

# CDI Initial Facility Assessment Tool

Date of Assessment: \_\_\_\_\_

Facility ID: \_\_\_\_\_ Facility Type: \_\_\_\_\_ Other, Please Specify: \_\_\_\_\_

Unit ID: \_\_\_\_\_ Unit Type: \_\_\_\_\_ Other, Please Specify: \_\_\_\_\_

Title or role of person completing tool: \_\_\_\_\_

Years of experience at facility: \_\_\_\_\_ (Numeric Values Only)

Your facility has been selected for this assessment because National Healthcare Safety Network (NHSN) data indicate an excess number of *Clostridium difficile* infections (CDI). This initial assessment tool may be used to identify potential gaps in infection prevention and opportunities for antibiotic stewardship.

### Notes for the Respondent:

- This assessment is meant to capture your *awareness and perceptions of policies and practices* related to CDI prevention at the facility.
- Responses should refer to what is *currently* in place at the facility/unit (i.e., at the time of the visit/communication).
- We are not here to evaluate you personally but rather to listen to your experiences as a member of the healthcare system. There are no right or wrong answers and your name will not be associated with responses or comments.
- Information will be used solely for the purposes of quality improvement activities to improve patient safety.

Once you have completed this form, there are 3 options for you to SUBMIT:

Do you have a Desktop Email Application? (e.g., Outlook, Windows Live Mail)	Do you have a web-based email address? (e.g., Gmail, Yahoo)	Are you having trouble submitting? (e.g., No email application, Firewall is blocking submission)
1) Click SUBMIT 2) Select the top radio button (Desktop Email Application) 3) Click OK <i>This will automatically generate an email with the completed form attached</i>	1) Click SUBMIT 2) Select the bottom radio button (Internet Email) 3) Copy the email address listed in the text next to the radio button 4) Click OK 5) Save the document to your computer 6) Open your web based email, attach the file, and send to the email address you copied.	1) Click the PRINT button 2) Print to a local printer 3) Give completed form to your facility Point of Contact

I. General Infrastructure, Capacity, and Processes	Response Choices	Comments (and/or “As Evidenced By”)
1. Does your facility’s senior leadership actively promote CDI prevention activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
2. Is unit-level leadership involved in CDI prevention activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
3. Does your facility have a team/work group focusing on CDI prevention?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
4. Does your facility have a staff person with dedicated time to coordinate CDI prevention activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Training		
5. Does your facility provide training on hand hygiene to all healthcare personnel: A. Upon hire? B. At least annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
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? B. At least annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
7. Does your facility provide training on cleaning and disinfection to all personnel with this responsibility (e.g., environmental services staff, nursing staff): A. Upon hire? B. At least annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
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>		
8. Hand hygiene	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
9. Use of personal protective equipment, including donning/doffing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
10. Contact Precautions protocols (e.g., use of signs and dedicated or disposable equipment)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
11. Cleaning/disinfection of environmental surfaces, including use of sporicidal disinfectants if part of facility policy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
12. Cleaning/disinfection of shared medical equipment, including use of sporicidal disinfectants if part of facility policy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	

Does your facility routinely provide feedback of performance to personnel on:		
13. Hand hygiene	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Use of personal protective equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
15. Contact Precautions protocols (e.g., use of signs and dedicated or disposable equipment)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
16. Cleaning/disinfection of environmental surfaces	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
17. Cleaning/disinfection of shared medical equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
18. CDI data (e.g., rates, standardized infection ratios - SIRs)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
19. Antibiotic use data	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	

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

III. Early Detection and Isolation, Appropriate Testing	Response Choices						Comments (and/or “As Evidenced By”)
	Never	Rarely	Sometimes	Often	Always	Unknown	
1. Are patients with diarrhea (at least 3 unformed stools within 24 hrs) <u>without a known cause</u> tested for CDI?							
2. Do providers <u>avoid</u> testing patients for CDI for inappropriate indications (e.g., test of cure, testing when no diarrhea present, testing patients with other known causes of diarrhea such as laxative use)?							
3. Are <i>C. difficile</i> tests ordered promptly (i.e., within 24 hours) for patients with suspected CDI?							
4. Are patients preemptively placed on Contact Precautions when a <i>C. difficile</i> test is ordered?							
5. For patients with suspected CDI, is stool collected for testing within 24 hours of the <i>C. difficile</i> test order?							
6. Does your laboratory report initial results of <i>C. difficile</i> testing within 24 hours of stool collection?							
7. Is CDI status (i.e., suspected, confirmed, and recent history) communicated from other facilities upon <u>transfer to</u> your facility?							
8. Is CDI status (i.e., suspected, confirmed, and recent history) communicated to receiving facilities upon <u>transfer from</u> your facility?							
9. Is suspected or confirmed CDI status communicated to the receiving locations when patients are <u>transferred within your facility to different units</u> (e.g., from Emergency Department)?							
10. Is suspected or confirmed CDI status communicated to the receiving locations when patients are <u>transported within your facility for diagnostic testing</u> (e.g., to radiology, physical therapy)?							

IV. Contact Precautions/Hand Hygiene	Response Choices						Comments (and/or "As Evidenced By")
	Never	Rarely	Sometimes	Often	Always	Unknown	
1. Do patients with CDI remain on Contact Precautions for the duration of diarrhea at your facility?							
2. Do patients with CDI remain on Contact Precautions <u>beyond</u> the duration of diarrhea at your facility?							
3. Are patients with CDI either placed in private rooms or cohorted with other CDI patients, if no private rooms are available?							
4. Are dedicated or disposable noncritical medical items (e.g., blood pressure cuffs, stethoscopes, thermometers) used for patients with confirmed or suspected CDI?							
5. Are Contact Precautions signs used for rooms to designate patients with confirmed or suspected CDI?							
6. Do healthcare personnel at your facility wash hands with soap and water after contact with CDI patients or their environment?							
7. Are sinks readily available for healthcare personnel to perform hand washing in patient care areas (not including patient bathroom sink)?							
8. Is there a system in place to ensure that patients perform hand hygiene (especially after using bathroom and before eating)?							
Are patients' families/visitors educated on:							
9. Use of gowns/gloves for Contact Precautions?							
10. Hand hygiene?							

Continued... IV. Contact Precautions/Hand Hygiene	Response Choices						Comments (and/or "As Evidenced By")
	Never	Rarely	Sometimes	Often	Always	Unknown	
Do the following persons adhere to use of gowns/gloves for patients on Contact Precautions:							
11. Physicians							
12. Physician Assistants							
13. Nurses							
14. Nurse Practitioners							
15. Nursing Assistants							
16. Environmental Services staff							
17. Ancillary service staff (e.g., PT/OT, food service, etc.)							
18. Patients' families/visitors							
Do the following persons adhere to hand hygiene policies:							
19. Physicians							
20. Physician Assistants							
21. Nurses							
22. Nurse Practitioners							
23. Nursing Assistants							
24. Environmental Services staff							
25. Ancillary service staff (e.g., PT/OT, food service, etc.)							
26. Patients' families/visitors							

V. Environmental Cleaning	Response Choices						Comments (and/or "As Evidenced By")
	Never	Rarely	Sometimes	Often	Always	Unknown	
1. Are high-touch environmental surfaces (e.g., bed rails/controls, tray table) in patient rooms cleaned on a daily basis?							
2. Is shared medical equipment cleaned between patient uses?							
3. Is there a clear delineation between items cleaned by Environmental Services staff versus patient care staff (e.g., nurses, nursing assistants)?							
4. Is an EPA-registered disinfectant with a sporicidal claim used for <u>daily</u> disinfection in the rooms of patients with CDI?							
5. Is an EPA-registered disinfectant with a sporicidal claim used for <u>post-discharge</u> disinfection in the rooms of patients with CDI?							
6. Is adequate time provided for post-discharge cleaning of patient rooms?							
7. Are manufacturer instructions followed for use of disinfectants (e.g., appropriate contact time, pre-cleaning)?							

Additional Comments/Observations (Please specify/describe in detail):

Facility ID: \_\_\_\_\_

Facility Type: \_\_\_\_\_ Other, Please Specify: \_\_\_\_\_

**General Antibiotic Stewardship Program**

Section VII should be directed to the staff member who is most knowledgeable about the facility’s antibiotic stewardship practices (e.g., pharmacy or physician stewardship lead). These questions are identical to the antibiotic stewardship practices questions on the *NHSN Hospital Annual Survey* (questions 23-34) and may be used to validate the results of the NHSN survey.

Title or role of person completing Section VII. Antibiotic Stewardship Practices: \_\_\_\_\_

Title or role of person who completed the *NHSN Hospital Annual Survey*: \_\_\_\_\_

VII. Antibiotic Stewardship Practices	Response Choices	Comments (and/or “As Evidenced By”)
1. Does your facility have a written statement of support from leadership that supports efforts to improve antibiotic use (antibiotic stewardship)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
2. Is there a leader responsible for outcomes of stewardship activities at your facility?  A. <b>If Yes:</b> What is the position of this leader? (check all that apply)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk  <input type="checkbox"/> Physician <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other (Please specify): _____	
3. Is there at least one pharmacist responsible for improving antibiotic use at your facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
4. Does your facility provide any salary support for dedicated time for antibiotic stewardship activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
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. <b>If Yes:</b> Has adherence to the policy to document an indication been monitored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	



Continued... VII. Antibiotic Stewardship Practices	Response Choices	Comments (and/or "As Evidenced By")
<p>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?</p> <p>A. <b>If Yes:</b> Has adherence to facility-specific treatment recommendations been monitored?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk</p>	
<p>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)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk</p>	
<p>8. Do any specified antibiotic agents need to be approved by a physician or pharmacist prior to dispensing at your facility?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk</p>	
<p>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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk</p>	
<p>10. Does your facility monitor antibiotic use (consumption) at the unit, service, and/or facility wide?</p> <p>A. <b>If Yes:</b> By which metrics (check all that apply)?</p> <p>B. <b>If Yes:</b> Are facility- and/or unit- or service-specific reports on antibiotic use shared with prescribers?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk</p> <p><input type="checkbox"/> Days of Therapy (DOT)</p> <p><input type="checkbox"/> Defined Daily Dose (DDD)</p> <p><input type="checkbox"/> Purchasing Data</p> <p><input type="checkbox"/> Other</p> <p>(Please specify):</p> <hr/> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk</p>	
<p>11. Do prescribers ever receive feedback by the stewardship program about how they can improve their antibiotic prescribing?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk</p>	
<p>12. Has your stewardship program provided education to clinicians and other relevant staff on improving antibiotic use?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk</p>	

Facility ID: \_\_\_\_\_

Facility Type: \_\_\_\_\_ Other, Please Specify: \_\_\_\_\_

**Laboratory Assessment**

Section VI questions are laboratory-specific and should be directed to the facility's laboratory director or other staff that have knowledge of the practices at the laboratory that performs the facility's *C. difficile* testing.

Title or role of person completing Section VI. Laboratory Practices: \_\_\_\_\_

VI. Laboratory Practices	Response Choices	Comments (and/or "As Evidenced By")
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="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
2. What is the primary 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="checkbox"/> Enzyme immunoassay (EIA) for toxin <input type="checkbox"/> Cell cytotoxicity neutralization assay <input type="checkbox"/> Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP) <input type="checkbox"/> Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm) <input type="checkbox"/> GDH plus NAAT (2-step algorithm) <input type="checkbox"/> GDH, plus EIA, plus NAAT (3-step algorithm for discrepant results) <input type="checkbox"/> Toxigenic culture ( <i>C. difficile</i> culture followed by detection of toxins) <input type="checkbox"/> Other* (specify): _____  *"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	

Continued... VI. Laboratory Practices	Response Choices	Comments (and/or "As Evidenced By")
3. What is 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 # for <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 override?	<input type="checkbox"/> Never <input type="checkbox"/> Unknown <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always	
5. Does the laboratory reject duplicate stools (e.g., within 7 days if negative) sent for <i>C. difficile</i> testing?	<input type="checkbox"/> Never <input type="checkbox"/> Unknown <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always	