

CDI.....

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Infection Prevention



Cleveland Clinic Medina Hospital

- 139 bed community hospital
- Part of the Cleveland Clinic Health System



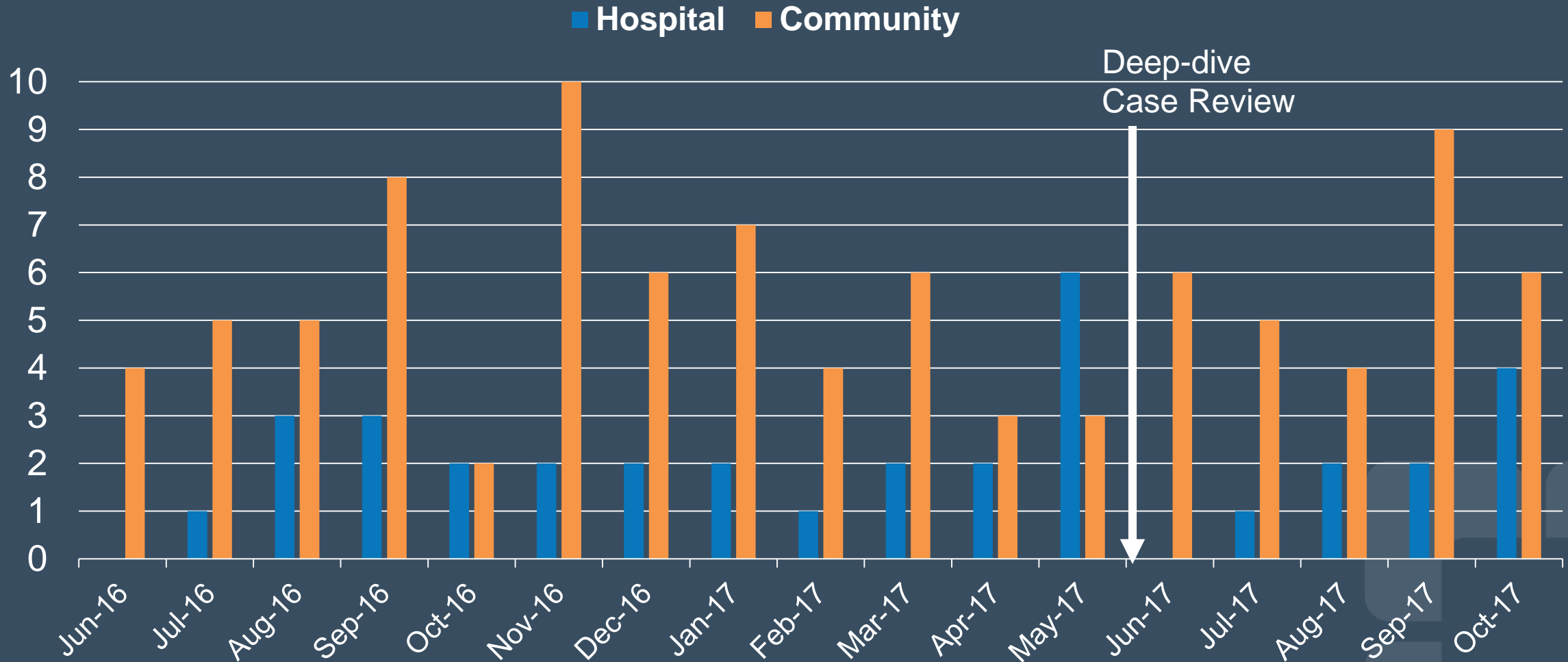
The Challenge of Clostridium difficile

- Our patient population
- Increase in community onset cases
- LOS and patient turnover
- Staff Turnover ,education , consistent practice
- PCR Testing
- Searching for the “Magic Bullet”



Medina *C. difficile* Counts

Jun 2016 – Oct 2017



May 2017 “ Wake Up Call”

- Environmental / Isolation Review
 - EVS, patient isolation not a major issue but always room for improvement
- Hand Hygiene : 95-98 %
- Case assessment was key
 - 50 % of ‘hospital-acquired’ infections were likely community-acquired or colonization without active infection

“A Different Set of Eyes”

- Health Services Advisory Group - October 2017
 - Positives
 - Staff wearing appropriate PPE
 - EVS staff knowledgeable – process, disinfectant use
 - Excellent antibiotic stewardship program
 - Negatives
 - Inconsistent knowledge re: when to screen patient
 - Inconsistent documentation of stools

Systematic Approach

- Distribution of results
- Education
- In-house *C. difficile* retreat - Nov 2017
 - Microbiology, stool documentation, isolation practice, and timely testing
 - Open dialog, problem-solving session
- Development of algorithm to guide caregivers on appropriate testing

C. difficile Testing: Newly Admitted

- At Admission
 - Bowel pattern history - assessment
 - Suspect *C. difficile* if having liquid stools
 - Do not wait for 3 liquid stools over 24 hours
 - Isolate the patient
 - Contact provider/LIP for *C. difficile* toxin order
 - If specimen does not conform to container, orders obtained to cancel test

“LET’S
TEST”

C. difficile Testing: Hospitalized Patient

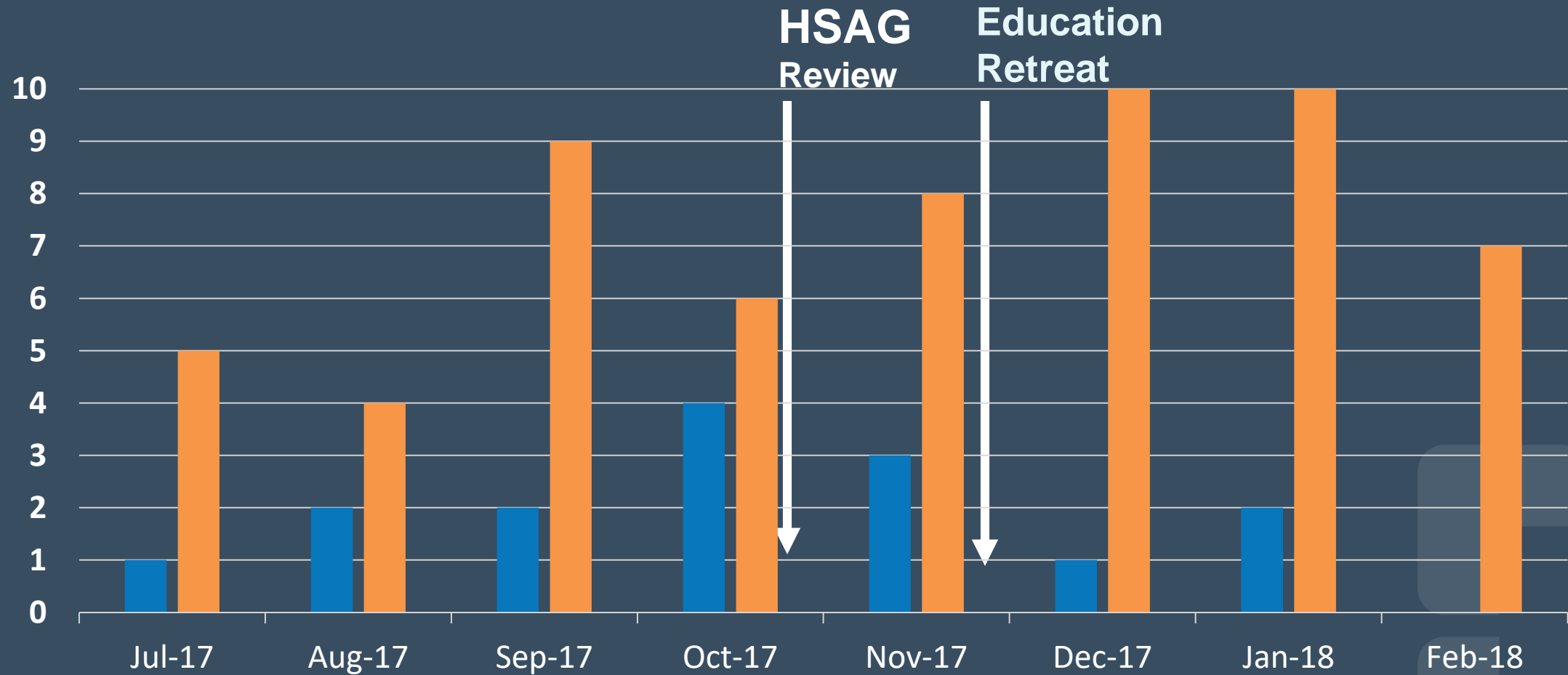
- During the Admission “On the Alert”
 - Document all stools.
 - If 3 or more liquid stools in 24 hours, assess for clinical infection
 - At least one clinical finding: abdominal pain, new-onset fever, or elevated WBC
 - Isolate the patient
 - Contact provider/LIP for *C. difficile* toxin order

“LET’S
CHECK”

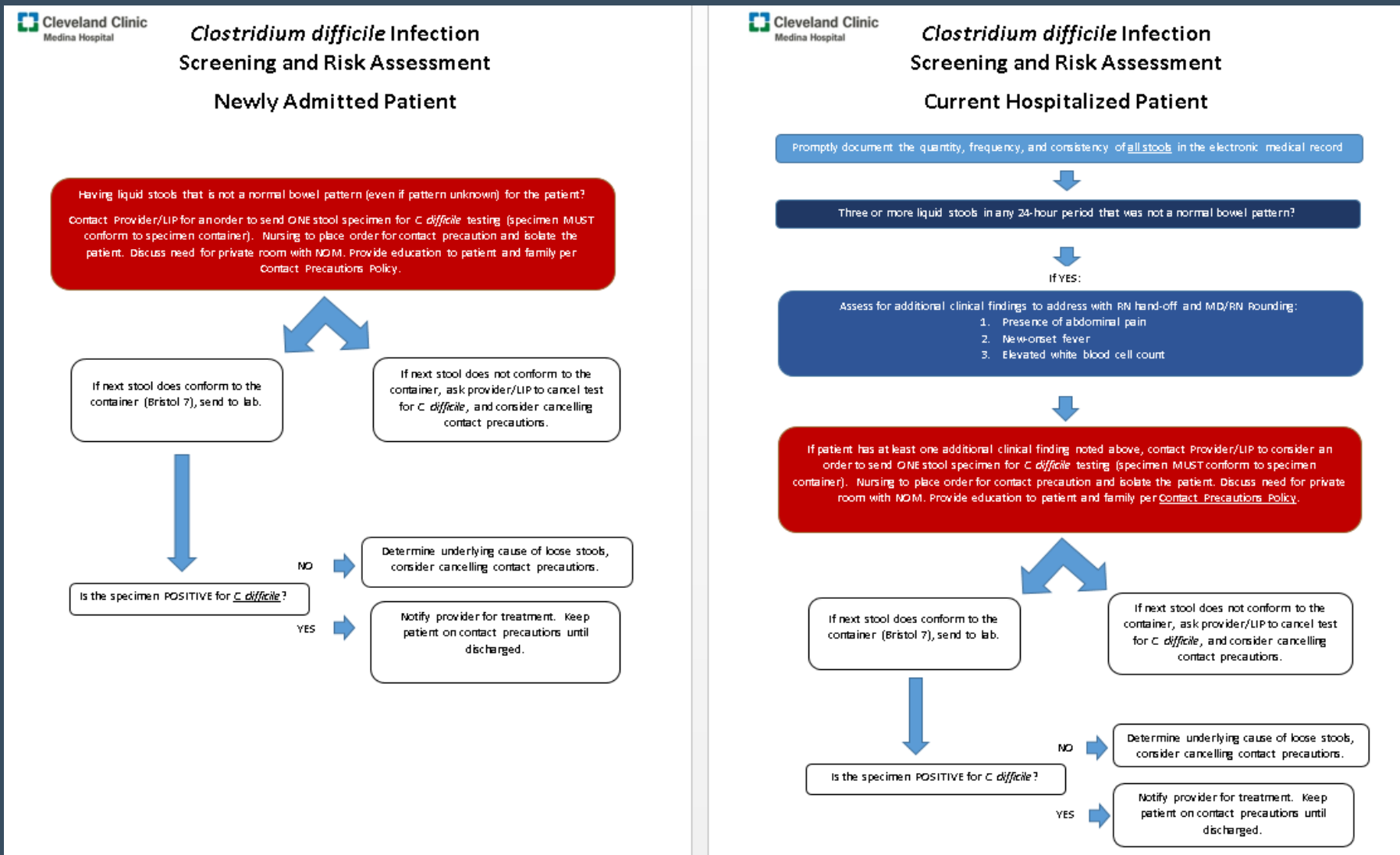
Medina *C. difficile* Counts

Jul 2017 – Feb 2018

■ Hospital ■ Community



C. difficile Testing SOP Diagram



C. difficile Testing Pocket Card

Make a 'Diff'ERENCE: *C. difficile* Testing is Important!

NEWLY ADMITTED PATIENT WITH DIARRHEA?

"LET'S TEST"

- Contact provider for *C. difficile* stool test order
- Place patient in contact precautions
- Send specimen only if the subsequent stool is liquid

HOSPITAL PATIENT WITH DIARRHEA?

"LET'S CHECK"

- Look for signs/symptoms of *C. difficile* infection:
Abdominal pain / Fever / Elevated white blood cell count
- Contact provider to consider *C. difficile* stool test order if infection suspected
- Place patient in contact precautions
- Send specimen only if subsequent stool is liquid

Key Takeaways

- Multi-disciplinary approach valuable
- Outside “eyes” help to see the whole picture
- Education to raise awareness
- Proper testing of patients at the correct time
 - Early identification of infected patients
 - Exclusion of colonization patients

Always opportunities to Improve

- Tiered Huddles with daily focus on CDI
- Twice a month HAI Team
- CDI Exploration Form
- Environmental Disinfection
- Ongoing Education of Nurses and Doctors
- 2 Step Testing – PCR with EIA



Every life deserves world class care.