

CDC *Vital Signs* Town Hall Teleconference

Making Healthcare Safer: Stopping *Clostridium difficile* Infection Q&A Transcript

March 13, 2012

2:00pm – 3:00pm EDT

Amanda Miller: Thank you Chinyere and to all of our presenters for such excellent presentations today. I'd like to remind you that you can get in the queue to ask a question by pressing star 1.

You'll need to record your name when prompted then you'll be announced into the conference by the operator Susan when it is your turn to ask a question.

I do encourage you to take advantage for this opportunity, this is our time for sharing strategies, lessons learned, challenges and successes. We'll kick off today's discussion with Dr. Monroe.

Dr. Judy Monroe: Well thanks. First let me just congratulate everyone, those were really compelling presentations and I don't know about the rest of you on the call but it made me wish that I'd been a member of one of those winning teams.

As it's really exciting to hear the lessons learned and how you all really took data and what we know and put that into action for tangible results that save lives.

So I think you know we heard some really important points there in terms of the executive leadership and the power of checklists and the power of collaboration and interdisciplinary teams and communication.

The timely feedback of data, and I loved you know the creativity that was involved with the flash mobs and the videos and so forth.

So it just really terrific, just to kick off while you all are thinking about your questions, a question that came to mind for me, any of the speakers that presented, I'd be interested in knowing if you worked with local media or state wide media and got your stories out, how often the media might have covered the success of your collaborations.

Coordinator: We do have questions, are you ready for those?

Dr. Susanne Salem-Schatz: This is Susanne from Massachusetts and we did not have a coordinated effort, though now that you ask it makes me think of course we should have. I will say that the group that I mentioned who had one to three video, news of them and their success as well as their tragedy did make it into the local press.

Dr. Judy Monroe: Good, I was a state health officer, I practiced medicine and then became the state health officer in Indiana and then - and now I'm at CDC and one of the things that when we think about medicine and public health really joining forces for moving things forward, the media can be a really powerful partner in that and getting that message out.

So that's the reason I raised the question.

Dr. Brian Koll: This is Brian from New York, actually our collaborative was featured on ABC World News Tonight with Diane Sawyer and that was not us actually reaching out, that was them reaching out to the powers that be in New York.

So we were very fortunate with that and the other thing where the collaborative is beginning to be featured is the Peggy Lillis Memorial Foundation, which is a foundation dedicated to a woman who actually died from *C difficile*.

Dr. Judy Monroe: Wow, that's powerful. Excellent, thanks.

Chinyere Alu: And this is Chinyere from IDPH, and just wanted to say we have recently started to have media coverage. I mean part of the goal of this - and I'm sorry we have some emergency in the background - but part of the goal for our education campaign now is to spread the lessons learned from the collaborative.

So we actually had a press release go out earlier last month and we're getting - taking up media coverage on that and we currently actually have a state wide webinar going on this afternoon for which we have about 400 facilities participating.

And so we're also continuing to share the lessons learned and just the story from the collaborative.

Dr. Judy Monroe: Wow, that's really terrific. Thank you. So operator, we can go to the next question.

Coordinator: Thank you. Our first audio question comes from (Carmen Cortez Ramos), your line is open.

(Carmen Cortez Ramos): Yes, I'd like to see if you can comment on the change in older policy that the Massachusetts presentation talked about.

Dr. Susanne Salem-Schatz: Yes, I believe that what they did is that initially that floor nurses were - unit nurses were placing the orders and that what they did was they asked them to consult with the physicians.

(Carmen Cortez Ramos): So it was set up as a protocol order then?

Dr. Susanne Salem-Schatz: Pardon me?

(Carmen Cortez Ramos): It was - was it set up as a protocol order so the nurse can order it without the physician approving the order?

Dr. Susanne Salem-Schatz: No, I think it had been, there had been a standing order so that they could order it without. And I believe that what they did at least initially was to bring the physician back into the conversation.

(Carmen Cortez Ramos): And then once that order's placed and the test comes back positive, and you have a long term patient staying then what is the protocol to discontinue that order?

Dr. Susanne Salem-Schatz: For treatment?

(Carmen Cortez Ramos): No, for isolation.

Dr. Susanne Salem-Schatz: Well different hospitals in the collaborative have different policies. Some of the hospitals put patients on isolation and contact precautions for the duration of the hospitalization.

I believe that specific hospital is - they say 24 hours without symptoms was their protocol.

(Carmen Cortez Ramos): Okay, thank you.

Dr. Susanne Salem-Schatz: But that varies widely across the participating hospitals.

Coordinator: Our next question comes from (Gary Evans), your line is open.

(Gary Evans): Yes hi, this is for Dr. Koll or actually any of the other state collaborative leaders. Just curious how if these collaboratives are going to dissolve now for *C difficile* at least and whether you think you will be able to sustain the gain at the individual facilities in the absence of the collaborative?

Dr. Brian Koll: This is Dr. Koll, for us sustainability we're hoping to achieve by going the next steps which is really tying in these efforts to antibiotic stewardship.

So that will change it a little bit but also sustain it, and the second thing which will force us to sustain it is that *C difficile* is a reportable disease in New York State to the New York State Department of Health.

So that also will be another way to force us to continue these efforts.

(Gary Evans): Okay, anyone else want to add to that? The only other thing I was going to ask is do you think this kind of gain could be achieved in the absence of a collaborative by the individual hospitals?

Dr. Brian Koll: I have to - I mean I am a big believer in collaboratives, you know in terms of the strength through numbers. And that it really forces I think many of the

hospitals where there are some barriers it helps really break through those barriers, especially in such a hospital dense area as New York when you look up sort of 1st Avenue and you realize there's four or five hospitals.

You know one two blocks down, if their *C difficile* rate is higher and they're facing some barriers, their going to say well the hospital down the block is able to do this and the hospital up the block or the hospital on the east side or the west side. And I think that really helps do it.

And the other reason that I think it helps is it helps all of us forge really a good spirit of cooperation so that we don't I'll say waste our time going down a road where you won't get success because we're able to share our successes and also share our failures in the sense of something that did not work.

So you know we can really focus on really moving forward quickly.

(Gary Evans): Okay, thank you very much.

Dr. Susanne Salem-Schatz: This is Susanne from Massachusetts, and I'd like to add to that. I mean I also agree that the structure and the sharing and the learning of collaboratives really can help build momentum and energy for change.

But I also think that many of the same principles as long as you have both your front line passionate about it and your leadership supporting it, there is no reason that you can't do some of this on your own.

Coordinator: And we do have a question from (Avina Alu), your line is open.

(Avina Alu): Yes, hello, this goes out to really any of the I guess MDs or anybody who would like to I guess give any input. But currently my third year of pharmacy school.

And just curious as to what role pharmacists play as far as the - in the collaborative or in you know helping to prevent *C difficile* infections as far as in practice or with your experience?

Chinyere Alu: Well this is Chinyere from Illinois, in the CDI prevention collaborative, pharmacists were not typically part of the teams for most of the hospitals although they were for some of them.

However you know in terms of just you know like right now we're involved in an initiative to measure antibiotic use and report it to NHSN so this is a CDC lead initiative.

So I mean that is - and so as part of that process we are working quite closely with pharmacists on some of the hospitals here so that is one way that pharmacists can be involved.

Dr. Brian Koll: And this is Brian Koll from New York, in a similar vein pharmacists if they were on the interdisciplinary teams of the hospitals that were involved, but that was not our initial goal.

We wanted to focus on areas that we thought we would be better able to control, rather quickly such as environment of care and sort of the infection prevention bundle.

And the next phase of this organized again through greater New York Hospital Association, United Hospital Fund, the Department of Health and I guess also ARC is then looking at antibiotic stewardship.

So that now is going to be the next sort of tier, or the next level of control for *C difficile*.

Dr. Susanne Salem-Schatz: This is Susanne in Massachusetts, while we did not feature that as a core strategy, antibiotic stewardship, we did have pharmacists on the team and a number of infectious disease physician and pharmacy partners did focus on antibiotic stewardship as the changes they chose to make in their organization.

And as of at least the last time we got together they were making some progress in those areas.

Coordinator: Your next question comes from (David Salvage), your line is open.

(David Salvage): Hi, thanks, this is for Dr. Koll and also for Massachusetts, but Dr. Koll on Slide 21 which shows the trim line a decreasing rate of infection, from the beginning of your collaborative to the end it looks like there's some seasonal variability and I'm wondering if that's in your opinion or from your analysis just a reflection of increased hospital admissions during that time.

And then related to that question if you look at Slide 27 there shows a decrease in rates in the Massachusetts collaborative but there are two different time periods used, January through April and then September through December.

And I'm wondering if there was a suggestion or thought of using two comparative time periods that if there is a seasonality to this, to give us a better impression of what's going on.

Dr. Brian Koll: This is Dr. Koll, we actually did note that there was seasonality, whether or not it was tied in to a severe influenza outbreak that was occurring at the time, whether or not it was tied into hospital closures that were happening at that time.

So all of us were definitely stressed in absorbing patients. We really have not had a chance to look further but we did note seasonality and the other bias I will say at least for that is especially when you look at the beginning of 2009, that's when we also began the public reporting for *C difficile* so that also will have strengthened our reporting and probably also had an effect on some of the numbers.

Dr. Susanne Salem-Schatz: This is Susanne in Massachusetts, we did not see the seasonal variation and had we data from January through March or April of the current year we would have used that instead.

We decided just to use the most recent time period you know for this presentation since that was the data that we had coming in.

Dr. Clifford McDonald: If I could just add, this is Dr. McDonald, in the *Vital Signs* we did use same calendar month comparison periods and found statistically significant decreases in all three collaboratives, doing that using an eight month period early in the programs.

And eight months late in the programs, the same calendar months because of the concern of seasonality, I wanted to say two other things just in terms of

sort of kudos for these three programs also is that we - and something that is implied in my presentation in the *Vital Signs* is that there is a constant pressure of *C difficile* cases coming in to all these hospitals all the time.

There was not an attempt to control for that, in any of this analysis so far and this is something we're going to be looking towards doing in the future, developing an SIR or standardized infection ratio that will account for the number of cases that are diagnosed on admission.

Because we do know from large sets of hospitals already that hospitals with more *C difficile* cases coming in their front door tend to have more hospital onset cases also.

And likewise PCR although several of these hospitals in different collaboratives switch to PCR, they still saw these declines.

And so it just points to the fact that there was probably even further decline if you had kept some of these things stationary.

Coordinator: Our next question comes from Phillip (unintelligible).

Dr. Susanne Salem-Schatz: I think - this is Susanne in Massachusetts again, I think the measurement challenge is real and we're currently doing work that partners, hospitals with long term care facilities and trying to come up with management strategies so that we can understand how patients are moving back and forward.

And it can be really tricky I think for hospitals to know whether you know - who the cases are attributable to. It is not always clear and it is a challenge.

Coordinator: Our next question comes from Philip Carling, your line is open.

Dr. Philip Carling: Yes, thank you. Question for Cliff McDonald or one of the folks that's involved in the *Vital Signs* publication.

I was wondering, we all obviously would agree that saving lives is the bottom line but money is what the powers that be listen to.

Wondering since the national CDI rates haven't really changed since 2008 very much would it be feasible to develop an assessment of the amount of savings that these collaboratives have realized through their tremendous efforts?

Because we have I think a fair bit of data there to look at, we could use the modeling that (Eric Deburke) developed a number of years ago, access attributable cost to at least look at the - that type of savings that might have been realized by all these efforts.

Dr. Clifford McDonald: Well that's a great idea Dr. Carling and certainly something we'll discuss just across these three collaboratives. I think some of these collaboratives, one or two of them have done some of those calculations also, and I'll let them speak for themselves.

But I think that certainly looking at the number of cases prevented and then attributing to them maybe \$6000 per case one estimate at least would be very feasible and we'd probably find the savings to be significant.

Dr. Brian Koll: This is Brian from New York, Rafael Ruiz from Greater New York who was our statistician for this actually did some mathematical modeling and what he

was able to calculate was that at least through our collaborative there was a decrease in hospital onset *C difficile* close to 1100 fewer cases.

And the cost estimates that were used for the modeling for cases range from about 2400 to 6300 per *C difficile* case and that translated into anywhere from \$3.7 to \$6.8 million for the region.

Amanda Miller: Thanks everyone, I think we are out of time for today. Before we close I would like you to take a moment and look at the next to the last slide in the PowerPoint, that's Slide 41.

All of today's field presentations are featured in Public Health Practice stories from the field which is a series of stories on how a broad range of public health performance management and quality improvement practices are being implemented in this field.

You can find links directly to these stories on the *Vital Signs* town hall teleconference website and also I'd like to invite you to let us know how these teleconferences can be more beneficial to you.

Our email address is ostltsfeedback@cdc.gov, that's O-S-T-L-T-S feedback@cdc.gov.

And we look forward to you joining us again next month for the next *Vital Signs* town hall teleconference on childhood injury prevention.

The next one will be held April 17 and this is a week later than normal, so please make sure you update your calendars. Thank you again, have a good afternoon.

Coordinator: This concludes today's conference, thank you for joining. You may disconnect.