Healthcare Network Stewardship
Small Group Discussion Guide

**Includes changes made after first small group discussion*

Introductions *(Estimated discussion time: 5 minutes)*

- David will kickoff the meeting w/ intro + disclosures
- Very brief introductions from participants
- Brief discussion of the purpose of the call.

Structure, Scope, and Activities of Centrally Coordinated Antibiotic Stewardship Program

Establishing a Centrally Coordinated Antibiotic Stewardship Program *(Estimated discussion time: 15 minutes)*

Relevant Core Element(s): Leadership Commitment

- Describe how you/your colleagues went about establishing your centrally coordinated antibiotic stewardship program.
- Whose buy-in did you/your colleagues need to move your proposal forward?
- Did you/your colleagues rely on any specific data points or arguments to "sell" leadership on the need for a centrally coordinated program? What do you think was the most salient argument when pitching your program to leadership?
- Have you/your colleagues run into any barriers with maintaining leadership support for this program? How have/are you/your colleagues working to overcome these barriers?

Activities of Centralized Antibiotic Stewardship Program *(Estimated discussion time: 20 minutes)*

Relevant Core Element(s): Action, Education

- What core activities does the centrally coordinated stewardship program perform?
- How did you determine which activities to implement as part of your centrally coordinated stewardship program? Did you receive direction from health system leadership? From the facilities themselves?
- What benefits have you seen by implementing these activities in a centralized way?
- Do these activities differ across different types of facilities based on level of resources (i.e., expertise, data infrastructure)?
- Did you encounter any barriers when implementing these activities?

Staffing a Centrally Coordinated Antibiotic Stewardship Program *(Estimated discussion time: 20 minutes)*

Relevant Core Element(s): Accountability, Pharmacy Expertise

- Where does the lead(s) for the centrally coordinated antibiotic stewardship program "sit" in the health network's organizational/reporting structure? Does anyone report to these leads?
- What are the primary responsibilities of the program lead(s)?
- Is the management of the centrally coordinated program a formal part of the program lead(s) job description?
- What are the roles of the other types of support staff that you indicated in the centrally coordinated antibiotic stewardship program? What barriers did you encounter in getting access to these staff to work on this program?
- Are there other types of staff that you think would be helpful for the functioning of the program?

Targeted Healthcare Settings/Scope *(Estimated discussion time: 10 minutes)*

- How did you identify which facilities would be targeted for inclusion in the centrally coordinated program? Or were all included regardless? Are there varying levels of participation?
- Can facilities opt-in or opt-out of your centrally supported services?
- What did you do to build buy-in at the individual facility level? What barriers did you encounter when building this buy-in?

Future of Centralized Antibiotic Stewardship Program *(Estimated discussion time: 10 minutes)*

- What do you envision is the future for your centralized antibiotic stewardship program? Do you plan to expand into additional facilities? Implement additional types of stewardship activities?
- Have you encountered any barriers to implementing these plans?

[If Time Allows] Metrics Used to Assess a Centralized Antibiotic Stewardship Program *(Estimated discussion time: 10 minutes)*

Relevant Core Element(s): Tracking, Reporting

- Describe the metrics currently used to assess the impact of the centrally coordinated antibiotic stewardship program.
- How often do you assess and report on the impact of the program? Do you report to senior leadership? Back to individual facilities?
- Are there any challenges to developing/interpreting metrics of stewardship program impact across facilities with different characteristics (i.e., large academic medical center vs. critical access hospital)? How does having a centrally coordinated stewardship program improve or worsen these challenges?