



Diffusion of C-Diff Strong Practice at Dublin VAMC

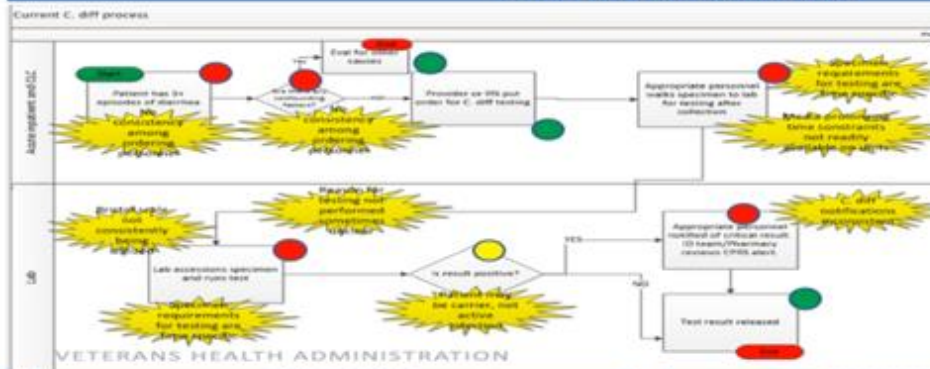
Mary Lois Lacey PhD, RN, LSSGB; Stephanie Powell RN, MSN; Chinyere Anyakudo, MD; Amber Olson; Andrea Allgood; Maquetta Baker; Kim Clarke; Ruth Simmons; Joachim Jemander RN; Teresa Mosley RN, DNP; Jessica Carouthers;



INTRODUCTION & BACKGROUND

- The C-diff rates for Dublin VAMC inpatient unit and CLC have demonstrated a challenge in that the census is small so the slightest increase in numerator will influence the overall performance matrix. Patient safety and community image is important. Getting to Zero was critical.
- From FY19 – FY22, the C. diff rate has increased from 5.16% to 7.24% in the acute areas and from 1.6% to 2.8% in the CLC. These rates exceeded the internal best practice rate for Acute which was 4.89 for FY18 and 0.00 for CLC in FY16.
- This rise led to increased patient length of stay, additional antibiotic exposure, increased patient safety risk for complications such as toxin megacolon and decreased patient satisfaction.

CURRENT STATE ATTRIBUTES



- 1) Inconsistent ordering of screening
- 2) Bristol Scale not followed and easily accessible
- 3) Inconsistent process for terminal room cleaning by EMS
- 4) Inability to differentiate carrier vs. active infection.
- 5) Variation in knowledge and role of c-diff management in all disciplines.

KEY ELEMENTS

Implementation Plan:

- Developed standardized order set
- Created Visual Cue badge buddy of the Bristol Scale
- Implemented standardized physician & direct care staff education at hire/just in time
- Created C-diff nursing stool assessment note & watch board category
- Amended Lab contract to add second EIA Toxin Test
- Re-deployed moon beams back to designated units

OUTCOMES

Timeperiod	Rolling 4 Quarter Measures					
	Rate/10k Bed Days	VHN 7 Avg	VA National Average	VA National Percentiles		
				10th	50th	90th
Previous						
FY20Q3	0.74	0.05	0.07	0	0.36	2.88
FY20Q4	0.71	0.07	0.06	0	0.34	2.57
FY21Q1	0.67	0.06	0.06	0	0.28	2.2
FY22Q2	0.32	0.05	0.07	0	0	2.88

CLC resident onset C-Diff rate baseline data showed 4th Quintile at 0.74% FY2022Q4. The project team used just in time training reinforcement and improved to the 3rd Quintile at 0.32% to sustain the project moving forward.

CONCLUSIONS & RESOURCES

Project Return on Investment (ROI):

Total Project Benefits: \$136,616
Total Project Cost= \$21,120; ROI= \$115,496

Insights:

- CLC medical and nurse executive engagement at every meeting
- CLC nurse educators take charge attitude
- How easy it was to create order sets and Nursing assessment note
- Infection control engagement

References

Barker AK, Scaria E, Safdar N, Alagozo. Evaluation of cost-effectiveness of infection control strategies to reduce hospital-onset Clostridioides difficile infection. JAMA Network Open. 2020;3(8):e2012522
Clinical Practice Guidelines for the Management of Clostridioides difficile Infection in Adults: 2021 Update by SHEA/IDSA