

## PART 5: APPENDICES

### APPENDIX I: TOP TEN CHECKLIST

**Associated Hospital/Organization:** HRET HIIN

**Purpose of Tool:** A checklist to review current interventions or initiate new ones for CDI prevention in your facility

**Reference:** [www.hret-hiin.org](http://www.hret-hiin.org)

#### Clostridium Difficile infections (CDI) Top Ten Checklist

Develop or enhance your antibiotic stewardship program to ensure optimal antibiotic prescribing and reduce overuse and misuse of antibiotics.

Evaluate the use of antibiotics by infection type and by unit to better understand where the opportunities for stewardship exist; be sure to include patients with urinary tract infections and lower respiratory infections.

Evaluate the use of antimicrobials among patients with CDI and provide feedback to medical staff and facility leadership.

Develop processes to minimize testing of patients at low probability for CDI to minimize false positive polymerase chain reaction results for CDI.

Establish a lab-based alert system to immediately notify the infection prevention team and providers of newly-identified patients with positive CDI lab results. Ensure the system includes holiday and weekend notification.

Remembering that CDI is a clinical diagnosis and not a lab diagnosis, develop processes where discussion occurs between physicians and other clinicians when a lab test for CDI is reported as positive.

Establish cleaning protocols for a cleaning solution that is effective against CDI spores.

Utilize a monitoring system to evaluate and validate effective room-cleaning, and to provide feedback, reward and recognition to those responsible.

Engage and educate patients, visitors, families and community partners (e.g., home care agencies, nursing homes) to prevent CDI across the continuum of care.

Establish and maintain an effective, creative, innovative and engaging hand hygiene program.