

Deep Dive into *C. difficile*:

A tool to assess root causes of laboratory-confirmed *C. difficile* and the impact of culturing practices

Antibiotic and Laboratory Stewardship are primary drivers of laboratory-confirmed <i>C. difficile</i> . This tool is intended to guide analysis of culturing practices, antibiotic prescribing practices, risk factors and potential gaps.	
Patient Name:	DOB:
Medical Record:	Date and time of admission: / /
From: <input type="checkbox"/> home <input type="checkbox"/> another hospital	SNF/LTAC/NH
Was patient discharged from our facility in the last 30 days? <input type="checkbox"/> Yes (date:) <input type="checkbox"/> No	
Any previous history of a positive <i>C. difficile</i> stool result? <input type="checkbox"/> Yes (date:) <input type="checkbox"/> No	
Our clinical lab uses the following test(s) to screen stool for <i>C. difficile</i> :	
<input type="checkbox"/> NAAT (stand-alone)	<input type="checkbox"/> GDH plus toxin
<input type="checkbox"/> NAAT plus toxin	<input type="checkbox"/> GDH plus toxin, arbitrated by NAAT
<input type="checkbox"/> other _____	
Date and time CDI stool test was ordered:	
Where was patient at the time the CDI stool test was ordered?	<input type="checkbox"/> Emergency Department <input type="checkbox"/> In-patient unit:
Date and time CDI stool specimen was obtained:	
Where was patient at the time the specimen was obtained?	<input type="checkbox"/> Emergency Department <input type="checkbox"/> In-patient unit:
Did patient have 3 or more unexpected or unexplained liquid or unformed stools in the 24 hours prior to having the stool specimen collection?	<input type="checkbox"/> Yes <input type="checkbox"/> No*
*If 'No' , criteria for testing not met. Investigate further to determine why specimen was ordered/submitted:	
Did the patient have any of these symptoms at the time the specimen was collected? (check all that apply)	<input type="checkbox"/> abdominal cramping <input type="checkbox"/> elevated WBC's <input type="checkbox"/> fever >100.4F/38F
Did the patient have any of these risk factors? (check all that apply)	
<input type="checkbox"/> Antibiotics in the last 2 months	
Name/Dose/Duration/Indication:	
Was indication for antibiotic necessity re-evaluated after 48 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	
<input type="checkbox"/> Proton pump inhibitor (e.g. Protonix) daily for at least 3 days in the week prior to diagnosis? <input type="checkbox"/> yes <input type="checkbox"/> no	



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Were there other possible reasons the patient developed hospital-onset diarrhea? (check all that apply)

laxative enema

Note: If 'yes' to laxative or enema, CDI unlikely

lactulose tube feeding IV contrast

Note: if 'yes', CDI indeterminate

other:

Was the patient who occupied the room prior to this patient known to have CDI?

yes If yes, was room terminally cleaned? yes no unknown

no, previous patient was not known to have CDI

unable to determine who previously occupied room

Conclusions (check all that apply)

This is a true case of healthcare associated CDI

This patient had identified risk factors for CDI

This patient had no identified risk factors for CDI

This patient tested + for *C. difficile*, however did not meet the criteria for stool testing so it is possible this patient is colonized and not infected

This patient had a history of testing positive for *C. difficile* therefore this recent test may be reflective of a history of *C. difficile* rather than a new infection

We need to evaluate our specimen collection and processing practices

The time from 'test ordered' to 'specimen submitted' exceeded 24 hours (consider implementing an 'automatic stop' order if stool not submitted in this time frame)

Environmental cleaning practices need to be reassessed

OTHER (describe)

Next Steps/Action Plan:

Discuss identified gaps with care providers (e.g. no tests for cure, no tests for patients with a low pre-test probability of having CDI), clinical lab (e.g. rejecting specimens that do not conform to the shape of the container, pharmacy (e.g. PPI/antibiotic practices), environmental service (e.g. enhanced cleaning practices)

Refer case to peer review/quality committee/patient care team, clinical lab, pharmacy, etc.

OTHER (describe)

