Healthcare Organization Commitment

Contact Details

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Commitment Details

Commitment Name
Getting to Zero-Eliminating Clostridium difficile (C. diff) Infections for the Adult Population

Participants
Graham Snyder, MD, SM
Elise Martin, MD, MS

What Patient Safety Challenge does your Commitment address?
Challenge 2E - Clostridioides difficile infection (CDI)
Commitment Start Date
09/04/2018

How Many Hospitals Will This Commitment Represent
30

Commitment Summary
CDC: Clostridium difficile (C. difficile) is an important cause of infectious disease death in the United States. C. difficile was estimated to cause almost half a million infections in the United States in 2011. Approximately 83,000 of the patients who developed C. difficile experienced at least one recurrence and 29,000 died within 30 days of the initial diagnosis. Poor prescribing practices put patients at risk for C. difficile infections. More than half of all hospitalized patients will get an antibiotic at some point during their hospital stay, but studies have shown that 30-50% of antibiotics prescribed in hospitals are unnecessary or incorrect. C. difficile infections can be prevented by using infection control recommendations and more careful antibiotic use. Improper or delayed ordering and specimen collection lead to delays in diagnosis and treatment. Dubberke, E.R., MD, et al: Strategies to Prevent Clostridium difficile Infections in Acute Care Hospitals: 2014 Update, Infection Control and Hospital Epidemiology, June 2014, Vol. 35, No. S2, pp S48-S65.

“Attributable costs of inpatient CDI in 2008 dollars have been estimated to be $3,006-$15,397 per episode.28 US hospital costs for CDI management have been estimated to be $1.0-4.9 billion per year.28 Costs of CDI in the outpatient and non-acute care settings have not been assessed.” Reduce our system-wide C.diff rate by 10% by the end of calendar

Commitment Description & Detail
The C. diff best practice guide was recently developed to help managers focus on the bedside practices of specimen ordering, specimen collection, proper infection prevention techniques, and patient/family education. It provides managers with the tools needed to educate and promote ongoing best practice at the bedside. This guide was developed using evidence-based resources. The guide includes fact sheets and pocket cards (which includes appropriate UV light disinfectant) for several key areas of care which can be utilized to educate all staff. It also provides an observational audit tool to provide real-time feedback, identify barriers, or areas of concern. It also provides a root cause analysis tool which may be utilized to identify opportunities for improvement. The guide and tools are to be posted on the UPMC Infonet for anyone to access. Additionally, EMR functionality has been utilized to assist provider’s in appropriate ordering of C.diff specimens.

Action Plan
1. Increase awareness of the risk of C. diff infections. This will be accomplished through best practice guide education, introduction of tools that may be utilized to review events, development of technology-assisted education, and electronic health record opportunities.
2. Promote standardized practice using the best practice guide, educational resources, and
tools. 3. Identify opportunities to improve current practices through audit and root cause analysis (RCA) tools. 4. Creation of System-wide monthly meeting of C. diff Champions, including our Antimicrobial stewardship representatives.

Commitment Timeline
The C. diff reduction program began with a system-wide change in provider ordering of C. diff specimens with collaboration of our eQuality/EMR team in the fall of 2017 and is ongoing. A System-wide Best Practice Guide is to be posted and shared on the UPMC Infonet in Sept. 2018. System-wide monthly meeting of C. diff Champions is to begin Sept. 2018 and ongoing.

Impact Details

Lives Saved

Lives Spared Total = 5.404499999999996

For reporting purposes, the number has been rounded up to the nearest whole number. Lives Spared Total 6