The Problem
The long-term care provider decided to tackle C. diff infections. Illness from C. diff commonly affects older adults in hospitals or long-term care facilities and typically occurs after the use of antibiotics. Since most patients at Regency arrive from other hospitals, C. diff infections can be common. In 2005, the number of C. diff cases per patient days times 1000 was 10.5.

The Solution
Regency approaches C. diff reduction through their infection control task force. Each of their 23 locations has such a task force. The task forces stress comprehensive education, strict surveillance and ensure that all stakeholders, including outside companies, follow the protocols. Regency hospitals instruct their employees to act as if all hospital-acquired infections will not be reimbursed. Regency leadership thought that this mindset would help all staff members stay vigilant.

A dedicated educator in each location partnered with quality control personnel and the task force to communicate best practices to all staff members—physicians, nurses and housekeepers. Key messages around constant handwashing and the use of gowns and gloves were drilled home. Housekeepers are educated on the right way to clean rooms to eliminate stubborn C. diff spores, such as using only one mophead per room.

Another part of the education is an antibiotic stewardship program. Physicians are directed to ensure that people were on antibiotics only as long as they needed to be and only when they needed to be. Reducing antibiotic use and using antibiotics appropriately, is one strategy to prevent C.diff.

Strict surveillance is another part of the C. diff reduction program. Since most of the patients arrive from other hospitals it is important to catch each infection on admission. Those with the infection are isolated or housed in a room with someone who also has the infection.

All staff members are involved with handwashing surveillance. Everyone, from housekeeping to physicians is educated to monitor each other. Even those on the specific surveillance team are observed by others.

When an infection trend is identified, interdisciplinary teams address the situation immediately. After the cause is identified and a solution is agreed upon, the clinical educator takes the solution out to the staff. The educators tailor the message to the particular front-line worker—housekeeper, nurse, physician and all other staff members. The educator observes first-hand how each staff member is employing the prevention strategies. This is true for outside contractors as well. The contractor is provided tools for education. The staff educator quizzes each employee and observes them during random procedures.
Results

Regency leadership says that when basic prevention strategies are the focus, such as proper cleaning techniques and handwashing, C. diff rates decline. Between 2005 and July 2009, there has been a 94 percent decrease in the number of C. diff cases across all Regency facilities. The rate of cases is 0.6 cases per 1000 patient days (down from 10.5 in 2005).