

## C. difficile Infections (CDI): Data to Action

Colour Indicator for Data Range	Actions
At or below baseline and stable trend	<ul style="list-style-type: none"> <li>• <a href="#">Routine Practices</a> and <a href="#">Point of Care Risk Assessment</a></li> <li>• Continue with hand hygiene (HH) compliance initiatives</li> <li>• Practice Bare Below the Elbow; adherence to <a href="#">HH Policy</a> and <a href="#">Guideline</a>; No dangling items i.e. lanyard, stethoscopes</li> <li>• Confirm processes for <a href="#">equipment cleaning between patients</a> (e.g. “green is clean”)</li> <li>• Management of individual cases – refer to <a href="#">CDI resources</a></li> <li>• Provide patients and visitors with <a href="#">CDI</a>, <a href="#">HH</a> and PPE education</li> <li>• Post &amp; Review monthly unit report and HH compliance rate</li> <li>• Recognition and reward programs: celebrate staff with excellent practice (e.g. IPAC shout-out)</li> </ul>
Above baseline or increasing trend	<p><b>In addition to GREEN actions:</b></p> <ul style="list-style-type: none"> <li>• Additional cleaning with sporicidal agent (targeted rooms and shared equipment)</li> <li>• Audit cases for: Use of <a href="#">PPO</a>, <a href="#">Clinical Pathway</a>, <a href="#">Contact Plus</a> requirements from <a href="#">start of symptoms to de-isolation</a>, sporicidal discharge clean, documentation in chart and Meditech (including <a href="#">Bristol Stool Chart</a>), appropriate testing</li> <li>• <a href="#">Safety Huddle</a>: Review case audits and refer to <a href="#">IH CDI Resource</a>. Identify gaps and reinforce rationale for best practice. Emphasize cleaning &amp; disinfection of <a href="#">shared equipment</a> and flow of use where dedicated equipment is not available. Consider implementing new dedicated equipment i.e. bedside BP cuffs and stethoscopes</li> <li>• Consider EVS audit if room overlap is source</li> </ul>
Well above baseline or sustained activity above baseline	<p><b>In addition to GREEN and YELLOW actions:</b></p> <ul style="list-style-type: none"> <li>• Unit cluster investigation, review commonalities and sources</li> <li>• Consider molecular testing of isolates if appropriate</li> <li>• Review unit environmental assessment for pertinent gaps</li> <li>• Actions per <a href="#">Outbreak Toolkit</a></li> <li>• If no Outbreak, hold unit leadership meeting to review investigation and next steps</li> <li>• Introduce unit wide hand hygiene initiative, focusing on quality of practice (e.g. Glo-Germ sessions)</li> <li>• Expand sporicidal disinfectant to unit-wide use</li> <li>• Involve Antimicrobial Stewardship team</li> </ul>