



Implementing the Process for Fecal Microbiota Administration to Prevent Recurrent Clostridioides Difficile Infection in an Outpatient Setting

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Introduction

- Recurrent Clostridioides difficile infection (CDI) can be a major challenge for patients and a financial burden for hospitals.
- Recently approved fecal microbiota treatments are effective for the prevention of recurrent CDI, can significantly benefit patient populations, and may be financially prudent for healthcare systems.
- Fecal microbiota for rectal instillation (REB) was recently added to our hospital formulary for outpatient administration.

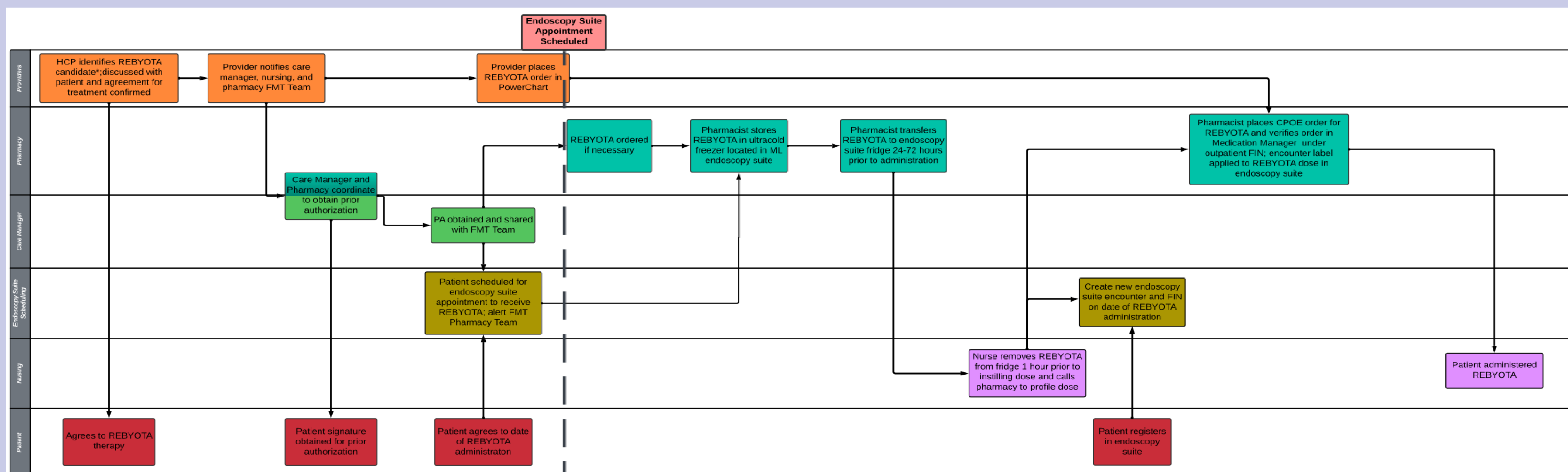
Objective

The purpose of this project is to describe the process of operationalizing the administration of fecal microbiota suspension (FMS) for patients with recurrent CDI.

Methods

- A drug monograph for was created in January 2023 based on available data which described the handling, storage, cost, and administration of REB. Hospital formulary addition for outpatients with recurrent CDI soon followed in March 2023.
- Specific criteria for FMS use was proposed in a guideline for appropriate use. Patient exclusion criteria for FMS use included recent gastrointestinal surgery, comorbidities incompatible with rectal administration, or those severely immunocompromised. Patients with at least 1 previous CDI episode were considered candidates for treatment with REB.
- The FMS administration procedures were described in a treatment protocol and demonstrated to our endoscopy suite nursing team.
- A swim lane map was created to depict the collaborative steps necessary to ensure appropriate prescribing, prior authorization, and patient administration.
- The pharmacy informatics team collaborated with our billing department to ensure proper coding and reimbursement.
- Multiple hospital specialties were identified that would be vital for the process, from case managers to endoscopy suite scheduling personnel. The various roles and responsibilities of this interprofessional collaboration was described and sequenced in our swim lane map.
- Education was provided within each discipline to ensure that the new process was followed with a smooth transition between professional disciplines.

Process Map



Results / Conclusions

- The policy for administration of REB was uploaded to AtlantiCare's policy and procedures intranet page during the first quarter of 2023.
- The process for ordering REB was initiated and the map was followed across disciplines resulting in seamless transition of the order. Our first patient was able to receive treatment in April 2023.
- Creation and implementation of new policies and procedures in a large institution can be a tedious procedure and requires collaboration amongst various specialties. Synergy between professional disciplines requires transparent communication and follow up to ensure tasks and requirements are met.
- The REB process requires continuous re-evaluation to ensure adherence and provide patients with this effective therapy. Preventing recurrences of CDI can significantly improve the quality of life for patients and be financially prudent for healthcare systems.

Authors have nothing to disclose