

 **HAI Reduction Summit**

**Part 1—*Clostridium difficile* Prevention:  
Coming Together to Examine What Works**

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 **Quality Improvement Organizations**  
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CENTERS FOR MEDICARE & MEDICAID SERVICES


 **HealthInsight**

***C. difficile* Reduction Strategies:  
One Hospital's Experience**

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**Saint Mary's Regional Medical Center (Reno, Nevada)**

2 

## Saint Mary's Regional Medical Center



- Located in the high desert region of the Sierra mountains
- 380 bed for-profit acute care & general medical/surgical hospital
- Owned & operated by Prime Healthcare Services
- Network includes outpatient, home care, and hospice services
- High-risk patient population along with visitors, transient

3



### Presentation Objectives

Participants will be able to:

1. Identify some potential barriers to proper identification of healthcare facility-onset cases
2. Describe strategies used to prevent *C. difficile* transmission
3. Initiate the development of a "Nurse-Driven" protocol for *C. difficile* testing
4. Provide additional guidance to physicians regarding appropriate testing for active disease
5. Understand the importance of a comprehensive "antibiotic stewardship" program



4



## Some *C. difficile* History

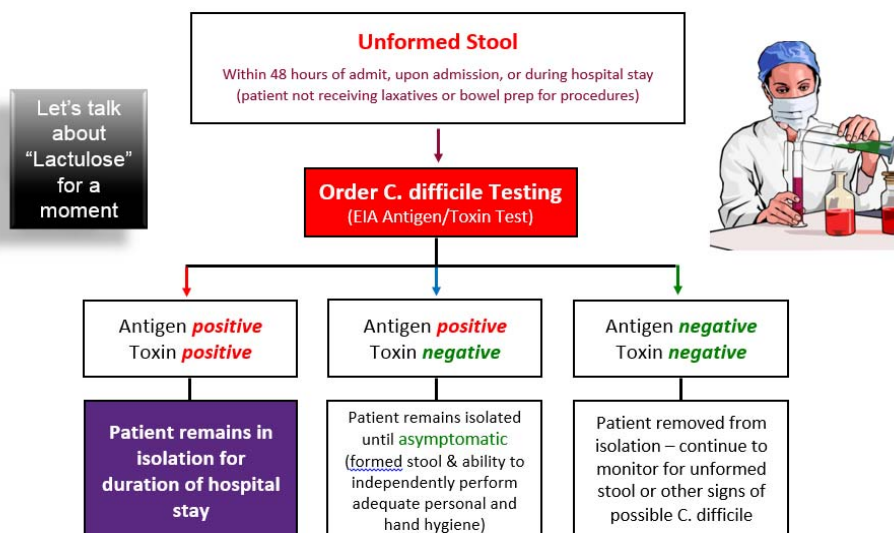
- Outbreak identification & response
- Greatest challenge: specimen collection & testing within the first 3 days of admission
- Transmission-based isolation precautions (“special contact”) extended for duration of hospital stay
- Environmental of care modifications – terminal cleaning
  - Facility-wide conversion to bleach products only (wipes)
  - Hand hygiene with soap & water only
  - “Excelyte” spray cleaning of isolation rooms
  - ATP testing to validate effectiveness of EVS cleaning practices
- Developed aggressive screening program – dramatic rate
  - Antigen positive + toxin negative = PCR testing



5



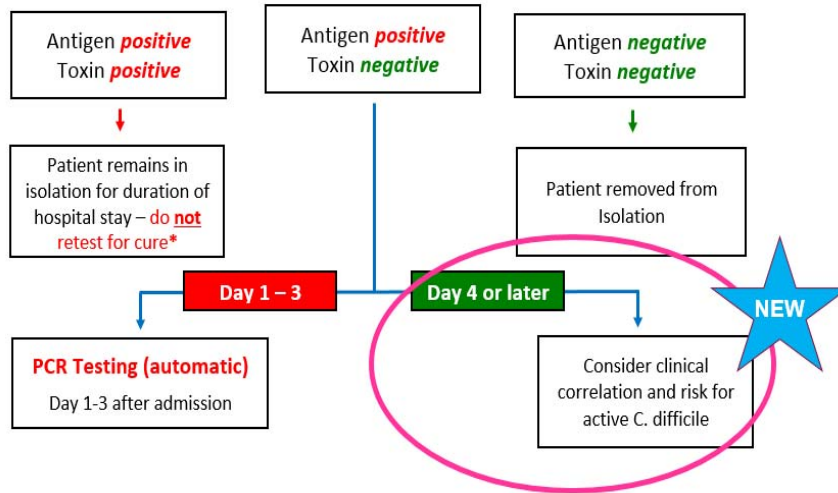
## “Nurse-Driven” Testing Protocols



6



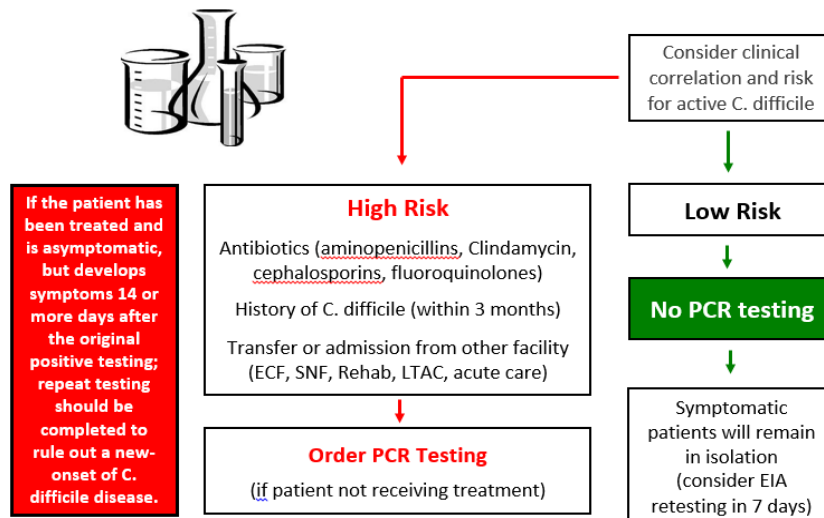
## SMRMC Physician Algorithm



7



## MD Testing Protocols (continued)



8



## Policy & Protocol Summary

- Revision of SMRMC “Special Contact Precautions” policy & protocol for “Nurse-Driven” *Clostridium difficile* testing (algorithm)
- Defined “unformed” stool - any feces that conforms to the container (**not just diarrhea**) – refer to “Bristol Stool Scale” (type 5, 6, or 7)
- Formed stool **should not** be sent for testing **unless specifically requested** by the physician – notify laboratory of need for testing so that sample is not rejected
- Patients receiving **laxatives or bowel prep** for a procedure **should not** be tested unless there are other indications suggestive of *C. difficile* infection
- History of *C. difficile* alone **does not** require isolation for the patient (he/she must be symptomatic, i.e., unformed stool)
- Patient should be placed in “**Special Contact**” precautions immediately when *C. difficile* is suspected
- Physician’s order **is not required** to place patient in isolation
- A patient with an active *C. difficile* infection at any time during hospitalization will **remain in isolation for the duration of his/her stay** at SMRMC

9



## Other Reduction Strategies

- Comprehensive “Antibiotic Stewardship” program
- Monthly “HAI Reduction” meeting with staff & supervisors
- System improvement opportunities (some real surprises – i.e., orders for testing & documentation challenges)
- Staff education – extensive for nursing & physicians
- Daily “Poop” report & Infection Prevention rounding with every unit (system interface)
  - Stool characteristics
  - Testing status
- Revised EVS products & protocols (bleach wipes)
  - Reduced EVS staff exposure to chemicals
  - Excellent ATP results after cleaning
  - Spot checks by Infection Prevention Department

Intervention Results = approximately **70% reduction** in HFO cases

10



## Comments or Questions?



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Thank you all so much for allowing us to share our challenges & successes –  
it has been an *incredible* team effort, and we believe that our patients and  
community are benefitting greatly from this initiative!

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11

