

Reducing C. difficile

Fremont Health

Fremont NE

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Aim and Background

Aim

To have >120 days without a hospital acquired (HO) Clostridium difficile infection by December 31, 2018

Background

CMS has required hospitals to achieve a SIR (Standard Infection Rate) of 0.7. Currently Fremont Health has a SIR of 1.22. Fremont Health has received a penalty from CMS because of our high infection rate. We would like to reduce our overall infection to improve the health of our patients in the community that we serve.

Primary Drivers

Create a nurse driven protocol for testing patients.

Educate staff on importance of testing patients within 3 days of hospital stay.

Improve communication to all staff.

Educate community on C. diff infection.

Secondary Drivers

1. Get approval by physicians to create a nurse driven protocol for testing patients with 3 loose stools in 24 hours. 2. Lab protocol to reject any stool for testing that is not loose. 3. Create a flow chart to define when testing is appropriate.

1. Attend Acute Care staff meetings to educate nurses on the new protocol. 2. Assign a task to all staff to test their knowledge for C. diff testing. 3. Share current data for patients with hospital acquired infections to all staff.

1. Created a dark purple sign for isolation. The purple color represents patient with a current infection and staff needs to use bleach to clean room and equipment. 2. Isolation alerts on the computer banner bar for history of all isolation alerts.

1. ID physician to educate at the Ageless meeting in October 2017. 2. Health Check spotlight on the news December 2017. 3. Hand Hygiene video created by Fremont Health staff in December 2018. 4. Vitalines reported the side affects of taking antibiotics in February 2018. 5. Attending Old Settler Days in June to share affects of antibiotics with CDC pamphlet.

Aim:

To have >120 days without a hospital acquired C. difficile infection by December 31, 2018.

Outcome Measures:

1. Overall reduction of C. difficile infections.

Measure Outcome:

Number of HO C. diff infections per
quarter

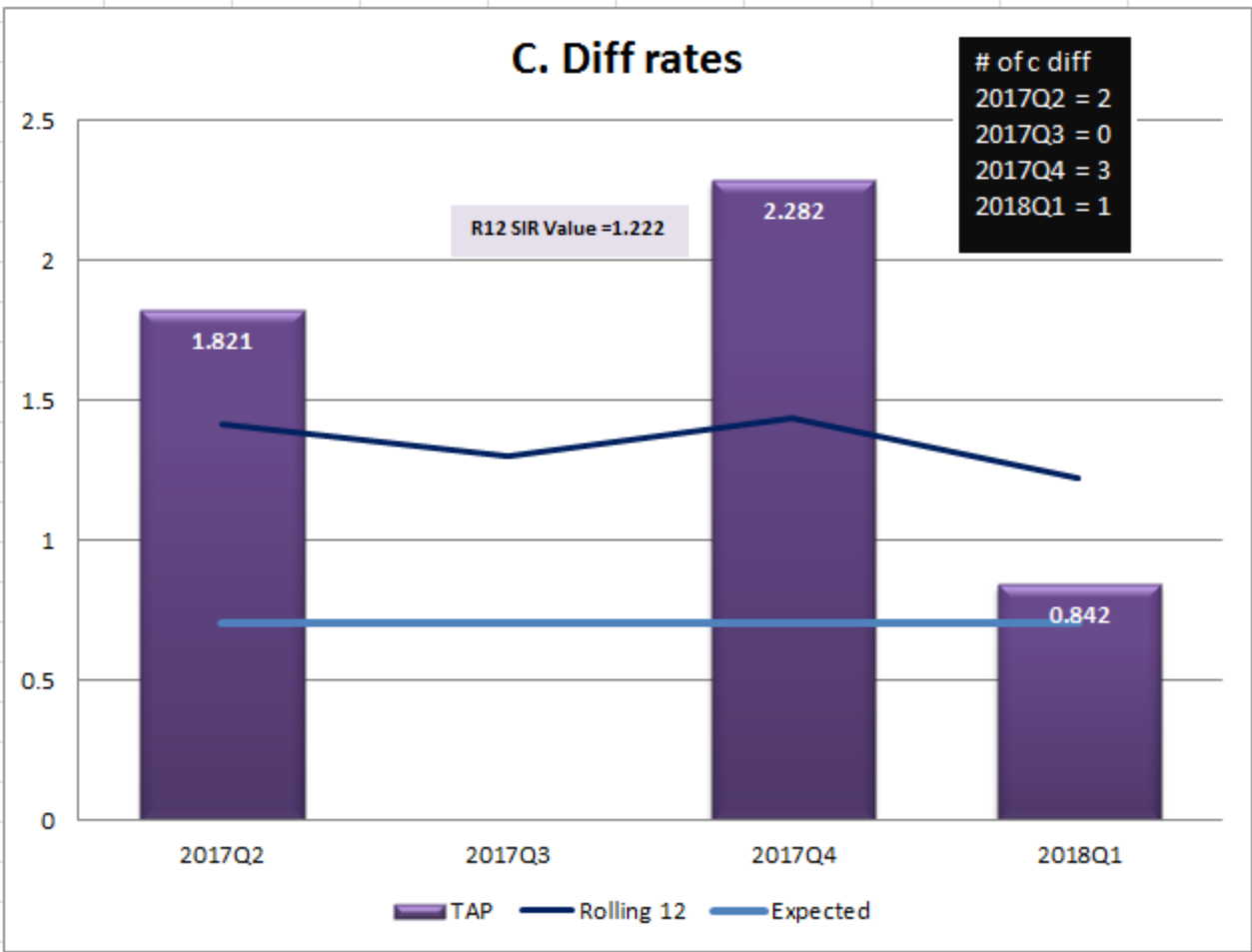
Measure Process:

Submitting appropriate sample, ordering
tests when appropriate

Measure Balance:

SIR (Standard Infection Rates) values are
decreasing

C. Diff rates



Change Ideas

1. Nurse driven protocol
2. Needed to improve communication between departments.
3. Educate physicians on the importance of testing patients in <3 days while in the hospital.

Monthly Hospital Acquired (HO) CDI Lab Events

◆ Number of HO CDI Lab Events

Goal Quarterly = 1

CY 2016 = 7

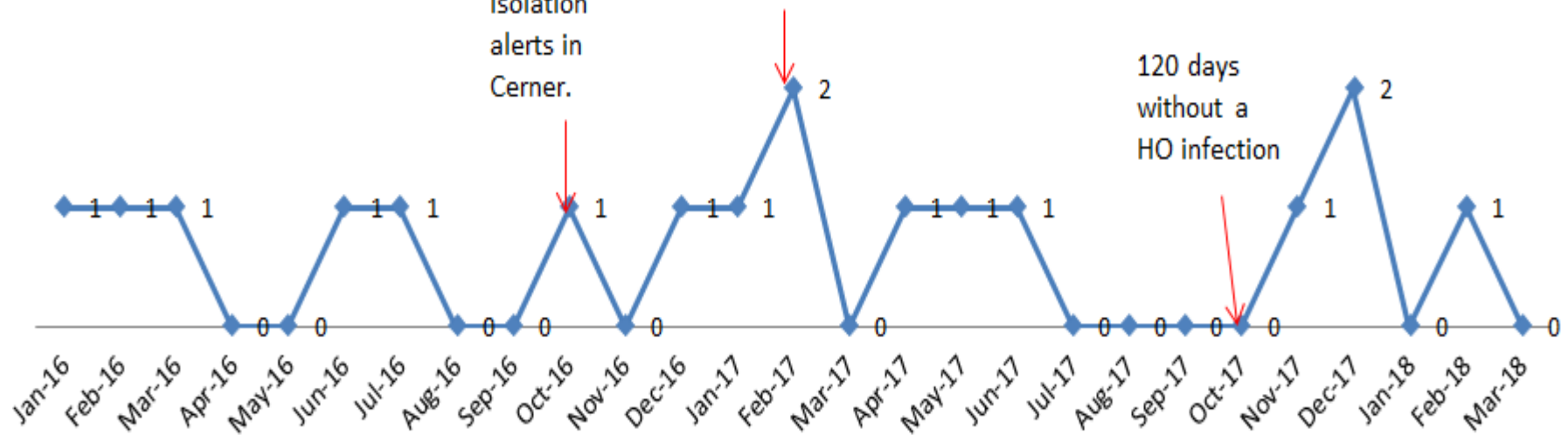
CY 2017 = 9

CYTD = 1

Nurse driven protocol for testing. Purple stop sign. Isolation alerts in Cerner.

Dr. Sukstorf reviews infections for therapy. Educated nursing homes on protocol orders.

120 days without a HO infection



- **Lessons learned:**

- Realized we trained the RN's to order the C. diff test if the patient fit the protocol, but failed to train the Patient Care Assistants (PCA) to inform the RN when the patient is having loose stools. Since the PCA's care for the patient more consistently, this was necessary.

- **Barriers encountered:**

- Needed to have physician approval for the first protocol order at Fremont Health. History had proven the task would be difficult to get approval. Data was presented to the physicians to show why the protocol order was needed and it was accepted.

- **How will you support spread and sustainability?**

- IC educates Acute Care at nurse meetings at least bi-annually.
- Reward to staff with candy for achieving goal of >120 days without a hospital acquired infection. Achieved on 6/2/2018!!
- Check the signage for all C. difficile positive patients to make sure bleach is being used to clean the room and all equipment.
- Community events to inform the public about C. difficile.