



## Prevent and Manage Infections Safely: *C. difficile*

### Probing Questions

November 21, 2016

#### Why is our *C. difficile* infection (CDI) Rate High?

- Is our CDI rate higher than previous years?
- What is driving our high CDI rate?
- Are CDI rates high at the hospitals that frequently transfer residents to our nursing home?

#### Which Groups are Most Affected?

- Are the CDI cases mainly happening with residents that have had a recent history of CDI? Or, are they brand new cases (incident cases)?
- Are CDI rates higher among residents that have been hospitalized within the last 30 days?
- Are CDI rates higher among residents who were admitted on antibiotics or who have recently (within past 2 weeks) received an antibiotic course?
- Are CDI cases happening throughout the nursing home or limited to one hallway or unit?
- Are new CDI cases happening among residents with roommates that have had a current or previous history of CDI?

#### Processes and Resources to Consider

#### Is There a Process for Early Diagnosis and Isolation of CDI?

- Do staff members know the signs/symptoms of CDI?
- Do staff members know why it is important to report signs/symptoms as early as possible, and to whom they should report?
- Is new onset or worsening diarrhea well documented in the resident's chart and reported to nursing and medical staff members?
- How soon are stool specimens collected and sent for *C. difficile* laboratory testing after a resident develops new or worsening diarrhea?
- How soon after we send a sample do laboratory results for *C. difficile* get reported back to us?
- When CDI is diagnosed, what is the process for assessment of the resident and beginning treatment?
- At what point do we implement contact precautions for CDI? At the time diarrhea starts? At the time a stool test is sent for *C. difficile*? After a stool test is positive for *C. difficile*?
- Are residents and families aware of, and understand the need to comply with, isolation requirements?
- How are toileting needs accommodated for residents with new or suspected CDI and their non-affected roommates?
- Are staff members wearing gowns/gloves appropriately before providing care for residents with suspected or confirmed CDI?
- Does our nursing home have a process to monitor and report staff member adherence to gown/glove use practices on a monthly basis?
- What is our policy for a resident's participation in activities and group therapy when he/she has active diarrhea from CDI?
- Do we have a process to monitor residents with a known history of CDI for signs/symptoms of CDI after antibiotics are started?



- Are residents with a history of CDI immediately placed on contact precautions when they develop new or worsening diarrhea?

## Do we Have Preventative Hand Hygiene Processes in Place?

- Where in our nursing home are sinks for hand washing located?
- Are alcohol-based hand sanitizers available in our nursing home, specifically in resident care areas?
- Are staff members performing appropriate hand hygiene with soap and water after caring for residents with new diarrhea?
- Do staff members know when a resident has new or worsening diarrhea?
- Does our nursing home have a process to monitor and report staff member adherence to hand hygiene practices on a monthly basis?
- Does our nursing home have a program for resident hand hygiene?

## Are There Environmental Factors Connected With our CDI Rates?

- Does our room cleaning procedure change for residents with known or suspected CDI?
- How does environmental service staff members know which residents are known or suspected of having CDI?
- What products are being used to clean/disinfect rooms for residents with CDI?
- What is our policy about frequency of cleaning for residents known to have active CDI?
- Does our nursing home have dedicated equipment for use with residents with CDI (e.g., blood pressure cuff, Hoyer lift pad, etc.)?
- What are the high-risk surfaces that might be contaminated in the room of a resident with known or suspected CDI?
- Do we have a process to audit the adequacy of our environmental cleaning?

## How do we use Antibiotics?

- Does our nursing home have a process to measure antibiotic use?
- Does our nursing home have a process to assess and track appropriateness of antibiotic use?
- What drives the majority of antibiotic use in our nursing home?

## How Effective are our Systems for Assessment of Infections, Communication, and Tracking?

- How does frontline staff members communicate with clinical providers about residents suspected of having an infection?
- Do our clinical providers have a standard way to assess and document residents suspected of having an infection?
- What factors impact CDI recurrences?
- Does our nursing home have a mechanism to communicate “history of CDI” to hospitals at the time of transfer?
- Do we have a system to track and alert providers to “history of CDI” among current residents and new admissions?

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