**Risk Analysis for Assessing Optimal *C. difficile* Management**

**Or**

On the Way to Achieving 100% Compliance with the *C. difficile* bundle

| **Critical Risk Areas if Failure Occurs** | **Determine Probability of Event** | **Probability of On-going Variances: check one** | | | **Prevention Strategies to Consider for Escalation of Interventions and Improving Outcomes**  **Please check the strategies that are selected to implement.** |
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| **Low** | **Medium** | **High** |
| Early Identification patient suspected/confirmed *C. difficile* | Review historic data to see how often it occurs |  |  |  | * Use checklist to screen patients for symptoms and to ask referring physician or unit providing report * Use signage to alert patient on need to tell care provider if they have diarrhea * Educate staff on signs and symptoms * Other |
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| Initiation /Maintenance of Contact Precautions | Review historic data to see how often it occurs |  |  |  | * Visual reminders in admission paperwork about assessing need for isolation. * Flagging of electronic life time medical records with history of *C. difficile* and the need to screen for signs and symptoms. * Alert other areas when patient is being transferred or sent to area for testing. Design a “travel ticket” that goes with patient to new area that lists isolation needs and other key information. * Other |
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| Compliance with Contact Precautions | Perform audits to determine frequency of non-compliance |  |  |  | * Build a patient safety culture that supports compliance. * Alert and provide key requirements on effective signs. * Educate patients and family about isolation needs. * Educate staff and empower everyone to help enforce compliance. * Monitor compliance and provide feedback. * Provide surveillance data especially related to patient to patient transmission. * Other |
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| Hand Hygiene Compliance | Measure compliance in several ways to get full picture of practices |  |  |  | * Build a culture of patient safety that empowers everyone to assure compliance * Use signage such as the “5 Moments for Hand Hygiene” as a reminder of when to perform hand hygiene. * Educate staff and measure competency in knowing when to clean hands and how to do it. * Other |
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| PPE Availability | Evaluate stocking practices and the frequency that the staff has to interrupt care to replenish PPE |  |  |  | * Establish par stocking levels through dialogue with supply chain and specific area manager. * Assign unit staff to be responsible to routinely check and re-stock rooms and isolation carts with PPEs. * Develop plan for alternate PPE sources if a back order occurs. * Other |
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| Hand Hygiene Supplies availability (Soap/ABHR/paper towels) | Audit patient care areas to assess for supplies. Identify the number of outage reports. |  |  |  | * Establish with care providers and environmental services the frequency/timing of stock replenishment. * Establish a “hot line” for prompt response if supplies are depleted. * Consider need for additional products such as ABHRs or larger containers of products to meet demand. * Review supply shortages for trends that can be useful to prevent outages in the future. * Other |
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| Private Room availability | Track the number of times a patient with *C. difficile* cannot be assigned a private room |  |  |  | * Evaluate census and patient placement with bed control, nursing and medical staff leadership. * Identify opportunities to release beds or provide a better distribution of patients. * Identify potential candidates to cohort together during bed crunch. * Other |
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| Private Bathroom/Bedside commode | Identify how often a patient needs a bedside commode due to no private bathroom. |  |  |  | * Identify opportunities to release beds or provide a better patient placement. * Assure that clean and ready to use bedside commodes are available for use. * Other |
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| Human Waste disposal must be carried out of the room to a hopper | Evaluate patient placement relative to hopper/bathroom. |  |  |  | * Identify opportunities to release beds or provide a better patient placement. * Assure that clean and ready to use bedside commodes are available for use. * Establish optimal room selection criteria with bed control and nursing * Other |
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| Environmental Cleaning Agent: selection; use dilution; and staff knowledge | Appropriate cleaning & disinfecting agents available. |  |  |  | * Collaborate with environmental services and supply chain to have products available. * Prohibit staff from bringing their own products in or allowing others to use non-approved agents. * Provide a list of acceptable products and how to use them. * Assure availability of cleaning agents and have plan for back orders or shortages. * Other |
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| Cleaning and Disinfection of room including high touch surfaces | Audit cleaning processes by observation, other monitoring activity such as fluorescent markers or ATP measurement. |  |  |  | * Institute a team to evaluate cleaning practices and monitor compliance. * Provide feedback to environmental service personnel as well as nursing staff who work in the area. * Identify who has the responsibility to clean specific areas, equipment or an assigned times. * Measure competency for the assigned tasks by return demonstration and/or verbalization. * Use markers such as fluorescent powder or ATP measurements or to identify the completeness of cleaning. * Evaluate if the potential cross contamination could be associated with a room or breach in cleaning or disinfection practices. * Provide feedback on compliance and potential cross contamination to providers and administration. * Evaluate the need during outbreaks for implementation of one of the new technologies that disinfects a room, i.e. UV light, vaporized hydrogen peroxide, etc. (Note physical cleaning to remove dirt, etc. must be done prior to these treatments.) * Measure impact of using the new technology on transmission cessation. * Other |
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| Reusable device and equipment management | Evaluate the staff’s ability to identify single use disposable items and devices that may be reprocessed.  Are appropriate cleaning, disinfection, and labeling practices in place? |  |  |  | * Evaluate staff’s knowledge of single use disposable items and how they should be discarded after use. * Develop protocols for cleaning and disinfection of equipment and devices that may be safely re-used following cleaning and disinfection and how to identify them as “ready for use”. * Assess ease of cleaning and consider disposable items when tiny crevices, soft materials or other conditions which inhibit adequately cleaning and disinfection. * Evaluate the need for including these items protocol using newer technologies for disinfection. * Other |
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| Communication of isolation: initiation of isolation, re-admission alerts; and removal of precautions | Evaluate compliance with isolation system to assure prompt initiation of precautions to prevent exposure and or transmission. |  |  |  | * Collaborate with areas to identify trouble spots in communication, be sure to include admissions, OR scheduling staff, nurse representatives, ambulatory care staff; physicians, house staff; information services for the health information record; administration and others. * Develop plan to address identified trouble spots and automate notification and “warnings” in the health information record. * Evaluate policies and procedures for initiation of isolation and when to discontinue precautions and make revisions as appropriate. * Audit communication and compliance with feedback to all users. * Other |
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| Corrosion of equipment and supplies | Inspect equipment and supplies to identify if cleaning agents or practices are harming their integrity. |  |  |  | * Identify incidence of corrosion and pitting found on equipment and devices. * Identify the specific product recommended for use on the item and determine if practice matched those recommendations. * Assure that policies and procedures clearly identify manufacturer’s recommendations and that current practices reflect those recommendations. * Remove pitted and corroded items from use since they cannot be cleaned and disinfected appropriately. * Communicate need to replace items to manager or administrator to obtain funding. * Review practices with staff and assure competencies in following protocol. * Other |
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| Monitoring reports | Audits and other data indicate non-compliance with approved protocols and suggest the possibility of cross contaminations. Or trending data indicates increase in patients with healthcare associated CDI. |  |  |  | * Communicate practice variance with leadership and staff to identify barriers to compliance. * Describe the impact on system due to increasing cases. * Evaluate through root cause analysis with providers potential causes for breaches and transmission. * Evaluate the effectiveness of current strategies and implement additional protocols to minimize the risk. * Empower staff to respectfully intervene on patient’s behalf when non-compliance is noted in the course of care. * Establish a hierarchical variance resolution structure that can be used to escalate issue to higher authorities if needed. |
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| Antimicrobial Stewardship ,use of antibiotics shown to increase risk for acquiring CDI, and management of patient who has continued need for antibiotics in light of C. difficile result | Assess non-formulary use of Antibiotics and how common is prolonged treatment. Collaborate with the antimicrobial stewardship plan to determine best practices are in place for patient. |  |  |  | * Establish and maintain an active antimicrobial stewardship program that is linked to infection prevention and the surveillance data. * Evaluate recommended practices for application in a particular setting. * Provide data to the Pharmacy and Therapeutics Committee and the Infection Prevention and Control Committee. * Partner with specific units and services to understand their population and treatment needs. * Other |
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| Contact Precautions and reduction of contamination of procedural rooms | Determine the number of times the procedural area staff knows a patient has CDI and follows Contact Precautions |  |  |  | * Create protocol that identifies a patient’s need for isolation when scheduled. * Use “travel ticket” to go with patient as another reminder for the need to isolate. * Educate procedural staff on the need to remove or cover all equipment and supplies not needed for the case to reduce risk of contamination. * 3. Assure that the procedural area has access to enhanced cleaning products for *C. difficile* and knows how to use including use dilution and required exposure time. * Other |
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| Contact Precautions and reduction of contamination of operating rooms | Determine the number of times the OR staff knows a patient has CDI and follows Contact Precautions |  |  |  | * Create protocol that identifies a patient’s need for isolation when scheduled. * Use “travel ticket” to go with patient as another reminder for the need to isolate. * Educate OR staff on the need to remove or cover all equipment and supplies not needed for the case to reduce risk of contamination. * Assure that the OR has access to enhanced cleaning products for *C. difficile* and knows how to use including use dilution and required exposure time. * Other |
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| Use of patient use equipment on another patient | Review patient safety reports for practice variances and include in observations when auditing overall isolation compliance. |  |  |  | * Evaluate policies and procedures for identifying dirty/used items versus items that have been cleaned and disinfected appropriately and are “ready for use”. * Develop systems for placement and identifying used items. * Implement system for labeling items ready to use and for placement in clean holding until needed. * Evaluate the impact of the practice breach and did the patient become colonized or infected. * Track all occurrences and monitor patient outcomes. |
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| Communication failures | Determine how many breaches in practice could be related to failure to communicate. |  |  |  | * Evaluate breaches in practice associated with communication failures. * Initiate a work group to evaluate processes and practices for opportunities for enhanced communications including the development of automatic alerts and warnings. * Create a culture of patient safety to build team communication skills within the immediate work unit but also throughout the organization. * Other |
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