



CDI Prevention Collaborative FAQ

Who is eligible to participate?

Hospitals must achieve a positive cumulative attributable difference (CAD) (i.e., >0) in *Clostridioides difficile* infections (CDI) between July 2019 and June 2020 to receive an invitation to participate. The CAD metric is based on data reported to the National Healthcare Safety Network (NHSN) and identifies the number of infections that must be prevented within a group, facility or unit to achieve an HAI reduction goal, such as the HHS 2030 CDI target standardized infection ratio (SIR) of 0.70 ([TAP report](#)).

Interested hospitals invited to participate must register at least one unit (two units maximum per hospital). Hospitals should identify units they feel will most benefit from the collaborative. To identify units with the greatest opportunity for improvement, hospitals may consider contextual factors, patient populations, previous and/or current CDI interventions, and other available data sources, including CDI case counts and rates per unit, antibiotic prescribing data, and appropriate *C. diff* testing audit data. If you have questions on how to select a unit for participation, AHA's Performance Improvement Coaches are able to assist. Please email cdifference@aha.org and you will be connected with a coach.

Why should I participate?

The current strain on hospital staffing and resources due to the unprecedented COVID-19 pandemic is palpable. Unfortunately, other harms like CDI continue to be a patient safety threat that needs to be addressed. Many interventions for CDI prevention, such as PPE, hand hygiene and environmental cleaning, may help mitigate the COVID-19 spread within your hospital setting. But it may not be enough. This collaborative will provide resources and knowledge to improve these infection prevention practices and deliver better results.

Also know that your hospital will have direct access to Centers for Disease Control and Prevention (CDC) nationally recognized experts and a network of peers facing similar challenges to gain insights, share experiences and find new solutions.

Other key resources made available to you include CDC's Strategies to Prevent *Clostridioides difficile* Infection in Acute Care Facilities guide, featuring the latest evidence-based practices; the Agency for Healthcare Research and Quality's Comprehensive Unit-based Safety Program (CUSP) tools and concepts, offering unit-based strategies and team-based approaches to support CDI prevention and build a culture of safety; and other personalized approaches to help meet your unit's individual needs.

You will be part of the crucial effort to achieve the U.S. Health and Human Services 2030 CDI reduction goal.

What are the cost and time commitments?

There is no charge to participate in this 12-month program funded by the CDC and guided by the American Hospital Association (AHA). The program begins in Spring, 2021. The estimated time commitment is 5% FTE, which can be distributed among a multidisciplinary team.

Who should be involved in this program?

Preventing CDI is a multidisciplinary team effort, and for this initiative, unit-level ownership is crucial. We encourage participating units to build a team for this collaborative that includes bedside staff, unit leaders and champions. In

addition, the unit team should engage and coordinate with key hospital-level members as needed (i.e., infection prevention, epidemiology, environmental services, quality, laboratory services, antimicrobial stewardship, pharmacy, senior leadership). If multiple units from one hospital are participating, we encourage the units to coordinate efforts with these shared, relevant hospital- or system-wide departments.

Why focus on the unit-level?

We know that culture is local. By focusing on CDI at the unit level, this program aims to help drive feasible, small tests of change that can then be replicated facility wide or lead to bigger changes.

What will my unit be asked to do?

We understand and acknowledge that hospitals participate in several quality improvement initiatives and that resources may be stretched thin due to the COVID-19 pandemic. The program includes the following activities but affords you the flexibility you need to work with each unit on a wide range of challenges that may arise.

Prior to registration, we encourage you to review the following activities to determine the unit's capacity to participate. Enrolled unit teams are asked to:

- Complete one baseline assessment collaboratively, in consultation with relevant hospital-wide departments, review CDI prevention practices and develop an action plan based on gaps identified in the assessment.
- Attend virtual kickoff and monthly collaborative webinars (live attendance is preferred but all sessions will be recorded).
- Provide quarterly updates on your action plan's progress and a final summary on program impact.
- Engage in coaching opportunities (1:1 coaching, small group sessions, etc.) with subject matter experts as needed.
- Be open to share successes, challenges and CDI prevention strategies in this All Teach, All Learn Collaborative!

What resources will I have access to?

This program will be tailored to your unit's specific quality improvement opportunities, aligning with any ongoing prevention efforts. All educational offerings are virtual, including the kickoff meeting, monthly collaborative webinars and group coaching sessions. Your unit(s) will have an opportunity to network with other hospitals to share best practices and receive coaching support, as well as CDI and CUSP guidance from subject matter experts for your unique challenges. A variety of resources will be used from the [CUSP toolkit](#) and the CDC Strategies to Prevent *Clostridioides difficile* Infection in Acute Care Facilities.

How can I learn more information?

Please contact cdifference@aha.org to learn more information, or [visit our website](#) to register a unit to participate in this program.