Clostridium difficile (CDI) Road Map

MHA’s road maps provide hospitals and health systems with evidence-based recommendations and standards for the development of topic-specific prevention and quality improvement programs, and are intended to align process improvements with outcome data. Road maps reflect published literature and guidance from relevant professional organizations and regulatory agencies, as well as identified proven practices. MHA quality and patient safety committees provide expert guidance and oversight to the various road maps.

Each road map is tiered into fundamental and advanced strategies:
- **Fundamental strategies** should be prioritized for implementation, and generally have a strong evidence base in published literature in addition to being supported by multiple professional bodies and regulatory agencies.
- **Advanced strategies** should be considered in addition to fundamental strategies when there is evidence the fundamental strategies are being implemented and adhered to consistently and there is evidence that rates are not decreasing and/or the pathogenesis (morbidity/mortality among patients) has changed.

**Operational definitions** are included to assist facility teams with road map auditing and identifying whether current work meets the intention behind each road map element.

**Resources** linked within the road map include journal articles, expert recommendations, electronic order sets and other pertinent tools which organizations need to assist in implementation of best practices.

The CDI road map includes best practices for the prevention and control in hospitals. The strategies include the appropriate identification and management of patients with suspected and/or confirmed CDI, cleaning and disinfection of the environment, antibiotic stewardship, staff and patient education, among other topics. It is important to note that appropriate testing for CDI is critical for best practice implementation and patient outcomes. The best practices are appropriate for patients with signs and symptoms compatible with CDI (e.g., clinically significant diarrhea). Some patients may have the bacteria without signs or symptoms of infection – testing asymptomatic patients is not clinically useful, and may lead to unnecessary antibiotic use.

Additionally, the road map includes planning for CDI outbreak situations whereby some of the advanced measures for patient isolation and cleaning/disinfection become fundamental.

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| **CDI surveillance** | **FUNDAMENTAL**  
(check each box if “yes”)  
☐ The facility’s CDI surveillance processes include monitoring CDI diagnoses and management within the facility [1,2].  
☐ CDI audit and surveillance data is provided to environmental services leadership and staff [1,3]. | Surveillance is the foundation of infection prevention efforts. The National Healthcare Safety Network (NHSN) provides standardized definitions for reporting through their Multidrug-Resistant Organism & Clostridium difficile Infection (MDRO/CDI) Module.  
The Greater New York Hospital Association United Hospital Fund, Appendix C has a useful CDI Tracking Tool. |
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| CDI surveillance, continued | **ADVANCED** *(check each box if “yes”)*  
- Surveillance for colectomies associated with CDI [3] is included in the facility’s CDI surveillance processes.  
- Root-cause analyses are conducted for colectomies/deaths associated with CDI [3]. | |
| Early detection and appropriate testing | **FUNDAMENTAL** *(check each box if “yes”)*  
- Timely communication is provided to the health care provider that a patient is suspected of having CDI [1].  
- Appropriate health care personnel (HCP) are trained to obtain only unformed stool samples for laboratory testing of patients suspected of having CDI. | Consider resources such as the [New Cool Bristol Stool Tool](http://www.newcoolstooltool.com) to assist with training on the signs/symptoms of CDI. |
| Laboratory processes for CDI testing | **FUNDAMENTAL** *(check each box if “yes”)*  
- The facility has a process in place to evaluate current laboratory testing technologies and implementation such as PCR-based molecular assay for CDI diagnostic testing.  
- The facility’s laboratory testing processes include rejecting formed stool specimens [1,2,4].  
- A process is in place to limit CDI testing for pediatric patients  
  - The process includes a notification process for testing pediatric patients. For example, the electronic health record includes a prompt/flag to electronically alert staff regarding patients that do not meet the age criteria for testing, per facility policy. | The Minnesota Department of Health has developed a summary reviewing different [laboratory tests for Clostridium difficile infection](https://www.health.state.mn.us/hospitals/hospitals/lfk/lfk.htm).  
Limiting CDI testing to patients with a reasonable probability of having disease helps avoid detection of colonized patients. Consider the following when developing processes which support appropriate testing practices:  
- HRET, Appendix III [Vanderbilt EHR Screenshot – electronic alerts to help educate staff and prevent unnecessary CDI stool testing](http://www.screenshot.com)  
- Cleveland Clinic [Choosing Wisely®: C. difficile Infection Testing](http://www.choosingwisely.com) |
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| **Clinical processes for CDI testing** | **FUNDAMENTAL** *(check each box if “yes”)*  
- The facility has a process in place to limit diagnostic testing for CDI to only symptomatic patients [1].  
  - CDI diagnostic process includes submitting one stool specimen for initial CDI testing [2], and not conducting repeat testing during the same episode of diarrhea for confirmed CDI patients [1,2,5].  
- The facility has a process in place to evaluate retesting of patients diagnosed and treated for CDI who continue to be symptomatic.  
- “Tests of cure” are not conducted post treatment [1,2,5].  
- The facility has a process in place for diagnostic testing of pediatric patients.  
  - The process includes not routinely testing patients less than 1 year of age [1,6]; considering diagnoses other than CDI first for patients 1-3 years of age [1,6], and if no recent antimicrobial exposure, use more than one diagnostic approach (including culture); testing and treating patients >3 years of age with recent antimicrobial exposure as adults [6].  
- The facility has a process in place for timely communication of CDI test results [1,3,4,7].  
  - Includes timely communication to: patient care unit/facility, provider, infection prevention, and patient and/or family. | Limiting CDI testing to patients with a reasonable probability of having disease helps avoid detection of colonized patients. Consider the following when developing processes which support appropriate testing practices:  
  - HRET, Appendix IX [University of Wisconsin Health Inpatient Testing Algorithm for Clostridium difficile infection](http://www.hret.org/clinical/appendixix)  
  - University of California San Francisco [Diarrhea Decision Tree](http://www.ucsf.edu/medicine/diarrhea-decision-tree)  
  - Intermountain Healthcare [Best Practice Flash Card for C. difficile](http://www.intermountainhealthcare.com/bestpractices)  
  - University of Michigan Medicine [Clinical Guideline for Clostridium difficile Infection in Adults and Children](http://www.med.umich.edu/cid)  
  - Mt. Sinai & UHN [First Episode Clostridium difficile Infection (CDI) Management Algorithm](http://www.mssm.edu/cdi) |
| **Patient & family education** | **FUNDAMENTAL** *(check each box if “yes”)*  
- The facility has a process in place to educate patients diagnosed with CDI.  
  - Education includes topics such as symptoms of CDI, what the health care personnel/prescribers are doing to prevent infection, and what the patient can do to help prevent an infection [1]. | Patient engagement is an important component of CDI prevention and treatment. Consider the following examples when developing teaching materials:  
  - Centers for Disease Control and Prevention [FAQs about Clostridium difficile](http://www.cdc.gov/cdc)  
  - Fairview Health Services [Clostridium difficile infection patient education](http://www.fairview.org/Care/Infections/Clostridium-difficile)  
  - Mount Sinai Hospital [Special Isolation Precautions for Clostridium difficile (C. difficile)](http://www.mountsinai.org/patient/diagnosis)  
  - The Ohio State University Medical Center [Clostridium difficile patient education](http://www.osumc.com/)

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### Isolation Precautions

#### FUNDAMENTAL  
*(check each box if “yes”)*

- [ ] Patients with confirmed CDI are placed in a private room [1-4,7-9] with a bathroom or bedside commode solely for use by patient [3].
- [ ] HCP and prescribers perform hand hygiene and don gloves and gown prior to entering patient room [1-4,7-10].
- [ ] Hand hygiene is performed before and after entering the CDI patient room (to coincide with before patient contact and after removing gloves) with soap and water or an alcohol-based product [1-4,7-10].
- [ ] Patients are removed from isolation precautions when CDI symptoms resolve [1-3,7-9]. Some experts recommend continuing isolation precautions for at least 48 hours after diarrhea resolves [1].

Isolation precautions help prevent infections that are spread through touch in the environment. Consider the following when developing organizational processes for the use of precautions:

- CDC [Frequently Asked Questions about Clostridium difficile for Healthcare Providers](https://www.cdc.gov/candida/dcss/cdpfhp.html)
- CDC [Clostridium difficile Infection (CDI) Toolkit](https://www.cdc.gov/candida/dcss/cdi_toolkit.html)
- CDC [Clostridium difficile Infection (CDI) Prevention Primer](https://www.cdc.gov/candida/dcss/cdi_prevention_primer.html)
- SHEA/TJC/APIC/IDSA/AHA *“Rationale for Hand Hygiene Recommendations after Caring for a Patient with Clostridium difficile Infection”*
- MHA [Controlling CDI Environmental Cleaning Training and Supervision Tool Kit, Precautions signs](https://www.mhaonline.org/cdi Eğitim ve Yönetimsel Araştırmalar Kitabesi, Önlemler sembolü)
- Seattle Children’s Hospital [Isolation Precautions Policy – Inpatient Settings](https://www.seattlechildrens.org/clinical/policies/2016-A016-02)
- University of California San Francisco [Diarrhea Decision Tree](https://www.ucsf.edu/medicine/diarrhea-decision-tree)
- HRET, Appendix VIII [California Pacific Medical Center Diarrhea/Enhanced Precautions Decision Tree](https://www.hret.org/isplaydoc?docid=0316)

#### ADVANCED  
*(check each box if “yes”)*

- [ ] The facility preferentially places incontinent patients suspected of having CDI in private rooms if private room availability is limited [1,3].
- [ ] The facility preemptively places patients with loose stools (e.g., ≥3 unformed stools in 24 hours) in isolation precautions [1,3,7].
- [ ] When using preemptive isolation precautions, patients are removed from isolation precautions if CDI test is negative and other infectious agents that require isolation precautions have been ruled out.
- [ ] Isolation precautions are continued for the duration of the current hospitalization for confirmed CDI patients, even if diarrhea resolves [1,3,7,8].
- [ ] Universal glove use is implemented on floors/units/areas with endemic rates or ongoing transmission of CDI [4,7].
- [ ] Increasing frequency and/or scope of monitoring compliance with isolation precautions and hand hygiene [1,3,7].

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| **FUNDAMENTAL**   | □ The facility has a process in place for implementing isolation precautions in settings in which there is an outbreak or an increased CDI rate.  
- Preferentially placing incontinent patients in private rooms if private room availability is limited [1,3].  
- Patients are removed from preemptive isolation precautions if CDI test is negative and other infectious agents that require isolation precautions have been ruled out.  
- Increasing frequency and/or scope of monitoring compliance with isolation precautions and hand hygiene [1,3,7].  
□ The facility has a process in place for performing hand hygiene in settings in which there is an outbreak or an increased CDI rate.  
- Perform hand hygiene with soap and water preferentially instead of alcohol-based hand hygiene products after caring for a CDI patient [1-4,7-10].  
- Implementing universal glove use on floors/units/areas [4,7].  
□ The facility’s cleaning and disinfection processes include conducting an evaluation of the use of chlorine-containing or other sporicidal product/technology used for daily and terminal environmental disinfection for all patient rooms and patient care equipment on affected unit if transmission is ongoing [2,3,7-9,11]. | The CDC developed a Targeted Assessment for Prevention (TAP) framework for quality improvement which helps organizations use data for action in the prevention of infections. The TAP strategy supports facilities in identifying locations within facilities with a disproportionate burden of infections so that prevention resources can be used most effectively. |

Environmental cleaning and disinfection

□ The environmental services director and infection preventionist partner to ensure effective cleaning and disinfection strategies [3].  
□ Environmental services staff is notified of patient rooms requiring enhanced cleaning and disinfection.  
□ Chlorine-containing or other sporicidal product/technology is used for daily and terminal environmental disinfection for all CDI patient rooms and patient care equipment, per organizational policy [1,3,4].  
□ The routine cleaning and disinfection processes are evaluated periodically through direct practice observation.  
- For example, using a visual inspection process with checklist | Environmental cleaning is a critical component of CDI prevention. Consider the following resources when developing cleaning and disinfection processes:  
- MHA Environmental Services Cleaning Guidebook  
- MHA Controlling CDI Environmental Cleaning Training and Supervision Tool Kit  
- MHA webinar: Environmental Interventions to Reduce Clostridium difficile  
- CDC Options for Evaluating Environmental Cleaning  
- CDC Environmental Checklist for Monitoring Terminal Cleaning  
- CDC Environmental Cleaning Evaluation Worksheet |
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| Environmental cleaning and disinfection, continued | □ The facility’s cleaning and disinfection processes include an evaluation of the use of chlorine-containing or other sporicidal product/technology used for daily and terminal environmental disinfection for all patient rooms and patient care equipment on CDI-affected unit if transmission is ongoing [2,3,7-9,11]. □ Routine cleaning/disinfection processes are evaluated periodically through a technology-based approach using a biochemical product (e.g., fluorescent markers, ATP bioluminescence, cultures) [1,3,4,7]. | • CDC [Options for Evaluating Environmental Cleaning](https://www.cdc.gov) [See: Level II]  
• MHA [UV Gel Testing Procedure](https://mha.org) |
| Antimicrobial stewardship & medication management | □ The facility has an antibiotic stewardship program that follows the Centers for Disease Control and Prevention’s Core Elements of Hospital Antibiotic Stewardship Programs [12,13]. □ The facility collaborates with medical staff to set clear expectations for appropriate antibiotic use and follows current national recommendations for CDI treatment, e.g., guidelines developed by the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA) [2] and the American College of Gastroenterology [5]. - Appropriate CDI patient management includes: avoiding antiperistaltic agents for patients suspected/diagnosed with CDI [2,5]; Consultation with specialists when recurrent or worsening CDI is identified (e.g., infectious disease physician, general surgeons). | Antimicrobial stewardship is an essential component of reducing the incidence of CDI infection. Facility antibiotic stewardship programs should follow the CDC [Core Elements of Hospital Antibiotic Stewardship Programs](https://www.cdc.gov). Consider the following selected implementation resources to support antibiotic stewardship work:  
• CDC [Implementation of Antibiotic Stewardship Core Elements at Small and Critical Access Hospitals](https://www.cdc.gov)  
• National Quality Forum [National Quality Partners Playbook: Antibiotic Stewardship in Acute Care](https://www.nqf.org)  
• MHA Antibiotic Stewardship collaborative [webinars](https://mha.org) |
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| Performance improvement monitoring | **FUNDAMENTAL** *(check each box if “yes”)*  
- The facility has a process to measure and monitor CDI prevention processes and outcomes.  
  - CDI prevention processes include: compliance with guidelines/best practices (e.g., isolation precautions, hand hygiene, etc) and evaluation of the education program provided to staff and licensed independent practitioners.  
  - CDI outcomes include CDI rates using evidence-based metrics (e.g., NHSN). | Surveillance is the foundation of infection prevention efforts. The National Healthcare Safety Network (NHSN) provides standardized definitions for reporting through their [Multidrug-Resistant Organism & Clostridium difficile Infection (MDRO/CDI) Module](https://nhsn.cdc.gov/).  
The Greater New York Hospital Association United Hospital Fund, Appendix C has a useful [CDI Tracking Tool](https://www.gnyha.org/). |
| Staff Education | **FUNDAMENTAL** *(check each box if “yes”)*  
- The facility has CDI basic education in place for all HCP and prescribers with potential for exposure to patients and/or infectious materials [7].  
  - Training includes: compliance with isolation precaution e.g. gowns, gloves when entering room, adherence to hand hygiene, cleaning and disinfection, education, and antimicrobial stewardship.  
- CDI basic education is conducted as part of the orientation process.  
- Ongoing competency assessment for CDI prevention is conducted at least annually.  
- The facility has a process in place to provide additional education for physician/prescriber/nursing/laboratory.  
  - Education includes: role in antimicrobial stewardship, early and accurate recognition of CDI, current research, diagnostic methods, and collection practices. | Education in basic CDI prevention, including hand hygiene, should be provided to multidisciplinary staff with potential for exposure to patients and/or infectious materials. Consider the following resources when developing staff education materials:  
  - MHA [Controlling CDI Environmental Cleaning Training and Supervision Tool Kit](https://www.mhanet.org/Controlling%20CDI%20Environmental%20Cleaning%20Training%20and%20Supervision%20Tool%20Kit) [See: “Environmental services cleaning protocol educational presentation”]  
  - Greater New York Hospital Association United Hospital Fund, Appendix G [Environmental Services Training Video and Presentation](https://www.gnyha.org/).  
  - Cleveland Clinic [C. difficile education](https://www.clevelandclinic.org/caregivers/c dificileет EDUCATION.aspx) |

**REFERENCES**


