



**NADONA Antibiotic Stewardship  
Best Practice  
Stewardship Leader Award Application**

**Graciously Sponsored by:**



**Demographic Information:**

**Applicant Name:**

**Applicant Facility:**

**Corporation Ownership (if applicable):**

**Address:**

**City:**

**State:**

**Zip:**

**Website:**

**Office Phone:**

**Fax:**

**Email:**

**Facility Description:**

**Facility Type:**

- Skilled Nursing Facility
- Rehabilitation
- Memory Care
- Assisted Living
- Other:

**Year that the Antibiotic Stewardship Program was Established:**

**Member of the Antibiotic Stewardship Program Team:**

**Number of Residents within the Facility:**

**Specialty Areas of the Facility:**

- Wound Care
- Ventilator Care
- Memory Care
- Rehabilitation
- Other:

**Describe the Antibiotic Stewardship Program in detail including evidence of executive leadership support, resident satisfaction, antibiogram reports showing improvement of prescribing behaviors and practices, and other supporting clinical data and support. Please DO NOT include any personal health information in your submission.**

## **Stewardship Leader Support:**

**In the following section, please document why you, the facility Stewardship Program Leader, deserves this prestigious award. In your responses, please include substantiation of how you have demonstrated strategic leadership, advancement of evidence-based clinical practices, and improved clinical outcomes. Also, please include documentation of interprofessional collaboration and engagement with facility executive and medical leadership. Please include what makes you most proud of this program. Through your aggressive program, what have you been able to cut down on? Have you seen a decrease in C Diff, MRSA or VRE with relationship to your program? If yes, please provide the percentage of decrease per C Diff, MRSA and VRE. Please include any written reports that substantiate your comments. Please DO NOT include any personal health information in your responses.**

Please include any supporting documentation for consideration by the Awards Committee with your submission electronically to [info@nadona.org](mailto:info@nadona.org).

**By affixing your signatures below, you attest that all information contained within this application is accurate, truthful, and complete at the time of submission.**

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Signature of Applicant

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Title