




**From 20 to 200-plus:
Disseminating Best Practices
across the Spectrum of Care
in the Illinois Campaign to
Eliminate *Clostridium difficile***

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Presenter Disclosures

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No relationships to disclose

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Illinois *Clostridium difficile* Stakeholder Group

Centers for Disease Control and Prevention

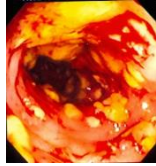
- Ronda Sinkowitz-Cochran, MPH

Objectives

- Identify key strategies used in disseminating best practices in the Illinois Campaign to Eliminate *Clostridium difficile* (ICE *C. diff*)
- Discuss ways to build effective partnerships for disseminating best practices
- Discuss the role of the state health department in facilitating *Clostridium difficile* infection (CDI) prevention across the healthcare continuum

Clostridium difficile

- Bacterium that causes inflammation of the colon
- Shed in the feces
- Spores can live for months on environmental surfaces
- Symptoms include watery diarrhea, fever, abdominal pain, nausea, loss of appetite



Clostridium difficile Infections (CDI)

Leading cause of healthcare-associated infectious diarrhea

Risk factors for CDI acquisition

- Antibiotic use
- Recent medical care
- Advanced age
- Underlying illness
- Tube feeds

\$1 billion excess medical costs

14,000 deaths per year in US

2x increase in incidence in Illinois hospitals over ten years

Dubberke ER, Reske KA, Olsen MA, McDonald LC, Fraser VJ. Short- and long-term attributable costs of *Clostridium difficile*-associated disease in nonsurgical inpatients. *Clin Infect Dis* 2008;46:497-504.
Clostridium difficile in Illinois Hospitals, 2010. Available at <http://www.healthcarereportcard.illinois.gov/files/pdf/cdif2010.pdf>.

Starting from 20 facilities: Illinois CDI Prevention Collaborative

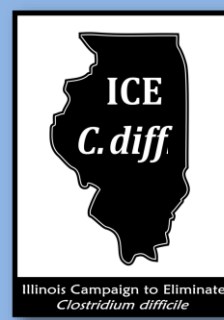
Underscored importance of

- Support from leadership and key players
- Multidisciplinary collaboration
- Evidence-based guidance and practical tools



<http://www.notjustamidservice.com/>

Moving to 200-plus facilities



Target audience

- Acute care hospitals and long-term care facilities (LTCFs)

Goals

- Disseminate evidence-based best practices for CDI prevention
- Facilitate and increase facility engagement in CDI prevention activities

Strategies for Improving Dissemination of Best Practices

1. Align the campaign with the strategic goals of the adopting organizations
2. Increase recruitment by integrating opinion leaders into the enrollment process
3. Form a coalition of credible campaign sponsors
4. Generate a threshold of participating organizations that maximizes network exchanges
5. Create networks to foster learning opportunities
6. Highlight evidence base and relative simplicity of recommended practices
7. Develop practical implementation tools and guides for key stakeholder groups
8. Incorporate monitoring and evaluation of milestones and goals

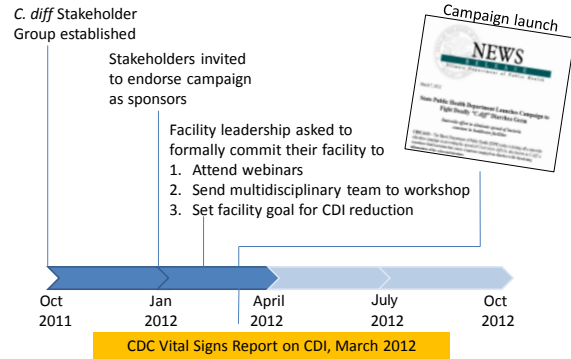
Get support from leadership and key players

Promote multidisciplinary collaboration

Provide evidence-based guidance and practical tools

*Christina Yuan et al, May 2010. Eight Key Strategies for Improving the Dissemination of Best Practices by (National Quality Improvement Campaigns. Commonwealth Fund Issue Brief.

Getting Support from Leadership and Key Players



Incentives for Facility Participation

Illinois policy context

- Skilled nursing facilities required to have a designated Infection Prevention and Control Professional, effective January 2012
- Hospitals mandated to report *C. diff* rates, effective January 2012
- Public reporting of hospital *C. diff* rates on Illinois Hospital Report Card, effective fall 2012

Recognition for championing patient safety

- Facilities that signed up for the campaign listed on ICE *C. diff* website: http://www.idph.state.il.us/patientsafety/ice_home.htm

Providing Evidence-based Guidelines and Practical Tools

8 Webinars

Laboratory testing, environmental cleaning, hand hygiene, contact precautions, implementing rapid cycle improvements, promising methods for CDI prevention and treatment

"Menu of Strategies to Prevent Clostridium difficile Infections"

Item	Priority	Timeline	Responsible Party	Status
1. Early and reliable detection of CDI lab testing and diagnosis	High	Jan 2012	Lab	Completed
2. Review and updating of CDI test panel at facility	Medium	Jan 2012	Lab	In Progress
3. Review quality of interpretation of detection result (e.g., using a standard tool that captures consistency & frequency)	Medium	Jan 2012	Lab	In Progress
4. Implement standard or best practice for CDI test when criteria are met	Medium	Jan 2012	Lab	In Progress
5. Establish lab policy for developing appropriate testing (e.g., repeat forward and confirm and, if needed, use amplification testing methods like PCR, E-test, and rapid testing for <i>C. diff</i> after first test)	Medium	Jan 2012	Lab	In Progress
6. Implement a process for incorporating direct observations of CDI in Contact Precautions by staff at CDI suspected	Medium	Jan 2012	Staff	In Progress
7. Collect and report additional data (e.g., confidence in shape of colonoscopy in timely fashion, ensuring appropriate interpretation and handling)	Medium	Jan 2012	Staff	In Progress
8. Implement a lab-based alert system to ensure immediate communication of test results	Medium	Jan 2012	Lab	In Progress
9. Provide staff with regular feedback on facility's CDI laboratory positivity rate (e.g. all of positive tests) of tests submitted and frequency of RPP/CDI	Medium	Jan 2012	Lab	In Progress
10. Provide staff with regular feedback on facility's CDI incidence and prevalence rates	Medium	Jan 2012	Lab	In Progress
11. Review from documentation of their dashboard about to time of initiation of Contact Precautions	Medium	Jan 2012	Staff	In Progress
12. Review from documentation of their dashboard about to time of communication of test results	Medium	Jan 2012	Staff	In Progress
13. Participate in CDI research activities and/or attend research at facility	Medium	Jan 2012	Staff	In Progress
14. Staff knowledge of CDI symptoms, when and how to order CDI test, and interpretation of test results	Medium	Jan 2012	Staff	In Progress



“Menu of Strategies to Prevent *Clostridium difficile* Infections”

Action planning tool addressing:

- Early and reliable detection of CDI: lab testing and diagnoses
- Early and appropriate containment of CDI: safe and non-restrictive implementation of Contact Precautions
- Cleaning and disinfection of the environment and equipment
- Inter-facility patient transfer

Promoting Multidisciplinary Collaboration



- The “how” of implementing CDI prevention activities
- Action planning

Oct 2011 Jan 2012 April 2012 July 2012 Oct 2012

Results

- Stakeholder engagement
- Facility implementation of CDI prevention activities
- What facilities liked most about ICE *C. diff*

Stakeholder Engagement

- 23 organizations signed up as campaign sponsors
- 120 hospitals and 134 LTCFs officially signed up for the campaign
 - More participated in activities without officially signing up
- 199 to 410 phone lines used per webinar
- >450 individuals total attended regional workshops

Facility Implementation of CDI Prevention Activities

	Hospital (N=82)*	LTCF (N=51)*
Facility's leadership supported participation in the campaign	83%	95%
Established a CDI prevention team as a result of the campaign	61%	47%
Implemented at least one intervention to prevent CDI as a result of the campaign -Top areas of focus: Environmental cleaning, contact precautions, hand hygiene	77%	88%
Agreed or strongly agreed that "CDI prevention is now a greater priority in my facility as a result of the campaign"	61%	81%

*Not all responded to each survey question

What Facilities Liked Most About ICE C. diff

- Heightened facility awareness of CDI and enhanced leadership support
 - "It brought the issue of increased nosocomial CDIs to the forefront and helped us make changes within our facility."
 - "The ability to get involvement of leadership due to the sponsorship of IDPH."
 - "It made Administration hold nursing managers accountable for assisting in the monitoring of Contact Precautions."

What Facilities Liked Most About ICE C. diff

- Facilitated information exchange among facilities
 - "[I]t was nice being part of the ICE team to hear what others were doing at their facilities."
 - "The meeting was most beneficial as I heard that others were having similar issues and how they resolved them."
- Provided evidence-based information through web-based and in-person learning
 - "I liked the ongoing educational opportunities followed up with team experience and sharing best practices."
 - "I enjoyed the focused updated information from experts."

Challenges

- Reach to LTCFs
- Diverse target audience with different learning needs
- Short time frame for planning and implementation

Looking Ahead

C. diff is an "urgent threat"

Centers for Disease Control and Prevention, *Antibiotic Resistance Threats in the United States, 2013*

New IDPH activities

- CDI collaborative with acute care hospitals and LTCFs that share patients
- Hospital antimicrobial stewardship collaborative
- Assessment of antibiotic stewardship in LTCFs

Key role for health departments

- Facilitate collaboration among stakeholders
- Influence buy-in from leadership and key players

Thank you

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Illinois Campaign to Eliminate *Clostridium difficile*
http://www.idph.state.il.us/patientsafety/ice_home.htm