



THE HEALTH CARE IMPROVEMENT FOUNDATION
Building Partnerships For Better Health Care



Regional Clostridium Difficile Collaborative Senior Executive Commitment Form

On behalf of (name of organization) _____
 (Check one: Hospital LTAC Nursing Home)

I commit my organization to be an active participant in the Regional *C. Difficile* Collaborative and to meet the following collaborative expectations:

1. Establish objective organizational goals aimed at reducing or eliminating the incidence of *C. difficile* infections acquired in my organization;
2. Designate a senior leader that will own and direct improvement efforts;
3. Utilize a multi-disciplinary team to lead prevention and treatment efforts;
4. Select and implement proposed bundle strategies;
5. Collect data in order to measure effectiveness of improvement efforts and to share results confidentially;
6. Participate in collaborative meetings, audioconferences and networking sessions.

Our **primary** organizational contact for this collaborative will be:

Name: _____ Title/Position _____

Email: _____ Phone: _____

 Senior Executive Champion Signature

 Title

 Date

Return this completed form to Pam Braun **by January 8, 2010:**

Email: pbraun@hcfonline.org

Fax: 215-563-2442

Form is available electronically at www.hcfonline.org