

## **QUALITY HEALTH STRATEGIES**

**Moderator: Caroline Jackson**  
**May 15, 2013**  
**12:00 pm CT**

Operator: Ladies and gentlemen, thank you for standing by. Welcome to the Navigating NHSN To Tackle CDI Winning with NHSN By Getting Out Of - Getting Out What You Put In conference call.

During the presentation, all participants will be in a listen-only mode. Afterwards, we will conduct a question-and-answer session. At that time if you have a question, please press the 1 followed by the 4 on your telephone. If at any time during the conference you need to read an operator, please press the star followed by the 0.

As a reminder, this conference is being recorded Wednesday, May 15, 2013. I would now like to turn the conference over to Caroline Jackson. Please go ahead.

Caroline Jackson: Good afternoon and thank you, (Shawn). So happy that you all could join us today for our monthly webinar series as we tackle CDI by prevention and stewardship. This is Caroline Jackson speaking. I'm the Project Manager from Delmarva Foundation.

Today we have two topics that we're going to be reviewing. (Joyce Rinehart) and her team from Frederick Memorial Hospital will be joining us as well as Evanson Mukira from the office of Maryland Health Care Cost Commission.

And I will have a few pointers for you after they have finished their presentation. And just wanted to remind you that we are in an all-teach, all-learn collaborative. And we appreciate the opportunity to be able to share information that the teams are involved in to reduce CDI.

Also as you know we will be conducting - some of you have already had an opportunity to speak with members of our team. Others of you will be called shortly because we are doing outreach calls to the various teams. Trying to get a sense of what your needs are and how we might be able to help in that regard.

So first we'll hear from (Joyce Rinehart). She's from Frederick Memorial Hospital. And her team will be able to talk with us about their unique way of approaching rounding at the facility. (Joyce)?

(Joyce Reinhart): Thank you. Next slide please. This is our team. This is our infection, prevention and control team. I'm on your right hand side. And that means that I'm the oldest and the wisest and they call me the C. diff queen. Next slide please.

This is kind of where we were last year when we decided to put this together. And it was a team effort to put this together. We had a couple of incidents of colectomies from our C. diff patients.

And these weren't necessarily hospital acquired C. diff. These were community and hospital associated C. diff. So this is what we looked at and wanted to do something so that this didn't happen again. Next.

We already have a care bundle for C. diff in place. And we decided to go back to it and take some more information to nursing -- take some more information to the whole hospital. And that's what we did.

We reinstated the early case findings which was a nurse driven protocol. We just reeducated on that.

Then we did some expanded infection control measures like early recognition from nursing. But also into the lab and making sure they were doing what they were supposed to as far as understanding what kind of specimen need to be checked, et cetera.

We even did a root cause analysis on one of our patients that had a colectomy. And we found a few things from nursing that we really needed to reeducate on. We found things through environmental services that we needed to reeducate on.

We revised some of the policies that they did because some of the things they were doing -- which they have done for years and years and years -- just didn't make sense to us.

One of the things was not using bleach in the toilet. And so we revised our policy and retaught each EHS staff how to clean a room. I'll talk a little bit more about that later. About the Glo Germ also that we use.

The other thing is we have their toilet brushes. They were reusing those and after - now they know that after a C. diff room, they'll throw it away.

The antibiotic stewardship is an ongoing process -- still working on that. And we do have a pharmacist on our team that does look at antibiotic use on each patient that we round on. The infection management team is really overseeing the early appropriate treatment of diarrhea and just a lot of education trying to keep severity from progressing as we go along.

We have redone or relooked at our patient education specifically for discharge instructions. A lot of our patients come from long term care facilities. So we looked at that information and made sure that we were giving the right information to them.

Little things like testing for cure that aren't really necessary. You know, there was some misconception that they couldn't go back to a long term care facility if they were still - until they had a negative result. And so we clarified that with them. And we met with them. And have really come up to a good communication between facilities now.

One of the things that's on that also is patient education of hand hygiene, nail cleaning. One of the issues we saw was - well, actually the nurses were really good about using soap and water for hand hygiene.

And in order to help the patients, they put alcohol based hand rub on their over bed table. So we had to relook at that whole process and come up with a better way to encourage hand washing with soap and water for the patients. And that's what is part of our comprehensive C. diff bundle. Next slide please.

We came up with a multidisciplinary team and decided to do daily rounds on these patients and the ones who were doing daily rounds on our just the C. diff positive patients. Our team consists of hospital epidemiologist who was really spearheaded a lot of this information and a lot of this team building.

She now rounds with us as a consultant. If we need her, she will - is easily accessible in the afternoon so that we can say, "Hey, would you look at this patient?" She does round with us several times a week.

Infection, prevention and control team, of course, like I said I'm the queen of C. diff. So I get to head the team off and leader of the pack. And then always one of us is with the team.

There's also a pharmacist with us -- a PharmD. Like I said, she looks at the medication. She will recommend any changes to the physicians.

If there is medication that the patient is receiving that could be causing the diarrhea, she will let the physician know. She'll call him and talk to him about it. And she'll talk to them about the PPIs, et cetera. She also helps to evaluate the effect of - how effective the treatment is.

Also on the team is the environmental health service manager or supervisor -- whoever is on that day. And they actually go around in the morning and will mark the room in different places in the high touch areas around the patient. And they will actually go back at 2 o'clock when we do rounds with a black light and see if those areas have been cleaned.

When they have not been cleaned, he'll bring the housekeeper in to show them that this needs a little bit more elbow grease or a little bit more attention. The housekeepers really get excited because - when they pass everything

when everything goes really well. They really get excited and they tell all their friends about it. So it makes everybody a little bit more conscious of what their cleaning practices and they are taking ownership of it. So it's pretty cool.

We have a clinical nurse specialist that she basically assesses the education needs of the nurses and will follow up with them. We have a performance improvement manager which also happens to be the infection prevention manager. We're blessed that what that it's a twofold approach.

She will actually look at streamlining some of the procedures that we do. And see if there is gaps and she can actually, I guess it's called the Lean Process. And she if there's an easier, speedier way that we could get things accomplished.

Case management is -- if not available -- is on consulting and we can call them as needed. They really have been instrumental in the discharge planning making sure that when patients go to long term care facilities, that they do get the proper paperwork so that the treatment plan can be continued at the long term care.

Then, of course, the staff nurses -- we couldn't do it without the staff nurses what - including the CNAs. The CNAs know a lot about the patient's condition as far as how many bowel movements they've had and on their shift and everything. So we try to include them as much as we can. We also give them recognition afterwards.

And then recently we've had senior leadership do rounds with us at least once a week. And this has really given a lot of validity to the whole process. It seems to be well received. And I think it's well received even with senior leadership. Next slide.

This is our C. diff interdisciplinary rounds tool. And this is what the leader of the team for that day fills out about each patient. And what we're hoping to see from doing this on a daily basis is we - it has a little bit of the history of the patient. Plus we can see if there's any improvements.

We do look at, like, the number of stools in the last 24 hours. We look at abnormal lab results. We look at the pharmacy. What medicines they're on. And this is where pharmacy comes in handy because they will let us know if they're getting the proper treatment, if the treatment could be tapered because the patient is getting better, et cetera.

And then environmental services that -- like I said -- they go into each isolation room with the C. diff patients and they check to make sure that (unintelligible) in the room that could be used. They look for the Glo Germ that they've placed earlier on.

And then nursing -- we've talked to them about the chlorhexidine bath. We'd like for the patients to get a shower -- chlorhexidine shower if possible. But if not, get a chlorhexidine bath.

Another one of those things that we discovered is that the beds weren't being changed after every bath. So then we had to do an educational process of explaining to them why it was important to put clean sheets on after you've given a patient a bath. Just little things that we kind of took for granted that we really weren't following through on.

We have a fabric on our furniture in the patient rooms. So we started covering that with sheets just because we don't -- we have a good way of cleaning the

fabric -- but we don't have a good way of evidence based practice of disinfecting it.

We've revised the education materials for the patient. We do ask if there's visitors in the room if they have any questions there. And they're asked to come out and talk to us or I'll go in and talk to them if they have questions about C. diff in particular. Next slide please.

This is the rounding tool care bundle that the nurses pull up when there's a new diagnosis on a patient. And we ask them -- most of our shifts are 12 hour shifts -- we ask them to fill it out for each 12 hour shift that they're working.

The slide that you see -- the Bristol stool chart -- we started using this to make sure we had a consistent way of documenting what the stool actually looks like. Most of the C. diff, of course, starts with Type 7. And we want to see it get back to a normal Type 3, et cetera. After we explain to them what all of this is for, they're pretty good about making sure that it is filled out.

We explain to them the dispatch wipes in the room as well as on the isolation cart outside so that it's easy to use. A lot of education has gone into the difference between using an alcohol-based cleaner versus a bleach-based cleaner. The same way with the soap and water -- I talk about that a lot, don't I -- and clean it around the patient's area.

Like cleaning the bedside table for the patient before meals was another big educational thing. And we use this -- not as a punitive thing -- but as a reminder to the nurse this is what we'd like for you to do with this patient today. Next please.



This is what we call a debriefing tool. When we send this out every day after we've done our C. diff rounds, we send it to everybody who is -- all the nurse managers, all the CNSs, all the directors of the med search departments. And we send it to the individual nurses also to let them know how they scored.

And everybody likes pass or fail, you know, the red light or the green light. They don't like the red light but they like the green light. So it brings their attention if there is a red light there that they - there is something they missed on rounds. And it gives them an incentive to make sure everything is all green.

And they seem to like this format. It's just basically everything that's on the rounding tool and the interdisciplinary rounding tool that we look at. Next.

This is one of the demonstrations that we gave to the EHS personnel. You can see on the right hand side there is a Glo Germ thumb print on the door handle. And part of the training for EHS was we explain to them how a bacteria could be transferred from the patient to the bathroom door handle. And that is a bathroom door handle. Excellent opportunity for them to recognize that it does get transferred and they receive this very well.

In the toilet we had some purple -- I'm sorry -- orange Glo Germ that we put in there. And then flush the toilet with a bunch of people in the room in the dark with a black light. And you can actually see how it dispersed all over everything.

And they were actually trained to clean the - do clean parts first -- you know, the sink area and everything. After watching this demonstration, they thought that they should clean the toilet first, flush it and then clean the sink and the handles and everything else. So it was pretty interesting and they learned a lot from it. Next.

This is what we've observed for the past few months. You could see our trend line is definitely going down. Of course we'd like to have it at zero but we'll take this. And we're still try - striving for zero. And I think that's it. Any questions? (Unintelligible).

Operator: Ladies and gentlemen - absolutely. Ladies and gentlemen if you'd like to register for a question, please press the 1 followed by the 4 on your telephone. You'll hear a three tone prompt to acknowledge your request.

If your question has been answered and you'd like to withdraw your registration, please press the 1 followed by the 3. If you're using a speaker phone, please lift your handset before entering your request.

Once again ladies and gentlemen, to register for a question, it is the 1 followed by the 4 now. One moment please, for our first question. And there appears to be no questions at this time.

Caroline Jackson: Thank you so much (Joyce) for that enlightening presentation. You seem like you're doing a lot of work there to reduce your CDI rate.

Just one question -- is your assessment tool -- is that available in Excel or how do you collect that information?

(Joyce Rinehart): It's available - which tool was that? The daily rounding tool or the...

Caroline Jackson: The daily - yes, the daily real time feedback on the debriefing tool. I think you mentioned that you have (unintelligible).

(Joyce Rinehart): It's actually we select the information by paper and then we disseminate that information in an email at the end of the day.

Caroline Jackson: Thank you. That's very helpful. (Shawn), we have no more questions?

Operator: There are no other questions at this time.

Caroline Jackson: Well, thank you once again. And now I think we'll move to our next presenter who's Evanson Mukira. And he's going to talk about NHSN -- Getting Out What You Put In. Evanson?

Evanson Mukira: Thank you. Good afternoon everyone. My name is Evanson Mukira. I am a program manager at the Maryland Health Care Commission. And today we'll be looking at some of the ways you can do analysis as far as CDI report is concerned.

Once you put this data in, we all know that in NHSN we have the analysis option that we can use to create report. We can also use to create a line list in some of the other things.

So some of the objectives that we're going to look at this afternoon is how you generate CDI report. In addition to that we also look how you prepare hospital and also individual line list. And also we'll look at how you can access your hospital or unit report as far as rate tables and SIR are concerned. And we'll finish by looking at how you can create charts that you might use within your hospital to present this data.

So in NHSN -- once you log in -- there is a couple of options that CDI analysis offers. And one of them is creating a line list and this is -- I copied

this data from NHSN. In addition to that you can get a frequency table of all the lab events as far as CDI is concerned.

You can create bar charts as well as pie chart. And you can also get the rate table and in addition to that you can get the SIR. It is worth noting that this SIR is risk adjusted as far as - and this information was updated in NHSN from, I think, the end of last year.

So we all know before you start doing any analysis in NHSN, the first thing you have to do is generate a data set. I have tried to capture a lot of (unintelligible) from NHSN and how do we do this? Once you go to the analysis on your left hand side, you should click on it. It will give you three options.

One of them is generate the data set. The other one is output options which we'll go to that. And the last one is the statistic calculator.

So once you hit Generate a Data Set, it'll open to this window. And what you need to do is once you click Generate New, this will reconcile all the information that you have entered in NHSN.

And, you know, it is worth noting that if it is taking too long, you can (unintelligible) and continue working with other things that you might be working. I know infectious prevention is busy. And once it's finished, you can come back and you'll see that. Once you go back everything will have been done.

So now once you do that is you can go ahead and now start on the analysis. The first thing we go back to the analysis and now we go to the output options.

And once you hit the output options, you come to this screen and you go to the MDRO/CDI Nodule. If you click on that, the next step it will open to the C. diff lab event. So this has four or five option that you can use to do your analysis. And this is also a screenshot from NHSN.

So we first begin on how we can generate a line list. I'll be explaining what a line list is and also I'll give a scenario and we'll work out - we'll walk through the scenario.

So we all know a line list is an organized and a detailed list of a record that has been entered in NHSN. This includes CDI. It can also include CLABSI and also any other module in NHSI - NHSN that you're using.

And now we'll look at an example. You are interested in looking at CDI event -- this is lab event for calendar year 2012 that occurred within your institution or hospital. And also you want to look at maybe a particular unit -- for example, an oncology unit or any other unit within your hospital.

What you want to include in this line list -- you want to include the basic demographic of the patient demographics. For example, the patient ID, date of birth. You also want to include maybe gender, age at the event.

You also want to include other information pertaining to the event. For example, information on the event, date admitted to the hospital, event date when this happened. And also maybe you want to look at the event site if it's a hospital onset or if it's a community onset.

So as well as you want to include the location or where the event occurred. After doing that, you might as well want to sort this list and work out - we'll walk through how you can do that.

So we go back to our analysis in NHSN. And we hit the Modify. If you want to look at all the events that you have been entering in NHSN, one thing that you can do is hit Run. Once you hit Run, this will give you all the information that you have been entering since you started entering the lab event -- the CDI lab event.

But for this example, we want to look at all the events that you have entered for the calendar year 2012. So once you hit Modify, the following screen will show up.

There's a couple of things I want us to note. One is the output name. If you want to transfer this record -- for example, to an Excel spreadsheet -- it is worth changing these names so that you can remember the file. So you can give these files the name that you will remember either so that you can save it.

So these two you can change it. You change the output name. And you can also change the output title.

So the other thing is the output format. How do you want this line list to be? You can choose do you want it in HTML or you can choose if you want it in Excel spreadsheet.

In the middle you will see where you select the date variable. Here is when you select now your calendar year. So you can either use the whole year. You can also use date and month which means you use 01-2012 at the beginning to 012 to - 012-2012.

So the next slide I'll show you some of the things that you wanted to include within your list. So in the middle of our screen there is an option where it says Modify Variable to Display by (Criteria).

So if you click here, all these are the variable variables. These are variable variables. You can include them so that - in your line list. If you do not understand some of these variables, you can log in NHSN and look. There is a complete list that describes all these variables.

So what did we want? We wanted a patient ID. We also wanted the location and some other things. So what you do, for example if you want gender. You click on Gender on the left hand side. And once you click on it, then you move it by clicking it so that it can appear on your selected variable. Once all your selected variables have been put on the right hand side, you click on Save so all those will appear within your list.

So we have some options down here of what you want to do with this line list. If you run it, this will open as another screen. Our advice use - that the best way to use this is to export it.

So if you click on Export the Output, this - you open it using an Excel spreadsheet. And the good thing about using an Excel spreadsheet is that it gives you more option on how that thing that you wanted to do is sort them out.

But for the purpose of looking at both, if you run it, this is how it would appear. So you can see you have the patient I.D. You have the event I.D. Date of birth. You have their gender. You also have the location.

In addition to that, you have the onset. When did it occur? And this is one of the options that you can use to sort out your list. So this also will appear within the Excel spreadsheet if you had chosen to use an Excel spreadsheet as your output option.

The next thing we'll look at this afternoon is the rate tables. Rate tables are the display of a facility's calculated rates. This one we know they are calculated within NHSN.

So I'll walk you through a scenario. And remember you can also create your own scenario depending on what information you want to generate out of NHSN.

So the example that I have is you want to create a rate table of C. diff round confirmed C. diff report for calendar year 2011 -- your facility as well as the individual rate for your own unit. You would like to see the rate by month. That's for 2011.

So we go back to our analysis -- the mainframe of our analysis -- and you can see now you go to the rate tables for C. diff lab data. And like I said before, if you want to look for all information that you have been entering in NHSN, you click on Run and this will give you all - everything that you have been entering but for the purpose of our example, when you're looking at calendar year 2011.

So if you click on the Modify, the next screen will appear. I want to know that here you can change the date variable and you look at - you enter 01 to 2012 to 12-2012. But for the purpose of our example, we want to change the filter. Instead of getting the whole hospital, we want to click for one particular unit.



So you come at the bottom where it says Define Selection Criteria. And that's - if you click on this, it'll give you all the options that you might use for your criteria. And for the purpose of our example, we want to use a location.

So once you hit on that, you can choose several locations by - if you click on this, instead of using equals, you use - you select In as in I-N. Then that option will allow you to choose multiple locations.

But if you want one particular location, you just select Equals -- the equal sign. And now you can choose one of your locations that you want to look at the rate.

So once you do that -- like I had said before -- this is kind of what - you click Save. And then now you move - if you run that report, this is an example of some of the rates that it will give you.

You can see it will give you the C. diff by use of admission preference rate. It can use C. diff rate by use of preference rate. It can also give you by the hospital onset rate and also give you the complete region facility rate.

So all these are options of rates that you might use and remember you can select each particular month of that particular year. And here in my example, I didn't have data for all the months so these are the variable months that I had.

So all - that's like we were talking about the line list. This option also gives you an option of exporting this to an Excel spreadsheet. And that's the best way to do it.

So the next thing we will talk about this afternoon is the creation of standard infection ratio. A standard infection ratio import -- this is a ratio of which is

risk adjusted like I said before. And this ratio compares observed number of infection to that expected number which is infection based on the NHSN aggregate.

And this is where it is very, very good to always generate a data set. Because once you generate a data set, it will aggregate all the information within your institution. And it will also aggregate that in relation to what the national base is.

So we have an example. You want to get a SIR table report for CDI that occurred within your facility for one particular unit in your hospital for calendar year 2012. So we go back to our mainframe of - in the C. diff analysis. And go at the bottom is SIR C. diff facility-wide lab information data. So you click Modify and this screen will show up.

I want to talk a little bit about what I have highlighted. One -- analysis data set. If you click on this, this will export to an Excel spreadsheet. All the data that you have entered since you started entering data for C. diff.

Like I had said before -- if you want to export this data -- you can change the names of these two. You can change the name of the output name. You can also change the output title. You can choose the title. And in addition to that in the middle here is where you select the date variable. Select 01-2012 to 12-2012.

And remember what you are doing is you don't want the facility-wide. You are just trying to look for one particular location. So at the selection criteria, you select the location and up here you will enter the location that you want to look that the SIR once you click Save.

This is at the bottom of that same screen. I want to highlight some things.  
One, I want to highlight other options.

Sometimes you want your data to be displayed like in aggregate. You want, for example, the whole calendar year. If you want the whole calendar year without -- like, year half or year quarter or monthly -- if you can group by and here instead of selecting summary year month, you leave this option blank. That means it'll give you the aggregate without putting all the months.

A couple of things -- one, you can hit Run. That'll give you the complete SIR. And in addition to that, you can also do an export just like in other reports. But here I want you to note that all these reports that I have been talking about, you can save the template that you chose.

For example, if you use this particular option on a monthly basis, it is worth saving that particular option. So if you click on Save As - so this option will allow you to save the template out of your custom. And if you scroll all the way down in your NHSN and you look at My Custom Output, that's where it'll be saved. But before you save it, it'll ask you to change the name.

So in a template that you want to save that you use quite often -- whether it's for the CLABSI, whether it's for SSI and also CDI or any other MDRO module -- you can all save them under your custom output. So that instead of going and picking everything, you just hit My Custom and you'll be pulling this frequency report that you use.

So the last thing -- this is an example of the SIR. And it's worth noting that here SIR will exclude the month where C. diff patient days or admission days are missing because these are required at the salary level. So it's always good to put the admission date as well as the patient date.

So the last thing we'll talk about this afternoon is how you create CDI charts. As a matter of fact, right now these two options whereby you can create a bar graph or a pie chart are not working pretty good in NHSN. So I advise you each time that you want to create very good pie chart or bar graph, always try to use Excel spreadsheet.

But if you want to look at the NHSN one, you always go to these two options and you can either click Run or click Modify depending on which particular data set you want to pull. If you want to pull the whole year, you have to modify. But if you want to pull all the report, you hit Run and that will give you either the bar chart or the pie chart. But right now if you try to use the bar chart, it'll give you a pie chart because this module is not working pretty well right now.

But this is for just the CDI. For the other modules -- CLABSI and SSI -- it's working all right. But for CDI -- for one reason or another -- it's not working right. But hopefully within the next updates it'll be working right. And that's why I said for the best result always try to transfer your data in Excel spreadsheet because it'll give you a more ability to sort and create better chart.

So for more resources, you can always login in NHSN via [cdc.gov](http://cdc.gov). Or if you have a question, you can always email to the NHSN. And if you have any questions, these are - my number is over there and my email is over there. You can always feel free to ask me question.

I might not be the subject expert as far as NHSN is concerned. But I will try to answer questions as much as I can. So at this time I can take some questions.

Operator: Ladies and gentlemen, if you'd like to register for a question, please press the 1 followed by the 4 on your telephone.

Caroline Jackson: So while we're waiting for the questions to queue up Evanson, I wanted to ask a question about the SIR. Does NHSN have an SIR, a CDI on community acquired CDI or is just for health care associated CDI?

Evanson Mukira: I'm not sure about that. But I think it'll give you an aggregate of everything facility-wide.

Caroline Jackson: So you would get the non-health care associated ones as well.

Evanson Mukira: Right.

Caroline Jackson: Thank you.

Operator: And we do have a question. It does come from the line of (Joyce Rinehart). Please proceed with your question.

(Joyce Rinehart): Will it be possible for all of us on the call to receive a copy of the presentation by Evanson?

Caroline Jackson: Yes. That presentation is available if you click on your link that went out on the (list serve) to register for the conference.

(Joyce Rinehart): Got it.

Caroline Jackson: So that's on your CDI (list serve).

Operator: Ladies and gentlemen, as a reminder to register for a question, please press the 1 followed by the 4. One moment please, for our next question. And Ms. Jackson, there appears to be no further questions at this time. I'll turn the call back to you.

Caroline Jackson: Well, I want to thank you very much Evanson for helping us to understand how we can get some of these reports out through NHSN. I'm sure your topic is going to be very, very beneficial to the participants in the collaborative.

As we strive to make improvements in our CDI rates, the information will be helpful. So that we can internally look at what's going on. And try to present our information within the hospital so that people can more clearly understand how we need to and where we need to put our resources and our efforts. So I want to thank you very much again for that presentation -- excellent presentation.

So I just have a couple of more announcements before we are ready to adjourn. And it looks like we'll be able to give you some of your time back in your day. And those announcements revolve around this CDI collaborative which we are so glad to have everyone working on.

We do see CDI in our area. Recently we sent an antimicrobial stewardship change packet out through the (list serve). So if you did not receive it, please contact our offices and we will make sure that you did get a copy of that information. And it is a CDI change packet that's filled with antimicrobial stewardship.

Also I mentioned earlier that you will be receiving an outreach call and those will be occurring periodically through a member of our implementation team

here at Delmarva. And part of our response to working with you is to provide information back to you.

So we will be issuing monthly report cards to your institution which provides the comparison of your CDI rates and it compares that with other hospitals that are involved in the collaborative. And so that will be circulating probably prior - before our next call.

So I wanted you to know to be on the lookout for that information for your hospital. It does give hospital specific data. And will come in the mail.

Our next call is scheduled for June 19 in the 1 o'clock timeframe is what we intend to move forward with. So we look forward to your ongoing participation in this series of webinar calls.

And as previously stated we are open to topics that you might want to have discussed on CDI and for CDI collaborative. Those topics you can get that information to me and we will try to make sure we can accommodate your needs in that regard.

Also, I am in need of patient stories. So if you have a patient who you think might want to tell their story -- this is for an upcoming meeting -- please contact me to let me know that information because we would want to receive acknowledgment about that information about the patient who has a story around CDI. Either they've got CDI unfortunately or a family member who does. If there is someone who you have who might be willing to share their story, please get in touch with me for that information.

Other than that, one other reminder is that we do need team commitment forms from all of our partners who are involved with this collaborative. To

date, we have received a number of forms which we're quite happy to have received that information from you. But there are still a couple of facilities in which we are waiting to receive those team commitment forms.

So we appreciate your full cooperation and those are the teams - the forms that identify the members in your facility who are working on this CDI collaborative. And we look forward to receiving those forms from those hospitals where we still have not received that information from.

Other than that, I have no other questions or comments or other information to provide to you. If there's any other information that you might need or have a question about, you can feel free to let me know at this time.

Operator: Ladies and gentlemen, if you'd like to register a question, please press the 1 followed by the 4. One moment please, for our first question. And we do have a question. It comes from the line of (Kathleen Finch). Please proceed with your question.

(Kathleen Finch): Hi. I just had a quick question about the data you're going to be sharing with the different sites. There was a concern that there may be a regional increase in our C. diff rates for hospital acquired. Is that a possibility that could be assessed for this cooperative?

Caroline Jackson: So in terms of the regional information, we have information on your facility's specific and it compares it with information in the - in this - for the other hospitals within the collaborative.

(Kathleen Finch): Right.



Caroline Jackson: We can reach out to our NCC -- National Coordinating Council -- to try and get some of that information for the region, however. So that's something we can look (unintelligible).

(Kathleen Finch): That would be very helpful to us if that's possible.

Caroline Jackson: (Unintelligible). We'll reach out to them and see what we can find.

(Kathleen Finch): Thank you.

Operator: And there appears to be no further questions at this time.

Caroline Jackson: Okay. Well, thank you all for participating. We certainly look forward to your ongoing participation. And as I said prior, we'll have our next call on June 19. And we'll look forward to hearing from you and having you participate at that time. Have a good day.

Operator: Ladies and gentlemen, that does conclude today's conference call. We thank you for your participation and ask that you please disconnect your lines.

END