

Public Reporting on C. Difficile Q&A for clients and families

Measuring Clostridium difficile (C. difficile) rates:

In agreement with the Ministry of Health and Long-Term Care, Bloorview Kids Rehab posts its infection rates on a monthly basis. On our website and the Ministry website www.ontario.ca/patientsafety you will find information about hospital-acquired infection rates for C. difficile.

What are hospital-acquired infections?

Sometimes when patients are admitted to the hospital, they can get infections during their stay at the facility. These are called hospital-acquired infections. In the case of C. difficile, this may mean that symptoms began 72 hours after admission to the hospital; or that the infection was present at the time of admission but was related to a previous admission to that hospital within the last four weeks.

What is C. difficile?

C. difficile (clostridium difficile) is a bacteria. C. difficile can be part of the normal bacteria in the bowel and is one of the many bacteria that can be found in a bowel movement.

A 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.

Who is at risk for C. difficile?

Healthy people are not usually susceptible to C. difficile. Seniors and people who have other illnesses or conditions being treated with antibiotics and certain other stomach medications are at greater risk of an infection of C. difficile.

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.

What are the symptoms of C. difficile?

The usual symptoms are mild but can be severe. Main symptoms are watery diarrhea, fever, abdominal pain and 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 disease.

How does C. difficile spread?

When a person has C. difficile, the germs in the bowel contents can soil surfaces such as toilets, bedpans, and commode chairs. When touching these items, your hands can become soiled. If you then touch your mouth, you can swallow a germ. Your soiled hands can spread germs that can survive a long time on other surfaces if not properly cleaned.

The spread of C. difficile occurs due to poor hand hygiene and environmental cleaning; therefore, proper control is achieved through consistent hand hygiene and thorough cleaning of the patient environment. Good hand hygiene i.e. washing hands thoroughly and often is the single most effective way to prevent the spread of infectious diseases like C. difficile.

How is it treated?

If we think that a client at Bloorview has a C. difficile infection, a sample of their bowel movement will be taken and assessed.

To prevent further spread of C. difficile, the healthcare team and visitors may be asked to follow special precautions until C. difficile has been ruled out, or until the patients symptoms have resolved for more than 48 hours.

Clients with mild symptoms may not need treatment. For more severe cases, antibiotics may be required.

Patients under special precautions will usually be placed in a single room and their activities out of the room may be restricted. All healthcare providers and visitors entering the room may be asked to wear gloves and gowns. Everyone must clean their hands when leaving the room.

It is extremely important that clients, parents, visitors and healthcare workers follow meticulous hand hygiene with either alcohol-based hand rub or soap and water.

How does this affect children who are in outpatient programs?

C. difficile is a hospital acquired infection and typically does not affect healthy people. However, children who have C. difficile should not come to their programs or visit their outpatient clinics until they are well.

Will a child with C. difficile be able to participate at the Bloorview School Authority?

Children who have C. difficile should not come to school until they are well.

Can C. difficile be transferred to family or friends?

Healthy people are less likely to get C. difficile. The best way that people can protect themselves is to wash their hands and follow the special precautions when they are visiting Bloorview.

What needs to be done when the client is ready to go home?

If the client is well there is nothing to do except ensure good hand washing. If the client is not well you may want to use separate toilet facilities if possible, clean all surfaces well with antibacterial soaps and remember to wash your hands.

How are the rates calculated?

The C. difficile rate is calculated as follows:

$$\frac{\text{Number of new hospital-acquired cases of C. difficile associated disease (CDAD) associated with Bloorview} \times 1000}{\text{Number of patient days}}$$

This rate represents the incidence rate of hospital-acquired CDAD associated with Bloorview 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) should be included.

Why are children under the age of one not included?

It is normal for children under the age of one to have C. difficile in their bowel movements.

How will we know if Bloorview's rates are too high?

Public reporting will allow us to establish a baseline from which we can then track our rates over time. If we feel our rates have risen above our baseline, we can look internally at our hospital's processes, identify areas for improvement, and implement strategies to reduce the incidence of C. difficile in our organization. If that situation were to occur we would notify our inpatients and their parents, post the information on our website and contact public health.

Did Bloorview collect C. difficile rates prior to now?

Yes, as part of Bloorview's monthly surveillance program, the hospital has been tracking C. difficile rates.

What is Bloorview doing to improve patient safety?

Bloorview is committed to proving our patients with a safe environment and the best possible care.

We believe that by sharing our performance and being transparent we will inspire improved performance, enhanced patient safety and strengthen the public's confidence in Ontario's hospitals overall.

Publicly reporting C. difficile rates will allow us to establish a baseline from which we can track our rates over time. By monitoring our performance over time we are able to track if our rates have risen above our baseline, and look internally at our processes to identify areas for improvement.

Our safety program has an important focus on monitoring and ensuring best practice as it relates to infection control practices and this involves:

- A screening and surveillance program that involves daily monitoring of our clients for infections
- Isolating all patients on the onset of symptoms
- Hosting on-going education sessions for staff that focus on hospital acquired infections and hand hygiene
- Following recommended guidelines for environmental cleaning
- Consultation between infection prevention and control practitioners and multidisciplinary team

Who can we talk to if we have concerns?

If you have any further questions, you can talk to your family doctor, your nurse or the Infection Control Practitioner at Bloorview Kids Rehab.