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

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**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)**

- 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


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**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.notjustamaidservice.com/

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**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


**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](http://www.idph.state.il.us/patientsafety/ice_home.htm)

**Getting Support from Leadership and Key Players**

- Stakeholders invited to endorse campaign as sponsors
- Facility leadership asked to formally commit their facility to
  1. Attend webinars
  2. Send multidisciplinary team to workshop
  3. Set facility goal for CDI reduction

**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"
**“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

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**Results**

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

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**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

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**Promoting Multidisciplinary Collaboration**

- Regional workshops
  - Oct 2011
  - Jan 2012
  - April 2012
  - July 2012
  - Oct 2012

- The “how” of implementing CDI prevention activities
- Action planning
Facility Implementation of CDI Prevention Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hospital (N=82)*</th>
<th>LTCF (N=51)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility’s leadership supported participation in the campaign</td>
<td>83%</td>
<td>95%</td>
</tr>
<tr>
<td>Established a CDI prevention team as a result of the campaign</td>
<td>61%</td>
<td>47%</td>
</tr>
<tr>
<td>Implemented at least one intervention to prevent CDI as a result of the campaign</td>
<td>77%</td>
<td>88%</td>
</tr>
<tr>
<td>Top areas of focus: Environmental cleaning, contact precautions, hand hygiene</td>
<td></td>
<td></td>
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<tr>
<td>Agreed or strongly agreed that “CDI prevention is now a greater priority in my facility as a result of the campaign”</td>
<td>61%</td>
<td>81%</td>
</tr>
</tbody>
</table>

*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.”

- 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.”

What Facilities Liked Most About ICE C. diff

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

Challenges
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

Looking Ahead

C. diff is an “urgent threat”
Centers for Disease Control and Prevention, *Antibiotic Resistance Threats in the United States, 2013*

Thank you

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[http://www.idph.state.il.us/patientsafety/ice_home.htm](http://www.idph.state.il.us/patientsafety/ice_home.htm)