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# Journey to Preventing Hospital Onset Clostridium difficile Infection on our patients

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# Journey to Preventing Hospital Onset *Clostridium difficile* Infection on our patients



## Aim Statement

By the end of July 2017, decrease the reportable *C-diff* Infections (CDI) infection rate by 40% at Providence Holy Cross Medical center (PHCMC).

## Background & Problem Overview

Increase in Hospital-onset CDI infections have been a problem at Holy Cross. Many efforts have been undertaken to help decrease our reportable cases. Our journey of developing a taskforce began as early as 2016. We've faced multiple challenges in bringing our rates down but have now made sustainable improvements in early 2017.

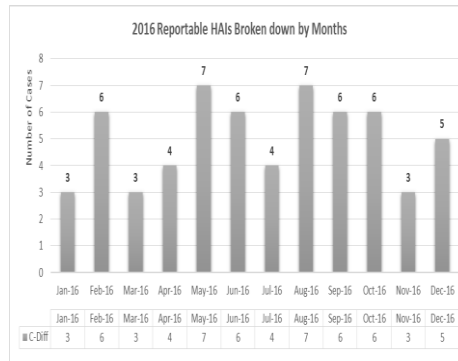
## Interventions

We've developed a 3-pronged approach in preventing CDI incidence:

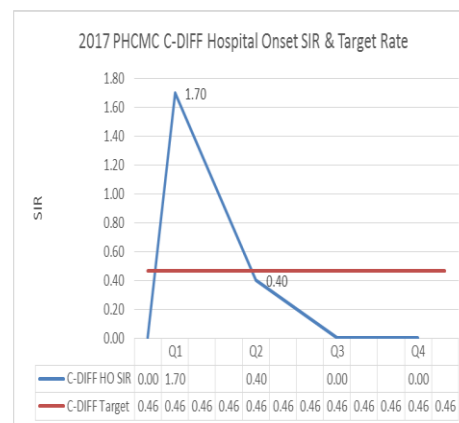
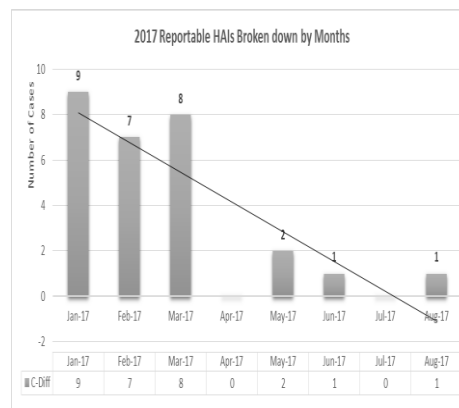
- Created a multi-disciplinary taskforce that identified all gaps in patient care, cleaning of rooms, antibiotic treatment, appropriate testing
- Algorithm was created to determine when to test patients who are symptomatic
- Created gate-keeper model to help nurses with decisions on placing specimen orders
- Replaced Polymerase Chain Reaction testing to Enzyme-linked immunosorbent assay.
- Quaternary ammonium compounds for disinfecting rooms
- UV-C terminal decontamination of patient rooms

## Results/Charts

CDI cases averaged 5 per month in 2016



CDI cases averaged 4 per month in 2017 YTD (20% reduction). Demonstrable sustainable improvement.



## Lessons Learned

- Implementing a hospital wide initiative is more challenging, requiring more resources and unit differences to be considered.
- Sustaining improvement can be challenging as well. Need to constantly remind staff about appropriateness of testing

## Next Steps

- Continue with the gate-keeper model in testing patients for CDI
- Establish System-wide C-diff collaborative led by Providence St. Joseph Health System

## Team Members

C-diff Champion: Rowena Chin RN, MSN

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