

Edmonton Zone *Clostridium difficile* Infection (CDI) Reduction Strategy Toolkit-Acute Care (Adult)

Unit/Site:

Unit manager or designate:

WHY:

C. difficile is the most frequent cause of infectious diarrhea in hospitals and long-term care facilities in Canada. Hospital Acquired (HA)-CDI rates are high in the Edmonton Zone; the 2015/16 overall Provincial rate was 3.5 HA-CDI cases per 10,000 patient-days and the 2015/16 rate in the Edmonton Zone was 4.6 HA-CDI cases per 10,000 patient-days.

WHAT:

The CDI toolkit has been developed to support quality improvement efforts by illustrating the multidimensional practices on each unit that may be contributing factors to current CDI rates. Key areas include antimicrobial utilization, Infection Prevention & Control (IPC) practices, hand hygiene, and environmental cleaning. Recommendations will be guided by evidence based practice.

The CDI toolkit includes information on antimicrobial stewardship and CDI reduction tools to support the unit teams (unit managers and frontline staff) in evaluating and improving their current practices.

WHEN:

The antimicrobial stewardship information and CDI reduction tools in the CDI toolkit are great resources that may be used on patient care units at any time. If IPC identifies HA-CDI cases above what is to be expected for a unit, the Infection Control Professional (ICP) will contact the unit manager and prompt them to work through the entire CDI toolkit with frontline staff on the unit.

WHO:

The target audience is all appropriate stakeholders within the identified unit, including but not limited to: unit managers, frontline staff, physicians, pharmacists, environmental services, lab, and IPC.

HOW:

The documents in the CDI toolkit should be reviewed and completed by selected unit team members, including unit managers and frontline staff, in consultation with other stakeholders as required. Collaborative discussions at unit huddles, unit or site quality councils, site infection control committees or site antimicrobial stewardship committees would be beneficial in identifying and sustaining quality improvement strategies.

For more information, please contact:

**Site Infection Control Professional
Site Antimicrobial Stewardship**

| Item | Action | Status | | |
|--|--|-------------|-------------|----------|
| | | Not Started | In Progress | Complete |
| Antimicrobial Stewardship | | | | |
| 1. Provincial Antimicrobial Stewardship Awareness Poster | <ul style="list-style-type: none"> Unit manager or designate to review and share with unit team Post on unit with site antimicrobial stewardship contact information | | | |
| 2. Edmonton Zone Antimicrobial Stewardship One Pager | <ul style="list-style-type: none"> Unit manager or designate to review and discuss with unit team | | | |
| 3. Antimicrobial Stewardship and Stool Specimens One Pager | <ul style="list-style-type: none"> Unit manager or designate to review and discuss with unit team | | | |
| 4. Adult CDI Pre-Printed Care Order (PPCO) (Forms #19718) | <ul style="list-style-type: none"> Unit manager or designate to ensure stocked on units and initiated for all new CDI cases | | | |
| CDI Reduction Tools | | | | |
| 5. Tiered management of CDI in Acute Care-Adult | <ul style="list-style-type: none"> Unit manager or designate to complete with unit team and consult with IPC to discuss | | | |

| Item | Action | Status | | |
|---|--|-------------|-------------|----------|
| | | Not Started | In Progress | Complete |
| 6. Bristol Stool Chart (Forms # 20404) | <ul style="list-style-type: none"> To be started by frontline nurses for patients with diarrhea | | | |
| 7. Adult Diarrhea Management Protocol | <ul style="list-style-type: none"> To be used by frontline nurses for patients with diarrhea | | | |
| 8. Human Waste Management Questionnaire | <ul style="list-style-type: none"> Complete independently by a minimum of 10 frontline staff members with different worker designations IPC to review results with unit manager or designate and unit team | | | |
| 9. Sample Equipment Cleaning List | <ul style="list-style-type: none"> Unit manager or designate to go through sample master cleaning list and adjust as needed to reflect equipment on unit needing to be cleaned Unit manager or designate to ensure frontline staff on unit aware of what cleaning they are responsible for and that cleaning is completed/documented | | | |
| 10. Hand Hygiene Data | <ul style="list-style-type: none"> Unit manager or designate to review unit Hand Hygiene Compliance data from Clean Hands Portal with unit team and identify opportunities for improvement | | | |