*Supplemental Table A.* Implementation of Core CDI Prevention Strategies among Orange County Participant Short-Stay Acute Care Hospitals at Baseline and Follow-Up

|  |  |  |
| --- | --- | --- |
| **Core Strategy** | **Baseline Practice, N (%)** | **Follow-Up Practice, N (%)** |
| Policy requiring hand hygiene before, during, and after care of patient | 12 (100) | 12 (100) |
| Policy requiring cleaning and disinfection of equipment and environment | 12 (100) | 12 (100) |
| Laboratory-based alert system for immediate notification of positive test results | 8 (67) | 12 (100) |
| Educate healthcare worker, housekeeping, administration, patients, families | 12 (100) | 12 (100) |
| Implement an antimicrobial stewardship program | 12 (100) | 12 (100) |

NOTE. Data represent participant acute care hospitals that received an onsite infection control assessment at baseline and submitted results from an internal infection control assessment at the end of the CDI collaborative (N=12).

*Supplemental Table B.* Implementation of Supplemental CDI Prevention Strategies among Orange County Participant Short-Stay Acute Care Hospitals at Baseline and Follow-Up

|  |  |  |
| --- | --- | --- |
| **Supplemental Strategy** | **Baseline Practice, N (%)** | **Follow-Up Practice, N (%)** |
| Extend Contact Precautions beyond duration of symptoms | 11 (92) | 12 (100) |
| Presumptive isolation for patient with diarrhea pending confirmation of CDI | 8 (67) | 10 (83) |
| Policy for hand washing (soap and water) before exiting room of patient with CDI | 4 (33) | 12 (100) |
| Implement universal glove use on units with high CDI rates | 0 | 0 |
| Use Environmental Protection Agency sporicidal agents for environmental cleaning | 11 (92) | 12 (100) |
| Track use of antibiotics associated with CDI | 6 (50) | 10 (83) |

NOTE. Data represent participant acute care hospitals that received an onsite infection control assessment at baseline and submitted results from an internal infection control assessment at the end of the CDI collaborative (N=12).

*Supplemental Table C.* Incidence Rate Ratios and Percent Change in Hospital-Onset CDI Rates in Short-Stay Acute Care Hospitals by Participation Status, Orange County

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Effect Measure** | **Model***2* **Coefficient** | **Incidence Rate Ratio** **(95% CI)** | **Percent Change1** **(95% CI)** | **P-value** |
| *Non-Participant ACH* |
| Baseline rate trend | β1 | 1.00 (0.98, 1.01) | 0 (-2, 1) | 0.56 |
| Level change in rate | β2 | 1.11 (0.86, 1.43) | 11 (-14, 43) | 0.43 |
| Change in rate trend  | β3 | 1.00 (0.98, 1.02) | 0 (-2, 2) | 0.77 |
| Follow-up rate trend | β1+β3 | 0.99 (0.97, 1.01) | -1 (-3, 1) | 0.42 |
| *Participant ACH* |
| Baseline rate trend |  β1+β5 | 1.02 (1.00, 1.03) | 2 (0, 3) | 0.02 |
| Level change in rate | β2+β6 | 1.03 (0.86, 1.24) | 3 (-14, 24) | 0.73 |
| Change in rate trend  | β3+β7 | 0.96 (0.95, 0.97) | -4 (-5, -3) | <.0001 |
| Follow-up rate trend | β1+β3+β5+β7 | 0.98 (0.97, 0.99) | -2 (-3, -1) | <.0001 |
| *Participant ACH versus Non-Participant ACH* |
| Baseline rate trend | β5 | 1.02 (1.00, 1.04) | 2 (0, 4) | 0.03 |
| Level change in rate | β6 | 0.93 (0.69, 1.25) | -7 (-31, 25) | 0.63 |
| Change in rate trend  | β7 | 0.96 (0.94 0.98) | -4 (-6, -2) | 0.0004 |
| Follow-up rate trend | β5+β7 | 0.98 (0.96, 1.01) | -2 (-4, 1) | 0.16 |

NOTE. The hospital-onset CDI model was adjusted for CDI test method, number of ICU beds, hospital bed size, medical school affiliation and community-onset CDI rate. Abbreviation: ACH, acute care hospitals.

1Percent change = (IRR – 1) × 100.

2HO-CDI Model: ln(λ) = β0(intercept) + β1(month) + β2(collaborative) + β3(collaborative month) + β4(participation) + β5(month\*participation) + β6(collaborative\*participation) + β7(collaborative month\*participation) + β8(CDI test method) + β9(number of ICU beds) + β10(inpatient community-onset CDI rate); λ = monthly incidence rate. A random intercept was included to account for variation in baseline rates between facilities.