The COVID-19 pandemic and resulting global public health challenge have already had a significant impact on our local, national, and global communities. The AHRQ Safety Program for Improving Antibiotic Use team recognizes that all individuals and practices participating in the Safety Program are on the front lines of this pandemic. We recognize that many participating practices will need to make changes to their participation in order to be fully responsive to this emergency situation. We are providing the following guidance to participants based on the current situation and as things continue to evolve we will adjust our guidance as-needed.

For now, the Safety Program will continue to hold all scheduled Webinars and Office Hours for those of you able to still participate live. We will also continue to post Webinar recordings, slide sets, audio presentations, patient materials, and clinician one-pagers to the program website as they become available.

The Program is committed to helping all our sites remain in the program, even if data submission is an issue for your site. We will continue to work with all our sites on a data submission schedule that will allow you to continue your participation in the program while being responsive to the COVID-19 response demands on your practice, even if it means data submissions are delayed by several months. Please connect with your Implementation Adviser when you are able to if you are still have questions or concerns.

We are grateful for all the work you are doing on the front lines. If you have any questions please do not hesitate to reach out to us.

Sincerely,

Sara C. Keller, MD, MPH, MSHP
Assistant Professor of Medicine
Division of Infectious Diseases
Johns Hopkins University School of Medicine

Tania Maria Caballero MD, MHS, FAAP
Department of Pediatrics
Johns Hopkins School of Medicine

Jeffrey A. Linder, MD, MPH, FACP
Chief, Division of General Internal Medicine and Geriatrics
Michael A. Gertz Professor of Medicine
Northwestern University Feinberg School of Medicine