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Danielle N. Sloane
Michelle McSherry

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Empowering Clinical Nurses: Decreasing Clostridium Difficile
Danni Sloane MSN, RN and Michelle McSherry BSN, RN, RN-BC

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 rate s 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.

References