C the DIFFerence:

Cross-Functional Collaboration to Reduce Hospital-Acquired C. difficile Infections

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Objective

Reduce hospital-acquired Clostridioides difficile (C. diff) infections at Mary Greeley Medical Center (MGMC) through best practice testing processes.

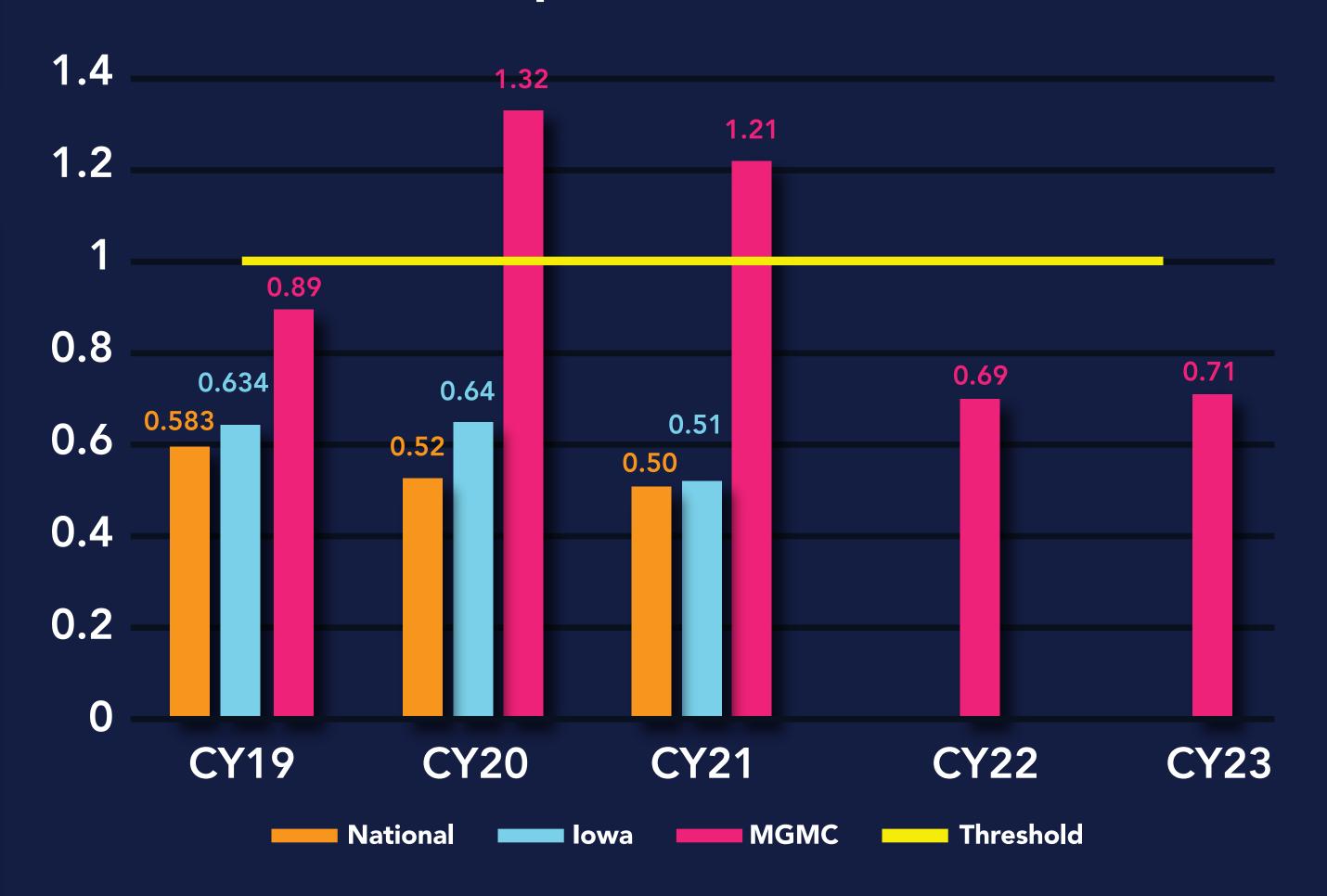
Background

Reporting of hospital-acquired

C. diff infections is required by CMS
and a part of the value-based
purchasing program. In 2020 and
2021, MGMC's hospital-acquired
C. diff infection trend was
unfavorable. Case reviews with HHS
and Dr Lindsey Rearigh, Infectious
Disease, identified an opportunity to
improve testing practices,
preventing the misidentification of
colonized cases as infection cases.

Metrics

MGMC Hospital Onset C. Diff SIR



Actions Taken

- Partnered with HHS to assess *C. diff* prevention program.
- Updated automatic testing cascade to prevent misidentification of colonized cases:
- Promoted antigen-toxin test first
- Confirmed with NAAT/PCR test if inconclusive
- If NAAT/PCR test done first for necessity, confirmed with antigen-toxin test
- Delivered provider education on appropriate test selection.
- Used EHR to prompt appropriate testing indications and cancel unnecessary testing.
- Provided Infectious Disease consults to support best test selection among ordering providers.

Next Steps

- Monitor and sustain appropriate testing.
- Continue engagement of providers.
- Maximize best practices in preventing C. diff infections, including hand hygiene, appropriate isolation technique, and effective environmental disinfection.

2019

SIR was within target at 0.89.



SIR increased to 1.32. *C. diff* monitored for increased trend or special cause variation. Infection Prevention efforts focused on COVID-19 pandemic.

2021

SIR again above acceptable target at 1.21. Began collaboration with HHS, Dr. Rearigh, and MGMC Microbiology to develop and implement corrective action plan.

2022

Efforts of actions taken reduced SIR to 0.69, meeting target of 1.0 or less and nearing the National and Iowa benchmarks.



Sustaining improvement with current SIR of 0.71.





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