SJMC Medicine

Medical Staff Update

November 2015

Combatting C. Difficile

C. difficile infects half a million people in the U.S. a year, with a mortality rate of 5 to 10 percent. Nationally, while other hospital-acquired infection rates have fallen, C. diff infections continue to increase as more virulent, antibiotic-resistant strains have appeared.

"Achieving the lowest possible C. diff rate is a priority for us," explains Sajen Mathews, MD, Patient Safety & Performance Improvement Chairman and part of a multidisciplinary taskforce. "We are aggressively pursuing a multi-prong strategy, using the best evidence-based approaches."

Testing protocol
Typically, somewhere between 35-50 percent of the hospital's patients testing positive for C. diff do not have active infections but are simply colonized – a result created by highly sensitive PCR testing. "We are switching to GDH-Toxin testing which will identify those actually infected and producing toxins," explains Claudia Skinner, DNP, RN, Director, Center of Excellence. "This more precise test will allow us to avoid unnecessarily treating colonized patients while also reducing our artificially inflated C. diff infection rate." The new testing – as well as revised screening protocols (see box)—are expected to help accurately identify and isolate C. diff cases early.

Environment cleaning
Research indicates about 70 percent of the surfaces within a C. diff patient's room are contaminated and on objects such as bedrails and TV remotes, the germ can remain viable for months. Because C. diff forms spores—which patients continue to shed for weeks after treatment— the environment plays a greater role in spreading C. diff than other hospital-acquired pathogens.

"Glow germ studies" using ultraviolet light were conducted to identify areas for improvement and room-cleaning procedures were changed, including new cleaning solvents and techniques.

Antibiotic stewardship
Monitoring to prevent the overuse or misuse of antibiotics has increased, including ensuring timely "scale down" from broad-spectrum antibiotics to more targeted drugs.

Hand hygiene
Alcohol-based hand gels are not effective against C. diff spores in fact, research indicates alcohol gel can actually potentiate the spore. In addition to increasing soap-and-water hand washing compliance among physicians and staff, education efforts now include families and visitors. A hospital's C. diff infection rates have increasingly become a key quality indicator, affecting a hospital's safety rating on national report cards as well as Medicare reimbursement.

C. Diff Screening Protocol

First 3 days of admission:
High-risk patients—those coming from a skilled nursing facility or those with recent antibiotic use—are tested after one liquid stool (without other obvious cause) within a 24-hour period. Patient is placed on contact isolation until C. difficile has been ruled out.

After day 3 of admission:
Patients with three or more liquid stools (without other obvious cause) within a 24-hour period are tested if one or more additional risk factors are present:

- Antibiotic use within last six weeks
- Proton pump inhibitors, i.e. Protonix
- Resides in a skilled nursing facility
- Advanced illness, renal failure, hepatic failure
- Age 65 or greater
- Previous history of C. difficile
- GI surgery or procedure, including NG tube

Patients testing positive are kept under contact precautions until discharge, as the shedding of C. diff spores continues after symptoms subside.

C. Diff Task Force:

Sajen Mathews, MD,
Patient Safety & Performance Improvement Chair

Bhanu Sud, MD,
Co-Medical Director Infection Prevention

Pauline Ho, MD,
Co-Medical Director Infection Prevention

Harry Peled, MD,
Pharmacy & Therapeutics Chair

Martin Carr, MD,
Gastroenterologist

Jay Packer, MD,
Pathologist

Riad Abdelkarim, MD,
Chief Medical Officer

Teresa Frey, MSN, RN, VP,
Clinical Excellence

Claudia Skinner, DNP, RN,
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National Medical Staff Services Awareness Week

The first week of November was designated by President George Bush to acknowledge and thank medical services professionals for playing " an important role in our nation's healthcare system."

SJMC Medical Staff Services credential and monitor ongoing competence of our physicians and other practitioners, ensuring patients receive care from practitioners who are properly educated, licensed, and trained in their specialty. The five staff members are experts in provider credentialing and privileging, medical staff organization, accreditation and regulatory compliance, and provider relations.

"Behind the scenes, Medical Staff Services contributes to and is vital to the quality of care we provide, assisting us in innumerable ways," says James Benoit, M.D., Credentials Chair.

Palliative Care: What You Should Know

- **It's not hospice:** Palliative care patients remain under their doctor's care and are often undergoing active treatment.
- **Conditions appropriate for referral:** COPD, dementia, congestive heart failure, chronic kidney disease, lupus, Parkinson's, cancer, ALS or any chronic condition that limits a patient's quality of life—no matter what stage.

  "We often see patients who are approaching the limits of what medical management can provide, but palliative care can be equally beneficial to patients recently diagnosed," says Hoa Phan, DO, Palliative Care Medical Director, who directs a team of experienced palliative care nurse practitioners.
- **What it offers:** another layer of support for patients and families who can benefit from symptom management, psychosocial support – including setting goals for care—and medication management.

  "We bring a fresh perspective to symptoms such as pain, severe fatigue, or shortness of breath," explains Dr. Phan, who assumed the full-time position last August. "Equally important, we help patients clarify their goals and priorities for care – a conversation that can be very beneficial for the patient and their family, yet very time consuming. Few physicians have that hour or 90 minutes."
- **What it doesn't do:** replace the patient's doctor or supplant the patient's ongoing care.

  "We here to support the patient's physician in creating the highest possible quality of life," explains Dr. Phan, who says palliative care is often covered by insurance.

  Inpatient referrals can be made through Meditech and outpatient referrals through Touchworks. Referrals can also be made by calling Jane Livingston at (714) 446-5591. Dr. Phan can be reached at (707) 980-1178 or hoa.phan@stjoe.org.

Save the Date:

Medical Staff Holiday Party

Wednesday, Dec. 2, 2015 • 6 p.m.

Summit House in Fullerton,
Please RSVP by calling (714) 446-5751.

Medical Staff Meetings

Surgery QRC:
Nov. 7, 7 a.m.

Medicine QRC:
Nov. 8, 12:30 p.m.

Cardiothoracic QRC:
Nov. 11, 7:30 a.m.

Women & Children's QRC:
Nov. 11, 12:30 p.m.

Radiology Clinical Service:
Nov. 18, 12:30 p.m.

Emergency Medicine Clinical Service:
Nov. 20, 12 p.m.