

PRHC Communiqué



Managing *C. difficile* at PRHC

To: All patients, staff, physicians, volunteers, visitors, media and general public

Date: September 19, 2008

Why this communiqué?

Peterborough Regional Health Centre (PRHC) offers this overview to patients and their families, physicians, staff and volunteers, the public, as well as the media. This communiqué is intended to provide insight into how our hospital is working with our staff and the community to manage *C. difficile* on a daily basis, and how comprehensive and concerted all our efforts must continue to be to contain the spread of *C. difficile*.

***C. difficile* reporting is almost here**

All Ontario Hospitals will soon be reporting the number of *C. difficile* cases in their facilities. This Communiqué will:

- Make it clear what this reporting means for staff and patients;
- give an overview of *C. difficile*;
- outline PRHC's commitments; and explain the many actions that PRHC taking to restrict the spread of *C. difficile* in our hospital.

The facts at-a-glance

- On Friday, September 26, the first province-wide, public release of *C. difficile* rates for all Ontario hospitals will occur.
- Hospitals will post their own number of *C. difficile* cases and rates on their own websites. At the same time, the Ministry of Health and Long Term Care will post the numbers and rates for all hospitals on a public website.
- PRHC believes the reporting of *C. difficile* rates is a beneficial step and is in full support of this initiative.
- Good hand washing by everyone, healthcare staff, physicians, volunteers, patients and visitors, is the single-most effective way to prevent the spread of infectious diseases like *C. difficile*.
- PRHC is not in an outbreak situation. PRHC is a safe hospital and is committed to providing the best patient care possible.

Background

What is *C. difficile*?

***C. difficile* is one of the many types of bacteria that can be found in feces (bowel movement), and has been a known cause of health care-associated diarrhea for about 30 years.**

Where does *C. difficile* come from?

C. difficile is not new. Although people may lately associate it with health care settings, it doesn't come from hospitals, long-term care homes or laboratories. It is widely distributed in the environment and can be found in the human intestine, occurring naturally in 3-5% of adults (more commonly in the elderly) without causing symptoms.

What causes *C. difficile*?

C. difficile can be picked up on the hands from exposure in the environment and can get into the stomach once the mouth is touched, or if food is handled and then swallowed. Once in the stomach, the bacteria usually will not cause any problems unless the other bowel bacteria are disturbed, which can happen when antibiotics are taken. The use of antibiotics increases the chances of developing *C. difficile* diarrhea as it alters the normal level of good bacteria found in the intestines and colon. Without the presence of the normal bowel bacteria, the *C. difficile* bacteria may start to grow and produce a toxin that can damage the bowel and lead to watery diarrhea, fever and abdominal pain or tenderness.

How does *C. difficile* spread?

When a person has *C. difficile*, the bacteria in their feces can contaminate surfaces such as toilets, bedpans, commode chairs, and door handles (if feces is on hands). Other healthy individuals can contaminate their hands if they touch these items. If these individuals then touch their mouths without washing their hands, they can become infected. *C. difficile* produces spores that survive for long periods and are resistant to destruction by many environmental factors (e.g. temperature, humidity).

Hand hygiene: everyone's responsibility

Good hand washing by everyone, healthcare staff, physicians, volunteers, patients and visitors, is the single-most effective way to prevent the spread of infectious diseases like *C. difficile*.

Our Commitment

Public reporting of our infection rates is important because it will allow us to work with a standardized approach across the province. Our commitment to our patients is one of safety and continuous improvement. If our rates have risen

above our baseline, then we will: look internally at our hospital's processes, consult externally with experts; identify areas for improvement, and implement strategies to reduce *C. difficile* in our organization.

PRHC: Working hard to manage the spread of *C. difficile*

“Like all hospitals across the province and around the world, *C. difficile* presents an ongoing, serious challenge for PRHC; we must all be vigilant,” says PRHC President and CEO, Paul Darby.

Unfortunately, like many hospitals in Ontario our size, on any given day, in all likelihood, PRHC has patients in isolation with infectious diseases such as *C. difficile*. The move to the new hospital in June 2008 presented PRHC with a great opportunity to focus on patient and staff safety. This includes a concerted effort in preventing and managing *C. difficile* in the facility.

PRHC's Infection Control Committee comprised of physicians, staff, and administrators, recommended a number of strategies for minimizing risk. In addition, the Provincial Infectious Disease Advisory Committee's (PIDAC) best practice document for the management of *C. difficile* is reflected in PRHC's policies and procedures.

Beyond this, the following strategies were implemented in the spring, to reduce the spread of healthcare-acquired *C. difficile* in the new hospital.

- **Expert input** on our infection prevention and control practices continues. An infection control expert at Toronto's University Health Network led a review prior to the move to ensure appropriate practices were in place for the new facility. As well, PRHC continues to utilize the assistance of an infection prevention and control expert at Kingston General Hospital.
- **Education** sessions for physicians and staff are ongoing; they focus on *C. difficile*, hand hygiene and the full utilization of the new hospital's infection control enhancements - such as hand washing sinks in every room.
- **Environmental cleaning** is ongoing using recommended germicides.
 - PRHC conducts twice-daily room cleaning for patients requiring Contact Precautions and three-times-daily cleaning of our dirty utility rooms.
 - A new sporacidal agent is part of the new cleaning practices. This cleaner was used to clean all beds and equipment prior to putting them into service at the new hospital.
 - Our cleaning staff is well trained and is dedicated to keeping our hospital clean and safe for our patients.
- The use of **disposable bed pans and sanibags** for isolated patients.

- Continuous promotion of **hand hygiene** for visitors, patients and staff is ongoing, including the presence of senior team members and Infection Control Practitioners at entrances encouraging hand hygiene compliance for everyone. Hand hygiene observations are also being conducted at the bedside.

The Benefits of Public Reporting

Preparing for public release

The Ontario government is introducing full public reporting on eight patient safety indicators – including *C. difficile*. On September 26, 2008, all Ontario hospitals will be required to publicly report on *C. difficile* rates in their facilities through a public website using a new, standard set of reporting criteria,.

“PRHC is in full support of this standardized release of data. Transparency, along with some thoughtful accompanying explanation of this information through the Province, will best serve the public's understanding of this complex and serious challenge facing hospitals across Canada and around the world,” says Darby.

On a daily basis, PRHC conducts surveillance for, and tracks *C. difficile* in the facility. Now, starting next week, using the new standardized criteria, PRHC will take a further step and share its findings formally – on a monthly basis.

“We welcome the common, structured approach to this,” adds Darby.

“When it comes to preventing the spread of *C. difficile* in our hospital, all hands are on deck and everyone plays a part. That is to say it's important for patients and their families too. With hand hygiene, everyone plays a key role. But also, for patients, knowing what their hospital is doing to keep their hospital safe for them...this standardized release of data provides us a good opportunity to talk, in detail, about this problem, and about our efforts to manage it,” says Darby.

Our Latest Improvements

Cleaning staff dedicated to isolation rooms

PRHC continually strives to identify areas for improvement. Most recently, for example, a six-person team, whose members are specifically trained in the cleaning of isolation rooms, has taken responsibility for the cleaning of all isolation rooms - twice daily - throughout the new facility. Team members follow, and complete a checklist after they clean each isolation room. They also

complete a sign off sheet each time the room is cleaned, which is posted on the back of the door as an assurance for patients and their families.

Improving antibiotic prescribing

It is well known that certain antibiotics increase an individual's risk of developing *C. difficile* associated disease. PRHC has instituted a physician led Antimicrobial Utilization Team to promote the appropriate use of antimicrobial agents at PRHC and advise the Pharmacy & Therapeutics Committee and the Infection Control Committee on antimicrobial-related issues that ensure compliance with best practice guidelines.

One initiative underway is in the development of a standard order form for the treatment of *C. difficile* associated disease. This will assist doctors with their assessment and treatment of this challenging disease.

General Questions & Answers about the Ontario Release of *C. difficile* data

Q: What exactly will all Hospitals report on September 26th?

A: On the last day of each month, beginning September 26, 2008, PRHC, along with all of Ontario's hospitals, will be required to publicly report on their own websites:

- The number of new hospital-acquired *C. difficile* cases associated with the reporting facility (count) separately for each hospital site.
- Rates of new hospital-acquired *C. difficile* cases associated with the reporting facility, separately for each hospital site; and

The Ministry of Health and Long Term Care will also report the same information on its own website.

Q: How are the rates calculated?

A: The *C. difficile* rate is calculated as follows:

Number of new hospital-acquired cases of *C. difficile* associated disease (CDAD) associated with the reporting facility x 1000

Number of patient days

This rate represents the incidence rate of hospital-acquired *C. difficile* associated with the reporting facility per 1000 patient days.

The exclusion criteria for the data (excluded from the numerator and denominator) are children under one year. All other patients (e.g. mental health and rehab) are included.

Q: How frequently will hospitals report on *C. difficile*?

A: Monthly. New information will be posted on our website, www.prhc.on.ca, and on the Ministry's own website, on the last day of every month, beginning September 26.

Q: Why will you not be reporting on deaths caused by *C. difficile*?

A: This is a very complex clinical issue and, we understand, one that Dr. Michael Baker (Expert Lead – Patient Safety with the Ministry of Health and Long-Term Care) will be looking at in the time ahead.

Defining whether *C. difficile* caused or contributed to a death is a complicated procedure and one that relies on individual judgment. Until standardized reporting criteria are in place, PRHC will follow the lead of the Province and not release these numbers with so much uncertainty at play.

Q: Does PRHC have a *C. difficile* outbreak currently?

A: No.

Q: Why is it not useful to compare hospitals' *C. difficile* rates?

A: The public reporting of *C. difficile* rates is not intended to serve as a measure for hospitals to compare themselves against other organizations, or for the public to use as a measure of where to seek care. Rates can vary from hospital to hospital, month to month. Some hospitals may experience higher rates of *C. difficile* due to the nature of the care they provide and their patient population, such as those with higher elderly patient populations.

What the public reporting adds and ensures is that all hospitals are tracking and counting in the same way. This is not for comparison purposes, but rather for accountability. Our posting the data on our website confirms PRHC's commitment to public accountability and transparency. A further benefit is that hospitals with similar demographics and challenges can more easily learn from one another and sharing tips and strategies.

Q: What steps does PRHC need to take if its *C. difficile* rate or number of cases is too high?

A: If we feel our rates have risen above our baseline, then we can look internally at our hospital's processes, consult outside experts, identify areas for improvement, and implement strategies to reduce the incidence of *C. difficile* in our organization.

Q: Who can I contact to learn more about *C. difficile* at PRHC?

A: PRHC's Infection Control Practitioners at 705-743-2121, ext. 3956.