2016 <i>C. difficile</i> Top Ten Checklist				
Process Change	In Place	Not Done	Will Adopt	Notes (Responsible and By When?)
Develop or enhance your antibiotic stewardship program to ensure optimal antibiotic prescribing and reduce overuse and misuse of antibiotics.				
Evaluate the use of antibiotics by infection type and by unit to better understand where the opportunities for stewardship exist; be sure to include patients with urinary tract infections and lower respiratory infections.				
Evaluate the use of antimicrobials among patients with <i>C. difficile</i> , and provide feedback to medical staff and facility leadership.				
Develop processes to minimize testing of patients at low probability for <i>C. difficile</i> to minimize false positive polymerase chain reaction results for <i>C. difficile</i> .				
Establish a lab-based alert system to immediately notify the infection prevention team and providers of newly-identified patients with positive <i>C. difficile</i> lab results; ensure the system includes holiday and weekend notification.				
Remembering that <i>C. difficile</i> is a clinical diagnosis and not a lab diagnosis, develop processes where discussion occurs between physicians and other clinicians when a lab test for <i>C. difficile</i> is reported as positive.				
Establish cleaning protocols for a cleaning solution that is effective against <i>C. difficile</i> spores.				
Utilize a monitoring system to evaluate and validate effective room cleaning, and provide feedback, reward and recognition to those responsible.				
Engage and educate patients, visitors, families and community partners (e.g. home care agencies, nursing homes), to prevent <i>C. difficile</i> across the continuum of care.				
Establish and maintain an effective, creative, innovative and engaging hand hygiene program.				





