

The Tool for Stool: Reducing Hospital-Associated *C. difficile*

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BACKGROUND

Clostridioides difficile, previously known as *Clostridium difficile* (*C. difficile*) is a common pathogen in the health care setting.¹⁻²

Since 2000, *C. difficile* infection (CDI) has increased more than 200%.³

Due to the increased sensitivity and specificity of testing, hospitals have reported up to a 100% increase in CDI rates compared to CDI diagnosed by prior testing methods.³ This inflation in the number of cases may be due to reporting of asymptomatic *C. difficile* colonization.⁴

PROJECT DESIGN

In early 2017, an interdisciplinary team consisting of infection prevention, nurses, pharmacy, microbiology, hospitalists and infectious diseases physicians created the “Tool for Stool.” Upon education of nursing, physicians and other providers, the “Tool for Stool” was implemented house wide.

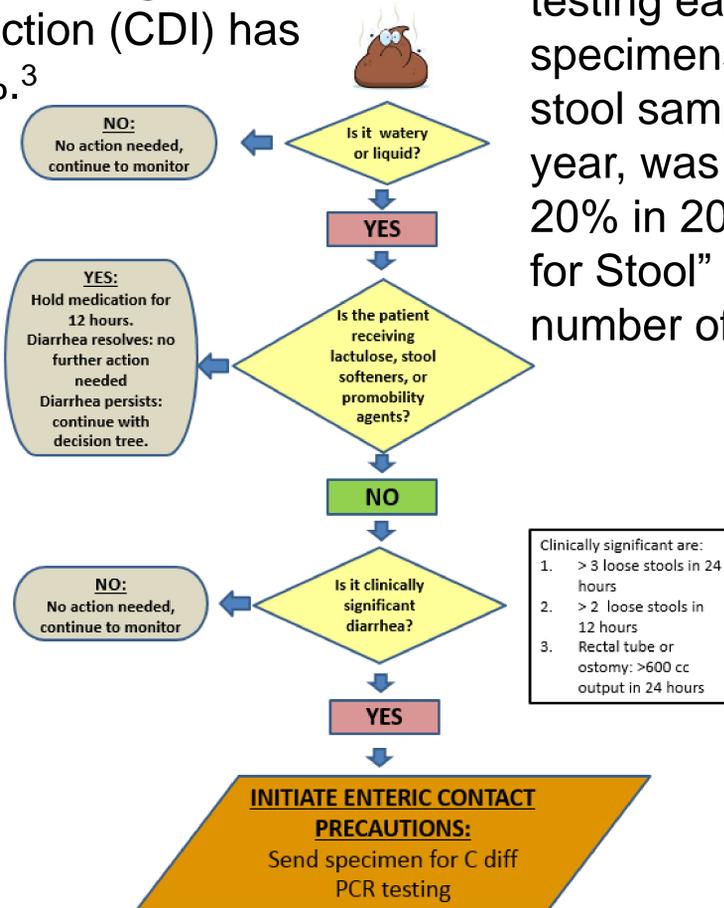
PROJECT AIM

Reduce the number of *C. difficile* cases by reducing the number of patients tested to those patients at highest risk for developing *C. difficile* associated diarrhea.

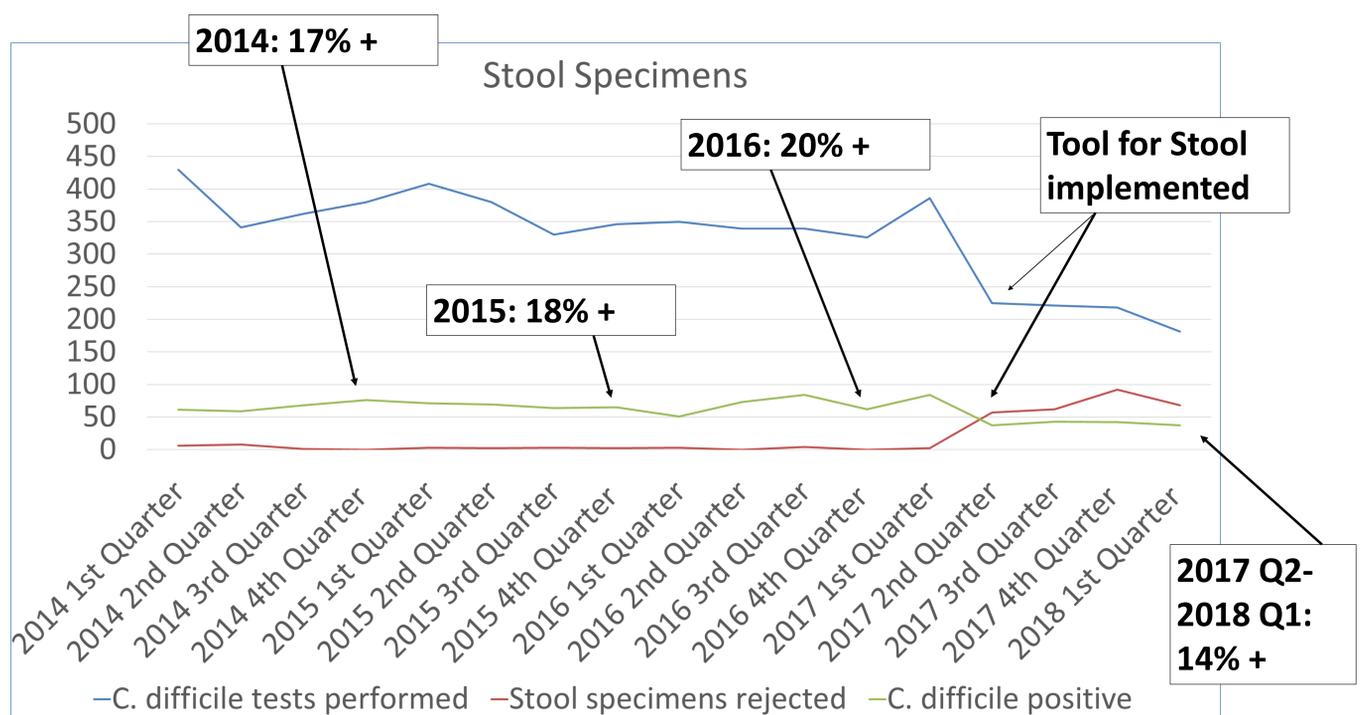
OUTCOMES

During 2014 through 2016, an average of 364 stool specimens were submitted for testing each quarter. Of those, about 1% of specimens were rejected. The percent of stool samples positive for *C. difficile*, per year, was 17% in 2014, 18% in 2015 and 20% in 2016. Implementation of the “Tool for Stool” had a significant impact on the number of stool specimens rejected for testing.

The number of specimens rejected went from an average of 2-4 per quarter in 2014-2016 to an average of 70 per quarter the year post-implementation. The number of *C. difficile* positive specimens also decreased to 14%, from an average of 18% in the three years prior to implementation.



Not for use in Children less than 2 years of age



SUMMARY

Limiting testing to those patients at highest risk of developing *C. difficile* may reduce rates of hospital-associated *C. difficile*.

