

# Clostridium Difficile Infection (CDI) Prevention Strategies

## Component of SAFE HAI 2.0 Roadmap

**CORE** Prevention Strategies = Strategies that should always be in place.

**ENHANCED** Prevention Strategies = Strategies to be considered in addition to core strategies when:

- There is evidence that the core strategies are being implemented and adhered to consistently.
- There is evidence of ongoing transmission of CDI.
- There is evidence that CDI rates are not decreasing.
- There is evidence of change in CDI pathogenesis (e.g. increased morbidity/mortality among CDI patients).

| Gap Analysis Questions   | Yes  | No   | If answered question "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete. |
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| <b>Patient/family education</b>  |  |  |  |
| <p><b>The facility has a process in place to:</b></p> <p>1a) Educate the patient about Clostridium difficile (CDI), such as symptoms of CDI, what the health care personnel/prescribers are doing to prevent infection and what the patient can do to help prevent an infection.</p>   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |
| <b>CDI surveillance</b>  |  |  |  |
| <p><b>The facility's CDI surveillance processes include:</b></p> <p>2a) Monitoring CDI diagnoses and management within the facility.</p> <p>2b) Surveillance for colectomies associated with CDI.</p> <p>2c) Conducting root-cause analyses for colectomies/deaths associated with CDI.</p> <p>2d) Providing CDI audit and surveillance data to environmental services leadership and staff.</p>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |  |
| <b>Early recognition of CDI</b>  |  |  |  |
| <p><b>The facility's core prevention strategies for early identification processes include:</b></p> <p>3a) Nurses are trained to recognize the signs/symptoms of CDI, e.g., Bristol Stool Chart.</p> <p>3b) Appropriate health care personnel (HCP) and prescribers are trained to obtain specimens for laboratory testing of patients suspected of having CDI.</p> <p>3c) Timely communication to the provider that a patient is suspected of having CDI.</p> <p><b>The facility's enhanced prevention strategies for early identification processes include:</b></p> <p>3d) The facility has a process in place to look for unrecognized cases of CDI by including CDI symptoms in existing processes or checklists such as shift report templates or patient care rounds in coordination with unit leaders.</p> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |  |
| <p><b>The facility's core prevention strategies for laboratory testing processes include:</b></p> <p>4a) Evaluation of PCR-based molecular assay for CDI diagnostic testing.</p> <p>4b) Rejecting formed stool specimens.</p> <p>4c) Avoiding serial testing of patients.</p> <p><b>The facility's enhanced prevention strategies for laboratory testing processes include:</b></p> <p>4d) Implementation of PCR-based molecular assay for CDI diagnostic testing.</p>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |  |

| Gap Analysis Questions  | Yes  | No   | If answered question “No” – identify the Specific Action plan(s) including persons responsible and timeline to complete. |
|---|--|--|--|
| <p><b>The facility’s diagnostic testing processes include:</b></p> <p>5a) Submitting one stool specimen for initial CDI testing.</p> <p>5b) Avoiding serial testing when initial test is negative.</p> <p>5c) Not testing asymptomatic patients.</p> <p>5d) Not conducting repeat testing during the same episode of diarrhea for confirmed CDI patients (e.g., electronic flag).</p> <p>5e) Retesting only if CDI symptoms continue or recur after 10 days of treatment.</p> <p>5f) Not performing “tests of cure” post treatment.</p> <p>5g) Not routinely testing patients less than 1 year of age.</p> <p>5h) Considering diagnoses other than CDI first for patients 1-3 years of age; if no recent antimicrobial exposure, use more than one diagnostic approach (including culture).</p> <p>5i) Testing and treating patients &gt;3 years of age, with recent antimicrobial exposure, as adults.</p> <p><a href="http://pediatrics.aappublications.org/content/131/1/196.full">http://pediatrics.aappublications.org/content/131/1/196.full</a></p>  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |  |
| <p><b>The facility has a process in place for timely communication of CDI test results to:</b></p> <p>6a) Patient care unit/facility</p> <p>6b) Provider</p> <p>6c) Infection prevention</p> <p>6d) Patient and/or family</p>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   |  |
| <b>Isolation precautions</b>  |  |  |  |
| <p><b>The facility’s core prevention strategies for isolation precaution processes include:</b></p> <p>7a) Placing patient in a private room with a bathroom or bedside commode solely for use by patient.</p> <p>7b) HCP and prescribers perform hand hygiene and don gloves and gown prior to entering patient room.</p> <p>7c) Performing hand hygiene (soap and water preferred) before exiting the patient room; alcohol-based hand rub is used if soap and water are not available.</p> <p>7d) Preferentially placing incontinent patients in private rooms if private room availability is limited.</p> <p><i>Follow isolation precaution practices outlined in the “Transmission” section of the roadmap.</i></p> <p><b>The facility’s enhanced prevention strategies for isolation precaution processes include:</b></p> <p>7e) Preemptively placing patients with loose stools (e.g., ≥3 unformed stools in 24 hours) in Isolation precautions.</p> <p>7f) Implementing universal glove use on floors/units/areas with endemic rates or ongoing transmission of CDI.</p> <p>7g) Increasing frequency and/or scope of monitoring compliance with isolation precaution.</p> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             |  |
| <p><b>The facilities core prevention strategies for hand hygiene practices:</b></p> <p>8a) Follow hand hygiene practices outlined in the “Hand Hygiene” section of the roadmap.</p> <p>8b) Hand hygiene is performed with soap and water upon room exit, if handwashing sink is not accessible, hand hygiene is performed using alcohol-based hand rub, and followed immediately with hand hygiene using soap and water after exiting the patient room.</p> <p><b>The facility’s enhanced prevention strategies for isolation precaution practices include:</b></p> <p>8c) Frequency and/or scope of monitoring compliance with hand hygiene practices is increased.</p>  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   |  |

| Gap Analysis Questions   | Yes  | No   | If answered question “No” – identify the Specific Action plan(s) including persons responsible and timeline to complete. |
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| <p><b>The facility’s core prevention strategies for isolation discontinuation processes include:</b></p> <p>9a) Patients are removed from isolation precautions if CDI test is negative and other infectious agents that require isolation precautions have been ruled out.</p> <p>9b) Patients are removed from isolation precautions when CDI symptoms resolve (e.g., patient has &lt;3 unformed stools in a 24 hour period).</p> <p><b>The facility’s enhanced prevention strategies for isolation discontinuation processes include:</b></p> <p>9c) Isolation precautions are continued for the duration of the current hospitalization for confirmed CDI patients, even if diarrhea resolves.</p> | <input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/> | <input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/> |  |

## Environmental cleaning and disinfection

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| <p><b>The facility’s core prevention strategies for cleaning and disinfecting processes include:</b></p> <p>10a) The environmental services director and infection preventionist partner to ensure effective cleaning and disinfection strategies.</p> <p>10b) Environmental services staff is notified of patient rooms requiring enhanced cleaning and disinfection.</p> <p>10c) Chlorine-containing or other sporicidal product/technology is used for daily and terminal environmental disinfection for all CDI patient rooms and patient care equipment.</p> <p><i>Follow standardized environmental cleaning and disinfection practices outlined in the “Systemwide environmental cleaning” section of the roadmap.</i></p> <p><b>The facility’s enhanced prevention strategies for cleaning and disinfecting processes include:</b></p> <p>10d) Evaluation of the use of chlorine-containing or other sporicidal product/technology used for daily and terminal environmental disinfection for all patient rooms and patient care equipment on affected unit if transmission is ongoing.</p> <p>10e) Routine cleaning/disinfection processes are assessed using a biochemical product (e.g., ATP, bioluminescence, fluorescent dye/marker) before changing products or processes</p> | <input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/> | <input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/> |  |
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## Antimicrobial stewardship/Medication management

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| <p><b>The facilities core prevention strategies for antimicrobial stewardship practices include:</b></p> <p>11a) The physician champion(s) has a decision-making role on the facility antimicrobial stewardship team.</p> <p>11b) Pharmacy evaluation of medication use for CDI patients</p> <p>11c) Evaluate clinical management strategies of CDI patients.</p> <p><i>Follow antimicrobial stewardship practices outlined in the “Antimicrobial stewardship program” section of the roadmap.</i></p> <p><b>The facility’s enhanced prevention strategies for antimicrobial stewardship practices include:</b></p> <p>11d) Monitor antimicrobial prescribing practices for the treatment of CDI and provide feedback to prescribers.</p> | <input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/>                 | <input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/>                 |  |
| <p><b>The facility collaborates with medical staff to set clear expectations for appropriate antibiotic use including:</b></p> <p>12a) Discontinuing inciting antibiotics, if possible, when CDI is suspected.</p> <p>12b) Avoiding antiperistaltic agents for patients suspected/diagnosed with CDI.</p> <p>12c) Following current national recommendations for CDI treatment, e.g., SHEA-IDSA Guideline.</p> <p>12d) Consultation with specialists when recurrent or worsening CDI is identified (e.g., infectious disease physician, general surgeons).</p> <p>12e) Process in place to replace broad spectrum antibiotics with targeted antibiotics when culture and sensitivity results are known (eg. hard stop at 72 hours).</p>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |  |

