

Top 10 Reasons to participate in the Oregon CDI Initiative:

10. **Prevention Saves Money:** Healthcare-associated infection (HAI) prevention efforts save money.
9. **“Sharing Shows Caring”:** Sharing *Clostridium difficile* infection (CDI) prevention strategies with others demonstrates that your facility is committed to providing the best quality of care for your patients, residents, and the community.³
8. **Stay on the Cutting Edge of Infection Prevention:** Participation provides your facility with the opportunity to have regular contact with subject matter experts from your state health department and the Centers for Disease Control and Prevention (CDC).⁴
7. **Collect and Use Data for Action in Prevention Efforts:**³
 - Identify scope of problem – both in your facility and in your region.
 - Track progress of interventions – data can help identify the most effective strategies in your facility.
 - Compare your data to regional and national trends to help you guide efforts –the data you collect can help define HAI prevention policies at multiple levels.
6. **Build your “Tool Box”:** The CDI Collaborative can provide tools to assess infection prevention protocols in your facility, identify areas of strength, and areas of improvement that can sometimes be difficult to do “on your own”.⁶
5. **Share the Knowledge:** The CDI Collaborative provides opportunities to learn from others – what has worked, what didn’t work.⁵
4. **Promotes Creative Problem Solving:** Collaborative participation can foster creative solutions, by encouraging participants to think “outside the box” to address infection control concerns, while still relying on evidence-based practices.⁷
3. **Support and Promote a “Culture of Safety” at your Facility:** Support from facility leaders is crucial to the success of any HAI prevention program, and empowers other staff members to act on behalf of patient safety.³
2. **HAI Prevention is Key:** Infections like CDI are (1) harmful to patients, (2) costly, and (3) are preventable.¹
1. **WE CAN’T DO IT WITHOUT YOU!**

References:

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3. Cardo D, Dennehy PH, Halverson P, et al. Moving toward elimination of healthcare-associated infections: a call to action. *Infect Control Hosp Epidemiol.* 2010;31(11):1101-1105.
4. Fischer L, Ellingson K, McCormick K, Sinkowitz-Cochran R. The role of the public health analyst in the delivery of technical assistance to state health departments for healthcare-associated infection prevention. *Med Care.* 2014;52(2 Suppl 1):S54-59.
5. Plsek PE. Collaborating across organizational boundaries to improve the quality of care. *Am J Infect Control.* 1997;25(2):85-95.
6. Srinivasan A, Craig M, Cardo D. The power of policy change, federal collaboration, and state coordination in healthcare-associated infection prevention. *Clin Infect Dis.* 2012;55(3):426-431.
7. Sawyer M, Weeks K, Goeschel CA, et al. Using evidence, rigorous measurement, and collaboration to eliminate central catheter-associated bloodstream infections. *Crit Care Med.* 2010;38(8 Suppl):S292-298.