AIM: TO REDUCE THE INCIDENCE OF HOSPITAL-ACQUIRED CLOSTRIDIUM DIFFICILE INFECTIONS.

>> To isolate patients with community-acquired clostridium difficile promptly.
>> To ensure proper and prompt testing is done for the identification of clostridium difficile.
>> To ensure proper cleaning protocols are in place to prevent transmission.
>> To ensure staff are properly educated on collection methods, isolation practice and cleaning process.
>> To increase hand hygiene compliance.

JULY 2015
>> Began presumptive isolation with diarrhea pending confirmation of C. diff.
>> Implemented near touch disinfection twice per shift.
>> Any item immediately in the vicinity of the work area where the nurse, LVN or CNA worked with a patient should be wiped down — side rails, over bed table, night stand, door handles, touch screens and IV poles.
>> Verified EVS staff disinfect the underside/grab area of the over bed tables.
>> Hand hygiene campaign for performance improvement and administration.

AUGUST 2015
>> Included cleaning process for dietary carts.
>> Changed the environmental services disinfectant hospital wide to Oxycide.

OCTOBER 2015
>> Included cleaning process for dietary carts.
>> Changed the environmental services disinfectant hospital wide to Oxycide.

DECEMBER 2015
>> Put posters in every unit — C. diff algorithm.
>> Verified that terminal cleaning of the department occurs following C. diff cases.

JANUARY 2016
>> Offered CME on C. diff for the medical staff.

C-suite engagement is critical.
>> CEO and CMO partner to prioritize project house-wide.
>> Provide financial resources as needed.

It takes a village!
>> All departments were involved and engaged.
>> Ongoing monitoring and follow up as needed.
>> When something seems to be working, don’t stop.
>> When you have tried everything and you don’t see results, find new ideas with different departments and staff.
>> Big bang approach worked — do all and do it simultaneously.

EVERYONE IS A PART OF THE TEAM