

Clostridium Difficile (C. Difficile): Why is it a Priority?

For those of you who read the January 2016 and June 2016 articles, this is yet another follow-up. If your facility is a typical long-term care facility, the population base tends to be the elderly and debilitated. Nothing new there, so why the sudden emphasis on *C. difficile* control and prevention? Here's why: the elderly are at particularly high risk for *C. difficile* infection. The risk for severe *C. difficile* infection increases with age. According to a 2015 article in the New England Journal of Medicine (*Burden of Clostridium Difficile in the United States*)¹:

- Patients aged ≥65 years are at high risk for more serious consequences of *C. difficile* infection, as well as recurrent episodes.
- In patients aged ≥65 years, there were an estimated 259,800 cases of *C. Difficile* infection in the United States in 2011.
- The incidence of *C. difficile* infection was nearly 9 times greater in patients aged ≥65 years.

In this same article, it was noted that the mortality rate from health care–associated *C. Difficile* infection is 10 times higher in people aged ≥65 years vs people aged 45 to 64 years.

The Centers for Medicare & Medicaid Services (CMS) has long realized the impact of infections, including *C. difficile*, in the nursing home setting. On December 2, 2009, CMS released Transmittal 55 for the State Operations Provider Certification manual, outlining interpretive guidelines for long-term care facilities – Tag F441 – related to infection control and prevention. Changes put forth in this Transmittal were specifically related to *C. difficile* control and prevention. Below is an excerpt from this Transmittal.

“Confirming and managing an infectious outbreak can be costly and time consuming. An effective facility-wide infection prevention and control program can help to contain costs and reduce adverse consequences. An effective program relies upon the involvement, support, and knowledge of the facility’s administration, the entire interdisciplinary team, residents, and visitors. Critical aspects of the infection prevention and control program include recognizing and managing infections at the time of a resident’s admission to the facility and throughout their stay, as well as following recognized infection control practices while providing care (e.g., hand hygiene, handling and processing of linens, use of standard precautions, and appropriate use of transmission-based precautions and cohorting or separating residents).”

Infection control and prevention is significant for your residents, and also is a focus of the State surveyors. The Infection Control and Immunizations tool used by the surveyors looks at areas such as the following:

- Are proper hand-washing techniques followed by staff?
- Are gloves worn if there is contact with blood, specimens, tissue, body fluids, or excretions?
- Are gloves changed between resident contacts?
- Are staff who are providing direct care free from communicable diseases or infected skin lesions?

- Are precautions observed for the disposal of soiled linens, dressings, disposable equipment (sharps, etc), and for the cleaning of contaminated reusable equipment?

These are just a few of the areas that the surveyors will review within your facility related to infection control and prevention. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/r55soma.pdf>

Need some help? Need creative and original ideas to engage not only staff, but residents and family members? Qsource (the Quality Improvement Network-Quality Improvement Organization [QIN-QIO] for Kentucky), through the National Nursing Home Quality Care Collaborative, has begun new work with nursing homes to prevent *C. difficile* infections. This initiative will not only support nursing homes' submission of data into the CDC's National Healthcare Safety Network (NHSN) databank, but also will provide resources for *C. difficile* control and prevention, as well as opportunities to hear from and share with your peers.

The Centers for Medicare & Medicaid Services (CMS), Quality Improvement Network – Quality Improvement Organizations (QIN-QIOs) and the CDC are working together to provide nursing homes with education, tools and resources to support you in efforts to prevent *C. difficile* infections. We need your help - won't you join us?

For additional information on eligibility for the *C. difficile* initiative, contact Scott Gibson at **502-680-2669** or scott.gibson@area-G.hcqis.org or Carolyn Hare at **606-303-5007** or carolyn.hare@area-G.hcqis.org.

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1. Lessa FC, Mu Y, Bamberg WM, et al. Burden of Clostridium difficile infection in the United States. N Engl J Med. 2015;372(9):825–834.