

Dare To Defy C Diff

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Dare To.... Defy *C Diff*

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Project Goal Implement a compendium of evidence-based preventive measures to decrease the *C. difficile* infection (CDI) rate in a 20-bed medical-surgical intensive care unit (ICU) in an academic, community Magnet™ hospital.

Significance Over the past decade, the incidence of CDI in the acute health care setting has increased substantially, with the critical care patient at especially high risk.

Evidence

- Sources: Centers for Disease Control, Association for Professionals in Infection Control and Society for Healthcare Epidemiology of America
- Recommendations
 - Isolation supply caddies stocked with Personal Protective Equipment
 - Bleach wipes
 - Stool Culture Protocol
 - Contact signage
 - Ultraviolet C irradiation for terminal cleaning



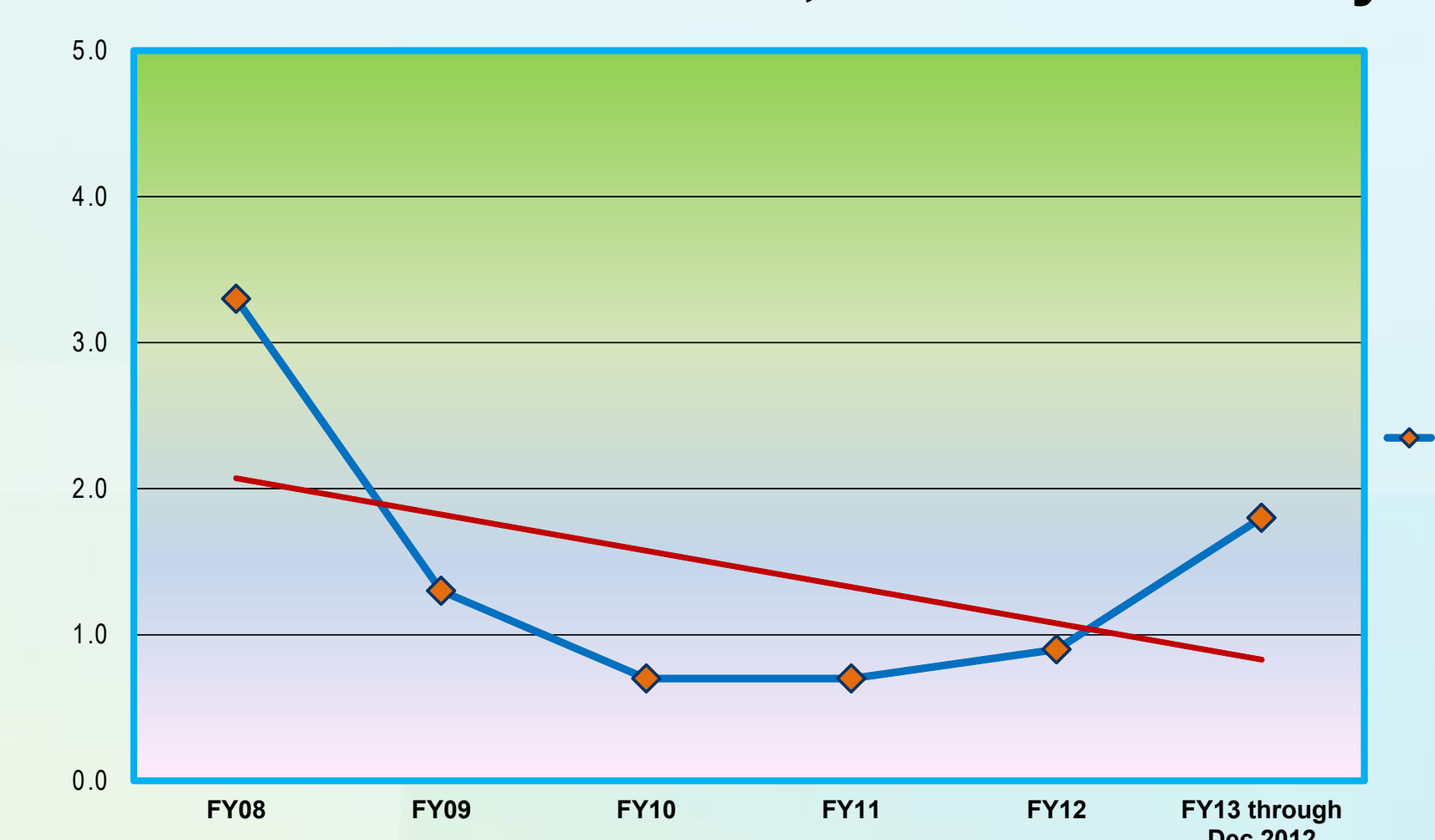
Evidenced-Based Solutions & Actions

Recognizing that expert knowledge, in conjunction with research, supports evidence-based practice, the LVHN ICU nurses enhanced standard guidelines with additional measures:

- Utilization of disposable bedside cardiac monitoring leads
- Monitoring for diligent terminal room cleaning, ie. changing privacy curtains
- Use of fecal containment systems
- Posting additional signage
- Emphasis on staff and visitor education
- Limiting supplies in the room
- Disposing all supplies upon discharge
- Peer accountability

Outcomes

Clostridium Difficile
Intensive Care Unit
Infection Rate Per 1,000 Patient Days



Because there are no national benchmark data available for CDI rates in designated acute care, inpatient settings, it is recommended an internal historical comparison be used to track rates.



Strategies for Success

- Staff engagement through shared governance
- Visibility
- Ongoing momentum supported by:
 - Weekly newsletter with gentle reminders of standards and real-time data
- Incentivized annual goals tied to the staff performance appraisal



Implication for Practice

Preventive measures for CDI can be perceived as daunting by critical care nurses, who recognize the alarming mortality rates associated with CDI in their compromised patients. The efforts in this ICU can serve as a pragmatic model which can be replicated by critical nurses in a variety of settings to prevent CDI.

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