Reducing the number of unnecessary Clostridium Difficile stool collections by 25%

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Background
Collecting unnecessary Clostridium difficile stool specimens reduces workflow efficiency, increases the risk of hospital acquired C‐diff specimen and increases cost.

Goal
The goals of this project:
1) Achieve a 25% reduction in the number of rejected Clostridium Difficile stool specimens
2) Develop a standardized protocol for Clostridium Difficile specimen collection
3) Increase understanding of Clostridium Difficile infectious process, Hospital Acquired Conditions, and educate the clinical team by providing Clostridium Difficile specimen collection and protocol competencies.

Improvement Process
A clinical workgroup made up of quality, infection control and lab worked together to review Hospital Acquired Clostridium Difficile and specimen rejection data. A nurse driven and physician driven protocol was developed to address patients presenting with Clostridium Difficile symptoms. The nurse driven tool to assist the nursing team identify patients with Clostridium Difficile within 3 days of admission. Additionally, a physician protocol was developed to address patients presenting with symptoms of Clostridium Difficile after 3 days.

Results