

The CDI Prevention Collaborative - Unit Registration Form

The [CDI Prevention Collaborative](#) is a 12-month program funded by the Centers for Disease Control and Prevention (CDC), and guided by the American Hospital Association (AHA), for invited hospitals identified based on *Clostridioides difficile* infections (CDI) data reported to the National Healthcare Safety Network (NHSN) between July 2019 and June 2020. Each invited hospital will be asked to register one unit (two units maximum per hospital) to participate in the program. Please complete one registration form per unit. Registration is open until **Wednesday, March 17, 2021**. For questions regarding this program, please contact cdifference@aha.org.

HOSPITAL INFORMATION

Hospital Name (*No abbreviations please*): _____

Unit Name: _____

Unit Type (Please select *Other* and specify if the unit-type is not listed below.):

- ☐ Intensive Care Unit
- ☐ Specialty Intensive Care Unit
- ☐ Medical
- ☐ Surgical
- ☐ Emergency Department
- ☐ Pediatrics
- ☐ Cardiology
- ☐ Hematology
- ☐ Oncology
- ☐ Neurology
- ☐ COVID unit
- ☐ Other (please specify): _____

Address: _____

City: _____

State: _____

Zip code: _____

CONTACT INFORMATION OF INDIVIDUAL COMPLETING REGISTRATION FORM

First Name: _____

Last Name: _____

Role at Hospital: _____

Email: _____

Phone Number: _____

CONTACT INFORMATION OF HOSPITAL INFECTION PREVENTIONIST

☐ Check here if same as contact provided above

First Name: _____

Last Name: _____

Contact Email: _____

Phone Number: _____

As this is a unit-based collaborative, please identify a primary and secondary point of contact within the participating unit for Collaborative communication:

PRIMARY UNIT CONTACT:

☐ Check here if same as contact provided above

First Name: _____

Last Name: _____

Title: _____

Email: _____

Phone Number: _____

SECONDARY UNIT CONTACT:

First Name: _____

Last Name: _____

Title: _____

Email: _____

Phone Number: _____

GETTING TO KOW YOUR UNIT:

What CDI infection prevention initiatives has your hospital/unit participated in within the past two years?

What is your unit's primary motivation to participate in this collaborative?

What do you anticipate will be the top three strengths to implementing CDI prevention strategies in your unit?

- ☐ Ownership by unit management
- ☐ Ownership by senior leadership
- ☐ Ownership by unit staff
- ☐ Standardized processes to affect change
- ☐ Team to focus on the project
- ☐ Teamwork among team members
- ☐ Communication among team members
- ☐ Number of physicians in your unit
- ☐ Physician support and/or engagement
- ☐ Number of nurses in your unit
- ☐ Nursing support and/or engagement
- ☐ Other direct care resources
- ☐ Financial resources
- ☐ Patient and family engagement
- ☐ Integration with other patient safety initiatives

What do you anticipate will be the top three barriers to implementing CDI prevention strategies in your unit?

- ☐ Ownership by unit management
- ☐ Ownership by senior leadership
- ☐ Ownership by unit staff
- ☐ Standardized processes to affect change
- ☐ Team to focus on the project
- ☐ Teamwork among team members
- ☐ Communication among team members
- ☐ Number of physicians in your unit
- ☐ Physician support and/or engagement
- ☐ Number of nurses in your unit
- ☐ Nursing support and/or engagement
- ☐ Other direct care resources
- ☐ Financial resources
- ☐ Competition with other patient safety initiatives
- ☐ Patient and family engagement