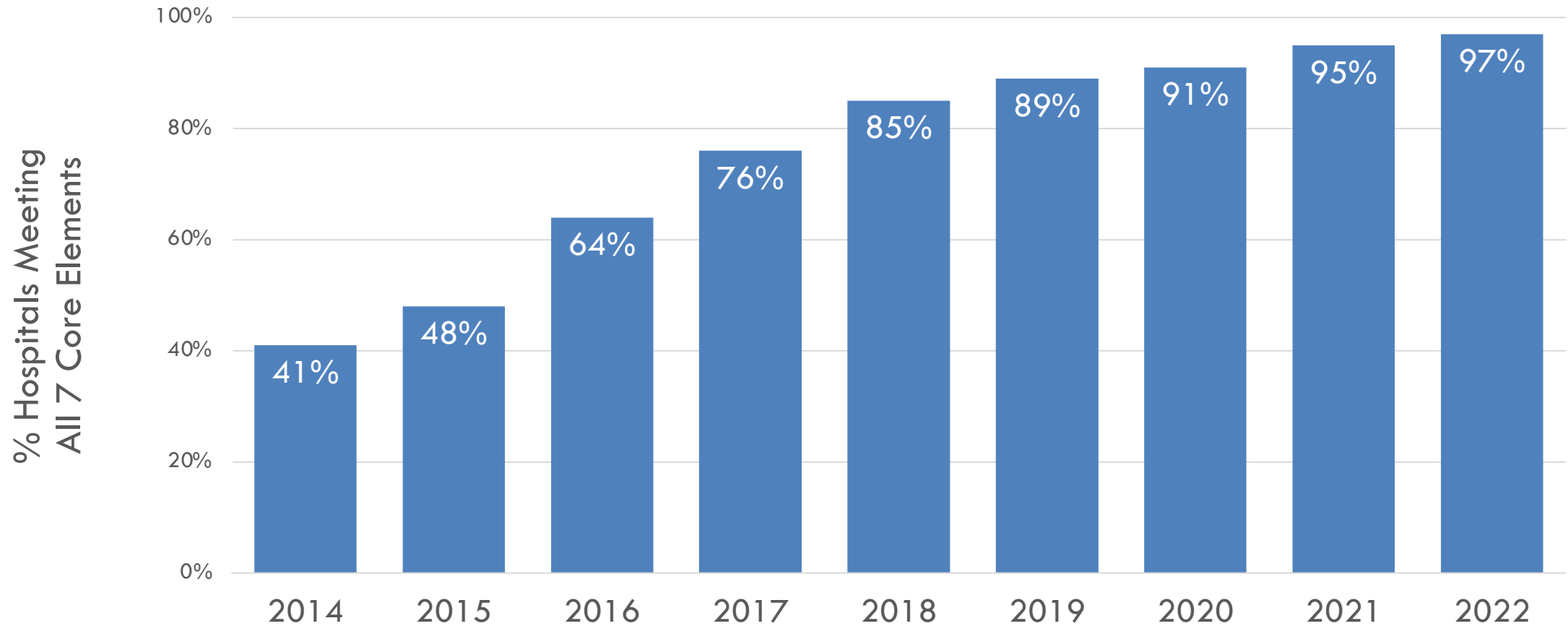
Up to **70%** of nursing home residents receive antibiotics during a year.

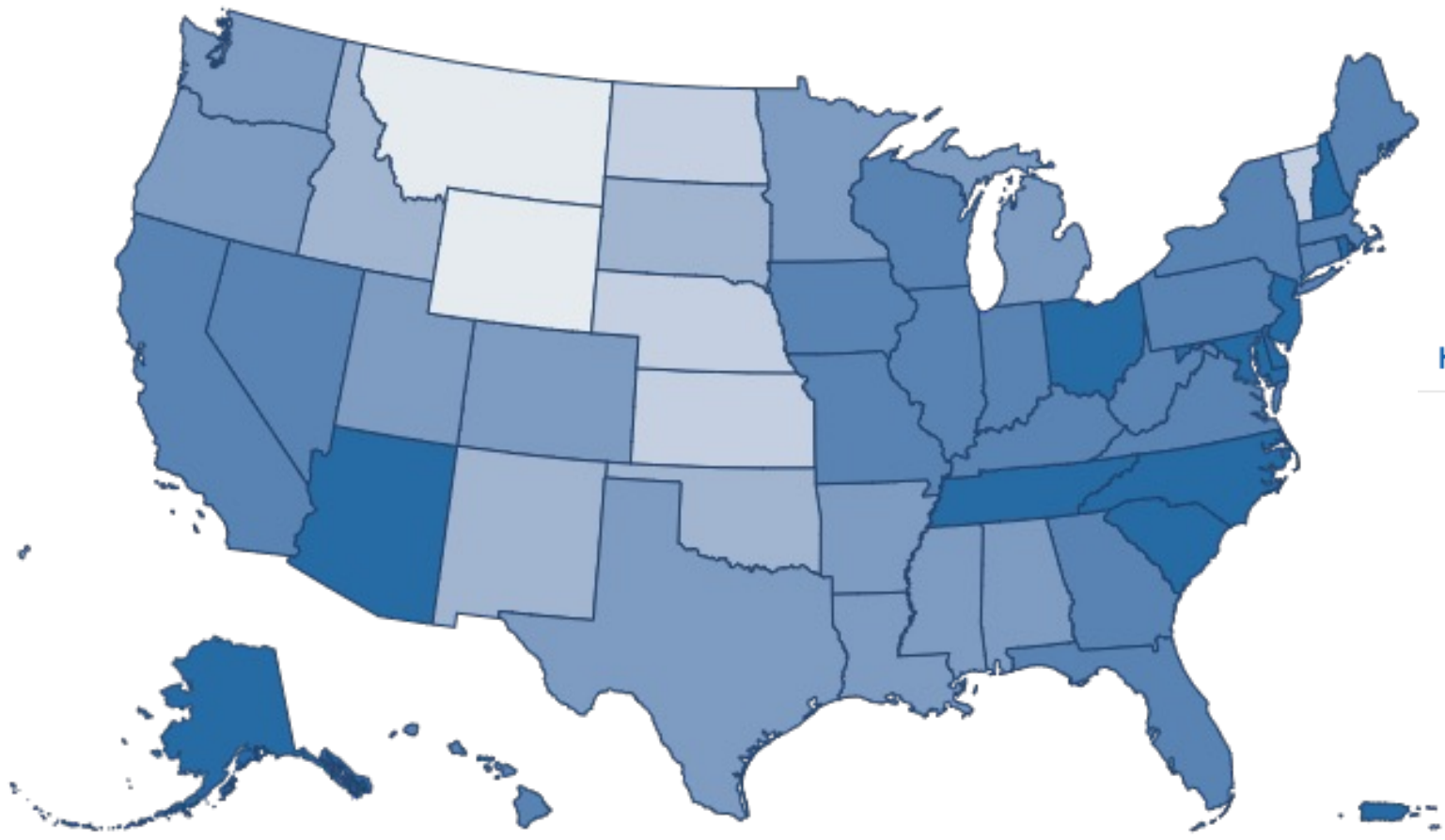
Up to **75%** of antibiotics are prescribed incorrectly.

# ANTIMICROBIAL STEWARDSHIP



# Changes Over Time in Hospital Antibiotic Stewardship





HOSPITALS MEETING ALL 7 CORE ELEMENTS IN ILLINOIS










180 Hospitals Implementing  
184 Hospitals Reporting

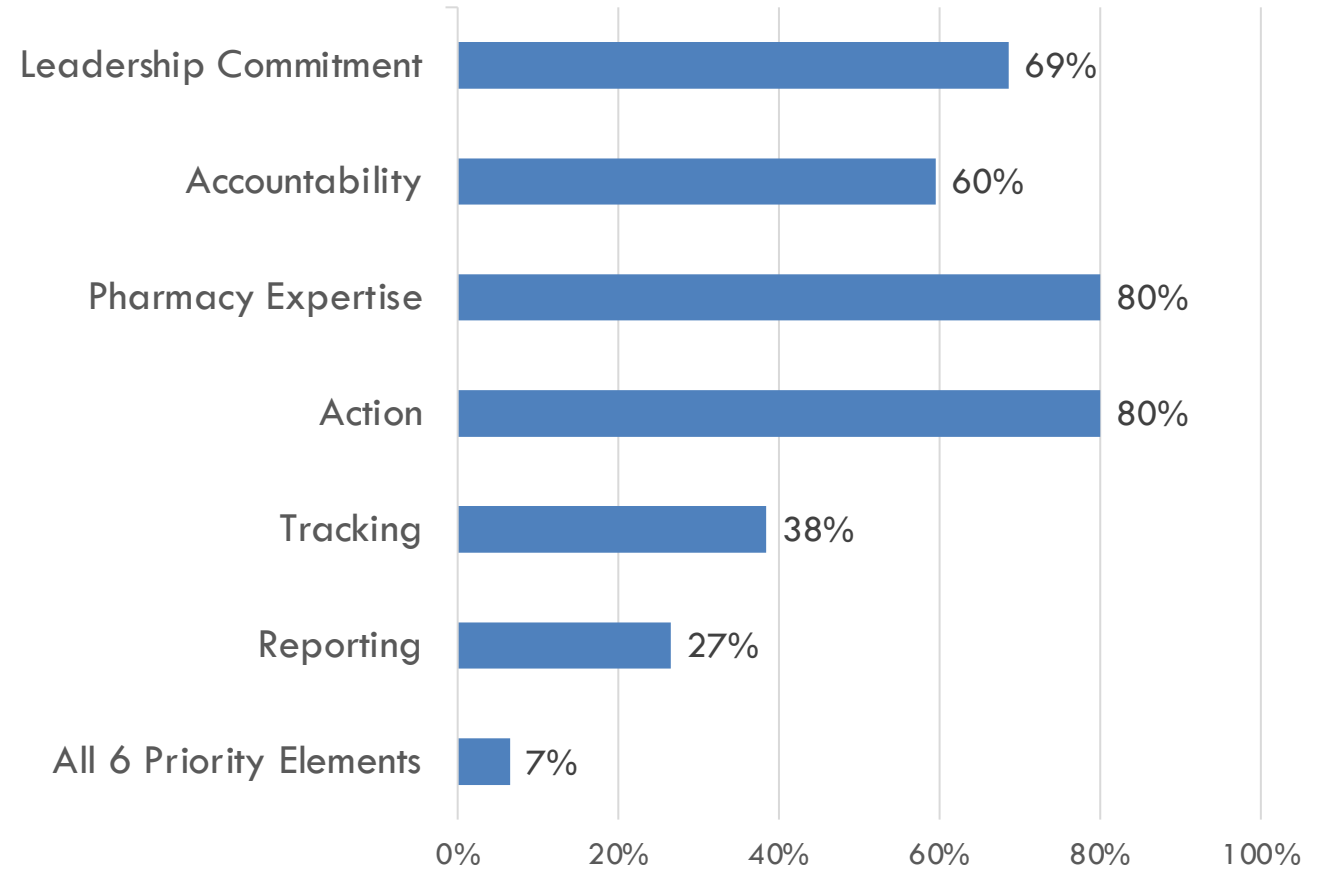
Percentage of hospitals meeting All 7 Core Elements

79% - 83%	84% - 87%	88% - 91%	92% - 95%	96% - 98%	99%+
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Hospital Core Elements	Priorities for Hospital Core Element Implementation
<b>Hospital Leadership Commitment</b>	
 Dedicate necessary human, financial, and information technology resources.	Antibiotic stewardship physician and/or pharmacist leader(s) have antibiotic stewardship responsibilities in their contract, job description, or performance review.
<b>Accountability</b>	
 Appoint a leader or co-leaders, such as a physician and pharmacist, responsible for program management and outcomes.	Antibiotic stewardship program is co-led by a physician and pharmacist.*
<b>Pharmacy/Stewardship Expertise</b>	
 Appoint a pharmacist, ideally as the co-leader of the stewardship program, to help lead implementation efforts to improve antibiotic use.	Antibiotic stewardship physician and/or pharmacist leader(s) have completed infectious diseases specialty training, a certificate program, or other training on antibiotic stewardship.
<b>Action</b>	
 Implement interventions, such as prospective audit and feedback or preauthorization, to improve antibiotic use.	Antibiotic stewardship program has facility-specific treatment recommendations for common clinical condition(s) and performs prospective audit/feedback or preauthorization.
<b>Tracking</b>	
 Monitor antibiotic prescribing, impact of interventions, and other important outcomes, like <i>C. difficile</i> infections and resistance patterns.	Hospital submits antibiotic use data to the NHSN Antimicrobial Use Option.
<b>Reporting</b>	
 Regularly report information on antibiotic use and resistance to prescribers, pharmacists, nurses, and hospital leadership.	Antibiotic use reports are provided at least annually to target feedback to prescribers. In addition, the antibiotic stewardship program monitors adherence to facility-specific treatment recommendations for at least one common clinical condition.
<b>Education</b>	
 Educate prescribers, pharmacists, nurses, and patients about adverse reactions from antibiotics, antibiotic resistance, and optimal prescribing.	No implementation priority identified.

## Illinois Hospital Uptake of Priorities for Hospital Core Element Implementation



# REGULATORY UPDATE

# 2024 NHSN AUR Module Requirement

- Beginning Calendar Year (CY) 2024: **AUR Surveillance** measure will be required to meet the Public Health and Clinical Data Exchange Objective of the CMS Promoting Interoperability (PI) Program
- Applies to **hospitals and critical access hospitals** enrolled in the CMS PI Program
- Requires submitting Antimicrobial Use (AU) and Antimicrobial Resistance (AR) data
- Facilities will be required to attest to one of the following:
  - Being in active engagement with NHSN to submit AUR data **OR**
  - Claim an applicable exclusion

# “Active Engagement”

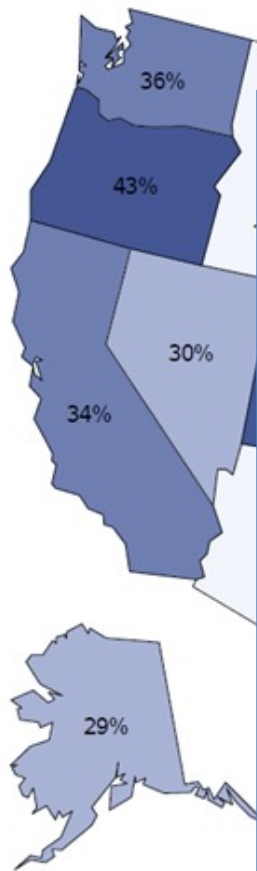


- Two options for “active engagement” with NHSN
  - ❑ 1. Pre-production and validation
    - Registration within NHSN
    - Testing and validation of the CDA files
    - *Beginning in CY 2024, facilities can only spend one calendar year in Option 1*
  - ❑ 2. Production submission
    - Submitting production AU & AR files to NHSN
      - For CY 2024: 180 continuous days of data submission of both AU and AR

For more information and additional resources, including operational guidance, a training video, and FAQs, please see the materials in the [Antimicrobial Use and Resistance section](#) of CMS Reporting Requirements for Acute Care Hospitals page.

Please direct questions about NHSN AUR Reporting to the NHSN Helpdesk: [NHSN@cdc.gov](mailto:NHSN@cdc.gov)





## Current state of facility engagement<sup>1</sup>

- ✔ 923/4,500<sup>2</sup> (21%) facilities can attest to being in active engagement with NHSN
- 503/4,500<sup>2</sup> (11%) facilities registered for the PI Program in the NHSN app but have not submitted test files nor data
- 367/4,500<sup>2</sup> (8%) submitted enough data to qualify for the PI Program but have not registered in the NHSN app
- ✘ 2,707/4,500<sup>2</sup> (60%) facilities are not engaged with NHSN for the purposes of the PI Program

ORORITY ELEMENT  
ELEMENT

Implementing  
als Reporting

Percentage of active NHSN acute care facilities reporting at least one month of data to the AU Option in 2021 (left) and 2022 (right).

# **IDPH ANTIMICROBIAL STEWARDSHIP EFFORTS**



# Illinois Action Plan to Prevent HAI/AR

## Priority Area: Antimicrobial Stewardship



Improve antimicrobial prescribing practices across all health care settings

Enhance antimicrobial stewardship implementation across health settings

Evaluate antimicrobial stewardship practices and monitor antimicrobial prescribing and use

Promote transparency and communication



Raise public awareness about appropriate antimicrobial use

Provide education to the public on antimicrobial resistance and appropriate antimicrobial use

# IDPH Antimicrobial Stewardship Honor Roll Program

## Goals

- ❑ Recognize facilities that prioritize and excel in implementing evidence-based practices of antimicrobial stewardship.
- ❑ Provide a platform for sharing best practices and fostering collaboration among healthcare facilities.
- ❑ Encourage facilities to adopt robust stewardship programs and conduct continuous improvement to address the critical issue of antimicrobial resistance.

## Benefits

- ❖ Recognition and Prestige
- ❖ Collaboration and Networking
- ❖ Improved Patient Outcomes
- ❖ Staff Engagement and Professional Development
- ❖ Ensure Regulatory Compliance and Accreditation

## Criteria for Acute Care Hospitals

Part I	Bronze Silver Gold	Priorities for Hospital Core Element Implementation
Part II	Gold	Antimicrobial Stewardship Collaboration Share best practices with others and engages in <b>ongoing, formal</b> collaboration outside of facility to advance antimicrobial stewardship.

## Application Process

Launch	Tentatively scheduled for early 2024
Application	Applications will be accepted twice a year via REDCap
Notice of Award	Applicants will be notified of their status via email within 3 months of the application deadline
Renewal	Facilities enrolled into the Honor Roll will receive a designation expiring <b>two</b> years from the notification date
Upgrade	Facilities are eligible to apply for an upgrade in their tier <b>one</b> year from the notification date of their last designation

Priorities

Leadership Commitment

Dedicate the necessary human, financial, and information technology resources.

AS physician and/or pharmacist leader(s) have AS responsibilities in their contract, job description, or performance review.

Accountability

Appoint a leader or co-leaders, such as a physician and pharmacist, responsible for ASP management and outcomes.

ASP is co-led by a physician and pharmacist.

Drug Expertise

Appoint a pharmacist, ideally as the co-leader of the ASP, to help lead implementation efforts to improve antibiotic use.

AS physician and/or pharmacist leader(s) have completed infectious diseases specialty training, a certificate program, or other training on AS.

Action

Implement interventions, such as prospective audit and feedback or preauthorization, to improve antibiotic use.

ASP has facility-specific treatment recommendations for common clinical condition(s) and performs prospective audit and feedback or preauthorization for specific antibiotic agents.

Tracking

Monitor antibiotic prescribing, the impact of interventions, and other important outcomes, like *Clostridioides difficile* infections and resistance patterns.

Hospital submits antibiotic use data to the NHSN Antimicrobial Use (AU) Option.

Reporting

Regularly report information on antibiotic use and resistance to prescribers, pharmacists, nurses, and hospital leadership.

Prescriber, unit or service-level antibiotic use reports are provided at least annually to target feedback to prescribers.

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**Part I: Priorities for Hospital Core Element Implementation**

 Implementation of 2 Priorities

 Implementation of 4 Priorities

 Implementation of 6 Priorities

# Part II: Antimicrobial Stewardship Collaboration



## *Gold Tier Only*

Share best practices with others and engages in **ongoing, formal** collaboration outside of facility to advance antimicrobial stewardship

Examples include:

- 1. Regional Collaborative:** partnering with regional hospitals and long-term care facilities to share relevant data and integrate stewardship interventions and/or protocols.
- 2. Mentorship/Support:** formal mentorship and/or ongoing support of lower-resource facilities, where antimicrobial stewardship expertise is shared in a structured, **ongoing** partnership.
- 3. Community Outreach:** providing **ongoing** antimicrobial stewardship expertise/support to local urgent care centers, clinics, and/or physician offices.

# Part II: Antimicrobial Stewardship Collaboration



*Gold Tier Only*

Share best practices with others and engages in **ongoing, formal** collaboration outside of facility to advance antimicrobial stewardship

Does **NOT** include:

- Partnering with a “sister” facility within health system to consolidate or coordinate ASP interventions.
- Providing a single webinar/education to a lower-resourced facility.
- Providing antimicrobial stewardship support within your hospital Emergency Department.
- Establishing or improving communication at transitions of care.

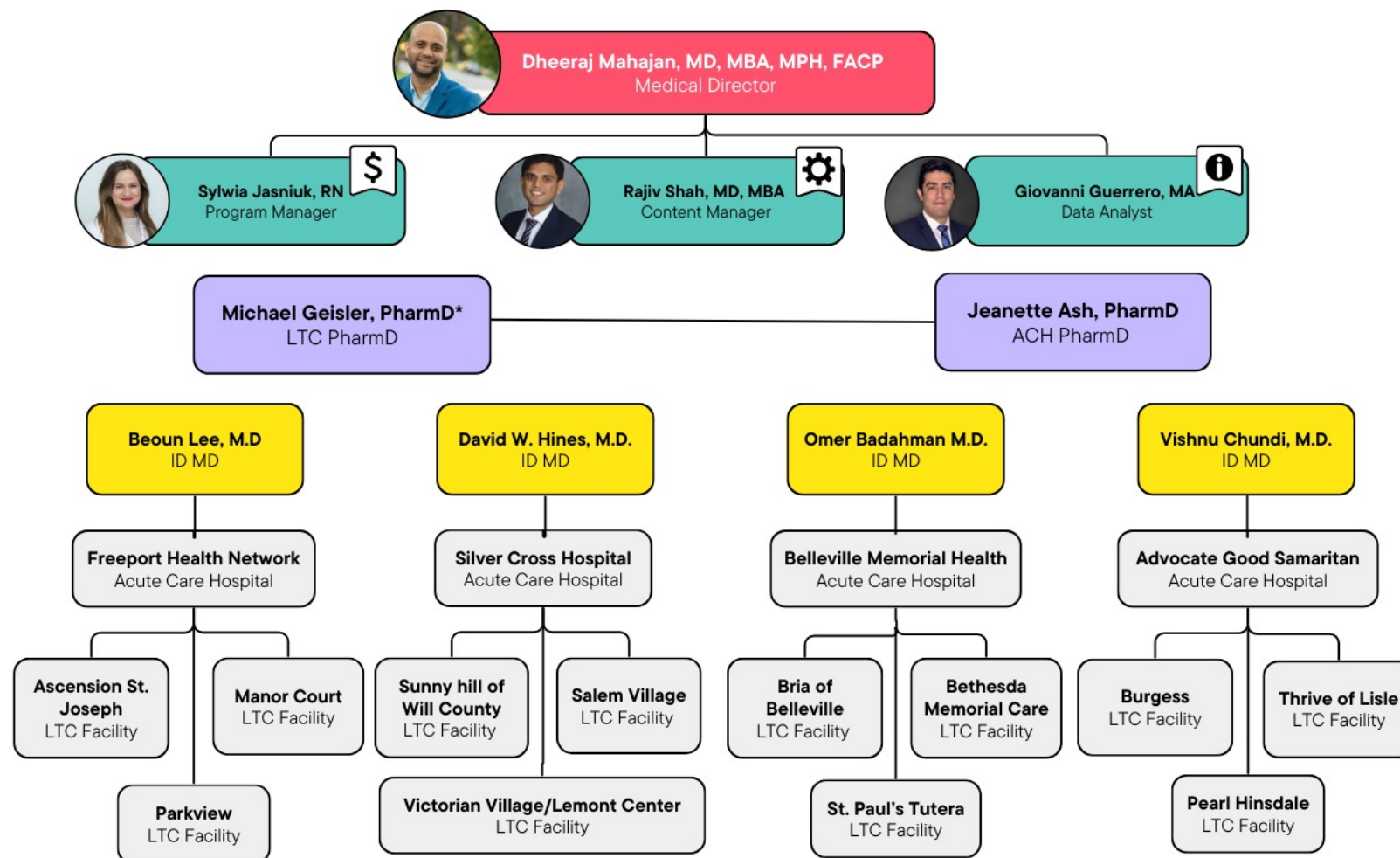
## Partnering Acute and Long-Term Care to Advance Antimicrobial Stewardship Efforts

This program will partner all participating long term care facilities with a local hospital in a 1:1 collaboration for ongoing and personalized support.

### Participants will:

- Learn from subject matter experts, receive technical assistance, and gain resources to enhance AS in long-term care settings.
- Become better equipped to meet mandatory regulations and quality standards related to AS.
- Have the opportunity to receive sponsorship to complete SIDP or MAD-ID AS Training Programs, to strengthen skills and knowledge around ASP implementation.

# PALASE Collaborative



Outpatient & Long-Term Care

# **IDPH GRANTEE ACTIVITIES**

## Hybrid Regional Workshops (in-person or live-virtual):

*A complimentary hands-on seminar to help you implement or improve an Antimicrobial Stewardship Program (ASP) in your facility. Two different sessions of in-person or live-virtual workshop options are available at registration.*

### *Part One:*

August 9th, 2023 - Naperville  
September 13th, 2023 - Rockford  
October 11th, 2023 - Springfield  
November 8th, 2023 - Mount Vernon

### *Part Two:*

January 10th, 2024 - Naperville  
February 14th, 2024 - Rockford  
March 6th, 2024 - Springfield  
April 10th, 2024 - Mount Vernon

## Virtual education sessions:

*A complimentary and convenient way to engage in learning and discussion of the CDC Core Elements and other AS concepts with subject matter experts. Join us for the following sessions for feedback focused topics.*

August 3rd, 2023  
September 7th, 2023  
October 5th, 2023  
November 2nd, 2023  
December 7th, 2023  
January 4th, 2024



**Providing a wide selection of Antimicrobial Stewardship (AS)  
educational opportunities across Illinois.**

**Long-Term Care focused education - Open to all Healthcare Professionals!**





# Precious Drugs and Scary Bugs

## ANTIBIOTIC STEWARDSHIP TOOLKIT FOR OUTPATIENT PROVIDERS

### Safe Antibiotic Use:

#### An Important Message From Your Providers

Antibiotics only fight infections caused by bacteria.

Antibiotics will NOT help you feel better if you have a viral infection like:

Cold or runny nose  
Bronchitis or chest cold  
Flu

If you take antibiotics when you don't really need them, they can cause more harm than good:

- You can get diarrhea, rashes, or yeast infections
- Antibiotic overuse can lead to bacterial resistance

#### • What can you do as a patient?

- Talk with me about the treatment that is best for you. Follow the treatment plan that we discuss.

- As your healthcare provider, I will commit to giving you the best care possible. I am dedicated to avoiding prescribing antibiotics when they are likely to do more harm than good. If you have any questions, please ask me, your nurse, or your pharmacist. Sincerely,



Signature



Signature



Signature



Signature



#### Commitment

Demonstrate dedication to and accountability for optimal antibiotic prescribing and patient safety.



#### Action for policy and practice

Implement at least one policy or practice to improve antibiotic prescribing, assess whether it is working, and modify as needed.



#### Tracking and reporting

Monitor antibiotic prescribing practices and offer regular feedback to clinicians, or have clinicians assess their antibiotic prescribing practices themselves.



#### Education and expertise

Provide educational resources to clinicians and patients on antibiotic prescribing, and ensure access to needed expertise on optimizing antibiotic prescribing.

### To Participate:

- Complete a baseline and follow-up survey to assess AS-related attitudes and behaviors



### Receive:

- Outpatient AS toolkit
- Access to AS webinars
- Public commitment poster
- \$25 gift card
- Chance to win sponsorship for the SIDP or MAD-ID AS certification



# Guidance Documents for Common Outpatient Infections



## Urinary Tract Infection

Do not send urine for UTI workup in asymptomatic patients <u>Do not send urine for test of cure</u> Changes in urine color, smell or turbidity do not qualify as symptoms of UTI	
Syndrome	Symptoms and signs
Asymptomatic bacteriuria	Positive UA or urine culture with no acute localizing signs/symptoms of UTI
Cystitis or UTI	New or worsening dysuria, urgency, hesitancy, frequency, suprapubic pain and/or gross hematuria
Pyelonephritis	See UTI as above, plus fevers, chills, flank pain, CVA tenderness, nausea, vomiting
Diagnosis	<ul style="list-style-type: none"> <li>- If dysuria is present, inspect genitalia for discharge, vesicles or ulcerations AND consider STI testing</li> <li>- For acutely symptomatic patients, obtain urine dipstick OR laboratory urinalysis</li> <li>• for dipstick specimens, send urine culture if leukocyte esterase (LE) positive</li> <li>• for laboratory UA, WBC count <math>\leq 10</math>/hpf indicates low likelihood of true infection even if bacteria present</li> <li>- In patients with longstanding irritative symptoms (often postmenopausal women with ongoing dysuria, urinary frequency/hesitancy/urgency), test only if acute and/or worsening change in symptoms</li> </ul>

### Treatment Recommendations by Type of UTI and by Age

ALWAYS review available urine cultures from prior 6 months to determine appropriateness of empiric choice Contact patient to discontinue prescribed antibiotics if culture is negative, has >3 bacterial types or <1,000 CFU/mL		
Type of UTI	Empiric Adult Treatment	Empiric Pediatric Treatment
Cystitis without additional features	<ul style="list-style-type: none"> <li>• Nitrofurantoin* 100 mg BID for 5 days</li> <li>• Cephalexin 1000 mg BID for 5 days</li> <li>• TMP-SMX DS* 160 mg-800 mg BID for 3 days</li> </ul>	<ul style="list-style-type: none"> <li>• Cephalexin 25-50 mg/kg/day divided BID to QID for 3 to 5 days (maximum dose: 3000 mg/day)</li> <li>• TMP-SMX* 6-12 mg/kg/day divided BID for 3 days (dose based on TMP component; maximum dose: 320 mg/day)</li> </ul>
Cystitis with: obstruction OR urinary retention OR instrumentation	Base empiric selection on available data <ul style="list-style-type: none"> <li>• Cephalexin 1000 mg BID for 7 days</li> <li>• TMP-SMX DS* 160 mg-800 mg BID for 7 days</li> <li>• Ciprofloxacin* 250 mg to 500 mg BID for 7 days</li> </ul>	<ul style="list-style-type: none"> <li>• Cephalexin 50-100 mg/kg/day divided BID to QID for 7 days (maximum dose: 3000 mg/day)</li> <li>• TMP-SMX* 6-12 mg/kg/day divided BID for 5 days (dose based on TMP component; maximum dose: 320 mg/day)</li> </ul>
Men with fever and UTI symptoms (prostatitis or pyelonephritis)	<ul style="list-style-type: none"> <li>• TMP-SMX DS* 160 mg-800 mg BID for 14 days</li> <li>• Ciprofloxacin* 500 mg BID for 14 days</li> </ul> <p><b>Do not use nitrofurantoin</b></p> <p>For males with pyelonephritis and no suspicion of prostatitis</p> <ul style="list-style-type: none"> <li>• Cephalexin 1000 mg TID for 14 days</li> </ul>	
Women and children with pyelonephritis	<ul style="list-style-type: none"> <li>• TMP-SMX DS* 160 mg-800 mg BID for 10 to 14 days</li> <li>• Cephalexin 1000 mg TID for 14 days</li> <li>• Ciprofloxacin* 500 mg BID for 7 days</li> </ul> <p><b>Do not use nitrofurantoin</b></p>	<ul style="list-style-type: none"> <li>• Cephalexin* 50-100 mg/kg/day divided TID to QID for 14 days (maximum dose: 3000 mg/day)</li> <li>• TMP-SMX* 8-12 mg/kg/day divided BID for 7 to 10 days (dose based on TMP component; maximum dose: 320 mg/day)</li> </ul> <p><b>Do not use nitrofurantoin</b></p>
Adjunctive Measures	Increased oral hydration Heat packs, acetaminophen or NSAIDs for pain relief Pyridium for pain relief if age >6 years AND CrCl >50 ml/min (decrease for mild renal impairment)	

#### Key Points for Counseling Patients

1. Just cloudy and/or smelly urine is not a symptom of UTI and does not require antibiotic therapy
2. You will be contacted in 1 to 3 days if antibiotics aren't necessary or if a different antibiotic is required
3. Repeat urine culture is not necessary if symptoms resolve after antibiotic treatment
4. Contact your provider if symptoms worsen or do not resolve after treatment

November 18-24, 2023

# U.S. ANTIBIOTIC AWARENESS WEEK



Each year in the U.S., at least **2.8 million people** become infected with an antimicrobial-resistant infection and more than **35,000 people** die.

Learn more at [cdc.gov/antibiotic-use](https://www.cdc.gov/antibiotic-use).



U.S. Antibiotic Awareness Week is an annual observance that raises awareness of the threat of **antimicrobial resistance** and the importance of **appropriate antibiotic use**.



# CDC USAAW Activities

- Download and share the [Be Antibiotics Aware Partner Toolkit](#)
  - Key messages, sample social media posts, graphics, etc.
  - Educational materials, for patients/families and healthcare professionals
  - [Antibiotic Stewardship Resource Bundles](#)
- Go **Purple** for Antimicrobial Resistance
  - Wear **purple** and share pictures on your social media, tagging **#PurpleForAR**
- Spark conversation on Facebook, X (formerly Twitter), Instagram, and LinkedIn
  - Use the official hashtags: **#AntimicrobialResistance**, **#USAAW23**, or **#BeAntibioticsAware**
  - Join the Global X (formally Twitter) Storm on Thursday, November 16<sup>th</sup>, 9 a.m. CST

# Governor's Office & IDPH Leadership

- **Gubernatorial Proclamation**

- Target audience: General Public
- Message: Declare week of November 18-24, 2023 as Antibiotic Awareness Week in Illinois

- **Message from Governor J.B. Pritzker**

- Target audience: General Public
- Message: Highlight Importance of appropriate antibiotic use and threat of antimicrobial resistance

- **Press Release**

- Target audience: General Public, Healthcare professionals
- Message: Highlight Importance of appropriate antibiotic use and threat of antimicrobial resistance, discuss key strategies for general public and healthcare professionals, and review CDC/IDPH activities



# IDPH Social Media Messaging



- **IDPH Social Media Platforms**
  - [Twitter](#), [Facebook](#), [Instagram](#), [LinkedIn](#)
- **Content Types**
  - Key Messages
  - Educational Resources
  - Infographics
- **Hashtags**
  - #AntimicrobialResistance, #USAAW23, and #BeAntibioticsAware

# ANTIBIOTIC STEWARDSHIP WEBINAR



Tuesday, November 21st

Registration Required:

[https://zoom.us/webinar/register/WN\\_azsPlkMqSwmRZcCT4uOmQ](https://zoom.us/webinar/register/WN_azsPlkMqSwmRZcCT4uOmQ)

Time: 2:00 PM CST

**Speaker:** Meredith Fils, MS, PA-C, Rosalind Franklin University of Medicine and Science

**Target Audience:** Outpatient professionals including Physicians, Physician Assistants, Advanced Practice Nurses, Registered Nurses, and Pharmacists



**Questions:**

[Antibiotic.Stewardship@Hektoen.org](mailto:Antibiotic.Stewardship@Hektoen.org)

## Webinars & Podcasts

- **Wednesday, November 15<sup>th</sup> @ 2PM CST (Webinar)**
  - American Society of Health-System Pharmacists
  - Register: [Antibiotic Stewardship 2023: CDC Updates and Case Examples using National Healthcare Safety Network Antimicrobial Use Option](#)
  - Open to ASHP members
- **Monday, November 20<sup>th</sup> (Podcast)**
  - American Society of Health-System of Pharmacists
  - Core Elements of Antibiotic Stewardship for Health Departments
  - Free to listen: Hot Topics in Pharmacy Practice
- **Tuesday, November 21<sup>st</sup> @ 2PM CST (Webinar)**
  - IDPH / The Hektoen Institute
  - Free to Register: [Best Practices for Outpatient Antimicrobial Stewardship](#)



# Spotlight on Antimicrobial Stewardship



Recognize the  
**antimicrobial stewardship  
programs and efforts of  
Illinois healthcare facilities,  
local health departments,  
and organizations  
throughout USAAW!**



**SAVE THE DATE**

**ILLINOIS SUMMIT ON  
ANTIMICROBIAL STEWARDSHIP**

**Wednesday, July 17, 2024**  
**8:30 a.m. – 5 p.m.**

**Chicago Metropolitan Area**  
Registration information to follow.

**Target Audience**

Health care professionals, including physicians, pharmacists, dentists, nurses, quality directors, infection preventionists, facility leadership, and public health professionals across inpatient, outpatient, and long-term care settings.

**Purpose**

- Summarize the regulatory and national landscape for antimicrobial stewardship.
- Apply national guidelines and best practices for implementing and evaluating facility antimicrobial stewardship programs.
- Review past successful antimicrobial stewardship programs and lessons learned.
- Identify tools and resources for implementing antimicrobial stewardship programs.

**Questions?**

Contact the event organizers at [Antibiotic.Stewardship@Hektoen.org](mailto:Antibiotic.Stewardship@Hektoen.org)

**Provided by:**



Funding for this conference was made possible by IDPH and the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the U.S. Department of Health and Human Services, nor does the mention of trade names, commercial practices or organizations imply endorsement by the U.S. government.

# 2024

## Illinois Summit on Antimicrobial Stewardship



# IDPH Antimicrobial Stewardship Webpage



## **Dedicated Sections**

Acute Care  
Long-Term Care  
Outpatient  
Dental  
General Public



## **IDPH AS Efforts**

AS Honor Roll  
Grantee Work  
Collaboratives  
Annual Summit  
USAAW



## **Listserv Sign-Up**

Channel for IDPH to  
communicate and distribute  
important AS news,  
updates, and resources



# Antimicrobial Stewardship in Illinois: What's New and How to Get Involved



U.S. ANTIBIOTIC  
AWARENESS WEEK  
November 18-24, 2023  
[www.cdc.gov/antibiotic-use](http://www.cdc.gov/antibiotic-use)

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