



**Antimicrobial Stewardship TeleECHO™ Clinic
Systems-based Challenge/Issue Presentation Form**

Please complete this form and fax to 505-272-6906 or email to antimicrobialecho@salud.unm.edu

Presentation date: _____ Presenter: _____ Hospital: _____

Describe the challenge or issue:

What is/are your goal(s) for this challenge/issue?

Are there any barriers or obstacles? Any other resources needed?

How does your case relate to one of the CDC's Core Elements of Antibiotic Stewardship Programs? (if known, please select all that apply):

Leadership support	Tracking: monitoring antibiotic prescribing, use, and resistance
Accountability	Reporting information to staff on improving antibiotic use and resistance
Drug expertise	Education
Actions to support optimal antibiotic use	

Please elaborate further regarding the core element, if needed:

What are your top three questions for the network?

1)

ECHO ID #: _____



2)

3)

When we receive your case, we will email or fax you a confidential patient ID number (ECHO ID) that must be utilized when identifying your patient during clinic.

PLEASE NOTE that Project ECHO® case consultations do not create or otherwise establish a provider-patient relationship between any UNMHSC clinician and any patient whose case is being presented in a Project ECHO setting.