

C. difficile- May 2014

What is *C. difficile*?

C. difficile (Clostridium difficile) is a bacteria. *C. difficile* can be part of the normal bacteria in the large intestine and is one of the many bacteria that can be found in stool (a bowel movement).

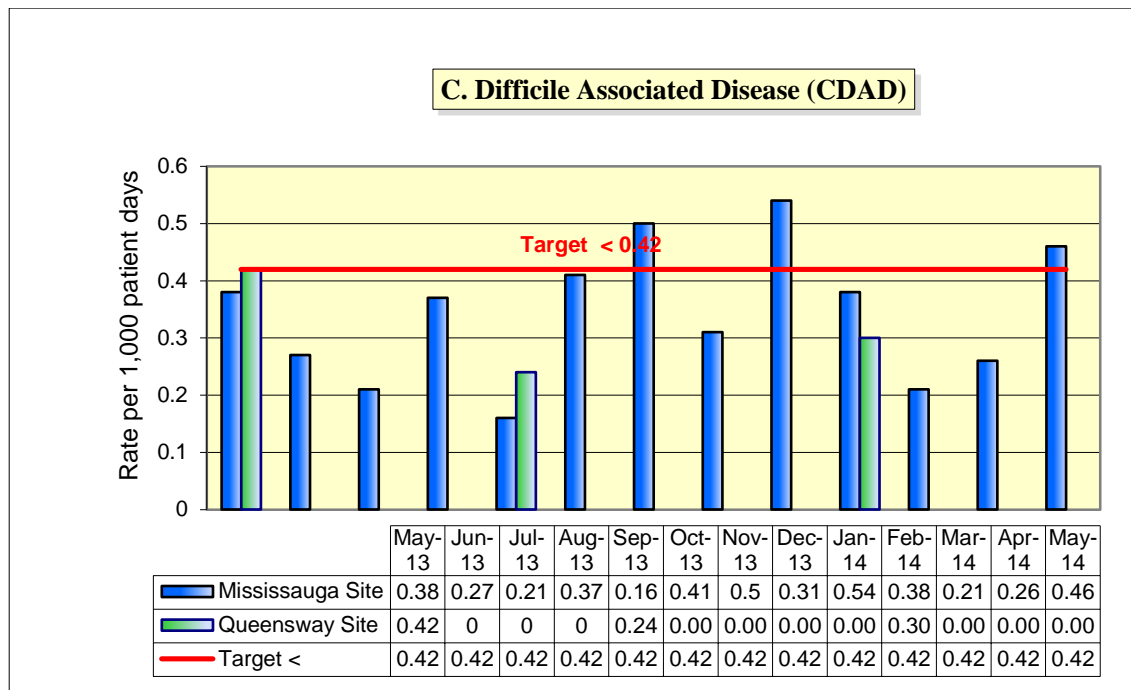
C. difficile infection occurs when other good bacteria in the bowel are eliminated or decreased allowing the *C. difficile* bacteria to grow and produce toxin. The toxin produced can damage the bowel and cause diarrhea. *C. difficile* is one example of a hospital-acquired infection and is one of the most common infections found in hospitals and long-term care facilities. *C. difficile* has been a known cause of health care associated diarrhea for about 30 years.

How is *C. difficile* calculated?

C. difficile is calculated at a rate per 1,000 patient days.

Mississauga Site	Target	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14
Cases		<10	<10	<10	<10	<10	<10	10	<10	11	<10	<10	<10	<10
Rate	< 0.42	0.38	0.27	0.21	0.37	0.16	0.41	0.5	0.31	0.54	0.38	0.21	0.26	0.46

Queensway Site	Target	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14
Cases		<10	0	0	0	<10	0	0	0	0	<10	0	0	0
Rate	< 0.42	0.42	0	0	0	0.24	0.00	0.00	0.00	0.00	0.30	0.00	0.00	0.00



What are the symptoms of *C. difficile*?

The usual symptoms are mild but can be severe. Main symptoms are watery diarrhea, fever, abdominal pain/tenderness. In some cases there may not be diarrhea. Blood may or may not be present in the stools.

How do you get *C. difficile*?

C. difficile is the most common cause of hospital-associated infectious diarrhea. Since it can be part of the normal bacteria that live in the large intestine, taking antibiotics can change the normal balance of bacteria in your large intestine making it easier for *C. difficile* to grow and cause an infection. Old age and the presence of other serious illnesses may increase the risk of *C. difficile*.

What is Trillium doing to prevent *C. difficile*?

Since March 2007, Trillium focused on reducing infection rates by implementing a comprehensive - and continuing - infection prevention and control action plan which includes:

- Adherence to hand washing protocols and best practices, ongoing education for staff, physicians and volunteers and additional hand sanitation dispensers
- Enhanced environmental cleaning by implementing quality audits, checklists, new products and additional training/education
- Development and implementation of a new order set for management of patients presenting with diarrhea and suspect or confirmed *C. difficile*
- Antibiotic Stewardship and best practices for the use of antibiotics
- Installation of Vernicare disposable toileting systems in key inpatient units
- Improved communication for patient flow management and improved patient care processes
- Educating patients, families and visitors about proper hand washing, including publishing a pamphlet for patients entitled, "What You Need To Know About Antibiotic-Associated Diarrhea"

With ongoing attention to maintaining strict hand hygiene practices, we are confident that we can maintain our safe environment for patients, their families and friends, and for all staff, physicians and volunteers.

What is Trillium Health Partners doing to improve patient Safety?

At Trillium Health Partners, we are always looking at how we are performing and use different performance indicators to get a sense of where we excel and where improvements could be made. This information is essential to Trillium's commitment to providing quality and safe care for its patients.

Our Board of Directors and Management Team believe it is important that the community we care for has access to this performance information. Trillium strongly supports the provincial government's new public reporting regime because we believe it will inspire improved performance, enhance patient safety, and strengthen the public's confidence in Ontario's hospitals.