Sound.
HOSPITAL MEDICINE

How clinician-only orders and early testing helped reduce C. diff by 47%

Bonus action guide: 5 specific steps to help reduce HO-CDI risk in your hospital

THE CHALLENGE

From 2021 into 2022, Presbyterian Rust Medical Center in New Mexico saw rising hospital-onset Clostridioides difficile infection (HO-CDI).

THE SOLUTION

Alongside Sound's Hospital Medicine leadership, Rust created a single, clinician-led C. difficile (C. diff) stewardship playbook:

Governance at one table:
Infection prevention (IP), infectious disease, nursing, environmental services, and Sound hospitalists align standards and accountability.

Ordering discipline and early-admission rule:
Clinician-only ordering with an IP huddle; "first three midnights" rule to sort colonization/community onset early.

Tech that fits practice:
Epic best practice advisories suppressed for the first three midnights, then re-enabled after; active monitoring and a defined rollback/retrain protocol for drift.

Reliability routines:
5×5 bleach-wipe cadence and mandatory case reviews with actions tracked by governance.

THE RESULTS†‡

47% decrease

Fewer HO-CDI cases:
47% decrease in hospital-onset Clostridioides difficile infections from 2021 to 2024.§

Testing stewardship:
Ordering limited to credentialed clinicians with an IP check-in; nurse-initiated and verbal orders eliminated.

Right-time testing:
"First three midnights" rule used across inpatient units to flag colonization/community onset earlier.

Environment:
5×5 bleach-wipe cadence standardized and sustained for high-touch surfaces.

Learning and control:
100% of HO-CDI cases reviewed in a structured process, with fixes tracked through governance.

†Timeframe: July 2022 (initial planning) - November 2022 (governance formed) - December 2022 (early-admission testing + 5×5 cleaning) - April 2023 (Epic BPA change live) - July–August 2024 (EMR "stool tool" incident and rollback) - November 2024 (re-released stool tool) - ongoing reviews through September 2025.
‡Results vary by facility; implement in accordance with your infection prevention policies.
§Facility Infection Prevention surveillance/EMR case review, Jan 2021–Dec 2024.

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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 5×5 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.