

# The Difficulty with *C. Diff*

## Cookeville Regional Enhances Protocols to Tackle the Tricky Bacteria

*Clostridioides difficile*, formerly known as *clostridium difficile* and more commonly referred to as *C. diff*, is estimated to cause almost half a million illnesses annually in the United States. Antibiotic usage, age, a weakened immune system and prior *C. diff* infection are all risk factors for the highly contagious bacterium, which can quickly spread through a hospital if not appropriately contained and eradicated.

Stephanie Etter, RN, CIC, infection prevention manager for Cookeville Regional Medical Center, noted the common risk factors are routinely present among the inpatient population. While all hospitals should have a *C. diff* protocol in place, Etter said it takes a multi-pronged approach to really lower rates and stop the spread.

### The Basics

Like many hospitals, Cookeville Regional Medical Center (CRMC) uses contact isolation and visual cues to remind staff to take extra precautions with *C. diff* patients. Etter said the color brown, rather than the standard red, is used in signage.

“That’s our visual cue that this is a *C. diff* room,” she said. “The sign also reminds you to use soap and water and sporicidal disinfectants.”

Etter continued, “*C. diff* is easily spread because it’s a bacteria that forms a spore, so it makes it harder to get rid of and to clean. One of the easiest ways it spreads is through our hands.

It’s important to use soap and water rather than hand gel. You want more friction, and you want those spores to go from your hands down the sink.”

In addition to using a bleach-based cleaner, she said CRMC uses a sporicidal product for terminal cleaning of a patient room upon discharge. “We’ve done all these things for many years,” she noted. However, she continued, the team believed even more could be done to reduce the number of cases and improve patient care.

### Bowel Management Protocol

Following a couple of years that saw *C. diff* cases trend slowly upward, Etter said a multidisciplinary team was convened in early 2018 to develop a nurse-driven bowel management protocol. “We had done some basic re-education before creating the protocol, but it just hadn’t gotten us where we needed to be,” she added.

The new process called for detailed assessment and improved communication. With the exception of post-op patients who have

undergone abdominal/bowel surgery, Etter said, “Every shift, the nurse assesses every patient for diarrhea or constipation. Within that protocol, there are specific criteria.” If either issue is present, nurses follow a checklist of evidence-based steps to address the condition.

“The protocol required nurses to do a deeper assessment,” Etter continued. She added the new process also improved a communication gap between nursing assistants and the primary nurse as they worked together to document a patient’s bowel output.

### Additional Steps

“Our participation in the THA/HRET HIIN (Hospital Improvement Innovation Network) gave us access to a series of monthly webinars on *C. diff* reduction strategies.” She added the webinars provided CRMC access to best practices other hospitals had adopted to drive down *C. diff* rates. It also afforded Etter insights into what worked well for colleagues participating in the HIIN ... and what didn’t.

Considering the link between *C. diff* and antibiotics, Etter said judicious prescribing has been another point of emphasis. “We’re also working on antimicrobial stewardship to make sure we’re using antibiotics appropriately so as not to trigger *C. diff*,” she explained.

However, she noted, the biggest impact came with a testing change. “Appropriate testing was a big emphasis of our bowel protocol,” said Etter. The switch in testing methods coincided with Infectious Disease Society of America (IDSA) practice guideline updates. “By switching to the new test, you’re looking for the presence of the toxin. You are doing a two-step test that is much more specific to *C. diff* active infection. That rules out carriers or those without active infection.”



Stephanie Etter

### Driving *C. Diff* Down

All the changes and hard work that continued throughout 2018 began to pay dividends the following year. “In 2018, we had 55 hospital-acquired cases of *C. diff*,” said Etter. “In 2019, we had 16.” While pleased with the progress, she added, “We still have work to do ... we want that number to be zero.”

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