1. Improvement issue and context

- In 2015/16 the annual trust trajectory for patients developing *Clostridium difficile* infection (CDI) was exceeded by 48%.
- Thematic analysis of these patients identified two key themes for improvement: prompt sampling and prompt isolation.
- The IPC team joined the NHS Improvement IPC Collaborative in April 2016 and used this driver to challenge three wards to improve quality by the end of August 2016.
- Aim: to protect patients from harm by reducing CDI incidence.

2. Methods and measures

- Plan, Do, Study, Act (PDSA) cycles were implemented to trial various tests of change surrounding prompt sampling and prompt isolation.
- Weekly meetings maintained momentum and drove the PDSA cycles and improvements forward.
- Infection Prevention Society isolation audit compliance and CDI incidence provided the two outcome measures.
- Four tests of change proved successful and were ramped up through the PDSA cycles to develop products, improve and embed them:
  - A *C. difficile* myth busting education sheet
  - A sticker affixed to faecal specimen pots to assist in documentation processes
  - The inclusion of side room usage on the ward handover or huddle sheet
  - A revised diarrhoea care plan
- Together these four products have formed the ‘C the difference’ toolkit (see Photo 1).

3. Evidence of improvement

- Isolation audit compliance improved from 51% to 100% (see Figure 1).
- CDI incidence reduced from 15 for the five months before the collaborative to 8 for the five months of the collaborative (see Figure 2).
- The average days between CDI cases improved from 12 days before the collaborative, to 20 days during — an increase of 67%.
- Following the collaborative no patient developed CDI for 49 days – a success that had not been achieved at the trust before the collaborative.

4. Future steps

- The collaborative generated engagement and quality improvement led by ward teams, not the IPC Team.
- The next step is to share the ‘C the difference’ toolkit across the trust.
- Our aim is to achieve the next goal, that no patient develops CDI under our care for 100 days.
- No conflicts of interest declared.