Healthcare Organization Commitment

Contact Details

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Commitment Details

Commitment Name
C-Diff Reduction

What Patient Safety Challenge does your Commitment address?
Challenge 2E - Clostridium difficile infection (CDI)

How Many Hospitals Will This Commitment Represent
21

Commitment Summary
Clostridium difficile (CDIFF) has become the most common cause of healthcare associated infections in US hospitals. In NCAL region, there were 701 cases of HAI CDIFF reported during our baseline year of 2015. According to Medmined data, each case of HAI CDIFF results in additional 4.8 LOS days. The KP data shows that patients with CDIFF have 16.9% more risk of dying than those without CDIFF.

**Commitment Description & Detail**
- Executive Leadership embedded in project governance - CDiff performance included on leadership performance dashboard - Performance tied to remuneration - Regional clinical and physician leadership and oversight - Regional support to develop standard work

**Action Plan**
- Ceased automatic PCR test on all specimens with indeterminate C.diff - Toxin A and B results and began to require Infectious Disease approval before ordering PCR separately.
- Hand hygiene - Isolation and hand-off protocols - Initiated use of testing algorithm for ordering C.diff Toxin A and B tests.
- Above workflow changes initiated August 31, 2016.
- KPHC build to support above workflow changes released November 17, 2016.
- Began sending daily and weekly reports on process measures and outcome measures to key stakeholders on March 15, 2017.
- Physician and clinician training - EVS standardized cleaning policies and the training of EVS workers using checklists and educational videos.
- Antimicrobial Stewardship efforts continue to optimize antibiotic use across the region.

**Commitment Timeline**
This is on-going as we strive for zero

**Impact Details**

**Lives Saved**

Lives Saved predicted = 9.4635

*For reporting purposes, the number has been rounded up to the nearest whole number.
Lives Saved predicted = 10*