Diagnostic Stewardship Interventions for *Clostridioides difficile (C. difficile)* Infection

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- Describe difference between hospital onset *C. difficile* and clinical syndrome of *C. difficile*
- Describe how colonization (not infection) of *C. difficile* can result in a positive test
- Identify diagnostic stewardship interventions for *C. difficile* testing

Hospital Onset C. difficile Infection Criteria

1. Positive lab test* greater than 3 days after admission

2. Greater than 8 weeks since most recent positive test

*This is not a clinical diagnosis

Hospital onset C. difficile impacts hospital ratings



Hospital Compare data, 2019

The presence of *C. difficile* is not equivalent to an active *C. difficile* infection

The presence of *C. difficile* **toxin** is necessary for active infection to exist



As of now, it is NOT standard of care to treat someone who does not have the syndrome of infection (i.e. treatment of colonization) *C. difficile* colonization can result in positive *C. difficile* test even when infection is not present

C. difficile colonization can result in positive *C. difficile* test even when infection is not present

Liquid stool sent to lab



Inappropriate C. difficile Testing at UNM



Bundled Intervention to Reduce C. difficile

- Diagnostic Stewardship
- Infection Control
- Antimicrobial Stewardship

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Diagnostic Stewardship: Intervention #1

- Clinical Decision-aid Tool ("pilot")
 - Implemented on selected nursing units
 - Providers and nurses educated
 - Provided recommendation, did not preclude testing

PROVIDER QUESTIONS

- Has your patient had 3 or more loose stools in the last 24 hours?
 Yes
 - □ No → STOP Cdiff testing NOT recommended. (Unless concern for toxic megacolon/ileus)
- Has your patient received laxatives within the last 48h?
 - ☐ Yes → STOP <u>Cdiff testing NOT recommended</u>. (Can consider holding laxatives)

🗆 No

- Does your patient have at least one of the following?
 - Fever

Leukocytosis

Cramping

- Lower abdominal pain D Abdominal distention
- □ None → STOP <u>Cdiff testing NOT recommended</u>, first assess for alternative causes of diarrhea.
- Has your patient been tested within the last 7 days and been negative for Cdiff?

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□ Yes → STOP Cdiff testing NOT recommended.
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🗆 No

- NURSE QUESTIONS
 - Has your patient had 3 or more loose stools in the last 24 hours?
 Yes
 - □ No → STOP Cdiff testing NOT recommended. (Unless concern for toxic megacolon/ileus)
 - Has your patient received laxatives within the last 48h?
 - □ Yes → STOP Cdiff testing NOT recommended.

🗆 No

- Cdiff testing recommended (provider to place order, nurse will collect)
- Cdiff testing NOT recommended and NOT ordered
- Cdiff testing NOT recommended, provider disagrees, testing ordered (provider to place order and provide reason below, nurse will collect)

Diagnostic Stewardship: Intervention #2

- Electronic Medical Record (EMR) Hard Stop
 - Can be bypassed by paging hot seat pathology resident
- Automatically prevent testing order if at least one of the following was present:
 - Laxatives administered within last 24 hours
 - Processed *C. diff* test within last 7 days

EMR Hard Stop



Following the interventions total C. difficile tests ordered decreased $\sim 30\%$

Total Inpatient C. difficile Orders By Week



Hospital acquired C. difficile infections observed decreased



Intensive Care Unit (ICU) *C. difficile* tests ordered decreased by $\sim 50\%$

Adult ICU Cdiff Orders By Week



Hospital acquired C. difficile infections observed in ICU decreased

Location	2018	2019	% Change
ICU	51	17	67% decrease
PCU	84	76	10% decrease

Hospital Onset C. difficile SIR trends below National SIR



Take Home Points

- Hospital onset *C. difficile* is not equivalent to clinical syndrome of *C. difficile*
- Positive *C. difficile* test can reflect colonization and not infection
- Diagnostic stewardship interventions may
 - Reduce number of *C. difficile* tests ordered
 - Associated with lower rates of hospital onset *C. difficile* infection

Acknowledgments

- Dr. Mary Lacy
- Dr. Meghan Brett
- Amanda Martinez, RN and the entire Infection Control Group
- C. difficile working group
- Kelly Houlihan, RN
- Tricore
- Pathology
- IT Department
- Dr. Rick Crowell

Thank You

