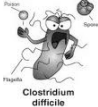# Practical Strategies to Control the Spread of *C. difficile* in Healthcare
Phenelle Segal, Infection Control Consulting Services
Broadcast live from APIC *C. difficile* Consensus Conference, Baltimore (www.apic.org)

Practical Strategies to Control the Spread of *C. difficile* in Healthcare

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www.webbertraining.com   March 12, 2013

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Presentation Overview

- Risk factors in the Healthcare Setting
- Challenges for Special Care Settings
- Prevention Strategies
- A Multi-disciplinary Approach including:
  - Team STEPPS
  - Positive Deviance
- Antimicrobial Stewardship

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Risk Factors in The Healthcare Setting

- Injudicious use of antimicrobials (e.g incorrect dosing, inappropriate antibiotic, incorrect timing)
- Injudicious use of other medications (e.g. PPIs)

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Risk Factors in The Healthcare Setting

- Patient/Resident Placement (e.g. lack of private rooms)
- Lack of hand-hygiene
- Ineffective isolation
- Environmental contamination

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Acute Care/LTAC Hospitals

Acute Care Hospitals are designed for short-term stays, helping to stabilize patients from a variety of conditions

Long Term Acute Care Hospitals (LTACHs) are designed for patients who are in need of acute care services that no longer warrant a continued stay in the acute care hospital. These patients have medically complex needs and require specialized care in a traditional setting

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Special Care Settings

Long Term Care

Nursing homes (NHs) provide maintenance and personal or nursing care for persons (as the aged or the chronically ill) who are unable to care for themselves properly

Skilled nursing facilities (SNFs) provide skilled nursing care and other related health services

NH and **SNF** are often interchangeable

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Special Care Settings

Long Term Care

Rehabilitation Hospitals/Centers provide an intensive rehabilitation program to inpatients. Patients receive skilled nursing care on a 24-hour basis, under the supervision of medical and a nursing staff

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Challenges for Special Care Settings

- Usually more than one person in a room and moving residents is difficult due to the room being their bedroom "within their home"
- Contact precautions are not always strictly followed
- Less control over personal hygiene including hand hygiene
- Residents or patients usually not restricted to their rooms, especially in the nursing home setting
- Move about, attend group activities and congregate in common areas

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Prevention Strategies

Common Terms to Describe Strategies

Bundle Approach
Tiered Approach
Basic and Enhanced
Core and Supplemental

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Prevention Strategies – Early Identification

Dog Sniffing C Difficile?

- Take a thorough history from patient/resident
- Place all patients/residents with diarrhea on contact precautions until CDI has been ruled out AFTER ruling out other causes such as:
  - new medication
  - change in diet
  - tube feeding
  - questionable viral syndrome (Norovirus)

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Prevention Strategies – Early Identification

Dog Sniffing C Difficile?

- Nurse driven protocols
- Laboratory alert system when an order is initiated and prompt communication to the nursing station when Lab identifies a positive
- Consider placing patients/residents on contact precautions when orders for C.diff testing are initiated

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Prevention Strategies - Placement

Acute Care
Single room with bathroom
Cohort if single room not available
Contact Precautions
  - Gloves and gowns donned when entering the room regardless of reason for entry
  - Gloves and gowns removed appropriately when leaving the room

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Prevention Strategies - Placement

Long-term Care

- Private room preferable but if not possible then:
  - Cohort with other CDI patients and do NOT cohort with other organisms such as MDROs
  - Place with residents/patients who are at "low risk" for acquiring CDI
  - If infected resident uses commode, preferable to use a disposable liner which can be discarded as regular trash

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Prevention Strategies – Hand Hygiene Basic

Germ Farm
Scrub'em!

Acute and Special Care Settings

Perform hand hygiene before and after contact with patient

•Wash hands if visibly soiled as alcohol will not penetrate protein material

•Alcohol hand sanitizers may be used in a non hyperendemic environment albeit that this may be controversial due to its lack of sporicidal activity

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Prevention Strategies – Hand Hygiene Enhanced

Germ Farm
Scrub'em!

Acute and Special Care Settings

- If CDI is on an increase or appears to be epidemic, enforce hand washing after patient care as the preferred method to physically eliminate hand carriage of the spores
- Reinforce hand washing technique in order to obtain maximum efficacy for hand hygiene
- Increase efforts to monitor hand-hygiene compliance

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Prevention Strategies – Contact Precautions – Basic

Acute and Special Care Settings

•Place signage visibly at entrance to room

•Perform Hand Hygiene upon entry to the patient/ resident room

•Be mindful of restrictions for signage including resident privacy rights in the special care settings

•Dedicate as much equipment as possible

•Clean equipment between patients/residents

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Prevention Strategies – Contact Precautions – Basic

Acute and Special Care Settings

•Gowns and gloves upon entry to the patient/ resident room regardless of the reason for entering

•Gowns and gloves to be worn throughout the duration of the HCW's stay in the room

•Gowns and gloves to be appropriately removed before exiting the room

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Prevention Strategies – Contact Precautions – Basic

Acute and Special Care Settings

- If providing care in a cohort situation, remove gloves, conduct hand-hygiene and don a new pair of gloves prior to rendering care to the next patient/resident
- Use dedicated equipment whenever possible
- If shared equipment is used, disinfect using appropriate agents before using on another patient/resident

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Contact Precautions Basic Signage

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Prevention Strategies – Contact Precautions - Enhanced

Acute and Special Care Settings

- Enhance communication of CDI by placing additional signage at entry of room
- In the acute care setting in particular, consider keeping patients on contact precautions until discharge or in the special care setting, consider keeping residents/patients on contact precautions beyond cessation of symptoms particularly with a history of recurrence
- Increase monitoring for compliance

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Prevention Strategies – Contact Precautions - Enhanced Signage

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Prevention Strategies – Environmental Care - Basic

Acute and Special Care Settings

- Daily cleaning with an EPA-approved germicide in non-hyperendemic setting
- More frequent high-touch surface cleaning as is possible
- Monitor cleaning compliance, especially for appropriate germicide contact time, technique and adherence to precautions
- If equipment is shared, clean between patients

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Prevention Strategies – Environmental Care - Enhanced

Acute and Special Care Settings

- Use 10% sodium hypochlorite (household bleach) for disinfecting rooms in a hyperendemic or outbreak setting
- If need arises for use of bleach on equipment, verify with manufacturer that it is safe for use
- Ensure appropriate precautions for staff and patients/residents when using bleach

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Prevention Strategies – Environmental Care - Enhanced

Acute and Special Care Settings

- Make use of bleach wipes for in-between cleaning
- Consider newer technologies such as Vaporized Hydrogen Peroxide and UV lights

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Other Special Care Settings

- Outpatient Facilities
  - Multi-specialty
  - GI centers
  - Private practices

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Multi-disciplinary Teamwork

Definition:

Multidisciplinary team (MDT) is a group of health care workers who are experts in different areas united as a team, for the purpose of planning and implementing best practices to enhance the safety and wellbeing of the patients

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Multi-disciplinary Teamwork

Teams include key players in patient care including but not limited to the following departmental staff

- Nursing
- Medical
- Administration
- Laboratory
- Housekeeping/EVS
- Pharmacy

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Team STEPPS

TeamSTEPPS is an evidence-based teamwork system developed jointly by the Department of Defense (DoD)and the Agency for Healthcare Research and Quality (AHRQ) to improve communication and teamwork skills among health care professionals.

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Team STEPPS

- Team STEPPS provides the following
- A powerful solution to improving patient safety within your organization
- An evidence-based teamwork system to improve communication and teamwork skills among health care professionals
- A source for ready-to-use materials and a training curriculum to successfully integrate teamwork principles into all areas of your health care system

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Team STEPPS

The Objectives of Team STEPPS include:

- Producing highly effective medical teams that optimize the use of information, people, and resources to achieve the best clinical outcomes for patients.
- Increasing team awareness and clarifying team roles and responsibilities.
- Resolving conflicts and improving information sharing.
- Eliminating barriers to quality and safety

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Team STEPPS

Team STEPPS is a three phase process and provides training and education
• A pretraining assessment for site readiness.
• Training for onsite trainers and health care staff.
• Implementation and sustainment

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Positive Deviance (PD)

Understanding PD

• PD is based on the premise that, in every organization or community, there are people who solve problems better with peers who have exactly the same resources
• The PD process engages frontline hospital staff in discovering, creating and spreading those practices
• PD seeks to bridge the gap between what healthcare providers know and what they do

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Positive Deviance (PD)

Understanding PD

• The goal is for every person in the healthcare organization who comes in contact with patients or supports the care of patients to take effective infection-control measures at all times
• Identify a group within an organization who can recognize problems, develop solutions and share their success with others
• Identify a department within a facility that has achieved success, observe their processes and have them share their success

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Positive Deviance – Facility Success

Using Positive Deviance, the Pittsburgh VA Healthcare System and Albert Einstein Health Care System in Pennsylvania, created a culture in which all employees were and continue to be encouraged to contribute and implement ideas for preventing MRSA infection and ensure that strict infection control procedures were and continue to be followed. Areas in which employees have made key contributions include the following:

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Positive Deviance – Facility Success

• Staff Education
• Isolation of Positive Patients
• Vigilant hand hygiene for providers
• Disinfection practices
• Standardized housekeeping protocols
• Ongoing monitoring and case review
• Patient education

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Antimicrobial Stewardship

CDI is increasing and efforts to reduce rates, improve patient care and contain costs include the development of an antimicrobial stewardship program in every facility regardless of the type

Stewardship programs can be very basic or advanced and they depend on many factors

It is critical for staff members involved with the immediate care of the patient, to understand how antimicrobials are used and monitored and what steps are in place to monitor and prevent overuse, incorrect use and inappropriate use of various agents

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Antimicrobial Stewardship

- Antimicrobial stewardship programs provide optimization of antimicrobial prescribing in an attempt to improve individual patient care
- reduce or eliminate the spread of antimicrobial resistant organisms including *C. difficile*
- reduce hospital costs

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Questions

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Coming Soon

14 March UPDATE ON "NO TOUCH" ROOM DISINFECTION SYSTEMS: UV LIGHTS, HYDROGEN PEROXIDE AND OZONE
Speaker: Prof. Dick Zoutman, Queen's University, Kingston

21 March TUBERCULOSIS INFECTION CONTROL IN HIGH HIV BURDENED COUNTRIES
Speaker: Virginia Lipke, CDC, Atlanta

09 April *(WHO Teleclass)* INNOVATION AND NEW INDICATORS IN HAND HYGIENE MONITORS
Speaker: Prof. John Boyce, Yale University

11 April UTILIZING HOSPITAL-TO-HOSPITAL PARTNERSHIPS TO STRENGTHEN INFECTION PREVENTION AND CONTROL
Speaker: Dr. Shamsuzzoha Babar Syed, WHO African Partnerships for Patient Safety, Geneva

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