Why is our C. difficile infection (CDI) rate high?

- Is our CDI rate higher than in 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 know the signs/symptoms of CDI?
- Do staff 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?
- How soon are stool specimens collected and sent for C. diff 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 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?
Prevent and Manage Infections Safely: C. difficile

Probing Questions

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 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 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 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?