**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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