

Combating Antibiotic-Resistant Bacteria Through Antibiotic Stewardship

Telligen Antibiotic Stewardship Initiative for Outpatient Healthcare Providers



Our facility or practice would like to join the Telligen Improvement Initiative **Combating Antibiotic Resistant Bacteria through Antibiotic Stewardship**. Participation in this network supports the White House *National Action Plan for Combating Antibiotic-Resistant Bacteria* by incorporating the Centers for Disease Control and Prevention (CDC) *Core Elements of Outpatient Antibiotic Stewardship* into the treatment of patients.

Through participation in this initiative, your organization will:

- Create or improve your culture of patient safety through implementation of an antibiotic stewardship program.
- Network with local and national experts collaborating on antibiotic stewardship initiatives.
- Access technical assistance and innovative tools and resources that will help you implement an outpatient antibiotic stewardship program.
- Learn from other participants through opportunities to network and share successful practices.
- Align with other stakeholders who are implementing antibiotic stewardship programs.
- Participate in free educational opportunities such as conferences and webinars.

We agree to the following:

- Incorporate the CDC *Core Elements of Outpatient Antibiotic Stewardship* into facility's infection prevention and control program.
- Identify a staff champion who will oversee the program and activities at the point of care.
- Permit Telligen to disclose our participation in this initiative.

Provider/Practice name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Clinics and practices | Taxpayer Identification Number (TIN) _____

Pharmacies | National Provider Identifier (NPI) _____

Dialysis Centers and Emergency Departments | Medicare Provider Number (CMS CCN) _____

Required Signatures

Clinical Lead (please print) _____ Title _____

Signature _____ Date _____

Staff Champion (please print) _____ Title _____

Signature _____ Date _____

Please return completed form via email or fax to your Telligen state contact:

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