

# What's New in the Patient Safety World

November 2016

## C. Diff and Your Predecessor's Room

A recent study demonstrated that C. diff infections can occur even in patients who have not received antibiotics if the patient occupying their room previously had received antibiotics ([Freedberg 2016](#)). The authors found that subsequent patients were 22 percent more likely to develop C. diff infections if the patient who previously occupied their hospital bed had received antibiotics. It is likely that in patients colonized with C. diff, antibiotic use may increase proliferation of the bacterium, increasing the number of C. diff spores that make into the environment.

So what does this study mean in practical terms? Clearly, a patient is not going to be able to ask whether the previous occupant of that room received antibiotics (in fact, answering such question could probably be considered a HIPAA violation even if the name of that patient were not revealed in the answer!). And, while it could be considered an indictment of our inability to rid the environment of C. diff spores, the real implication is that we need more focus on antibiotic stewardship. See the list below of our prior columns on antibiotic stewardship.

Medscape recently had a succinct review by John Bartlett on both the evidence base for antibiotic stewardship practices and appropriate antibiotic prescribing practices for common outpatient conditions ([Bartlett 2016](#)). He cited the recent guidelines from the Infectious Diseases Society of America and Society for Healthcare Epidemiology of America ([Barlam 2016](#)) which showed that of 23 antibiotic stewardship interventions reviewed only 5 should be considered endorsed recommendations with adequate supporting evidence:

- Preauthorization and/or prospective audit with feedback;
- Implementation of interventions designed to reduce the use of antibiotics with a high risk for Clostridium difficile infection;
- Interventions to reduce antibiotic therapy to the shortest effective duration;
- Implementation of pharmacokinetic monitoring with dose adjustment for aminoglycosides; and
- Promotion of switching from intravenous to oral administration when clinically feasible.

Hopefully, the recent focus on antibiotic stewardship by CDC and CMS and The Joint Commission will begin to have an impact not only on C. diff infections but a whole host of adverse consequences of inappropriate antibiotic use.

**Some of our prior columns on antibiotic stewardship:**

- October 14, 2014      “[Antibiotic Stewardship](#)”
- November 2015      “[Medications Most Likely to Harm the Elderly Are...](#)”
- July 2016            “[NQF/CDC Guideline on Antibiotic Stewardship](#)”
- August 2016        “[Some Reassurance on Antibiotic Stewardship](#)”

**References:**

Freedberg DE, Salmasian H, Cohen B, et al. Receipt of Antibiotics in Hospitalized Patients and Risk for Clostridium difficile Infection in Subsequent Patients Who Occupy the Same Bed. JAMA Intern Med 2016; Published online October 10, 2016  
<http://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2565687>

Bartlett JG. Antibiotic Stewardship Priorities: Follow the Evidence. Medscape Infectious Disease 2016; October 12, 2016  
[http://www.medscape.com/viewarticle/870002?src=wnl\\_edit\\_tpal&uac=14695HV](http://www.medscape.com/viewarticle/870002?src=wnl_edit_tpal&uac=14695HV)

Barlam TF, Cosgrove SE, Abbo LM, et al. Implementing an antibiotic stewardship program: guidelines by the Infectious Diseases Society of America and Society for Healthcare Epidemiology of America. Clin Infect Dis 2016; 62: e51-e77  
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