

5 specific steps to help reduce HO-CDI risk in your hospital[†]

1. LOCK TEST-ORDERING TO CLINICIANS.

Require an infection prevention (IP) huddle before every *Clostridioides difficile* infection (CDI) order, prohibiting verbal orders.

2. ADOPT A “FIRST THREE MIDNIGHTS” RULE.

Based on the National Healthcare Safety Network’s “three midnight rule,” allow testing of the first diarrheal stool during the first three midnights to identify colonization/community onset early and start contact/spore precautions immediately. After that window, revert to stricter testing criteria with appropriate isolation precautions. Do not test formed stool; avoid repeat testing, even if previous test was negative within the past 7 days.

3. RUN MANDATORY CASE REVIEWS WITHIN 7 DAYS OF OCCURRENCE VERIFICATION.

Use a checklist screening for high-risk factors. Close the loop with prescriber and nurse collector feedback.

4. STAND UP A CROSS-FUNCTIONAL C. DIFF GOVERNANCE COMMITTEE.

Meet monthly to review metrics including orders, results, epidemiology, and unit hygiene.

5. IMPLEMENT A 5x5 CLEANING PROTOCOL.

Every 5 hours, bleach-wipe five high-touch surfaces (bed rails, call button/remote, IV pump controls, door handles, over-bed table). Audit and post results on the unit.

