

Enhancing patient safety: Implementing Cdiff Screening to decrease HO-Cdiff Infections at Ingalls

Authors: Jennifer Incesti, Rebecca Fischer, Kathleen Morrison, and Abdul Muhanna

Problem

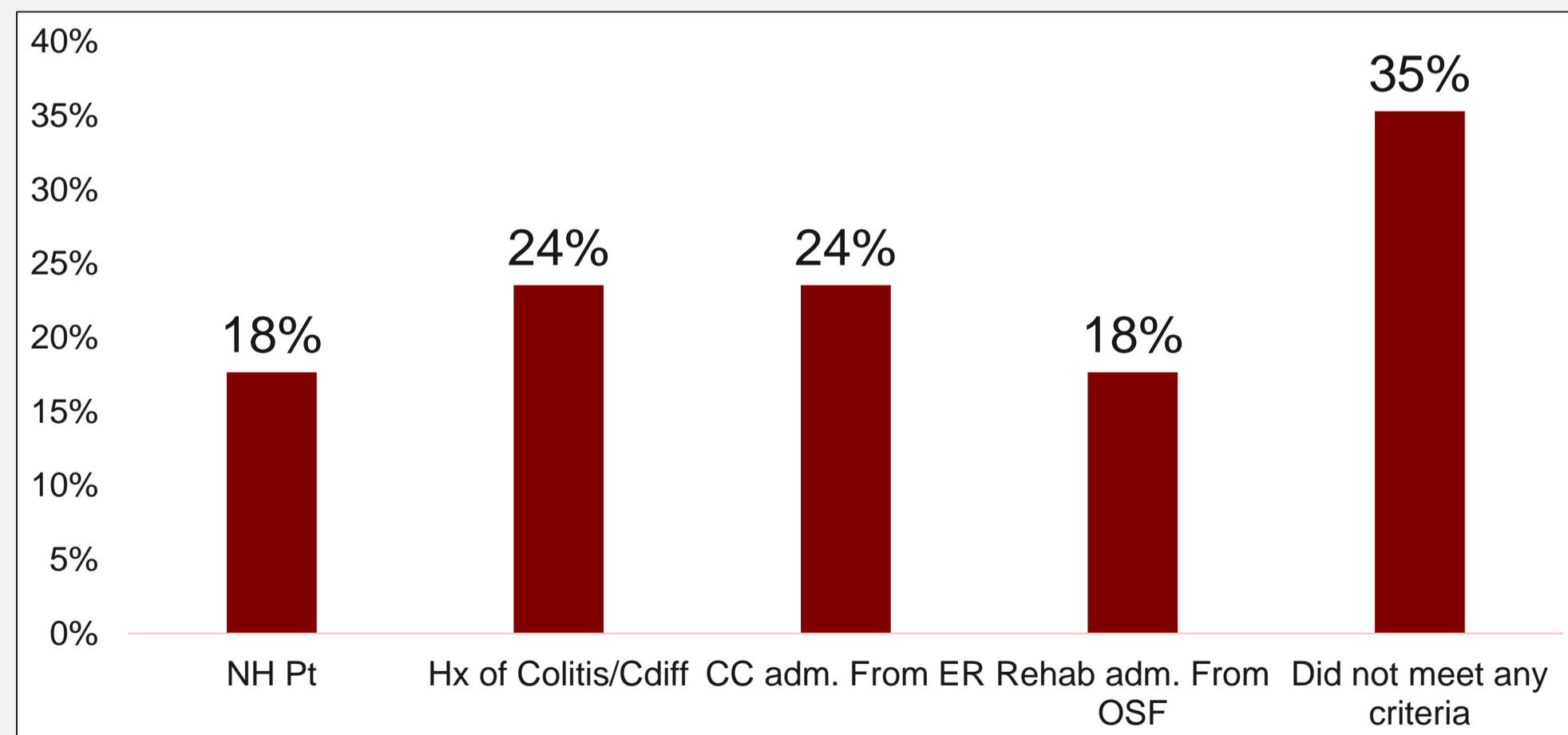
- In FY22, Ingalls had 19 hospital onset Clostridium Difficile (HO-Cdiff) Infections.
- Current processes were no longer effective in keeping HO-Cdiff infections low.

Goal

- Success would result in, an overall decrease in HO-Cdiff infections, decrease unnecessary Cdiff tests after 3 days of admission, and identify trends for potential outbreaks.

Strategy

- Initial hesitation to adopt at Ingalls hospital wide, discussion with the Hyde Park's Infection Prevention team on how we could pilot this on a smaller scale.
- Historical HO-Cdiff data from prior FY was used to identify units and patient populations with the highest risk or number to HO-Cdiff infections.
- 4 categories were chosen initially: Nursing home patient, patient with history of Colitis/Cdiff, Critical Care admission, and Rehab admission from an outside facility.

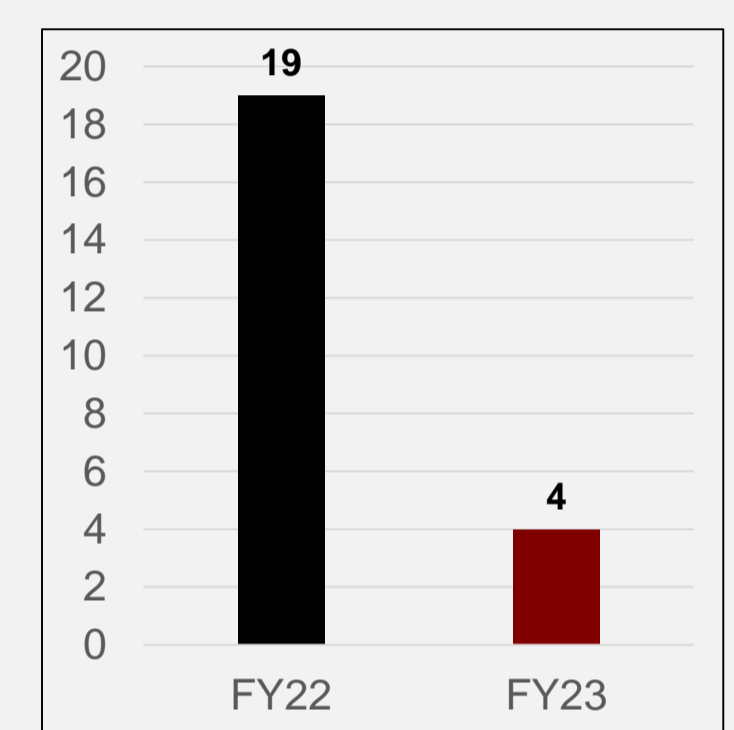
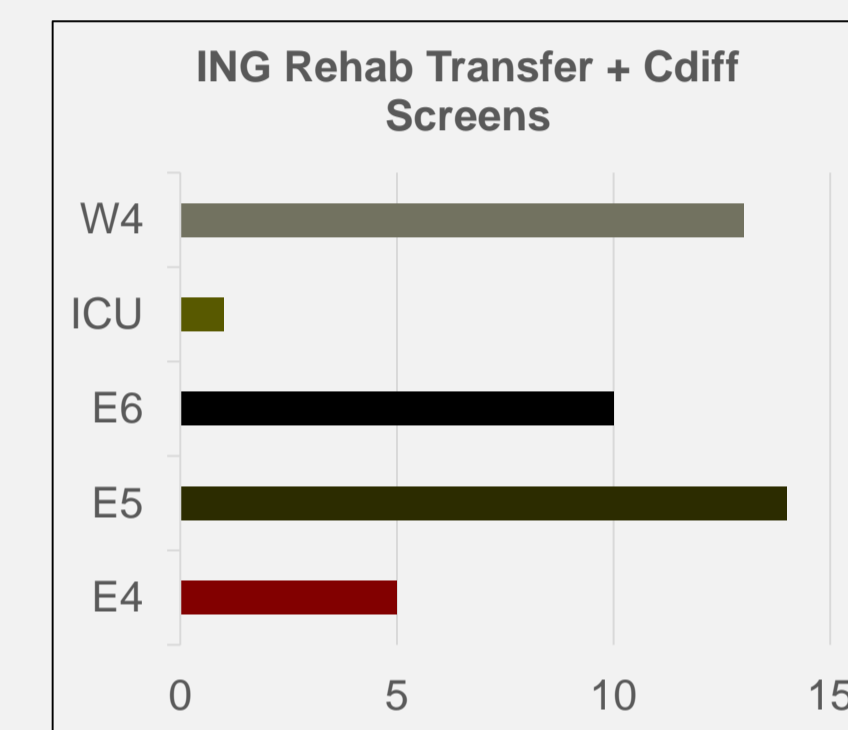
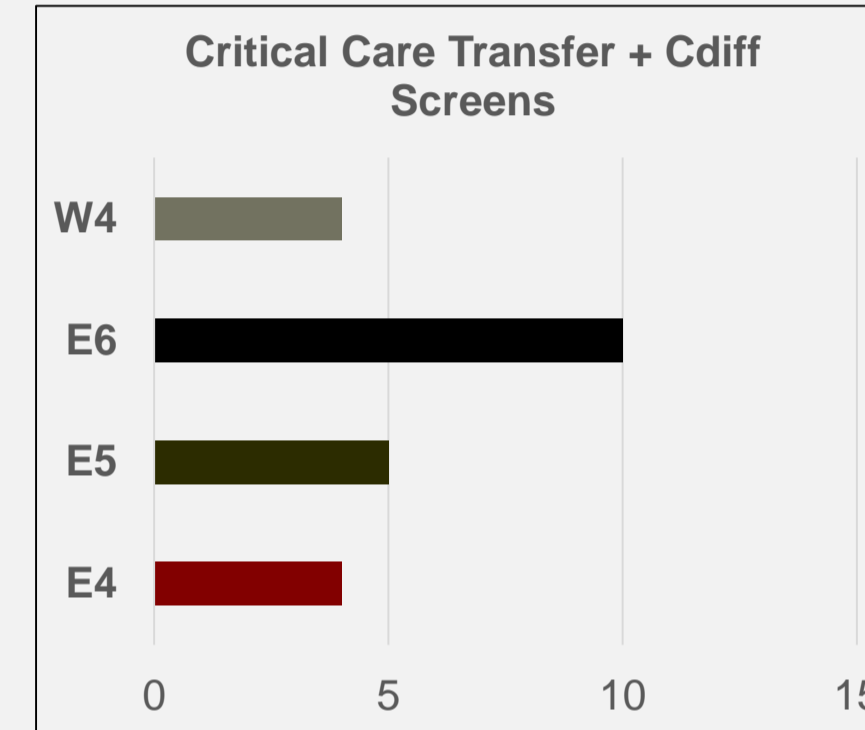


**Some patients met more than one category*

- Our working group realized the limitations with Epic and removed nursing home patient and patients with history of Colitis/Cdiff. Critical Care admissions and Rehab admissions would make up our criteria for testing.
- Education was completed, and support for this was provided from MEC and nursing leadership.

Results

FY23	Critical Care	Rehab	Accumulative
Total Tests Ran	731	467	1198
Total + Screens	71	50	121
Positivity %	10%	11%	10%



- On October 2022, we convened with both units to discuss data and decided to open the pilot even more to include all admissions to CC and all admissions to Rehab, regardless of where they transferred from.
- We were able to isolate patients on admission, rather than waiting until they were symptomatic. This assisted with an overall decrease in transmission to other patients/staff.
- Data was also collected on which unit the patient transferred from at Ingalls in CC and Rehab to identify trends for future improvement opportunities.
- We were able to decrease HO-Cdiff at Ingalls from rate of 2.26 in FY22, to a rate of 0.57 in FY23. Overall, there was a 79% reduction in HO-Cdiff.
- We were also able to successfully decrease unnecessary Cdiff testing by 49% from FY22 to FY23.

Lessons Learned

- Collaboration is key when making decisions that will impact clinical practice.
- Do not standardize practices across campuses just because we are one system now. We can adopt practices from each other, but it must make sense for the individual institution.
- With only implementing this practice in 2 high-risk areas, we were able to achieve our goal without creating an unrealistic burden for our laboratory and nursing staff.

Acknowledgements

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