

Question 1: Do you have a well functioning team (or work group) focusing on CDI prevention?

“For the change effort to be successful, a powerful group must lead the change; and members of that group must work together as a team. Key characteristics that must be represented on the team include power, leadership skills, credibility, communications ability, expertise, authority, analytical skills, and a sense of urgency.” (From TeamSTEPPS; TeamSTEPPS® 2.0. Content last reviewed September 2016.

Agency for Healthcare Research and Quality, Rockville, MD.

<https://www.ahrq.gov/teamstepps/index.html>)

You indicated that either you don't have a team or work group or the one you have does not function well. A key aspect of implementing a CDI prevention initiative is to identify an implementation team at your site. This team plays a critical role in developing the initiative and assisting with implementation. Key responsibilities of this team are education, data collection and evaluation. Individuals can fill more than one role and some may be short-term and others longer-term.

A. Suggested Team Membership

Team composition can be crucial to the success of the team. Individuals with different clinical expertise and levels of experience can provide unique perspective and insight, enhancing initiative implementation. The following are suggested members to include on the team:

- **Team Leader:** The team leader is responsible for coordinating CDI prevention efforts, integrating CDI prevention practices into daily workflow, and collaborating with the various initiative champions. When selecting a team leader, consider someone with leadership and management skills and previous successes in leading quality improvement. These attributes are more important than the job title or content expertise. For more information, [click here](#).
- **Nurse Champion:** The nurse champion is responsible for engaging nursing staff in CDI prevention efforts and working to integrate practice into daily nursing workflow. When selecting a nurse champion, consider someone who is well respected and in a position to obtain support from other nurses.
- **Physician Champion:** The physician champion is responsible for engaging physicians in CDI prevention efforts and coordinating CDI prevention efforts that require physician support. When selecting a physician champion, consider someone who is highly regarded by his or her peers. The first choice should be a physician who is actively engaged in the process; however, if one is not available, consider a physician who is widely respected by their peers, even if they are only able to lend their name to the initiative as this will still be an asset. Physicians involved in antibiotic stewardship at their hospital or infectious diseases physicians would be ideal candidates. For more information, [click here](#).

- **Pharmacist Champion:** The pharmacist champion is responsible for engaging pharmacy staff and coordinating antibiotic stewardship efforts to prevent CDI. When selecting a pharmacist champion, consider someone who is passionate about CDI prevention and takes pride in providing excellent care. A pharmacist who has expertise in infectious diseases and antibiotic stewardship would be a particularly good choice.
- **Performance Improvement Leader:** The performance improvement leader is responsible for providing expertise to the team on systematic formal approaches of performance improvement. Select someone in your organization with training and expertise in performance improvement strategies, data collection strategies, and sampling methods and who knows where key data in your organization resides, such as billing or coding data.
- **Infection Preventionist:** This person will provide content expertise and will be heavily involved in developing prevention strategies, an educational plan, and a monitoring plan.
- **Data Champion:** The data champion is a vital member of the team, so this person must be committed to the initiative. Collecting and monitoring the data are crucial components of preventing CDI. This person will work closely with the quality improvement leader, the infection preventionist and others to oversee and manage data collection, aggregation and reporting.
- **Microbiologist:** This microbiologist will be essential to assist in understanding the facility's *C. difficile* testing and impact of other diagnostics on antibiotic utilization. Familiarity with local *C. difficile* testing practices and specimen handling are necessary to understand how best to select a *C. difficile* diagnostic assay(s) for a facility and how to interpret that assay based on local practices. In addition, this team member can advise on more rapid diagnostic technologies; these technologies would shorten the time to identify microorganisms, allow for better targeting of antibiotic therapy and potentially reduce both unnecessary antibiotic exposures and time of optimal therapy. The microbiologist can also advise regarding best pre-analytical specimen processing protocols to ensure proper and timely specimen collection for needed diagnostics.
- **Environmental Services Champion:** Effective environmental cleaning is a crucial part of preventing CDI transmission. The environmental services champion will garner buy-in and help integrate CDI prevention strategies into the environmental services daily workflow. Some hospitals have trouble getting environmental services involved in quality improvement efforts; using a champion and engaging them early will help bolster this partnership and lead to better coordination of environmental services and infection prevention efforts.
- **Other Persons to Consider Including:** A senior leader, nurse educator, infectious diseases physician, finance expert, communications or electronic medical representative and a patient who has had CDI or their family member.

This list is by no means exhaustive but provides the minimum recommended members. You should consider adding other individuals based on the culture of your institution. In addition, some team members may assume more than one role. For example, the quality improvement leader may also be the team leader. Dedicated time for the initiative for each member is ideal; however, if this is not possible, then consider having co-champions to lighten the workload and provide mutual support.

B. Team Expectations

- The team must take ownership of the CDI prevention.
- The team must meet on a regular basis; every other week is recommended in the beginning.
- The team must implement the initiative, which will involve educating various health care staff, auditing practices and providing feedback to staff and leadership on implementation.
- The team must collect data on a regular basis and share it with staff.

Tools, Resources and Further Reading

- STRIVE Content:
 - [Onboarding 4: Team Formation](#)
 - [Uber-Adaptive Strategies for Infection Prevention](#) (UA101, UA102, UA103, UA104)
- [STRIVE Team Roster Tool](#)
- TeamSTEPPS Fundamentals Course: Module 2. Team Structure. Content last reviewed March 2014. Agency for Healthcare Research and Quality, Rockville, MD. Available at <https://www.ahrq.gov/teamstepps/instructor/fundamentals/module2/igteamstruct.html>.
- [AHRQ Team Assessment Tool](#)
- Damschroder LJ, Banaszak-Holl J, Kowalski CP, Forman J, Saint S, Krein SL. The role of the champion in infection prevention: results from a multisite qualitative study. *Qual Saf Health Care*. 2009; 18(6):434-40.
- Jain M, Miller L, Belt D, King D, Berwick DM. Decline in ICU adverse events, nosocomial infections and cost through a quality improvement initiative focusing on teamwork and culture change. *Qual Saf Health Care*. 2006; 15(4):235-9.
- Santana C, Curry LA, Nembhard IM, Berg DN, Bradley EH. Behaviors of successful interdisciplinary hospital quality Improvement teams. *J Hosp Med*. 2011; 6(9):501-6.