In 2011, the Healthcare Facility Environmental cleaning program Carling Ultraviolet was implemented at Hospital SIRS with 800. Team Formation: Obtained facilities’ antibiotic use data, described collaborative methods of facility engagement and success. Evaluation of the intervention implementation was hospital based, multidisciplinary, and included education on infection control interventions.

Objective
- Describe collaborative methods of 4 hospitals in Rochester, NY to reduce CDI over 4 years.

Methods – Phase I (2011-2014)
- Team Formation:
  1. Steering Committee: hospital epidemiologists, IP, and Quality managers and front line staff.
  2. Environmental Services and IP: managers and front-line staff.
  3. Hospital multidisciplinary: providers, nursing, IP, pharmacy, EVS, Value Analysis, and Quality managers.
- Hospital-directed implementation of standardized interventions.

Environmental and IP Interventions (2012-2014):
- Best practice standardization: toolkit, website, educational sessions and CDI room cleaning training movie.
- Hospital wide bleach use.
- Direct observation of room cleaning with Adenosine triphosphate (ATP) test.
- Ultraviolet (UV) light disinfection (applied at 2 hospitals).
- Isolation until treatment and discharge ends.
- Ambulation, transport and equipment cleaning guidelines.
- CDI root cause analysis.

Background
- In 2011, the Healthcare Facility-Onset (HO) C. dif ficile infection (CDI) rate in Rochester, NY was 10.8/10,000 patient days; 21% higher than the state average. During this time period, (National Healthcare Safety Network [NHSN] data).
- Environmental cleaning, infection prevention (IP), and antimicrobial stewardship are key CDI prevention strategies, especially when implemented collaboratively across facilities.
- Quinolone reduction is a common ASP target, due to their association with the North American pulsed-field gel electrophoresis type 1 (NAP1) strain of C. dif fic ile.

A City-wide Collaboration to Reduce C. difficile Infections
Christina B. Felsen, MPH1, Gail Quinlan, RN, MS, CIC1, Elizabeth Dodds Ashley, PharmD, MHS2, Nafei El-Daher, MD, PhD3, Donna Farnsworth, RN, MA, CIC3, Paul Graman, MD1, Linda Greene, RN, MPS, CIC4, Maryrose Laguio, MD2, Erica Perez, BSN, RN1, Ann Marie Pettis, RN, BSN, CIC2, Mark Shelly, MD2, Susan Messing, MS1, Xin Tu, PhD4, Wan Tang, PhD4 & Ghinwa Dumyati, MD1
1 University of Rochester Medical Center (URMC) – Center for Community Health, Rochester, NY; 2 URMC, Rochester, NY; 3 Rochester Regional Health, Rochester, NY.

Acknowledgments
- Excellus BlueCross BlueShield Rochester, NY; University of Rochester, Rochester, NY; and the authors/journal sponsors.

References
- Farnsworth, D., et al., Reducing Clostridium difficile infection in acute care by using an improvement collaborative. Clinical and economic outcomes from a community hospital’s antimicrobial stewardship program.
- Malani, P., et al., Effect of a quinolone restriction program on Clostridium difficile infection in US Long Term Care Facilities.
- Shelly, M., et al., Antimicrobial stewardship: toolkit, website, educational sessions, and field testing.
- Felsen, C., et al., Reducing Clostridium difficile infection in acute care by using an improvement collaborative. Clinical and economic outcomes from a community hospital’s antimicrobial stewardship program.