California Department of Public Health
Healthcare-Associated Infections Program
Antimicrobial Stewardship Program Honor Roll
Instruction Manual

Contents

Updated June 11, 2022

General Information

Introduction

This instruction manual is to be used alongside filling out the Honor Roll application. The Honor Roll application is open to all California hospitals (acute care, critical access, long-term acute care) to apply for Honor Roll designation. The application covers antimicrobial stewardship program (ASP) activities for the two years prior to the enrollment period. Individual institutions within a healthcare system will need to apply separately to obtain designation for each facility.

Enrollment Process and Notifications

Application deadlines are every 6 months: September 1 and March 1. Designations are for Bronze, Silver, and Gold. If a facility is awarded Bronze or Silver, that facility can apply for an upgrade in the next 6 month enrollment period. A facility has the option to continue to apply for an upgrade every 6 months (up to one year post full application submission) until they reach Gold level. Facilities will be notified and awarded (if accepted) approximately 3 month after each application deadline.

Designation Period

Facilities enrolled into the Honor Roll will receive a designation expiring 2 years from the notification date. For example, applications placed during enrollment period with September 1, 2022 deadline will be notified and awarded by November 2022. Their designations will expire two years from the award date November 2024. Applications for upgrades, will also have a 2 year expiration from the awarded date corresponding to the 6 month enrollment period. For example, a facility applies for an upgrade by the March 1, 2023 deadline and was accepted, will be notified approximately May 2023 with designation expiring on May 2024. Once the desired designation is reached, facilities can apply again in two years for the Honor Roll.

Instructions

1. Review criteria in the table below to determine your institution's designation for Bronze, Silver, or Gold. Refer to the CDC Core Elements (www.cdc.gov/antibiotic-use/core-elements/hospital.html).
2. Collect supporting documentation for each section. Examples of documentation are included in each section below. Please make sure your documents are current (within the 2 year period prior to the deadline date).
3. Complete the SurveyMonkey application (www.surveymonkey.com/r/ASPHonorRoll) by deadline above. Your answers and document uploads will be saved automatically. If you need to complete your application at a later date, use the same computer and browser to access your saved information. Do not delete cookies on your browser. See Appendix A for a preview of application questions.

Criteria

Criteria for Designation, two-year period prior deadline	Bronze	Silver	Gold
CDC Core Elements – Part II			
Complete at least 1 item from each of CDC's 7 Core Elements	✔	✔	✔
Complete all (9) HAI Program prioritized items* from CDC's 7 Core Elements		✔	✔
Outcomes and Engagement			
Demonstrate outcomes of interventions / projects – Part III		✔	✔
Demonstrate engagement with Community Partners – Part IV			✔

HAI Program prioritized items were chosen based on how hospitals responded on the National Healthcare Safety Network annual survey regarding their ASP, literature review, and a focus group of ASP pharmacists.

- To qualify for Bronze designation, you must have at least one item from each of CDC's core elements with supporting documentation.
- To qualify for Silver designation, in addition to satisfying the criteria for Bronze, you must:
    - Satisfy all Silver/Gold Designation questions in Part II and provide documentation for each of those items, and
    - Provide an outcomes example in Part III.
- To qualify for Gold designation, in addition to satisfying criteria for Bronze and Silver noted above, you must also provide a community engagement example in Part IV.

What to submit based on your applicant status
- New Applicants (new or previously applied but received no designation) and Renewals (two or more years since last designation).
    - Complete the full application and all documentation required based on designation applying.
- Upgrades
    - Applications must be submitted within 1 year of the last designation where your facility completed the full application.
    - Make sure to submit based on criteria from the *current* enrollment period, not the prior ones.

Next steps after submitting your application
- You will receive an email confirmation with a copy of your application for your records. *Please review the application carefully to confirm you have submitted all documentation as we will NOT be contacting facilities for missing documentation.*
- If you notice that documentation is missing, please contact us right away.
- Confirmation emails are sent manually, so if you do not receive an email within 2 weeks after submission, please email us at HAIProgram@cdph.ca.gov.
- Notification emails of designation results will be sent out within 3 months of each deadline.

Updated June 11, 2022

Part I - Institution Information

Please refer to instructions on the online application.

Supporting Documentation List

Below is the minimum documentation we request with your application for us to make a proper assessment of your AS Program. Please upload enough documentation for us to have a good understanding of all that your program entails. *More detailed examples of each type of documentation are described in the following pages*.

Minimum documentation for Bronze

- ☑ Leadership commitment
- ☑ Accountability documentation (optional)
- ☑ Pharmacy expertise documentation (optional)
- ☑ Antimicrobial Stewardship Policy
- ☑ Guideline(s)/Algorithm(s)/Clinical pathway(s) for Antimicrobial Use
- ☑ Antibiogram
- ☑ Tracking documentation
- ☑ Reporting documentation
- ☑ Education documentation

Minimum Documentation for Silver in addition to the above. Documents below may also count towards Bronze above if there is overlap.

- ☑ <u>Nine</u> HAI Program prioritized items below
  - (1) Leadership - Does your facility leadership support dedicated time to manage the program and conduct daily stewardship interventions?
  - (2) Leadership - Does your facility leadership support resources to effectively operate the program?
  - (3) Action - Prospective audit and feedback for specific antibiotic agents
  - (4) Action - Facility-specific treatment recommendations to assist with antibiotic selection for common clinical conditions
  - (5) Tracking - Antibiotic use (e.g., DOT/1000 patient days)
  - (6) Tracking - Prospective audit and feedback interventions by tracking the types of interventions and acceptance of recommendations
  - (7) Tracking - Adherence to facility-specific treatment recommendations
  - (8) Reporting - Facility and/or individual prescriber-specific reports on antibiotic use
  - (9) Education - Education to prescribers as part of the prospective audit and feedback process (sometimes called "handshake stewardship")
- ☑ Outcomes (Part III) documentation

Minimum documentation for Gold in addition to above

- ☑ Community Engagement (Part IV) documentation

Optional: Only if your facility uses antimicrobial stewardship commitment forms.

- ☑ Please upload an example of an antimicrobial stewardship commitment form

Examples of Supporting Documentation

Part II - CDC Core Elements

1. Please refer to the online application for instructions for answering each question in the application. Only documentation examples (not a complete list) for each element are described in this section below.
2. Items noted as "required for all applicants" need to be uploaded for all designations.
3. To qualify for Bronze designation, in addition to the "required for all applications" items, at least one item for each core element is required to be uploaded.
4. Items that qualify for Silver and Gold designations will be noted.
5. The items marked as required for Silver or Gold status also require documentation if noted.
6. Documentation must be within the **two-year** period prior to the deadline date.

Core Element 1: Leadership Commitment

- Upload documentation of your facility's leadership support **(at least one below is required for all applicants)**. Examples of support include:
  - □ Facility Leadership support letter (See Appendix B for template)
    - o If you are renewing, and your facility leadership has changed, please submit a new support letter
  - □ Facility mission statement, but <u>only</u> if it specifically mentions antimicrobial stewardship as a priority
  - □ Letter of attestation from Division Chief or C-Suite Executive reflecting leadership commitment and assigned accountability
  - □ Print out/screenshot of facility's website that <u>states</u> leadership commitment to antimicrobial stewardship
- Below are **Required for Silver or Gold.** Documentation of below is not required but optional to be uploaded, however, please ensure that these questions are answered completely in the application if applying for Silver or Gold designation.
  - □ (1) Does your facility leadership support dedicated time to manage the program and conduct daily stewardship interventions?
  - □ (2) Does your facility leadership support resources to effectively operate the program?

Core Element 2: Accountability
Actual documentation not required to be uploaded. However, please answer the application completely.

Core Element 3: Pharmacy Expertise
Actual documentation not required to be uploaded. However, please answer the application completely including description of training as applicable.

Core Element 4: Action
- Please upload all that apply to your facility.
  - □ Antimicrobial Stewardship Policy **(Required for all applicants)**
    - o This should include your ASP program activities, provider-based (such as antibiotic time out, penicillin allergy assessment), pharmacy-based (such as prospective audit and feedback, preauthorization, etc.), microbiology-based (selective reporting of sensitivity results,

comments in results), nursing-based (IV to oral) interventions, duties, members, core elements, etc.

- ☐ Guidance for antimicrobial use **(Required for all applicants)**
  - ○ These include guidelines for specific infections/conditions (e.g., CAP, UTI, SSTI, etc.), clinical pathways, algorithms just to name some examples.
  - ○ Guidance may include correct duration of therapy, dosing, monitoring, diagnostics
  - ○ May also includes diagnostic guidelines
  - ○ If guidelines are embedded into clinical decision support software, then please take screenshots that include details of recommendations of antimicrobials/diagnostic tests for prescribers to select based on indication, etc.
  - ○ If guidelines are embedded into order entry process, please provide screen shots that includes details of specific guidance information of antimicrobials/diagnostics tests based on indication
  - ○ Protocols for an implemented intervention may also include guidance
- ☐ Specific interventions to ensure optimal use of antibiotics for treating the most common infections (e.g., CAP, UTI, SSTI). Example: may include dosing, ensuring correct discharge duration of therapy, monitoring, diagnostics, etc.
  - ○ Guidelines, pathways, algorithms, etc.
  - ○ Protocol for implemented intervention
- ☐ Preauthorization for specific antibiotic agents
  - ○ Facility guidelines/protocols/policies that discuss preauthorization process
  - ○ Screenshot or copy of preauthorization requirement for ordering specific antibiotic agents
- ☐ Requirements for prescribers to document indication on medical record or during order entry for all antibiotic prescriptions
  - ○ Guidelines/protocols or policies
  - ○ Copy or screenshot of order entry
- ☐ Requirements for documenting or a procedure for defining duration for all antibiotics once a diagnosis has been established
  - ○ Guidelines/protocols or policies
  - ○ Screen shots of order entry/clinical decision support software
- ☐ Formal procedure for all prescribers to conduct daily reviews of antibiotic selection until a definitive diagnosis and treatment duration are established (i.e. time out)
  - ○ Guidelines/protocols or policies regarding the process
  - ○ Copy or screenshot of, e.g, electronic medical record alert prompting review of antibiotic after 3 days of start date
- ☐ (3) Prospective audit and feedback for specific antibiotic agents. *Required for Silver and Gold.*
  - ○ Facility protocols/policies that discuss prospective audit and feedback processes.
- ☐ (4) Facility-specific treatment recommendations to assist with antibiotic selection for common clinical conditions. *Required for Silver and Gold.*
  - ○ Facility specific guidelines/protocols or policies for treatment based on national guidelines and local pathogen susceptibilities. These may be the same guidelines/pathways/algorithms described above

Core Element 5: Tracking

- Please upload all that apply which your facility tracks/monitors.
    - □ Documentation such as graph or data on medication use evaluation, adherence to guidelines, antibiotic use, and so on. This is <u>not</u> a policy that states you are doing tracking, but rather your actual tracking data/chart/analysis.
    - □ Graph/table of antibiotic use (individual antimicrobial, class, or groups) by DOT/1000 patient days or DDD/1000 patient days, etc.
    - □ Intervention report of aggregated data that your track/monitor: acceptance rates, % intervention type, % adherence/compliance to guidelines, etc.
        - o Facility-wide, individual-, unit-, or service-specific report
    - □ Preauthorization interventions by tracking which agents are being requested for which conditions
        - o Facility-wide, Individual-, unit-, or service-specific report
    - □ MUE data that assesses course of therapy for select antibiotic and/or infections
    - □ Facility-wide, individual-, unit-, or service-specific data of antibiotic timeouts proportion/percentage of how often they are done and if being acted upon, etc.
    - □ Facility-wide, individual-, unit-, or service-specific data based on a specific antibiotic and/or infection of how often patients are discharged on the correct antibiotics for the recommended duration. Acceptable to have monitoring that is periodic review for assessing how often patients are discharged on the correct antibiotics for the recommended duration.
    - □ Antibiotic resistance data (this may be different than your antibiogram).
        - o May include data that is tracked in addition to or more frequently monitored than your antibiogram. This may be individual-, unit-, or service-specific data.
        - o You may also upload your recent report from the NHSN AR module.
    - □ *Clostridioides difficile* infection (CDI) rates in context of antibiotic use. These may be table/graphs of CDI rates in relation to antibiotic use
    - □ (5) Antibiotic use. *Required for Silver and Gold.*
        - o Facility-wide, individual-, unit-, or service-specific reports on antibiotic use in DOT (days of therapy) or DDD (defined daily doses) per 1000 patient days, or some other way of tracking data. Please make sure units are defined, and time period.
        - o Recent report from the National Healthcare Safety Network (NHSN) Antimicrobial Use (AU) module
    - □ (6) Prospective audit and feedback interventions by tracking the types of interventions <u>and</u> acceptance of recommendations. *Required for Silver and Gold.*
        - o Report on facility-wide, individual-, unit-, or service-specific interventions and acceptance
    - □ (7) Adherence to facility specific treatment recommendations. Tracking adherence to facility specific treatment recommendations may be reviewed periodically to a specific treatment guideline. This does not require routine or frequent monitoring to qualify but must be within the two-year period prior to the enrollment deadline. *Required for Silver and Gold.*
- <u>NOTES</u>:
    - □ Do not send line lists of protected health information (identifiable information as medical record numbers, date of birth, etc.)
    - □ Please send aggregated data as applicable and not line lists of individual cases/interventions. These line lists are great for your facility to know which patients to follow-up with; however, it is not useful for us to evaluate your program overall. Also include time period data was collected, such as by

month or quarter. Most facilities have submitted data for the most recent 1 to 2 years, while a few have submitted longitudinal data over the life of their AS program.

- ☐ Make sure to include definitions for acronyms or non-standard terminology.
- ☐ Please define your metrics if they are not stated in graphs, tables or reports, etc.
- ☐ If submitting analysis of adherence or compliance to guidelines or clinical pathways, please also submit the actual guideline/clinical pathway.

Core Element 6: Reporting

- Please upload all that apply which your facility reports.
    - ☐ Report of various ASP activities, antibiogram, antibiotic use, and so on that is shared with stakeholders (such as staff, prescribers, leadership, etc.)
    - ☐ Report of adherence to treatment recommendations. Examples include institution specific reports disseminated to prescribers/stakeholders, such as results from medication use evaluation.
    - ☐ Current facility specific antibiogram, should be produced at least annually **(Required for all applicants).**
    - ☐ (8) Facility and/or individual prescriber-specific reports on antibiotic use. *Required for Silver and Gold.*
        - ○ Institution specific reports disseminated to prescribers/stakeholders (Examples: monthly report on intervention and acceptance, medication use and evaluation summary report, or report card)
    - ☐ Any of the above tracking data described in the Tracking Core Element section that are included or developed into reports may be used as examples of documentation

Core Element 7: Education

- Please upload all that apply to your facility.
    - ☐ Copy of the actual education provided (not just a sign in sheet)
        - ○ examples may include presentation/slides, email/memo (if it provides a teaching point or education), handout/newsletter, link or screen shot of education module, etc.
        - ○ Education to prescribers and other relevant staff may include optimal prescribing, adverse reactions from antibiotics, and antibiotic resistance
    - ☐ Please also include document the purpose of education and the target group including participation by clinicians of various disciplines (Examples: continuing education quarterly seminars, new employee orientation, orientation, annual credentialing/competence training)
    - ☐ (9) Education to prescribers as part of the prospective audit and feedback process (sometimes called "handshake stewardship"). *Required for Silver and Gold.*
        - ○ Example may include policy/protocol/guidance that describes how education is provided to prescribers through the prospective audit and feedback process

Part III - Demonstration of Outcomes (Required for Silver and Gold Designations)

1. Please make sure that answers are complete in the actual online application that includes *clinically meaningful outcomes* of an intervention from the two-year period prior to the application deadline.
2. **The goal of this portion of the application is to determine if your program is effective beyond meeting criteria on a check list.**
3. **Reviewers of this portion of the application will evaluate as if it were a scientific abstract.**

Note: External blinded AS expert reviewers may review Part III of your application. *Please ensure that all facility identifying information is redacted in Part III only.*

4. **Optional**: In addition to answering the questions on the application completely, you may upload additional documentation such as graphs, publication, abstract, poster, or report supporting the outcomes reported in the application.

- Examples of clinically meaningful outcomes are data that can be analyzed such as infection, CDI rates, prescribing behavior, adverse reactions, resistance rates, mortality, etc. *Antibiotic use alone is not sufficient.* Please refer to Rubric in Appendix D.
- Examples of interventions:
  □ Targeting fluoroquinolone use and susceptibility patterns due to determining that your facility has been overprescribing or non-adherent to guidelines and found increased resistance in gram negatives.
    o Clinically meaningful outcomes would include resistance patterns and correlated fluoroquinolone DOT per 1000 pt. days
    o Intervention: prescriber-based intervention of antibiotic time-out targeted at levofloxacin use
    o Methods are data collected pre and post intervention. Antibiotic-time out prompts opened in the electronic medical record when a prescriber opens the patient's profile on levofloxacin
  □ Targeting *Staphylococcus aureus* blood stream infection (SAB) due to high mortality rates and inappropriate antibiotics being started or delay in appropriate antibiotics started
    o Clinically meaningful outcomes may include SAB rates, mortality rates, time to initiate appropriate antibiotics in days, duration of therapy in days.
    o Intervention: implementation of SAB bundle using clinical decision support software
    o Methods: clinical decision support software to prompt providers with the SAB bundle order (includes initiating pre-selected antibiotics, TEE, ID consultation, etc.) when a positive blood culture reports SA.

Rubric for Outcomes (Part III)

QUESTIONS (Time frame should be 2 year period prior deadline)	Enter the Following:
Was an outcome actually reported? 　0 - Unclear 　1 - Not explicitly stated, but discernable 　2 - Purpose stated but outcome not explicitly stated 　3 - Explicitly stated (measurable)	Number from scale
Was the outcome clinically meaningful? Use scale below. Examples (this is not a complete list - provide comments below): 　0 - No outcome provided 　1 - Antibiotic use only (alone is not considered clinically meaningful) 　2 - Length of stay, re-admissions 　3 - Antimicrobial resistance rates, appropriateness 　4 - Infection rate, CDI, mortality, adverse events, clinical success/cure 　5 - Behavioral changes in prescribing	Number from scale (Results must include actual data)

Originality. Use scale below.
  0 - Partially or completely missing results or plan
  1 - Old idea with no significant results
  2 - Replicates important intervention done by others with significant results
  3 - Original or innovative intervention (e.g. new population not previous described well)
	Number from scale

Overall impression. Use scale below.
  0 - Does not appear to be an effective/successful intervention
  1 - Intervention is partially effective/successful
  2 - Intervention is effective/successful
  3 - Intervention serves as a model for others (sustainable changes/intervention)
	Number from scale

Additional comments (general)	Constructive comments
Specific comments on Outcomes	
Specific comments on Clinically Meaningful	
Specific comments on Originality	
Specific comments on Overall Impression (accuracy of data, e.g. check denominators)	

Used by each reviewer for evaluating the outcomes (Part III) for each facility applying for Silver/Gold designation.

Note: Results of outcomes chosen do not necessarily need to be significant to be considered clinically meaningful.

Part IV - Community Engagement (Required for Gold Designation)

1. For designation as Gold, you will need to demonstrate work with community healthcare partners (hospitals, skilled nursing facilities) or community engagement institutions, either locally initiated or as part of a local collaboration.
2. Please make sure all answers are complete in the application. Please provide enough detail for us to evaluate the quality of the community engagement. We are looking beyond providing education/presentations or developing guidelines or providing good transfer instructions upon transferring to another facility. We are looking for true engagement with community partners with the overall goal of improving outcomes in the local community.
3. Please describe a current/ongoing partnership **within the two-year period** prior to the deadline date.

- Examples of community engagement:
  □ Regional collaborative within a county consisting of a few acute care facilities (including outside each facility's sister/network facilities) and a few nursing homes, among whom facilities may share patients. Work include sharing data with each other and developing interventions to focus on reducing antimicrobial use or affect resistance rates to improve stewardship in the local community. Other partners can even include the local health department.
  □ Mentoring a limited resource facility or facilities such as a critical access hospital or a local SNF. The limited resource facilities may not have an ASP pharmacist and/or ID provider/group to help them with

their antibiotic use, so partnership may be to provide one-on-one ongoing consultations (beyond one-time help or just making presentations), helping with reviewing patient cases, or other type of help depending on what the other facility needs are for stewardship, etc.

☐ Outreach to local outpatient clinics in the area and/or medical groups to impact local outpatient prescribing in the local community. Example of work may include having the clinics/prescribers have posters signed by all the physicians in their group and posted in their clinics promising to be good antimicrobial stewards and not prescribe unnecessary antibiotics, and/or sharing prescribing data, depending on the common goals and needs of each partner.

Examples of Community Engagements: Not Acceptable versus Acceptable

Examples of Not acceptable	What would be acceptable instead
Partnering with a sister facility in your network to streamline your antibiotic stewardship program and/or interventions. Reason: The idea is to provide and improve antimicrobial stewardship to the broader community.	Providing mentorship/consultation to a lower resource facility such as a critical access hospital, or long-term acute care facility to provide ongoing stewardship support.
Providing a webinar/education one time to another facility with limited resources. Reason: One time assistance/education is not what we are looking for in community engagement partnerships.	Providing ongoing support to a lower/limited resource facility, including education, routine meetings to discuss interventions/strategies, etc
Developing or improving transition of care communication, such as between your hospital and a skilled nursing facility. Reason: Transition of care communication should be standard.	Providing antimicrobial stewardship support (such as mentorship/consultations, routine meetings to assist with interventions, etc) to the skilled nursing facility that you frequently share patients with.
Extending antimicrobial stewardship program interventions to your facility's emergency department and/or working with your ED pharmacists to provide ASP support Reason: working with another department within your facility is not the intent of community engagement	Working with local urgent care centers/clinics/ physician offices in your area to provide antimicrobial stewardship support. Note: If these centers/clinics are part of your health system, they should not have the same clinical staff as the hospital. Also, the community engagement may be acceptable if within your system depending on what the partnership entails.

Part V - Additional Questions Regarding your Antimicrobial Stewardship Program

- Please answer completely on the online application.
  - ☐ Optional, please upload antimicrobial stewardship commitment forms, if applicable.

Updated June 11, 2022

APPENDIX A - Support Letter Template

STATEMENT OF LEADERSHIP COMMITMENT
FOR ANTIBIOTIC STEWARDSHIP

INSERT FACILITY NAME commits to improving antibiotic use in our facility. Facility leadership is committed to embracing and executing the Centers for Disease Control and Prevention's (CDC) *Core Elements of Antibiotic Stewardship for Hospitals*. The seven core elements for antimicrobial stewardship include leadership commitment, accountability, drug expertise, action, tracking, reporting, and education.

Our administration has identified an Antimicrobial Stewardship Program (ASP) Leadership Team at our facility. Our ASP leadership team will meet/meets at least quarterly and they are (as applicable):

1. Our ASP physician champion is: INSERT FULL NAME AND TITLE
2. Our ASP pharmacy champion: INSERT FULL NAME AND TITLE
3. Our ASP infection prevention champion: INSERT FULL NAME AND TITLE HERE
4. Our ASP microbiology laboratory champion: INSERT FULL NAME AND TITLE
5. Our ASP information technology champion: INSERT FULL NAME AND TITLE
6. Our ASP INSERT ADDITIONAL MEMBER champion: INSERT FULL NAME AND TITLE

Of the people listed above, INSERT FACILITY'S NAME designated Lead Antimicrobial Stewardship Champion is: INSERT FULL NAME, TITLE, EMAIL

STATEMENT OF COMMITMENT

1. We, the administration, are committed to supporting efforts that improve antibiotic use in our facility, including providing dedicated necessary human, financial, and information technology resources. *(Leadership Commitment Core Element)*

2. We will appoint a leader or co-leaders, such as a physician and pharmacist, responsible for program management and outcomes. (*Accountability Core Element*)

3. We will appoint a pharmacist, ideally as the co-leader of the stewardship program, to lead implementation efforts to improve antibiotic use. (*Pharmacy Expertise Core Element*)

4. We will support implementation of interventions, such as prospective audit and feedback or preauthorization, to improve antibiotic use (*Action Core Element*).

5. We will work with our ASP leader(s) and team to create a system that monitors antibiotic prescribing, impact of interventions, and other important outcomes like *Clostridioides difficile* infection and resistance patterns. *(Tracking Core Element).*

6. We will create an environment that allows the antimicrobial stewardship team to regularly report information on antibiotic use and resistance to prescribers, pharmacists, nurses, and hospital leadership. *(Reporting Core Element)*

7. We commit to creating a culture for education which promotes antimicrobial stewardship through education of prescribers, pharmacists, and nurses about adverse reactions from antibiotics, antibiotic resistance, and optimal prescribing. (*Education Core Element*)

_____   _____
Leadership Administrator (Print Name)   Title

_____   _____
Leadership Administrator Signature   Date

_____   _____
Lead ASP Champion (Print Name)   Title

_____   _____
Lead ASP Champion Signature   Date

APPENDIX B - Tips for Uploading Documentation

If you have several files you would like to upload as documentation than is allowed by the system, there are a couple options.

- One is compiling as a single PDF document (if you have the appropriate software).
- Second is copying files into a Word file, and then uploading that file. See instructions below.

    1. Open a Word document.

    2. Drag and drop or copy and paste your file directly into the Word document.
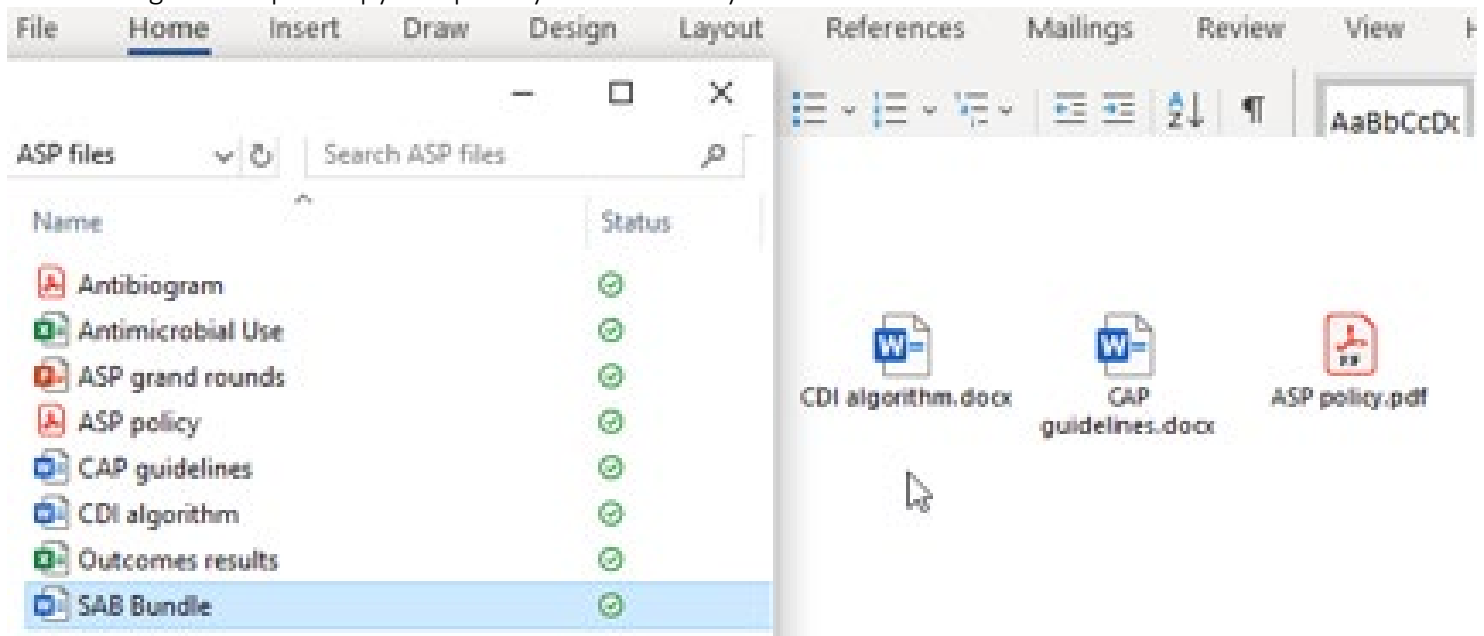
    3. Save the Word file. The files are now embedded into the word document that can then be uploaded as a single file.

    4. NOTES:

        a. Please make sure the PDF icon is the Adobe icon seen above. Other PDF creating software/driver such as Nuance *cannot* be opened by our system.

        b. If you are unsure about any of the instructions, please contact us at HAIProgram@cdph.ca.gov.