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Empowering Clinical Nurses: Decreasing Clostridium Difficile

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Empowering Clinical Nurses: Decreasing Clostridium Difficile

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Background

- Despite advances in health care, Clostridium Difficile infection (CDI) remains a serious hospital acquired condition, impacting approximately half a million people per year (Centers for Disease Control and Prevention (CDC, 2015).
- Review of CDI performance data in January 2018 revealed PPMC had a CDI annualized rate of 6.11 (number of confirmed HO CDI divided by patient days times 10,000).

Purpose

- Engage and empower clinical nurses to use their clinical thinking skills to decrease incidences of hospital acquired clostridium difficile infections.
- Make an algorithm with talking points to help nurses successfully talk to doctors about tests that are ordered in error.
- Decrease hospital acquired clostridium difficile occurrences.
- Decrease false positive hospital acquired clostridium difficile diagnoses.

Methods

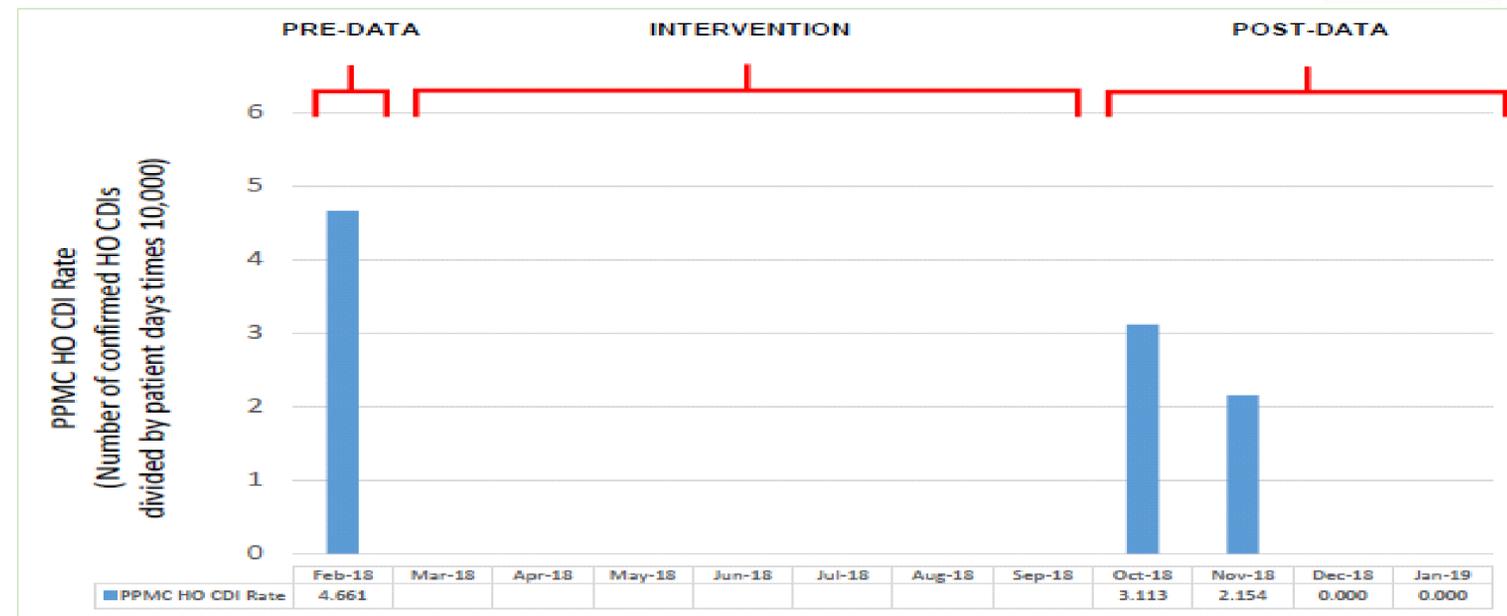
- Gap analysis of a unit's increased incidence of hospital-acquired clostridium difficile infections.
- Analysis determined that clinical nurses were sending samples for testing because the hospital's electronic medical record prompted the order through the Bristol stool occurrences charted
- An interdisciplinary team decided that a unit at that hospital would pilot an algorithm to help clinical nurses question the validity of the order.
- Implementation included: education, a peer review tool, as well as talking points for real time order correction.

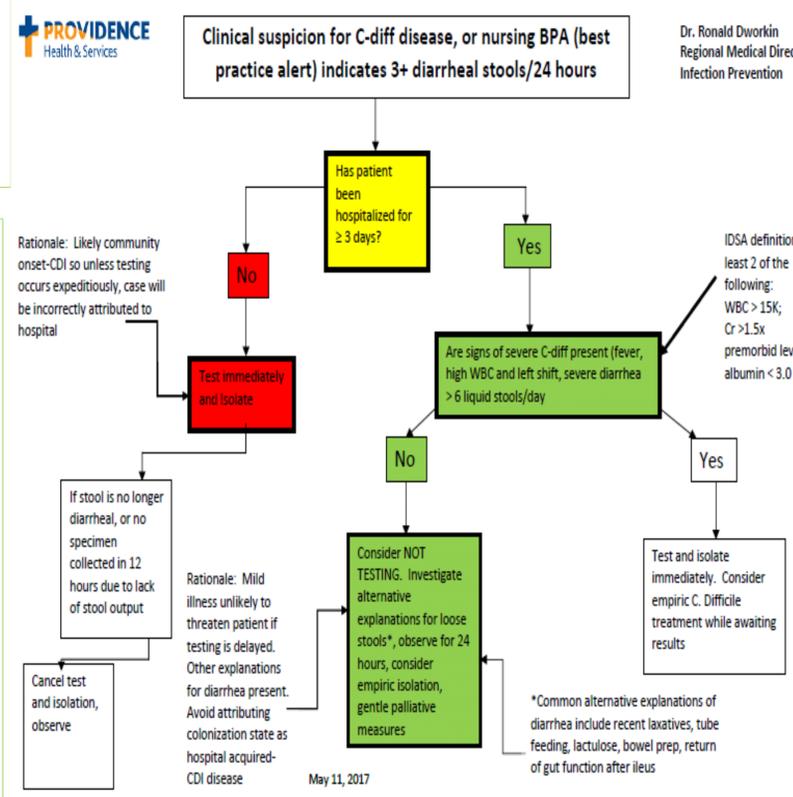
Results

- Pre-intervention was 4.661 in February 2018.
- Post-intervention the rates were 3.113 (in October 2018), and 2.154 (in November 2018).
- There was a dramatic decrease in HO CDI from pre- to post- intervention.
- As a result less patients that are only colonized with the clostridium difficile bacteria are being treated erroneously with antibiotics.

Discussion/ Implications

- The safety movement is upon hospitals nationwide. Prospective payment systems continue to evolve, leaders need to create accountability where staff own the responsibility for clinical outcomes.
- The need for improved communication, critical thinking and antibiotic stewardship is imperative.





PROVIDENCE Health & Services

Dr. Ronald Dworkin
Regional Medical Director
Infection Prevention

May 11, 2017

2 Nurse C.diff Check

Bristol Stool Chart

- Type 1: Separate hard lumps, like nuts (hard to pass)
- Type 2: Sausage-shaped but lumpy
- Type 3: Like a sausage but with cracks on its surface
- Type 4: Like a sausage or snake, smooth and soft
- Type 5: Soft blobs with clean-cut edges (passed easily)
- Type 6: Fluffy pieces with ragged edges, a mushy stool
- Type 7: Watery, no solid pieces. Entirely Liquid

Checklist for appropriate C diff testing

Two nurses to verify information.

SECTION 1

Yes/No Three Bristol Type 6 or 7 stools in last 24 hours?
 Yes/No Less than 24 hours since Cdiff test ordered?
 If either answer is NO...

STOP! Inform physician, verify continued need for order.

- Do not send Bristol Stools Type 1 through 5 for test.
- During evenings/nights, if patient stable, consider waiting until morning to call physician.

SECTION 2

Yes No Laxative of any type given in last 48 hours?
 Yes No CT with oral contrast
 Yes No Patient receiving tube feedings?
 Yes No Recent bowel prep
 Yes No Recent GI surgery, return of bowel function?
 If any answer is YES...

STOP! Inform physician, verify continued need for order.

****Contact Wound Ostomy Nurse prior to sending ostomy stool samples for C. diff testing.****

Use your chain of command if you need help:
 Days: DCN-CRN-NM & Nights: DCN-CRN-House Supervisor-NM
Use attached Dr. Dworkin algorithm to facilitate conversation with provider.

References

Centers for Disease Control and Prevention (2015, February 25). *Clostridioides difficile Infection*. Retrieved December 1, 2018 from https://www.cdc.gov/hai/organisms/cdiff/cdiff_infect.html