Decreasing Hospital-Acquired 
Clostridioides Difficile in Patients With Cancer

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Patients with cancer are particularly susceptible to Clostridioides difficile infections because of their exposure to antibiotics, serious underlying chronic illnesses, advancing age, immunocompromising conditions, and extended lengths of stays in the hospital setting. In addition to suboptimal hand hygiene, other potential sources for bacterial transmission in the hospital setting include high-touch surfaces within the patient’s immediate environment. Payers, such as the Centers for Medicare and Medicaid Services, continue to prioritize the reduction of healthcare-associated infections.

AT A GLANCE

- A standard protocol to clean high-touch surfaces in a patient’s immediate environment has the potential to decrease the incidence of nosocomial Clostridioides difficile.
- Clinical teams, in collaboration with environmental services, need to assess each patient in their immediate environment to determine which items are considered high-touch.
- An intervention to identify and clean five high-touch surfaces is quick, simple, cost-effective, and replicable in a variety of inpatient hospital environments.

**KEYWORDS**
oncology nursing; hospital-acquired infection; Clostridioides difficile

**DIGITAL OBJECT IDENTIFIER**
10.1188/22.CJON.215-218