BACKGROUND AND SIGNIFICANCE: The number of cases of Clostridium difficile infection (CDI) has been on the rise costing over a billion healthcare dollars per year. As the incidence of CDI increases, so does the number of failed treatments and patients that experience relapses or recurrences. With the emergence of newer, more virulent and antibiotic-resistant strains, it is becoming increasingly difficult to treat CDI with traditional therapies such as metronidizole and vancomycin. These challenges have led providers to look for different ways to manipulate the bacteria in the GI tract. A gastroenterologist at the Waukesha Memorial Hospital GI Center requested Fecal Microbiota Transplant (FMT) for a patient. This provided the impetus for nursing leadership to determine safe practice and to create our policy for treatment.

PURPOSE OF THE PROJECT: Our intent was to establish a policy that details the process for reintroduction of a healthy diversity of bacteria through fecal transplant via colonoscopy and that minimizes transmission risks of unintended organisms to the patient. Additionally we needed to establish the reimbursement process, patient and staff education and maintain confidentiality for donors using an electronic health record.

METHOD/APPROACH: We formed an interdisciplinary team consisting of physician leadership, infection control, risk management, and nursing management to create an initial policy for FMT. The team reviewed literature, consulted a published expert as well as the FDA to ensure our practice was based on the best available evidence. Other team members involved in the process included lab, billing, admitting/registration, corporate compliance, charge master and patient safety officer. We also consulted specialists in the fields of infectious disease, medical microbiology, and allergy/immunology.

RESULTS/OUTCOMES: Our policy has continued to evolve as ongoing research was published, the organization implemented a new electronic health record and financial implications for reimbursement have changed. To date, we have successfully instituted our policy, process map, donor screening form, laboratory testing, patient, donor and staff education, and consents.

CONCLUSIONS/IMPLICATIONS: We have developed a safe process for FMT via colonoscopy according to expert consensus and FDA requirements.