

## **Practice and Innovation**

### *Innovation and Creativity*

In acknowledging my contributions to leadership within infection prevention and control, I would like to highlight the innovative and transformative impact of the “Ticket to Test” process, which I spearheaded at the end of 2023, in collaboration with my Infection Control Officer. This initiative aimed to address the persistent challenge of hospital-associated *Clostridioides difficile* (C.diff) infections through the integration of evidence-based guidelines and institution-specific workflows, fostering a culture of accountability, precision, and interdisciplinary communication.

Prior to the implementation of the “Ticket to Test” process, our medical center faced several challenges: the absence of clear and standardized guidelines for nursing staff, inconsistent communication between nursing teams and physicians regarding testing appropriateness, and outdated criteria for C.diff testing. These gaps not only hindered the timely and accurate diagnosis of C.diff but also contributed to inefficiencies in workflows and suboptimal patient outcomes.

Recognizing the challenges, we utilized the Infectious Disease Society of America Clinical Practice Guidelines as a foundation and collaborated across departments to develop and implement a structured, algorithm-driven process. This innovative workflow requires verification at multiple levels: signatures from the primary RN, the manager, and/or unit director for any C. diff testing considered. The process ensures that an algorithm-driven checklist is followed, mandating clear communication between nursing and physicians to confirm the appropriateness of testing before it is initiated.

At the time of implementation, the organization had identified opportunities to further reduce healthcare-associated C. diff events despite maintaining performance below the national benchmark. Following implementation of the process, the organization observed a substantial reduction in healthcare-associated C. diff events and improvement in the Standardized Infection Ratio (SIR), demonstrating the effectiveness of a structured, evidence-based diagnostic stewardship approach.

The implementation of the “Ticket to Test” process yielded remarkable outcomes. Within the first year of implementation, the organization experienced a substantial reduction in healthcare-associated C. diff events, accompanied by marked improvement in SIR performance. This achievement underscores the effectiveness of a systematic and collaborative approach to infection prevention. Beyond the reduction in infections, the process has driven improvements in diagnostic accuracy, facilitated the timely initiation of treatment and patient isolation, enhanced communication and coordination between nursing staff and physicians, and promoted efficiency in workflow processes.

This initiative demonstrates how innovative, evidence-based clinical guidelines can be tailored to address institutional challenges while fostering a culture of collaboration and accountability. It exemplifies the pivotal role of leadership in bridging gaps, driving change, and achieving measurable advancements in patient care and safety.