Use of a Diarrhoea Assessment & Management Pathway to Promote Best Practice
Angela Craddock - IPCN, Louise Caisley - IPCN, Philip Pugh - Head of IPC
Gateshead Health NHS Foundation Trust

Introduction
- The NHS has made great impact in reducing the numbers of Clostridium difficile infection (CDI), however the focus continues with Trusts needing to demonstrate year on year reductions.
- All NHS Trusts in England are required to report all Clostridium difficile positive cases in patients over the age of 5 years to the Department of Health mandatory surveillance programmes. The NHS has made great impact in reducing the numbers of Clostridium difficile infection (CDI) with all Trusts needing to demonstrate year on year reductions. However, the rate of improvement for CDI has slowed in recent years. A significant proportion of healthcare associated infections can be prevented by the adoption and implementation of evidence based infection prevention and control standards.

Background
- The IPC Team cultivates clinical excellence through positive communication and reinforcement of best practice, engaging with staff and sharing lessons learned as part of our on-going commitment to patient safety and ‘Safecare’.
- We developed a bespoke Diarrhoea Assessment Management Pathway (DAMP) to assist clinical staff in the identification and management of the patient with diarrhea.
- As part of the improvement programme the ‘Bristol Stool Chart’ was incorporated into the pathway, including flow chart guidance and actions to be taken if infective diarrhea is suspected. This encourages consistent documentation using one document, the aim being to discourage the use of multiple charts and maintenance of a clear record of emerging bowel pattern.
- Other improvement interventions were the introduction of ‘Design Bugs Out’ commodes, a design challenge run in partnership with Department of Health and NHS Purchasing Supply Agency to create hospital furniture and equipment easier and quicker to clean, therefore aiming to reduce healthcare associated infection.
- Specicidal wipes were introduced to clean surfaces and equipment and Trust approved laminated signs were placed in toilet areas, prompting patients to alert staff of any event of diarrhoea.
- Clinical staff must understand the importance of risk assessment and recognise infection potential in their patient group. The pathway is designed to promote continual assessment to prompt staff to isolate the patient and to implement a bundle of risk reducing interventions.
- The DAMP must commence when a patient has one episode of loose stool of Bristol Stool Chart type 5-7 and a potential infective cause cannot be excluded. This is incorporated in to the pathway which is a comprehensive record and informative guide, subject to audit and validation by our team to measure compliance across clinical areas.
- Thorough risk assessment is required to establish stool type and possible cause of diarrhoea, to isolate the patient at the earliest opportunity and send a stool sample for microbiological testing, where appropriate. The document encourages continuity of care throughout the patient journey. The Infection Prevention and Control Team cultivates clinical excellence through positive communication and reinforcement of best practice, engaging with staff and sharing any lessons learned from root cause analysis as part of our continuing commitment to ‘Safecare’.

Training and Education
- To improve patient outcomes and reduce healthcare costs it is essential that staff are educated about IPC practices, signs of infection and the indication for stool sampling.
- We support this with a programme of activities which include: bespoke training, development of clinical pathways and use of evidence based practice.
- Bespoke training is provided to wards and other clinical areas who request support, especially where there is an arrival of new staff. The IPC team provide reminders about expectations around compliance with initiating DAMP, isolating the patient and putting enteric precautions in place to reduce the risk to other patients. This is done through face to face ward visits, sharing of exceptions (non-compliance with implementation of enteric precautions) through the medium of our IPC link group, root cause analysis feedback and mandatory training.

Discussion and Future Development
- On-going work continues to educate and inform staff of appropriate early sampling with medical review to identify and document reasons for type 5-7 stool and sample submission.
- Ward Managers and Matrons are supported in the promotion of best practice and especially in response to reduced compliance demonstrated through the IPC validation and audit process. Monthly reports are sent to each clinical area demonstrating DAMP compliance and performance. These are also used in supporting root cause analysis investigation and lessons learned.
- The IPC team works collaboratively with the multi-disciplinary team to complete a weekly review of all Clostridium difficile colonised or infected patients in conjunction with a Consultant Medical Microbiologist and Antimicrobial Pharmacist. This process provides an opportunity to assess and discuss patient condition, any on-going issues and/or investigations with the clinical team and to rationalise current prescribed medication. This ensures that all patients receive the necessary supportive care to maximise their recovery.
- One aspect of raising awareness and education through this process is increased or appropriate sample submission. The Trust experienced a 15% increase in stool sample admission during 2015/16, against the previous year with a demonstrable year on year escalation.

- On-going work continues to educate and inform staff of appropriate early sampling with medical review to identify and document reasons for type 5-7 stool and sample submission.
- In order to support a reduction in Clostridium difficile infections and other healthcare associated infections a targeted approach of reducing infection risk and improving clinical compliance for patient safety along with a zero tolerance approach to avoidable HCAIs has been implemented Trust wide in line with national and local guidance.

- The introduction of PCR testing of stool samples will assist in earlier identification of higher risk patients and their management.
- The DAMP document is not fixed and determined but open to constant reflection and review. This ensures it is not seen purely as an infection prevention and control document but a functioning multi-disciplinary tool that is up to date and fit for purpose.
- Good infection prevention and control is everyone’s responsibility and is about ensuring a positive, safe experience for the patient in a clean environment. Gateshead NHS Foundation Trust is dedicated to ensuring this as a leading provider of healthcare in the region. The Trust seeks to be the provider of first choice healthcare to local residents of Gateshead and beyond who value safe patient centred care, through services that are the best in class.