# Self-Stewardship of *Clostridium difficile* testing: An Interdisciplinary Change

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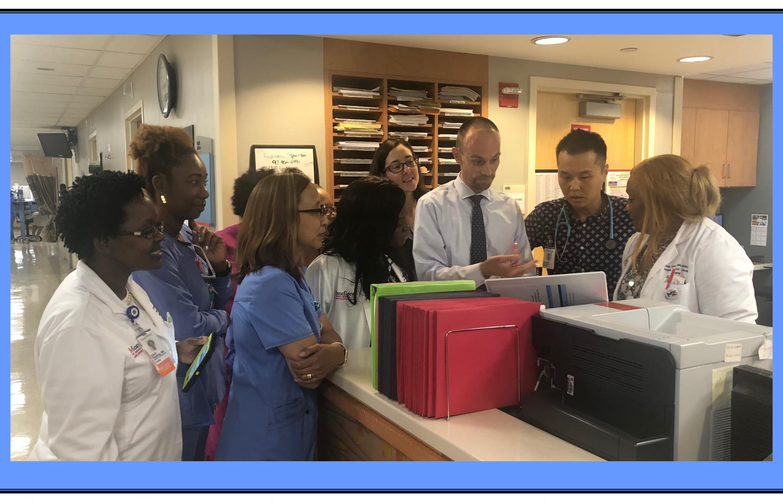
## Background

There are over 400,000 cases and almost 30,000 deaths from *Clostridium difficile* (*C. diff*) each year in the United States. Because of the associated morbidity and motrality, rates of Hospital Onset *C. diff* are reported at the state and national level as an indicator of safety in a hospital system.

This project occurred within the context of a larger project designed to decrease rates of Hospital Onset *C. diff* within the Montefiore Medical Center and within all of the patients in the Bronx.



Interdisciplinary Self-Stewardship Team comprised of Staff nurses, Nursing leadership, Unit Secretaries, Physicians, Physician Assistants, Physician leadership, Infection Preventionists, and Environmental Service workers.

## Conceptual Model

**Hospital Onset *Clostridium difficile***

- **Unnecessary Testing** (false positives)
- True C. diff Acquisition (failed Infection Control)
- Delayed Diagnosis (misattribution)
- Delayed Disease (antibiotics turn on disease)

## Key Driver Diagram: REDUCING UNNECESSARY *C DIFF* TESTING

**SMART Aim**

Decrease the number of weekly tests from Moses inpatient to the laboratory from 60 weekly to 40 weekly by December 2018

**Global Aim**

Decrease Hospital Onset C. diff cases at Moses Hospital

**Key Drivers**

- **Tests on patients without diarrhea**
- Tests on patients whose diarrhea is caused by laxatives
- Tests on patients who do not meet the other clinical criteria (elevated WBC, fever, or abdominal pain)

**Interventions**

- **Heighten awareness of existence of order for C. diff**
- **Improve communication around presence or absence of diarrhea**
- Improve awareness of laxative use in individual patient prior to diarrhea
- Improve communication around presence and absence of other symptoms

## Daily report of uncollected *C. diff* tests

IP Patients with only Active or Collected Clostridium Difficile Panel Orders - MOSES
Run by BARON, SARAH [SARBARON]

MMC SERVICE AREA

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| Dept/Room/Bed | Patient Name (MRN) | Order Description | Age of Order | IP LOS (Days) | Order Date | Collection Date | Collection Time |
|---|---|---|---|---|---|---|---|
| MOSES CSICU / CSI 17 / 17-A | | CLOSTRIDIUM DIFFICILE PANEL | 7h 53m | 22 | 07/27/2018 | 07/27/2018 | 0920 |
| MOSES CSICU / CSI 17 / 17-A | | CLOSTRIDIUM DIFFICILE PANEL | 4h 14m | 22 | 07/27/2018 | | |
| MOSES EMERGENCY DEPARTMENT / W-14 / W-14 | | CLOSTRIDIUM DIFFICILE PANEL | 8m | 0 | 07/27/2018 | | |
| MOSES FOREMAN 6AW / F674 / F674-A | | CLOSTRIDIUM DIFFICILE PANEL | 2d 16h 47m | 3 | 07/24/2018 | | |
| MOSES FOREMAN 6C CCU / 6CCU 12 / 6CCU-12 | | CLOSTRIDIUM DIFFICILE PANEL | 4h 9m | 14 | 07/27/2018 | | |
| MOSES FOREMAN 7AE / F755 / F755-A | | CLOSTRIDIUM DIFFICILE PANEL | 21h 43m | 2 | 07/26/2018 | | |

## Standard work for Self-Stewardship Communication

***Clostridium difficile* Guideline:**

1. Each morning, when printing the list of patients with foley catheters, the Unit Secretary prints the EPIC report of patients with an active Clostridium difficile order:

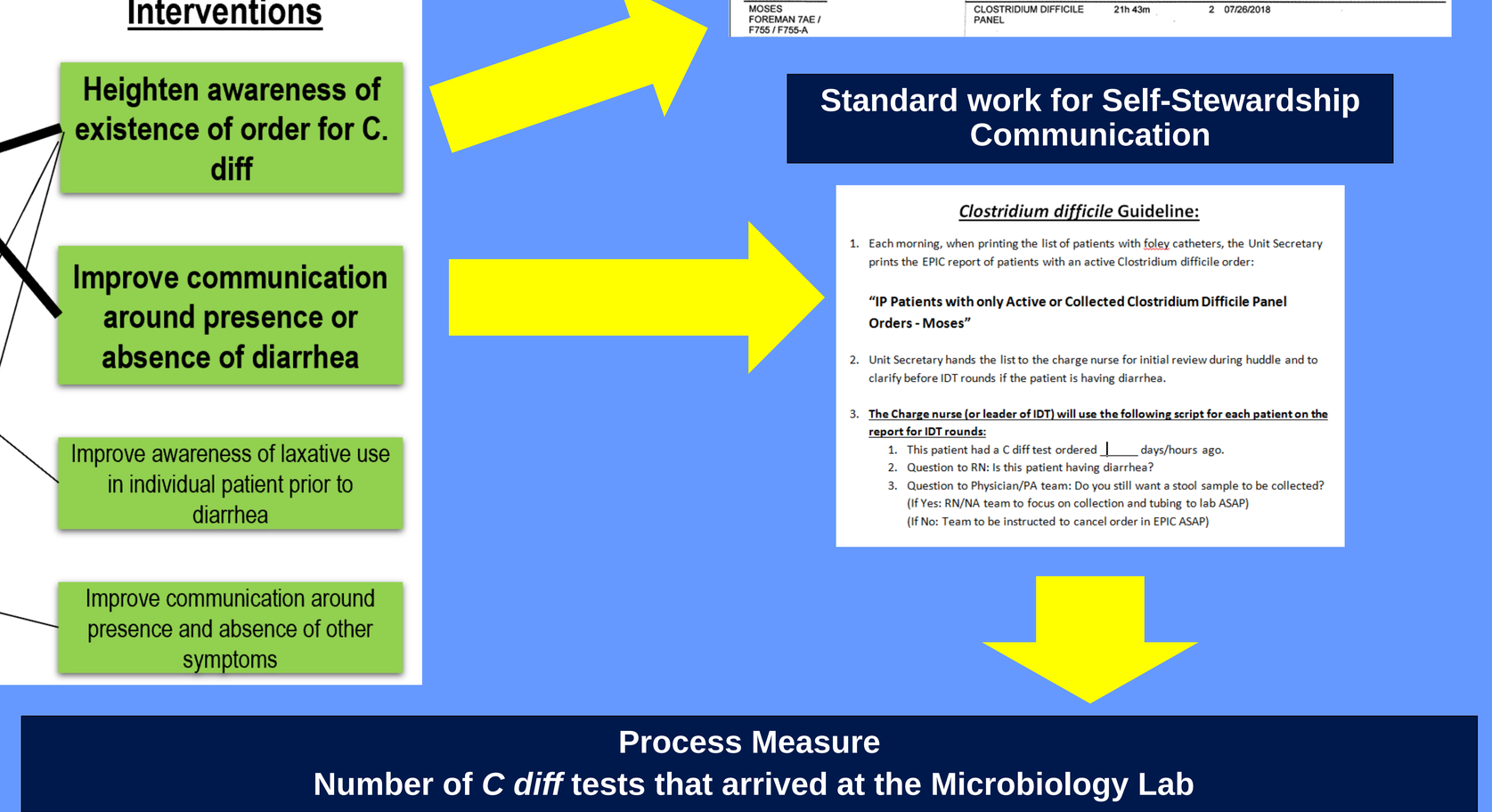
   **"IP Patients with only Active or Collected Clostridium Difficile Panel Orders - Moses"**

2. Unit Secretary hands the list to the charge nurse for initial review during huddle and to clarify before IDT rounds if the patient is having diarrhea.

3. **The Charge nurse (or leader of IDT) will use the following script for each patient on the report for IDT rounds:**
   1. This patient had a C diff test ordered _____ days/hours ago.
   2. Question to RN: Is this patient having diarrhea?
   3. Question to Physician/PA team: Do you still want a stool sample to be collected?
      (If Yes: RN/NA team to focus on collection and tubing to lab ASAP)
      (If No: Team to be instructed to cancel order in EPIC ASAP)

## Process Measure

**Number of *C diff* tests that arrived at the Microbiology Lab**




## Lessons Learned and Next Steps

**The Value of an Interdisciplinary Team:** Our interdisciplinary plan increased awareness of *C. diff* tests ordered and communication of diarrhea with minimal disruption to team functioning which was only possible because of the non-MD, non-RN members of the team.

**Setbacks are Inevitable**: Our data source was permanently interrupted in Week 32 requiring the team to locate an alternative source.

**Finding common waste:** Nursing teams were especially sensitive to wasted specimen collection and isolation.

**Hearing from successful floors helps with spread:** New floors were more willing to attempt intervention after hearing from successful nursing teams

## Contact Information:

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