
Targeted Assessment for Prevention: *Clostridium difficile* Infections

Lunch and Learn Webinar
April 17, 2018

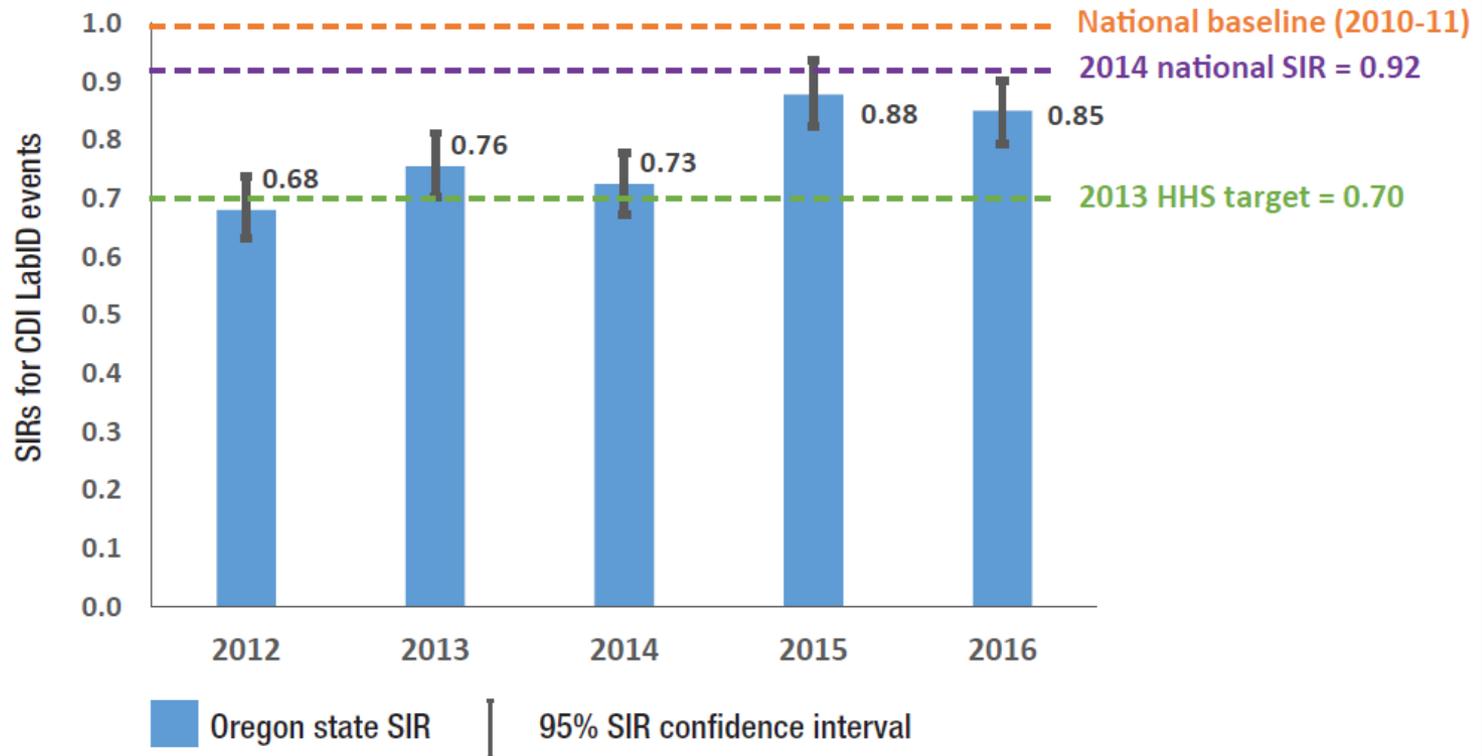
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The logo for Oregon Health Authority features the word "Oregon" in orange, "Health" in blue, and "Authority" in orange, all in a serif font. A horizontal line is positioned below the word "Health".

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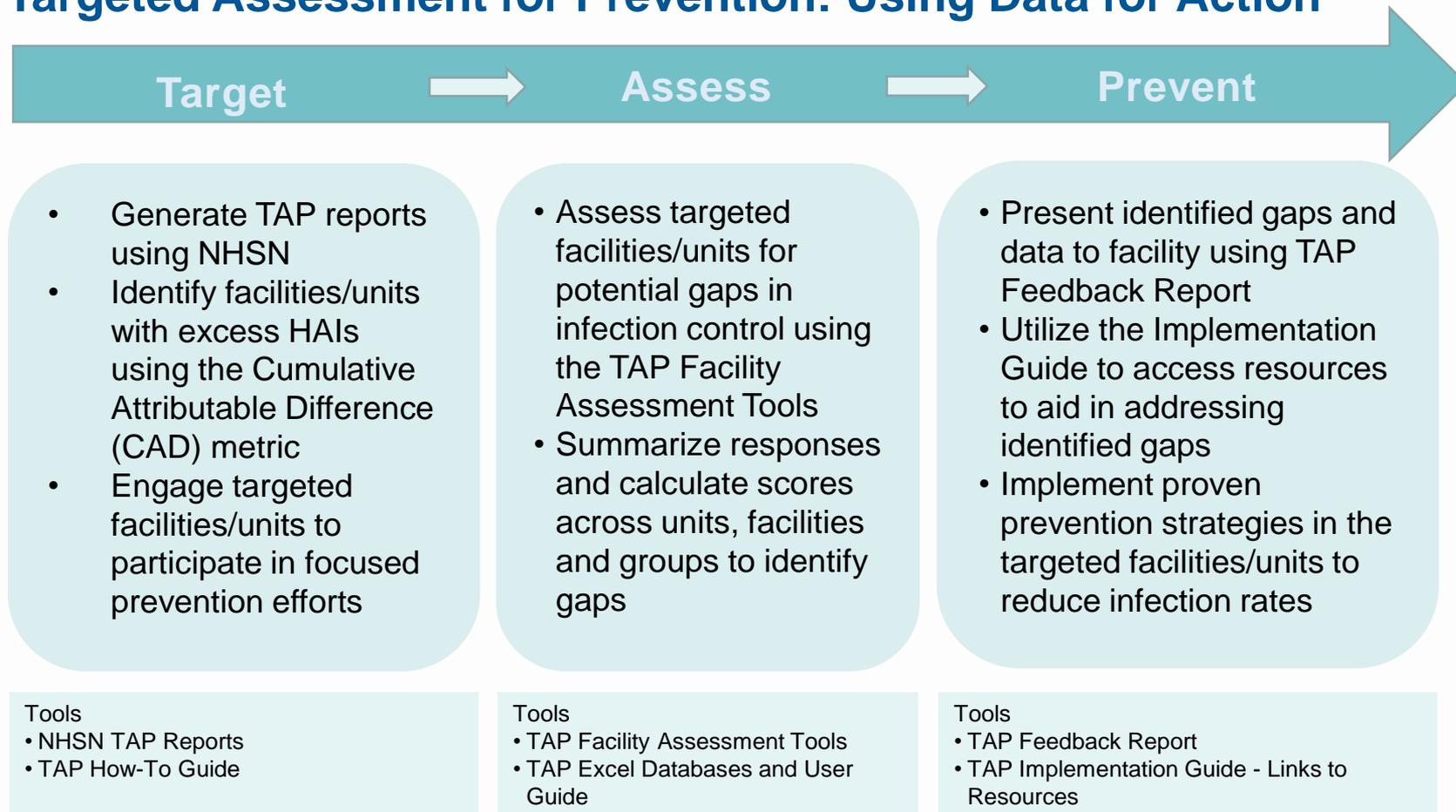
Why focus on Clostridium difficile (CDI) infections?

Figure 7. Oregon SIRs for CDI LabID events: 2012–2016



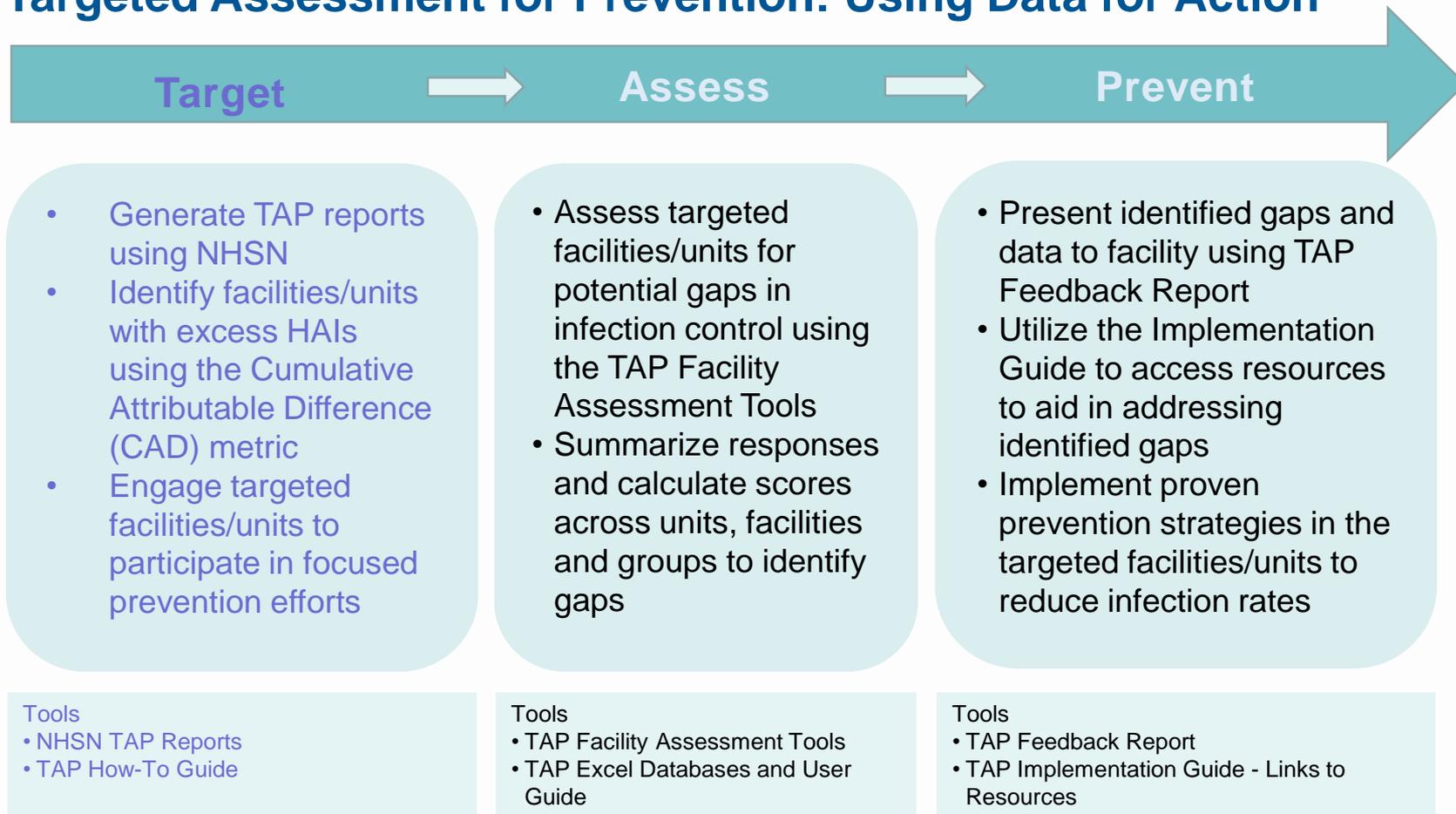
TAP Strategy

Targeted Assessment for Prevention: Using Data for Action



TAP Strategy

Targeted Assessment for Prevention: Using Data for Action



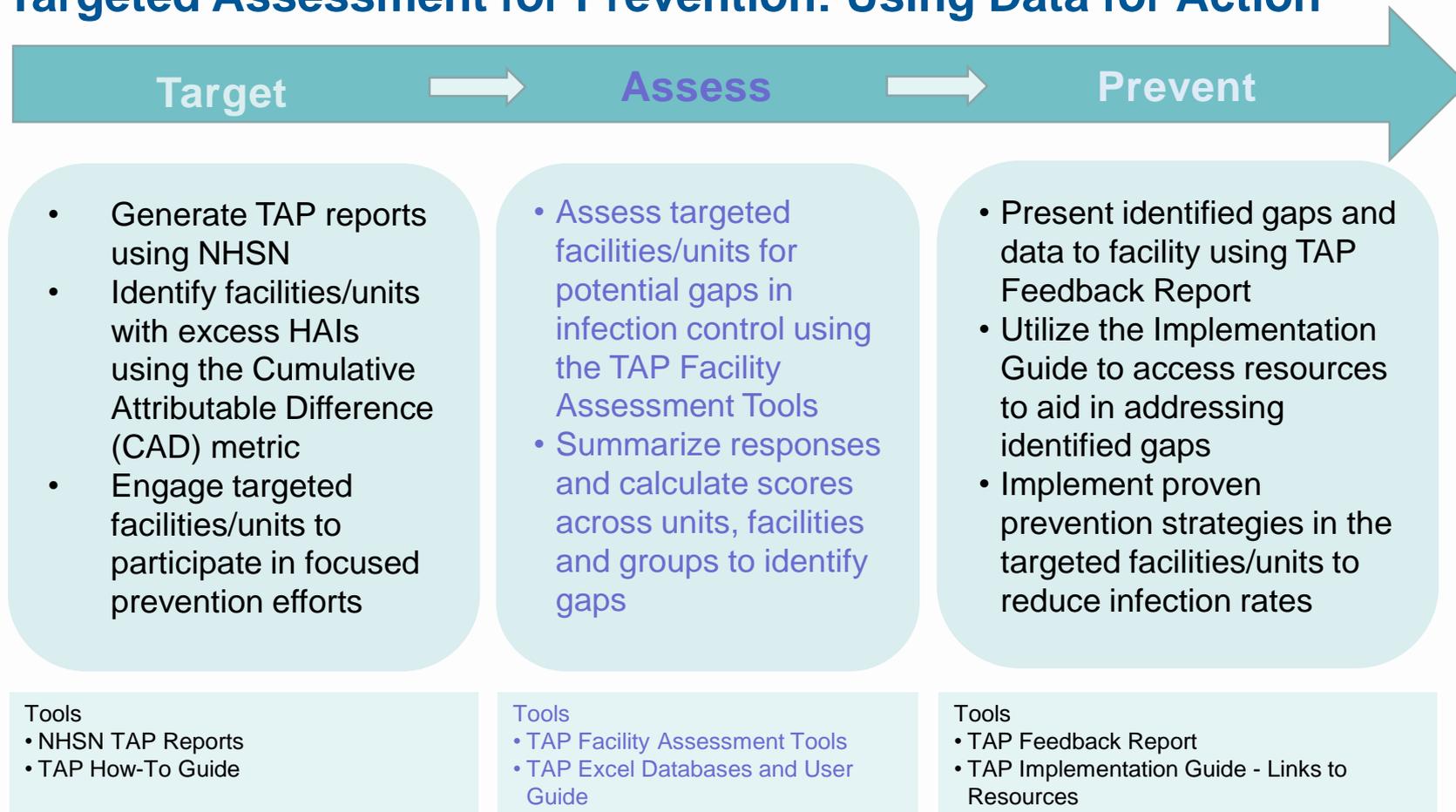
Standardized Infection Ratio (SIR) and the CAD

Standardized Infection Ratio SIR	Cumulative Attributable Difference CAD
<ul style="list-style-type: none"> Ratio of observed to predicted infections Summary measure used to track HAIs at a national, state or local level over time Risk-adjusted Used as a comparative metric 	<ul style="list-style-type: none"> Number of infections that need to be prevented to achieve SIR goal Summary measure to target prevention Influenced by exposure size* Used as a prioritization metric

Hospital type	*Patient days	Observed	Predicted	SIR	CAD
Major Teaching	9,000	27	9	3	18
Rural	1,000	3	1	3	2

TAP Strategy

Targeted Assessment for Prevention: Using Data for Action



The CDI TAP Assessment: Facility and OR HAI Program Roles

Participating facilities

- Distribute and collect surveys from healthcare personnel (HCP)
- Paper and electronic formats available
- Submit to HAI Program
- Aim: 30 total surveys by June 15, 2017
- Notify HAI Program when survey collection is complete

HAI Program TAP Team

- Receive data from facilities
- Enter survey data into database
- Conduct data analysis
- Provide TAP Feedback Report to facilities within two months of completion of survey collection

TAP Facility Assessment Tools

- *Awareness and perceptions* of prevention policies and practices
- Administer to a variety of facility HCP
 - Frontline providers (e.g., nurses, CNAs, physicians, environmental services)
 - Mid-level staff (e.g., director of infection prevention, unit/nurse managers)
 - Senior leadership (e.g., CEO, CMO, COO)
- Collection of at least 30 assessments per unit is recommended for interpretation

TAP Facility Assessment Tools

- Actionable information representing “on-the-floor” practices
 - “No” or “Never,” “Rarely,” “Sometimes” responses
 - “Unknown” responses
- Divergent responses among different HCP
- Generates conversation, “Aha!” moments, cues to action

CDI TAP Facility Assessment Tools

1. Primary CDI TAP Facility Assessment Tool (5 domains)
2. CDI Laboratory Assessment -TAP Facility Assessment Tool*
3. CDI Antibiotic Stewardship Practices - TAP Facility Assessment Tool*

*Completed only **once** per facility

Domains of Primary CDI TAP Facility Assessment Tool

92 total questions assessing

- General infrastructure, capacity and processes (25)
- Appropriate stewardship for CDI prevention (7)
- Early detection and isolation, appropriate testing (9)
- Contact precautions/hand hygiene(27)
- Environmental cleaning (7)

General Infrastructure, Capacity, and Processes

I. General Infrastructure, Capacity, and Processes	Response
1. Does your facility's senior leadership actively promote CDI prevention activities?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk
2. Is unit-level leadership involved in CDI prevention activities?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk
3. Does your facility have a team/work group focusing on CDI prevention?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk
4. Does your facility have a staff person with dedicated time to coordinate CDI prevention activities?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk
5. Does your facility have a nurse champion for CDI prevention activities?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk
6. Does your facility have a physician champion for CDI prevention activities?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk

Antibiotic Stewardship for CDI Prevention

II. Antibiotic Stewardship for CDI Prevention	Response
1. Does your facility routinely review appropriateness of antibiotics prescribed for treatment of other conditions (e.g., UTI) for patients with new or recent CDI diagnosis?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk
2. Does your facility educate providers about the risk of CDI with antibiotics?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk
3. Does your facility educate patients/family members about the risk of CDI with antibiotics?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk
Does your facility monitor the use of the following antibiotics that are high-risk for CDI:	
4. Fluoroquinolones?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk
5. 3 rd /4 th generation cephalosporins?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk
Does your facility use strategies to reduce the unnecessary use of the following antibiotics that are high-risk	
6. Fluoroquinolones?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk
7. 3 rd /4 th generation cephalosporins?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk

Early Detection and Isolation, Appropriate Testing

III. Early Detection and Isolation, Appropriate Testing	Response					
	Never	Rarely	Sometimes	Often	Always	Unknown
1. Do providers order <i>C. difficile</i> tests for the following <u>appropriate</u> indications:						
A. Diarrhea, defined as at least 3 unformed stools in 24 hours with no other known cause (e.g., laxative use)?	<input type="radio"/>					
B. Testing for diagnosis of CDI (e.g., <u>not</u> testing for cure)?	<input type="radio"/>					
2. Are <i>C. difficile</i> tests ordered promptly (i.e., within 24 hours) for patients with suspected CDI?	<input type="radio"/>					
3. Are patients preemptively placed on Contact Precautions when a <i>C. difficile</i> test is ordered?	<input type="radio"/>					
4. For patients with suspected CDI, is stool collected for testing within 24 hours of the <i>C. difficile</i> test order?	<input type="radio"/>					
5. Does your laboratory report initial results of <i>C. difficile</i> testing within 24 hours of stool collection?	<input type="radio"/>					
6. Is CDI status (i.e., suspected, confirmed, and recent history) communicated from other facilities upon <u>transfer to your</u> facility?	<input type="radio"/>					

Contact Precautions/Hand Hygiene

IV. Contact Precautions/Hand Hygiene	Response					
	Never	Rarely	Sometimes	Often	Always	Unknown
1. Do patients with CDI remain on Contact Precautions for the duration of diarrhea at your facility?	<input type="radio"/>					
2. Do patients with CDI remain on Contact Precautions <u>beyond</u> the duration of diarrhea at your facility?	<input type="radio"/>					
3. Are patients with CDI housed separately from patients without CDI (i.e., in private rooms or placed with other CDI patients ['cohorted']) at your facility?	<input type="radio"/>					
4. Are dedicated or disposable noncritical medical items (e.g., blood pressure cuffs, stethoscopes, thermometers) used for patients with confirmed or suspected CDI?	<input type="radio"/>					
5. Are Contact Precautions signs used for rooms to designate patients with confirmed or suspected CDI?	<input type="radio"/>					

Environmental Cleaning

V. Environmental Cleaning	Response					
	Never	Rarely	Sometimes	Often	Always	Unknown
1. Are high-touch environmental surfaces (e.g., bed rails/controls, tray table) in patient rooms cleaned:						
A. On a daily basis?	<input type="radio"/>					
B. Upon discharge?	<input type="radio"/>					
2. Is shared medical equipment cleaned between patient uses?	<input type="radio"/>					
3. Is there a clear delineation between items cleaned by Environmental Services personnel versus unit-level personnel (e.g., nurses, nursing assistants, clerks)?	<input type="radio"/>					
4. Is an EPA-registered product that is effective against <i>C. difficile</i> spores used for <u>daily</u> disinfection in the rooms of patients with CDI?	<input type="radio"/>					
5. Is an EPA-registered product that is effective against <i>C. difficile</i> spores used for <u>post-discharge</u> (terminal) disinfection in the rooms of patients with CDI?	<input type="radio"/>					
6. Is adequate time provided for post-discharge (terminal) cleaning of patient rooms?	<input type="radio"/>					
7. Are manufacturer instructions followed for use of disinfectants (e.g., appropriate contact time, pre-cleaning)?	<input type="radio"/>					

CDI Laboratory Practices: TAP Facility Assessment Tool

VI. Laboratory Practices	Response Choices
1. Does the facility update, as needed, the <i>C. difficile</i> test type currently in use on the NHSN Monthly Denominator Form each quarter?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
2. What is the <u>primary</u> testing method for <i>C. difficile</i> used by the facility's laboratory or the outside laboratory where the facility's testing is performed (check one)?	<input type="radio"/> Enzyme immunoassay (EIA) for toxin <input type="radio"/> Cell cytotoxicity neutralization assay <input type="radio"/> Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP) <input type="radio"/> Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm) <input type="radio"/> GDH plus NAAT (2-step algorithm) <input type="radio"/> GDH, plus EIA, plus NAAT (3-step algorithm for discrepant results) <input type="radio"/> Toxigenic culture (<i>C. difficile</i> culture followed by detection of toxins) <input type="radio"/> Other* (specify): _____
	<small>**"Other" should not be used to name specific laboratories, reference laboratories, or the brand names of <i>C. difficile</i> tests; most methods can be categorized accurately by selecting from the options provided</small>

VI. Laboratory Practices	Response Choices
3. What was the facility's percent positivity for <i>C. difficile</i> testing over the last 6 months (# positive <i>C. difficile</i> tests/total # <i>C. difficile</i> tests performed)?	_____ # positive for <i>C. difficile</i> _____ Total # of <i>C. difficile</i> tests _____% <input type="checkbox"/> Unknown
4. Does the laboratory reject formed stools sent for <i>C. difficile</i> testing, unless physician overrides?	<input type="radio"/> Never <input type="radio"/> Unknown <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often <input type="radio"/> Always
5. Does the laboratory reject duplicate stools (e.g., within 7 days if negative) sent for <i>C. difficile</i> testing?	<input type="radio"/> Never <input type="radio"/> Unknown <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often <input type="radio"/> Always

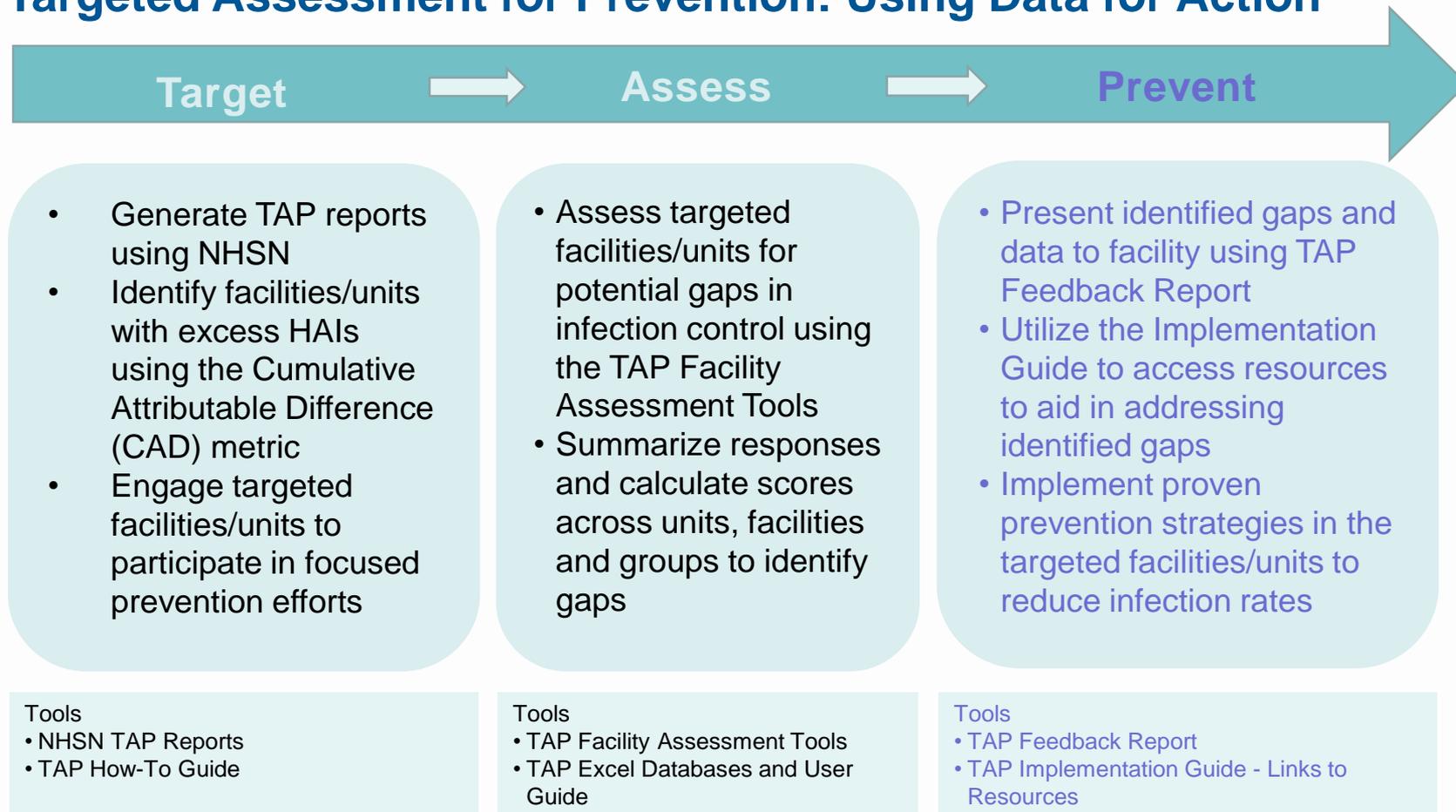
CDI Antibiotic Stewardship Practices - TAP Facility Assessment Tool

VII. Antibiotic Stewardship Practices	
1.	Does your facility have a written statement of support from leadership that supports efforts to improve antibiotic use (antibiotic stewardship)?
2.	Is there a leader responsible for outcomes of stewardship activities at your facility? A. If Yes: What is the position of this leader? (check all that apply)
3.	Is there at least one pharmacist responsible for improving antibiotic use at your facility?
4.	Does your facility provide any salary support for dedicated time for antibiotic stewardship activities?
5.	Does your facility have a policy that requires prescribers to document an indication for all antibiotics in the medical record or during order entry? A. If Yes: Has adherence to the policy to document an indication been monitored?
6.	Does your facility have facility-specific treatment recommendations, based on national guidelines and local susceptibility, to assist with antibiotic selection for common clinical conditions? A. If Yes: Has adherence to facility-specific treatment recommendations been monitored?

VII. Antibiotic Stewardship Practices	
7.	Is there a formal procedure for all clinicians to review the appropriateness of all antibiotics at or after 48 hours from the initial orders (e.g., antibiotic time out)?
8.	Do any specified antibiotic agents need to be approved by a physician or pharmacist prior to dispensing at your facility?
9.	Does a physician or pharmacist review courses of therapy for specified antibiotic agents and communicate results with prescribers (i.e., audit with feedback) at your facility?
10.	Does your facility monitor antibiotic use (consumption) at the unit, service, and/or facility wide? A. If Yes: By which metrics (check all that apply)? B. If Yes: Are facility- and/or unit- or service-specific reports on antibiotic use shared with prescribers?
11.	Do prescribers ever receive feedback by the stewardship program about how they can improve their antibiotic prescribing?
12.	Has your stewardship program provided education to clinicians and other relevant staff on improving antibiotic use?

TAP Strategy

Targeted Assessment for Prevention: Using Data for Action



Sample TAP Feedback Report

SAMPLE

Clostridium difficile Infection (CDI) Facility Assessment Tool—Feedback Report

Date Range:	54	55.67	15.03	0.97	0.92	0.89
2016	Number of healthcare facility-onset CDIs	Number of predicted healthcare facility-onset CDIs	Facility Cumulative Attributable Difference (CAD), or the number of infections the facility would have needed to prevent to achieve an HAI reduction goal SIR of 0.7	Healthcare facility-onset CDI Standardized Infection Ratio (SIR)	2014 National healthcare facility-onset CDI SIR	2014 State healthcare facility-onset CDI SIR
				SIR >1.0 indicates more infections than predicted		

Assessment Overview # Collected: 250 # Analyzed: 250 Overall Mean Score: 46.7 out of 72, or 65% <i>- Scoring and results are for the purpose of internal quality improvement and should <u>not</u> be used as a method to benchmark against other units or facilities -</i>	Leading* Hand hygiene & PPE training to all healthcare personnel Upon Hire and At Least Annually Feedback of performance to personnel on Hand Hygiene & Contact Precautions Housing of CDI patients separately from patients without CDI and use of signs Cleaning of shared medical equipment between patient uses	Lagging† Provider & patient/family education about risk of CDI with antibiotics Monitor & Reduce use of Fluoroquinolones & Cephalosporins Appropriate testing and lab reporting for CDI, and communication of CDI status upon transfers Use EPA product effective against Cdiff spores for Daily and Terminal disinfection in CDI rooms, following manufacturer's instructions
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Selected Deep Dives – Top Opportunities for Improvement *

I. General Infrastructure 73%	II. Antibiotic Stewardship 41%	III. Early Detection, Appropriate Testing 57%	IV. Contact Precautions 69%	V. Environmental Cleaning 60%
Staff person with dedicated time to coordinate CDI prevention activities	Provider education about risk of CDI with antibiotics	Avoidance of testing for CDI for inappropriate indications	CDI patients remain on Contact Precautions beyond duration of diarrhea	EPA product effective against Cdiff spores for Daily disinfection in CDI rooms
	Patient/family education about risk of CDI with antibiotics	Laboratory reporting of initial test results within 24hrs of stool collection	Adherence to use of gowns/gloves: Patients' Families/Visitors	EPA product effective against Cdiff for Terminal disinfection in CDI rooms
	Monitor & Reduce use of Fluoroquinolones (antibiotic that is high-risk for CDI)	Communication of CDI status upon transfer to your facility	Adherence to hand hygiene policies: Patients' Families/Visitors	Manufacturer's instructions followed for use of disinfectants
	Monitor & Reduce use of 3rd/4th Gen. Cephalosporins	Communication of CDI status to receiving facilities		

* Items displayed are based on questions with a frequency of >75% Yes or >75% for the sum of Often + Always

† Items displayed are based on questions with a frequency of >33% Unknown, >50% No, or >50% for the sum of Never + Rarely + Sometimes + Unknown

‡ Items displayed are based on questions within each domain with a frequency of >33% Unknown, >50% No, or >50% for the sum of Never + Rarely + Sometimes + Unknown

Sample TAP Feedback Report

Leading*

Hand hygiene & PPE training to all healthcare personnel Upon Hire and At Least Annually

Feedback of performance to personnel on Hand Hygiene & Contact Precautions

Housing of CDI patients separately from patients without CDI and use of signs

Cleaning of shared medical equipment between patient uses

Lagging†

Provider & patient/family education about risk of CDI with antibiotics

Monitor & Reduce use of Fluoroquinolones & Cephalosporins

Appropriate testing and lab reporting for CDI, and communication of CDI status upon transfers

Use EPA product effective against Cdiff spores for Daily and Terminal disinfection in CDI rooms, following manufacturer's instructions

Sample TAP Feedback Report

I. General Infrastructure, Capacity, and Processes

Question	Yes	No	Unknown
1. Does your facility's senior leadership actively promote CDI prevention activities?	85%	4%	11%
2. Is unit-level leadership involved in CDI prevention activities?	79%	5%	16%
3. Does your facility have a team/work group focusing on CDI prevention?	68%	15%	16%
4. Does your facility have a staff person with dedicated time to coordinate CDI prevention activities?	47%	30%	22%
Training	Yes	No	Unknown
5. Does your facility provide training on hand hygiene to all healthcare personnel: A. Upon hire?	95%	2%	4%
5. Does your facility provide training on hand hygiene to all healthcare personnel: B. At least annually?	87%	3%	10%
6. Does your facility provide training on use of personal protective equipment (PPE) to all personnel who use PPE, including proper PPE selection and donning/doffing: A. Upon Hire?	93%	1%	6%
6. Does your facility provide training on use of personal protective equipment (PPE) to all personnel who use PPE, including proper PPE selection and donning/doffing: B. At least annually?	86%	3%	11%
7. Does your facility provide training on cleaning and disinfection to all personnel with this responsibility (e.g., environmental services staff, unit-level personnel): A. Upon hire?	63%	27%	10%
7. Does your facility provide training on cleaning and disinfection to all personnel with this responsibility (e.g., environmental services staff, unit-level personnel): B. At least annually?	58%	28%	14%

Implementation Resources for Facilities

Healthcare-associated Infections

Healthcare-associated Infections (HAI)

Data and Statistics +

Types of Infections +

Diseases and Organisms +

Preventing HAIs -

Targeted Assessment for Prevention (TAP) -

TAP CAUTI Toolkit Implementation Resources

TAP CDI Implementation Resources

TAP CLABSI Implementation Guide

[CDC](#) > [Healthcare-associated Infections \(HAI\)](#) > [Preventing HAIs](#)

The Targeted Assessment for Prevention (TAP) Strategy



<https://www.cdc.gov/hai/prevent/tap.html>

TAP CDI Implementation Guide

CDC A-Z INDEX ▾

Healthcare-associated Infections

Healthcare-associated Infections (HAI)	
Data and Statistics	+
Types of Infections	+
Diseases and Organisms	+
Preventing HAIs	-
Targeted Assessment for Prevention (TAP)	-
TAP CAUTI Toolkit Implementation Resources	
TAP CDI Implementation Resources	
TAP CLABSI Implementation Guide	
Toolkits	+
Basic Infection Control and Prevention Plan for Outpatient Oncology Settings	+
Outpatient Care Guide	
Tools for Protecting Healthcare Personnel	+
Infection Control Assessment Tools	
Water Management	

CDC > [Healthcare-associated Infections \(HAI\)](#) > [Preventing HAIs](#) > [Targeted Assessment for Prevention \(TAP\)](#)

TAP Clostridium difficile infection (CDI) Implementation Guide: Links to Example Resources



Disclaimer: The links in the domains below are not mutually exclusive nor do they represent an exhaustive list of all the possible resources available. Furthermore, the links presented do not constitute an endorsement of these organizations or their programs by the Centers for Disease Control and Prevention (CDC) or the federal government, and none should be inferred.

Also refer to the following guidelines:

[Strategies to Prevent *Clostridium difficile* Infections in Acute Care Hospitals: 2014 Update](#) [↗](#)

[Clinical Practice Guidelines for *Clostridium difficile* Infection in Adults: 2010 Update by the Society for Healthcare Epidemiology of America \(SHEA\) and the Infectious Diseases Society of America \(IDSA\)](#) [↗](#) [PDF - 25 pages]

Other relevant [CDC guidelines](#).

[CDI Prevention Primer Slide Set](#) [↗](#) [PPT - 7.3 MB]

- > **I. General Infrastructure, Capacity, and Processes**
- > **II. Antibiotic Stewardship**
- > **III. Early Detection and Isolation, Appropriate Testing**
- > **IV. Contact Precautions/Hand Hygiene**
- > **V. Environmental Cleaning**
- > **VI. Laboratory Practices**

My facility's data look good. Why do a TAP Facility Assessment?

- Opportunity offered to all Oregon facilities with a positive CAD
- Focus on perceptions rather than metrics
 - Diverse staff perceptions
 - Awareness of CDI prevention work
- Inform effectiveness of infection prevention messaging
- Allow for targeted education and quality improvement

Am I able to determine which units to target in my facility?

- Use facility data and own perceptions or anecdotal evidence of high-risk populations
- Run frequency table in NHSN
 - Infection counts (SIRs or CADs)
 - OHA available to assist with this

Is my facility committing to do additional work as part of the TAP process?

- No
- Facilities who participate will only need to distribute and collect completed surveys
 - HAI Program will provide data entry, analysis, summary data, and technical assistance
- Quality improvement is an ongoing process
- Facilities have engaged in quality improvement work long before TAP
 - TAP Feedback Report may *guide* education and quality improvement

How long does it take to fill out the surveys?

- Approximately 10-15 minutes
- HCP may feel the need to “track down” (e.g., ask others) about questions they do not know the answer to
 - Special expertise or extra research is not needed
 - Focus on perceptions
 - If a staff member does not know the answer to a question, an “unknown” response is just as meaningful (and applicable to targeting education) as a “yes” or “no” answer

What is the data collection and survey distribution process?

- Surveys can be completed and collected electronically (via fillable PDF) or on paper
 - Facilities may offer both methods
 - Facility staff coordinating these efforts should ensure each HCP reports only once
 - Email attachment of TAP CDI assessment tool to TAP.surveys@state.or.us
 - <https://www.cdc.gov/hai/pdfs/tap/CLABSI-TAP-Facility-Assessment-Tool-v2.0-August2016-Reader-Enabled.pdf>
- HAI Program TAP Team can help develop a plan for your facility's workflow

How should we submit these data?

- Electronic surveys are submitted to HAI Program via email

*This tool can be distributed and returned via email. **Prior to distribution**, enter the email address to which the completed assessments should be returned and Save the document (send this Saved version to respondents). When respondents 'Submit', the form will be automatically sent to the email address specified below.*

Return Email Address: TARA.L.BUEHRING@state.or.us

- After completing electronic survey, select “Submit”
 - Email including completed survey will autogenerate
 - Unique survey number will auto-populate at the bottom of each page
- Paper survey option requires facility to develop a system of numbering/tracking
 - Uniquely identify each survey by entering a unique survey number into the Survey Number box on each page before distributing to HCP to complete

For Internal Use Only

Survey Number:

- Send scanned/emailed paper surveys to HAI Program

Are there data or research issues we should consider prior to participating?

- From our perspective, this is public health practice work in support of HAI prevention at Oregon facilities
- Non-regulatory
- No patient information, infection rates, or clinical data will be actively collected
- Survey data will not include respondent identifiers

- HAI Program TAP Team will collect completed surveys for data entry and analysis to provide facilities with a TAP Feedback Report identifying areas for potential quality improvement and gap mitigation related to HCP training; completed surveys and entered data will be housed on OHA's secure server

Will my facilities data be shared publicly?

- Summarized facility-specific data will be shared with your facility in the form of a TAP Assessment Report to support quality improvement work
- The HAI Program may present aggregated data from multiple facilities in educational/conference settings, progress reports to funding agencies
- The HAI Program does not intend to share or publish identified, facility-specific information with outside entities

Questions and Discussion

Oregon Public Health
Division
Acute and
Communicable
Disease Prevention
Healthcare-
Associated Infections
(HAI) Program TAP
Team

Electronic survey submission

TAP.surveys@state.or.us

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Becca Pierce, PhD, MS, BSN, HAI Program Manager

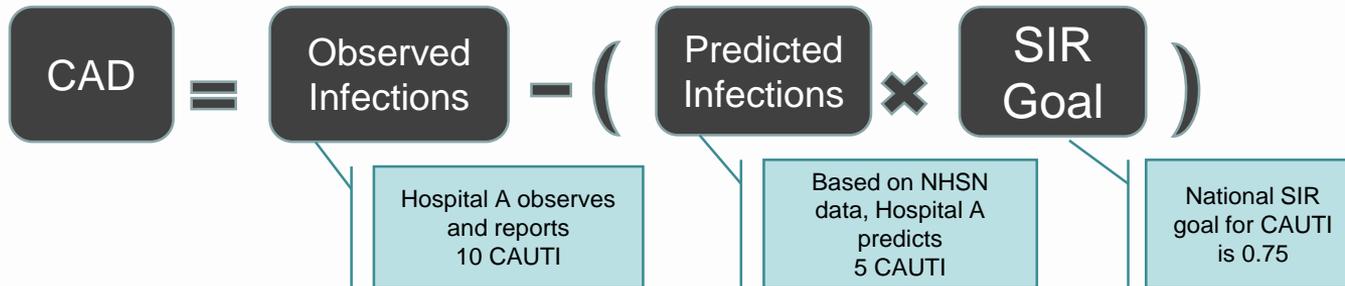
Rebecca.a.pierce@state.or.us (971) 673-3498

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Supplemental Slides

- Calculating the CAD
- Additional survey questions

Calculating the CAD



- $CAD = \text{Observed Infections} - (5 \times 0.75)$
- $CAD = \text{Observed Infections} - 3.75$
- $CAD = 10 - 3.75$
- $CAD = 6.25$

Need to prevent 6.25 catheter-associated urinary tract infections (CAUTI) to reach the goal SIR of 0.75

General Infrastructure, Capacity, and Processes (cont'd)

I. General Infrastructure, Capacity, and Processes, Continued...	Response	Comments (and/or "As Evidenced By")
Training		
7. Does your facility provide training on hand hygiene to all healthcare personnel: A. Upon hire? B. At least annually?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	
8. Does your facility provide training on use of personal protective equipment (PPE) to all personnel who use PPE, including proper PPE selection and donning/doffing: A. Upon hire? B. At least annually?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	
9. Does your facility provide training on cleaning and disinfection to all personnel with this responsibility (e.g., environmental services staff, unit-level personnel): A. Upon hire? B. At least annually?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	
Does your facility conduct <u>competency assessments</u> * of all healthcare personnel on:		
<small>*Competency assessment is defined as a process of ensuring that healthcare personnel demonstrate the skills and knowledge to perform a procedure properly and according to facility standards and policies. This may be done through direct observation by trained observers of personnel performing a simulated procedure on a mannequin or an actual procedure on a patient.</small>		
10. Hand hygiene?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	
11. Use of personal protective equipment, including donning/doffing?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	
12. Contact Precautions protocols (e.g., use of signs and dedicated or disposable equipment)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	
13. Environmental cleaning/disinfection?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	

General Infrastructure, Capacity, and Processes (cont'd)

I. General Infrastructure, Capacity, and Processes, Continued...	Response	Comments (and/or "As Evidenced By")
Does your facility routinely <u>audit</u> * (monitor and document) adherence of personnel to: <small>*Audit is defined as an assessment (typically by direct observation, either hospital-wide or unit-specific) of healthcare personnel compliance with facility policies.</small>		
14. Hand hygiene?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	
15. Use of personal protective equipment, including donning/doffing?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	
16. Contact Precautions protocols (e.g., use of signs and dedicated or disposable equipment)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	
17. Cleaning/disinfection of <u>environmental surfaces</u> , including use of sporicidal disinfectants if part of facility policy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	
18. Cleaning/disinfection of <u>shared medical equipment</u> , including use of sporicidal disinfectants if part of facility policy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	
Does your facility routinely provide feedback of performance to personnel on:		
19. Hand hygiene?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	
20. Use of personal protective equipment?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	
21. Contact Precautions protocols (e.g., use of signs and dedicated or disposable equipment)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	
22. Cleaning/disinfection of <u>environmental surfaces</u> ?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	
23. Cleaning/disinfection of <u>shared medical equipment</u> ?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	
24. CDI data (e.g., rates, standardized infection ratios - SIRs, cumulative attributable difference – CAD)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	
25. Antibiotic use data (e.g., appropriate agent, dose, duration, indication)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	

Early Detection and Isolation, Appropriate Testing (cont'd)

III. Early Detection and Isolation, Appropriate Testing	Response						Comments (and/or "As Evidenced By")
	Never	Rarely	Sometimes	Often	Always	Unknown	
7. Is CDI status (i.e., suspected, confirmed, and recent history) communicated to receiving facilities upon <u>transfer from</u> your facility?	<input type="radio"/>						
8. Is CDI status (i.e., suspected, confirmed, and recent history) communicated to the receiving locations when patients are <u>transferred within your facility to different units</u> (e.g., from Emergency Department)?	<input type="radio"/>						
9. Is CDI status (i.e., suspected, confirmed, and recent history) communicated to the receiving locations when patients are <u>transported within your facility for diagnostic testing or treatment</u> (e.g., to radiology, physical therapy)?	<input type="radio"/>						

Contact Precautions/Hand Hygiene (cont'd)

IV. Contact Precautions/Hand Hygiene	Response						Comments (and/or "As Evidenced By")
	Never	Rarely	Sometimes	Often	Always	Unknown	
6. <i>If Applicable</i> , are the Contact Precautions signs placed in a location easily visible prior to room entry?	<input type="radio"/> Not Applicable						
7. <i>If Applicable</i> , are the Contact Precautions signs understandable?	<input type="radio"/> Not Applicable						
8. Do healthcare personnel at your facility wash hands with soap and water after contact with CDI patients or their environment?	<input type="radio"/>						
9. Are sinks readily available for healthcare personnel to perform hand washing in patient care areas (not including patient bathroom sink)?	<input type="radio"/>						
10. Are patients educated on proper hand hygiene?	<input type="radio"/>						
11. Is there a system in place to ensure that patients perform hand washing after using the bathroom and before eating?	<input type="radio"/>						
Are families/visitors educated on:							
12. Use of gowns/gloves for Contact Precautions?	<input type="radio"/>						
13. Hand hygiene?	<input type="radio"/>						

Contact Precautions/Hand Hygiene (cont'd)

IV. Contact Precautions/Hand Hygiene, Continued...	Response						Comments (and/or "As Evidenced By")
	Never	Rarely	Sometimes	Often	Always	Unknown	
In your experience, do the following persons adhere to use of gowns/gloves for patients on Contact Precautions:							
14. Physicians	<input type="radio"/>						
15. Physician Assistants / Nurse Practitioners	<input type="radio"/>						
16. Nurses	<input type="radio"/>						
17. Nursing Assistants	<input type="radio"/>						
18. Environmental Services staff	<input type="radio"/>						
19. Ancillary Service staff (e.g., PT/OT, respiratory therapy, food service)	<input type="radio"/>						
20. Families/visitors	<input type="radio"/>						
In your experience, do the following persons adhere to hand hygiene policies:							
21. Physicians	<input type="radio"/>						
22. Physician Assistants / Nurse Practitioners	<input type="radio"/>						
23. Nurses	<input type="radio"/>						
24. Nursing Assistants	<input type="radio"/>						
25. Environmental Services staff	<input type="radio"/>						
26. Ancillary Service staff (e.g., PT/OT, respiratory therapy, food service)	<input type="radio"/>						
27. Families/visitors	<input type="radio"/>						