# Preventing Hospital-Onset C. *difficile*

Jordan Reed, RN, BSN; Sheila Loomas RN, BSN; Ann Alway, RN, MSN; Angela Smith; Sarah Gloeckner, Dr. Jefferson Loa; Dr. Martin Johnson II;
Dr. Robert Ponec; Dr. Jasmin Chaudhary; Sarah Dawson, MS, MLS, SH, CIC; Julie Koch, RN, BSN, MSN, CIC; Dylan Nash, Jonathan Fetterley, Paul M. LeDoux,BA;
Danielle Britt, MA, Pharm D: Heidi-Ramp Rogers; Matthew Tanner, Pharm D,BCPS; Andrea Moye, RN, BSN; Janelle Williams, RN, BSN; Michelle Watson, RN, BSN; Mai Dotran, RN, BSN.
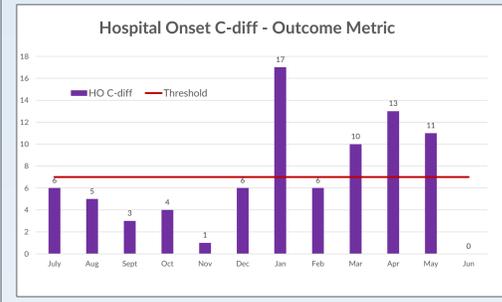
Background

Problem:

Increased

Hospital-Onset (HO)

C. *difficile* cases;

92 cases in 2016

(Year 1)

C.diff (Hospital-Onset) per 1000 Patient Days
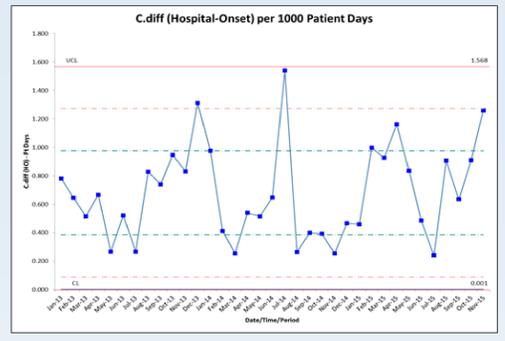
Results

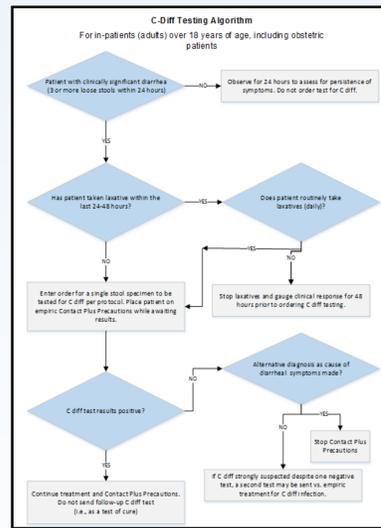Data July 2016 – June 2017

Hospital Onset C-diff - Outcome Metric

After Year 1, saw a 10% reduction
or a Standardized Infection Rate (SIR) of 0.983.
Could additional interventions from the C. diff
guidelines further improve rates? A new target of
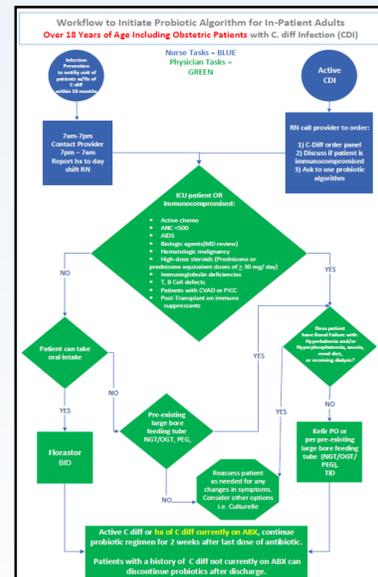73 cases (SIR of 0.89) was set for fiscal year 2018.

Data July 2017 – March 2018

Hospital onset C.diff - Outcome goal <7 per month
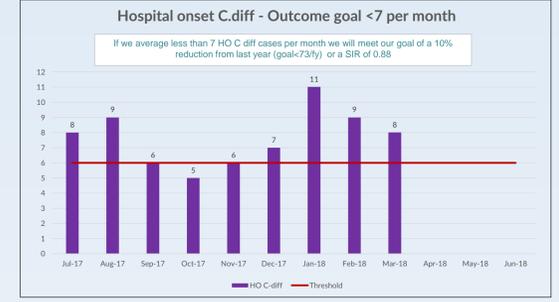
Tests of Change (TOC) Implemented

C.*diff* Algorithm for testing within 24 hours

C-Diff Testing Algorithm

Standard Contact Plus Signage Developed

STOP ALTO — CONTACT PLUS PRECAUTIONS / PRECAUCIONES DE CONTACTO

Probiotics Algorithm

Workflow to Initiate Probiotic Algorithm for In-Patient Adults Over 18 Years of Age Including Obstetric Patients with C. diff Infection (CDI)

Patient Room Cleaning Standardization

STANDARD WORK: Daily Patient Room Cleaning

Oxycide Sporicidal Cleaner

HO C diff rates: hospital versus D5/5NW

Hand Hygiene

Proton-Pump Inhibitor Required Indication to Decrease Use

Antimicrobial Stewardship Program

Aggregated DOT / 1,000 Patient Days for Targeted Antibiotics
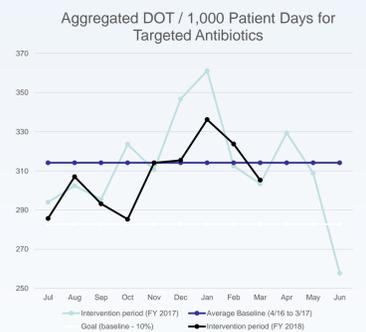
Conclusion

Tests of change are currently in implementation to reduce Hospital Onset C *diff* infections. Work will continue with our Antimicrobial Stewardship program to reduce the use of broad spectrum antibiotics.

Research has shown that reducing use of broad spectrum antibiotics will decrease both antimicrobial resistance and C *diff* rates. We will also continue our focus on hand hygiene as healthcare workers are the biggest contributor to HAIs.

References

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For additional questions or information, please contact:

Julie.Koch@salemhealth.org

Sarah.Dawson@salemhealth.org

Mai.Dotran@salemhealth.org

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