



# Taking the Difficulty Out of C. Diff Prevention Using the Bundle Approach

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## Introduction

Clostridium Difficile Infections (CDI) are a significant patient safety issue for healthcare organizations, impacting morbidity and mortality.

Prevention of Healthcare Onset Clostridium Difficile Infections (HOCDI) transmission has quickly become a top priority for most organizations throughout the nation.

## Purpose

In an effort to decrease the number of HOCDIs within our organization, an interprofessional team collaborated to develop a CDI Prevention Bundle.

Bundle methodology has demonstrated to be successful in decreasing healthcare associated infections. Bundles assist in standardizing practices and ensuring evidence-based interventions are implemented.

## Method

The CDI Prevention Bundle contains specific interventions to address:

- Patient screening on admission and/or when symptoms first appear
- Appropriate and timely disinfection of the environment, equipment and supplies
- Patient/family education in CDI transmission prevention, and
- Hand hygiene practices.

An inpatient nursing unit was selected to pilot the bundle to ensure that it could be easily integrated into the daily workflows of the nursing staff and was agreeable to patients and their families.

Process adjustments and bundle modifications occurred over several months after interventions were trialed.



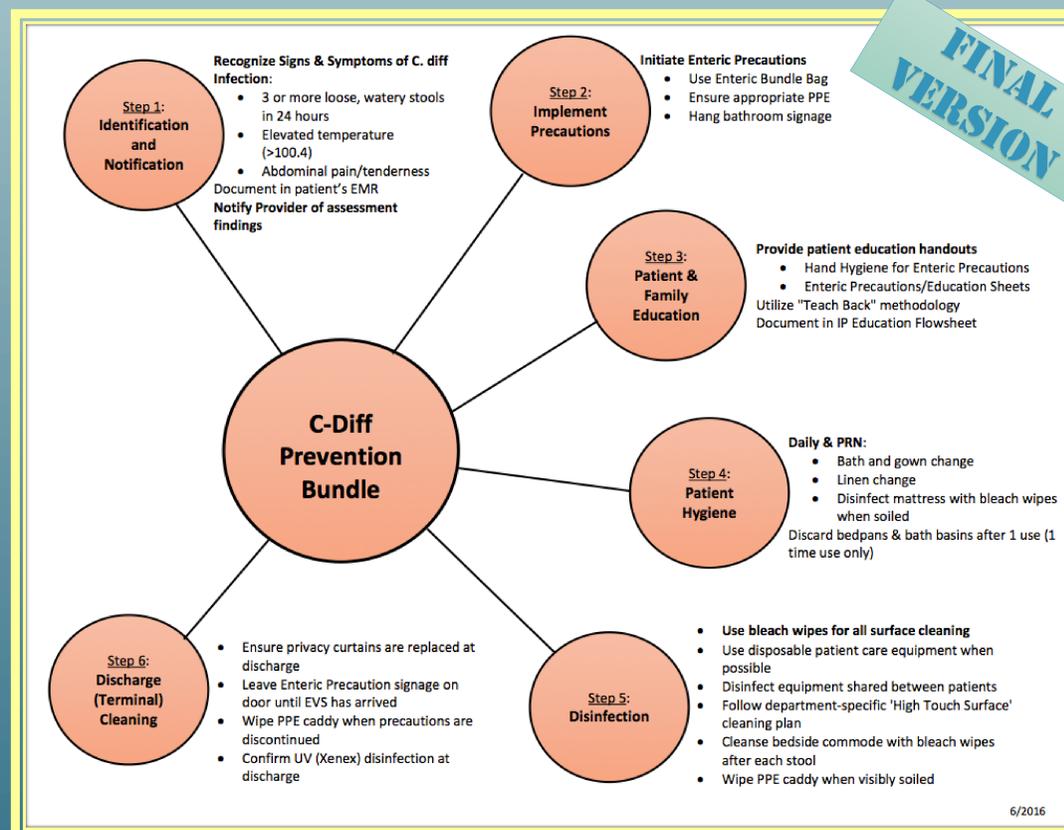
**C-Diff Bundle Bags**  
Pre-packaged bags containing supplies for staff to 'Grab and Go' when initiating isolation for suspected or diagnosed C-Diff patients

Staff nurses on the pilot unit were instrumental in providing constructive feedback to make the necessary adjustments to the bundle that would ensure a more successful execution.

C-Diff Prevention Bundle			
Screening Screen for symptoms on admission and every 12 hours If C-Diff screening criteria is met, initiate "Nurse Driven C-Diff Screening Protocol" order set			
Precautions	Patient/Family Education	Patient Hygiene	Environmental Cleaning
Initiate C-Diff Prevention Bundle and Enteric Precautions. Place Enteric signs and isolation supplies on door hanger or designated area for your unit.	Review Enteric Precautions handout (in Bundle Bag) with Patient and Family.	Daily bath with gown change and as needed.	Use bleach PDI wipes for cleaning – surfaces must stay wet for 4 minutes. Always wear gloves when using disinfectant wipes.
C-Diff Bundle Bag to patient's room: - Signs on bathroom door - Red Bouffant and sign over hand gel/foam dispenser - "High Touch Surfaces" list on mirror. - Stethoscope, thermometer and B/P cuff - Patient hand wipes and education sheets	Instruct patient and family on proper hand hygiene and provide hand hygiene instructions daily.	Complete change of bed linen daily and when soiled. Immediately remove soiled linen from room and take to chute/bin.	Disinfect departmental equipment with PDI bleach wipes before exiting room (Dynamap, glucometer, bladder scanner, EKG machine, etc.)
Healthcare workers must wear appropriate PPE when in patient room.	Review precautions and hand hygiene instructions daily.	Assist patient with hand hygiene: - before meals - med administration - after toileting	Additional daily disinfection of High Touch Surfaces with bleach PDI wipes by Nursing staff. (Refer to "High Touch Surface" list in patient's room.)
Clean gloves must be worn when providing med administration, oral care, and feedings.	Use Teach Back and Ask Me 3 to confirm patient understanding.	Disinfect mattress with bleach wipes if soiled.	Cleanse bedside commode with bleach PDI wipes after stools.
No RNNT phone usage while in patient room.	Document Infection Prevention education in CHL at onset and any additional daily education	Patient performs hand hygiene before exiting room (for tests or procedures and/or walking).	UV disinfect (Xenex/Tru-D) room with Terminal clean, (EVS)
After direct patient contact, remove gloves and perform hand hygiene. Reapply clean gloves.		Bath basins: 1 time use only.	Ensure curtains are removed and replaced at Terminal clean, (EVS)
Wash hands with soap and water prior to exiting patient room.			Remove precaution signs after confirmation of curtain change and UV disinfection.

1ST DRAFT

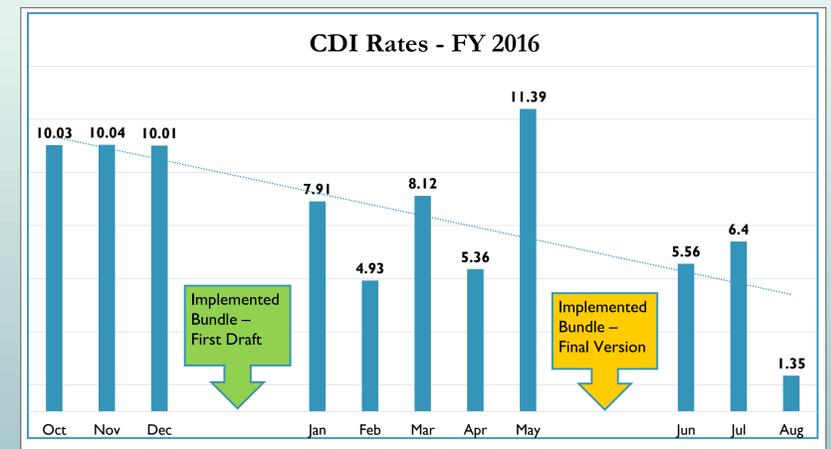
After rigorous auditing and consulting the nursing staff on the pilot unit, a final CDI Prevention Bundle was established and ready for organization-wide implementation.



FINAL VERSION

## Implications

As with all bundles, this CDI Bundle is multi-faceted and multi-tiered. The ultimate goal of the bundle was to: (1) standardize CDI transmission prevention throughout the organization; and ultimately (2) realize a decrease in HOCDI rates. With modifications to the bundle taking place over the entire 2016 fiscal year, more time is needed to determine if utilizing the CDI bundle aided in meeting our objective. Recent data, however, shows promising results that, if continued, will move us closer to our target – no HOCDIs.



## Conclusion

The process of creating a CDI Bundle provided an opportunity for many disciplines within the organization to work together towards a valuable goal, keeping patients safe from harm during their hospitalization. Collaboration between physicians, infection prevention specialists, environmental services, hospital administration, and nursing resulted in a plan and process that will hopefully continue to impact the length of stay, mortality, and satisfaction of our patients.

## Team Members

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## References

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