## Question 11. Are clinicians educated as to when to order CDI testing?

You indicated that clinicians are not educated as to when it is appropriate to order CDI testing. CDI is a clinical diagnosis; lab tests help support a clinical suspicion, but they should not be taken out of the clinical context. It is important that clinicians are educated and informed of high *C. difficile* colonization rates to illustrate that indiscriminate testing will lead to false-positive results.

A. Engaging and Educating Clinicians on CDI Testing Best Practices

- Coordinating with the physician champion on the CDI team will be very important to help tailor the educational intervention aimed at improving physician CDI testing. There are many opportunities to provide this education, which include:
    - Physician CDI ordering scorecard: Tracking physicians' ordering patterns and using these to provide feedback to the physicians can help them improve
    - Hospital newsletters and electronic communications
    - Best practice advisories/alerts built into the ordering system
    - Unit-based educational sessions
    - New physician onboarding
    - Resident training (if applicable)
    - Physician conferences
    - Clinical laboratory rejection of inappropriate samples
- Ordering providers should be aware of many aspects of appropriately testing a patient's stool for CDI. Some specific aspects include:
    - Patients who do not have clinically significant loose stools should not have testing for CDI.
    - Patients who are on laxatives that explains their loose stools should not have testing for CDI.
    - Patients should not be tested at the end of the antibiotic course to ensure that the CDI has resolved, except in epidemiological studies.
    - Physicians should be aware of the specific lab test that a facility uses to determine the presence of *C. difficile* (Antigen EIA, Toxin EIA, PCR) as well as what each test means.
- Nursing staff should also have education about appropriate testing for CDI because they are often the ones that communicate the presence of diarrhea to physicians and ask for CDI testing. If they understand the testing for CDI, they are more likely to request lab tests only when clinically appropriate.

## Tools, Resources and Further Reading

- STRIVE Content:
    - Competency-Based Training for Infection Prevention (CBT 101)

    - Strategies for Preventing Healthcare Associated Infections (SP 101)
    - CDI Tier 1 (CDI 101, CDI 102, CDI 104)
- Bristol Stool Form Scale
- Guidance to Providers: Testing for *C. difficile* Infection
- Caroff DA, Edelstein PH, Hamilton K, Peques DA, CDC Prevention Epicenters Program. The Bristol Stool Scale and Its Relationship to *Clostridium difficile* Infection. J Clin Microbiol. 2014; 52(9): 3437-9.
- Solomon DA, Milner DA. ID Leaning Unit: Understanding and Interpreting Testing for Clostridium difficile. Open Forum Infect Dis. 2014; 1(1): ofu007.
- Kwon JH, Reske KA, Hink T, Burnham CA, Dubberke ER. Evaluation of Correlation between Pretest Probability for *Clostridium difficile* Infection and *Clostridium difficile* Enzyme Immunoassay Results. J Clin Microbiol. 2017; 55(2): 596-605.