HRET HIIN CDI Sprint Session 1

November 7, 2018
11:00 a.m. – 12:00 p.m. CT
WELCOME AND INTRODUCTIONS

Lydie Marc, MPH, CHES
Program Manager, HRET
Attendance verification

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

- **Complete** Hospital CDI Sprint pre-assessment ASAP
  - Assessment will close on **Friday, November 9th**

- **Submit** completed CDI Process Improvement Discovery Tool to your State Hospital Association lead **today**
HRET HIIN CDI Sprint Webinar Schedule

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

Please let us know if HRET needs to add any team members to the communication list.
AGENDA

- Welcome and Introductions
- Fall 2018 CDI Sprint
- Hospital Pre-assessment Responses
- What did you discover?
- Questions and Answers
- Bring it Home
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

Guest Speaker:
Melissa Eckert, BSN, RN
Infection Preventionist
St. Joseph Regional Medical Center
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.

- SIGN UP
- SHOW UP
- FINISH UP
- HARM DOWN!
Attendance verification

- Name
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Q7 How engaged is your hospital in using assessment tools to track Clostridium difficile Infections (CDI)?

- Not at all engaged: 7%
- Slightly engaged: 17%
- Moderately engaged: 27%
- Strongly engaged: 34%
- Extremely engaged: 15%
Q9 Our lab only runs C. difficile tests on unformed stool and rejects all others?

- Not thinking about it: 6%
- Thinking about it: 7%
- Testing it out: 7%
- Fully implemented: 80%
Q10 Does your hospital have an alternate process in place to confirm presence of toxin other than a molecular test (such as PCR)?

- Yes: 46%
- No: 36%
- Not yet, but considering: 18%
Q11 Our nurses only submit a stool sample for C. difficile testing if the patient has three or more unexplained and unexpected loose stools in the prior 24 hours?
Q12 Our nurses check to see if the patient has another explanation for diarrhea (e.g. taking a laxative or enema) in the prior 24 hours and do NOT submit the loose stool for testing if there is another explanation?
Q13 Our nurses’ practice is to report all C. difficile tests to the attending physician and have the attending physician consider the other clinical information prior to making a diagnosis of CDI?
Q14 If an order for a C. difficile test is placed upon patient admission, but the test is not conducted within 48 hours or less because the patient hasn’t had a diarrhea stool, the order is cancelled.

- Yes: 40%
- No: 37%
- Unsure: 23%
Q15 Our antibiotic stewardship program is:

- In the planning stages: 8%
- Implementation has started: 17%
- Gaining traction: 34%
- Being fully implemented: 41%
Q16 Our hospital practice is to conduct a 48 hour Antibiotic Time Out:

- No plan to implement: 32%
- In the planning stage: 46%
- Testing on one unit: 1%
- Spread to all units: 22%
Q17 It is our practice to routinely obtain stool specimens for C. difficile when a patient has one episode of diarrhea in the first three days of admission (in an attempt to capture “present on admission”)?

- Not at all: 48%
- Sometimes: 41%
- All the time: 10%
Q18 It is our practice to routinely make a diagnosis of CDI based solely on a positive molecular test (PCR) for C. difficile regardless of the clinical characteristics of the patient (Pre-test probability)?

- Not at all: 24%
- Sometimes: 47%
- Always: 28%
Attendance verification

- Name
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- City, State
What did you discover?

Steve Tremain, MD, FACPE
Improvement Advisor, Cynosure

Barb DeBaun, RN, MSN, CIC
Improvement Advisor, 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

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<th>PROCESS</th>
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<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: abd pain, elevated WBC, T &gt;38C?</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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Updates:

- Within 24 hours prior to stool collection, the patient received a stool softener, laxative, or enema?

- The patient had **none** of the following risk factors for CDI (antibiotics in prior 60 days; PPI at least 3 days per week in the week prior to the stool collection)? *
  - *If patient had NONE of the risk factors for CDI, then the answer is YES

- The patient had **none** of the following symptoms of CDI: abd pain, elevated WBC, T>38C? **
  - ** If the patient had NO symptoms of CDI, then the answer is YES
CDI Process Improvement Discovery Tool

What trends did you discover?

What did you learn?

What is your action plan?
Questions?

QUESTIONS ANSWERED HERE EVEN THE SILLY ONES
State Hospital Association Submission Deadline

- CDI Sprint Coaching Guide & Hospital CDI Process Improvement Discovery Tool
  - Wednesday, November 21\textsuperscript{st} COB
- Submit to \texttt{Lmarc\_ct@aha.org}
HRET Resources

http://www.hret-hiin.org/topics/clostridium-difficile-infection.shtml
THANK YOU!