



Friday Focus 4 Health

A diverse and collaborative learning experience
designed to improve patient outcomes



Patient Safety-*C. difficile*

Fridays | 12:00 - 12:30 pm CT

March 10, 17, 24, 31

One topic. 4 weeks. 30 minutes. YOUR pace.



Today's Topic- Risk and Detect



RISK



People are 7 to 10 times more likely to get *C. diff* infection while taking an antibiotic and during the month after.³



Extended stays in healthcare settings, such as hospitals and nursing homes, also increase their risk.



More than 80% of *C. diff* deaths occur in people 65 and older.

Detection of C. Diff



- Early detection of C. Diff is very important for the patient. Not only can it start treatment sooner, but it can also keep others from getting ill with C. Diff.
- C. Diff should be considered in any patient with watery diarrhea or abdominal pain following:
 - antibiotic exposure within previous 3 months and/or
 - exposure in a health care setting within the past 3 months

Detection and Surveillance Assessment



CDI Chart Review Tool

Clostridioides difficile Infection (CDI)



This CDI discovery tool is meant to help all healthcare organizations interested in reducing CDI or identifying a CDI process improvement project. This tool will help provide safer care by completing an assessment that identifies process improvement opportunities. Healthcare organizations (i.e., nursing homes, hospitals, and other long term support services) can use the results to develop strategies to address gaps and resource needs. Please complete this tool using patient/resident charts.

Process (Check boxes if yes)	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #
Within 24 hours prior to stool collection, the Patient:										
Had 3 or more unexpected and unexplained unformed stools in 24 hours?										
Had NOT received a stool softener, laxative, or enema?										
Had NOT received lactulose, tube feedings or IV contrast?										
The patient had one of the following:										
Risk Factors for CDI (antibiotics in prior 3 months; seen or admitted to a healthcare facility within past 60 days, Proton Pump Inhibitor (PPI) at least 3 days per week in the week prior to the stool collection) > 65 years old, immunosuppressed?										
Symptoms of CDI: abdominal pain; elevated WBC; T >38C?										
Status:										
The patient/resident had no history of a previous positive test or specimen tested in previous 7 days?										
Specimen quality:										
The stool specimen was watery unformed stool?										
Patient/Resident Isolation Precautions										
Was placed in a private room (or cohorted appropriately), isolation precautions were continued at least 48 hours after diarrhea resolved, equipment was dedicated when possible (i.e. blood pressure cuffs, thermometers, etc.)?										
Diagnosis (Check box if yes):										
Was CDI diagnosis confirmed? (Lab test positive)										
Was treatment initiated?										
Was the pt/resident hospitalized for CDI?										

If any areas were not checked yes to the above questions, there may be a process improvement opportunity.

Guidance For Stool Collection



Guidance for stool collection and submission

DO's	DON'Ts
Submit fresh stool samples for CDI testing from patient with suspected CDI: ≥ 3 unformed stools per 24 hours.	Test asymptomatic patients for CDI.
Avoid repeat testing; submit one specimen per patient.	Perform tests-of-cure on any patients post-treatment.
Retest for CDI only if CDI symptoms continue or recur after 10 days of treatment.	Conduct repeat testing during the same episode of diarrhea for confirmed CDI patient.
Refrigerate (store at 2 - 8 degrees Celsius) until tested stool specimen until testing can be done.	Transport specimen in media, this may increase false positive test results.
Collect specimen in clean, watertight container.	Wait to transport specimens, transport specimens as soon as possible after collection.

Complications Associated with C. Diff



- Dehydration
- Kidney Failure
- Colitis
- Toxic Megacolon
- Sepsis
- Death

Colonized versus Infected



***C. difficile* Colonization**

- Patient exhibits NO clinical symptoms
- Patient tests positive for *C. difficile* organism and/or its toxin
- More common than *C. difficile* infection

***C. difficile* Infection**

- Patient exhibits clinical symptoms
- Patient tests positive for *C. difficile* organism and/or its toxin

Lab Tests



- Culture
- Antigen Detection
- Toxin Testing
- Polymerase Chain Reaction (PCR)

Diagnosing of C. Diff



Leave in Action



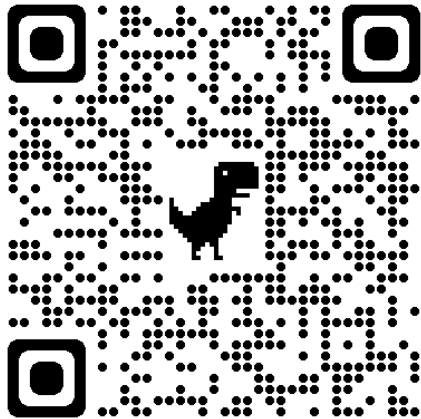
- [GPQIN Quality Improvement Project Guide and Tools](#)
- Plan/Measure Impact
- Set your goal- SMART(IE)
 - Reduce hospitalizations due to Clostridium Difficile Infections (CDI) by 10% from the baseline by July 2023.

Office Hours

Questions & Open Discussion



Thank You For Joining | Share Your Feedback



Scan the QR code
OR...
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complete the evaluation

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