HRET HIIN CDI Sprint
October 17, 2018
11:00 a.m. – 12:00 p.m. CT
WELCOME AND INTRODUCTIONS
Lydie Marc, MPH, CHES
Program Manager, HRET
Hello, My Name is…

- Name
- Hospital/State Hospital Association
- City, State
AGENDA

- Welcome and Introductions
- Fall 2018 CDI Sprint
- Where am I?
- CDI Sprint Tools
- Questions and Answers
- Bring it Home
Fall 2018 CDI SPRINT
Lydie Marc, MPH, CHES
Program Manager, HRET
Barb DeBaun, RN, MSN, CIC
Improvement Advisor, Cynosure
Your HRET HIIN CDI Sprint Team

Lydie Marc, MPH, CHES
Program Manager
HRET

Paul Cholod, MS
Data Analyst
HRET

Barb DeBaun, RN, MSN, CIC
Improvement Advisor
Cynosure

Steve Tremain, M.D., FACPE
Physician Improvement Advisor
Cynosure
Your HRET HIIN CDI Sprint Team (cont.)

Eric Rohde, BA  
Program Specialist  
HRET

Pat Teske, RN, MHA  
Improvement Advisor  
Cynosure
HRET HIIN CDI Education Strategy

Diagnostic Stewardship

Lab Stewardship
Why Are We Here?

- To use quality improvement techniques to assess root causes of healthcare-onset *C. difficile* and the impact of culturing practices.
HRET HIIN CDI Sprint Webinar Schedule

- November 7, 2018 (11:00AM – 12:00PM CT)
- November 16, 2018 (11:00AM – 12:00PM CT)
- November 29, 2018 (11:00AM – 12:00PM CT)

Calendar invitations with the platform link will be sent by HRET HIIN
HRET HIIN Role and Responsibility

- **Send** calendar invitations for all CDI Sprint webinars to participants
- **Provide** CDI Process Improvement Discovery Tool to hospitals
- **Provide** CDI Sprint Coaching Guide to state hospital associations
- **Provide** hospital pre-assessment and post-assessment survey links
- **Share** completed hospital pre-assessment with state hospital associations
- **Send** recap email to participants with recorded webinar and resources
- **Update** the Fall 2018 HRET HIIN Sprint Tracking Tool
Hospital Role and Responsibility

- **Select** hospital lead for CDI Sprint
- **Complete** pre-assessment and post-assessment
- **Accept** invitation and participate in HRET HIIN webinar sessions
- **Review** hospital CDI rates, *C. difficile* specimen collection, laboratory screening tests, and antibiotic prescribing practices
- **Submit** CDI Process Improvement Discovery Tool to state hospital association
- **Schedule** and complete one-on-one coaching with state hospital association
State Hospital Association Role and Responsibility

- **Review** hospital CDI rates
- **Accept** invitation and participate in HRET HIIN webinar sessions
- **Review** hospital CDI Process Improvement Discovery Tool
- **Schedule** and complete one-on-one coaching with hospital
- **Monitor** hospital attendance and completion of deliverables via the Fall 2018 HRET HIIN Sprint Tracking Tool
- **Submit** the hospital CDI Process Improvement Discovery Tool and CDI Sprint Coaching Guide to HRET
We will...

- SIGN UP
- SHOW UP
- FINISH UP
- HARM DOWN!
How to see where you are in CDS…

- HIIN Report Interpretation Guide Comprehensive Data System (CDS) Reports
  - These reports assist facilities in tracking progress across the HIIN project. Reports are available on an on-demand basis and users must be logged into the CDS at www.hretcds.org using their unique account to access these reports.
After Login, click on Reports and from the drop down choose *C. difficile*
Sample Individual Measures Report
Sample Data Submission Report

Data Submission Report - The table below shows the data that have been entered for your organization(s). 'MISSING' indicates data yet to be entered and which is past due. To limit (filter) results, you may enter criteria in the boxes just below the column headers. Click the "Pivot Report" help button on the top right of the table for further instructions. Click "Export to Excel" to download your results - be sure to indicate whether you want All Data or Filtered Data Only. Please note: depending on the amount of data to be displayed, this report may take a bit of time to load. This data was last refreshed on 10/16/2018 10:35:35 AM CST.
Current Improvement
CDI Sprint Tools
Lydie Marc, MPH, CHES
Program Manager, HRET
Barb DeBaun, RN, MSN, CIC
Pat Teske, RN, MHA
Improvement Advisors, Cynosure
CDI PROCESS IMPROVEMENT DISCOVERY TOOL

- Review the last 5-10 charts with hospital onset Lab ID CDI
  - < 99 licensed beds (5 charts)
  - >100 licensed beds (10 charts)
- Place check mark for every process failure in each chart
- Spend no more than 20-30 minutes per chart

<table>
<thead>
<tr>
<th>PROCESS</th>
<th>Chart #1</th>
<th>Chart #2</th>
<th>Chart #3</th>
<th>Chart #4</th>
<th>Chart #5</th>
<th>Chart #6</th>
<th>Chart #7</th>
<th>Chart #8</th>
<th>Chart #9</th>
<th>Chart #10</th>
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</thead>
<tbody>
<tr>
<td>Within 24 hours prior to stool collection, the patient:</td>
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<td>Had less than 3 unexpected and unexplained stools?</td>
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<td>Received a laxative or enema?</td>
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<td>Received lactulose, tube feedings or IV contrast?</td>
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<td>The patient had none of the following:</td>
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<td>Risk factors for CDI (antibiotics in prior 60 days; PPI at least 3 days per week in the week prior to the stool collection)?</td>
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<td>Symptoms of CDI: abdominal pain, elevated WBC, T &gt;38°C?</td>
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<td>Status:</td>
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<td>The patient was known to be a carrier (prior + test result)?</td>
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<td>Specimen quality:</td>
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<td>The stool specimen submitted was formed stool?</td>
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<td>Other, please specify:</td>
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</table>

Note: Do NOT spend more than 20-30 minutes per chart!
<table>
<thead>
<tr>
<th>Process</th>
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</thead>
<tbody>
<tr>
<td>Did the patient have less than 5 unexpected and unexplained stools in the 24 hrs prior?</td>
<td>X</td>
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<td>Did the stool specimen submitted form stool?</td>
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<td>Did the patient receive a test forClostridium difficile within 24 hrs prior to stool?</td>
<td>X</td>
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<td>Did the patient receive lactulose, neomycin or IV contrast within 24 hours prior to stool?</td>
<td>X</td>
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<td>Did the patient who occupied the room just before the patient have C. diff?</td>
<td>X</td>
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<tr>
<td>Was the patient at risk for C. diff?</td>
<td>X</td>
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<tr>
<td>Antibiotics in prior 60 days; HIV at least 2 days per week in week prior to stool?</td>
<td>X</td>
<td>X</td>
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<td>Did the patient have systemic symptoms of C. diff: abdominal pain, increased WBC?</td>
<td>X</td>
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<tr>
<td>Was the patient known to be a carrier (prior test)?</td>
<td>X</td>
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</tbody>
</table>
Who can participate in this activity?

- Infection Preventionists
- Staff Nurse
- Quality/Nursing Council
- Quality Improvement staff
- Provider
- Pharmacist
- Clinical Microbiologist
Let's do this together...

- Did the patient have <3 unexplained and unexpected stools in the 24 hours prior to stool collection?
- Was the stool specimen submitted formed stool?
- Did the patient receive a laxative or enema within 24 hours prior to stool collection?
- Did the patient receive lactulose, tube feedings, or IV contrast 24 hours prior to stool collection?
- Did the patient have zero risk factors for CDI?
- Did the patient have zero systemic symptoms of CDI?

YES = Process Failure
Hospital Submission Deadline

- CDI Process Improvement Discovery Tool
  - Wednesday, November 7th COB
- Submit to State Hospital Association lead
State Hospital Association Submission Deadline

- CDI Sprint Coaching Guide & Hospital CDI Process Improvement Discovery Tool
  - Wednesday, November 21st COB
- Submit to Lmarc_ct@aha.org
Hospital CDI Sprint Pre-Assessment

- Link
- Due by Friday, October 26th
Questions?

QUESTIONS ANSWERED HERE EVEN THE SILLY ONES
HRET Resources
http://www.hret-hiin.org/topics/clostridium-difficile-infection.shtml
THANK YOU!