

Clostridioides difficile Infection (CDI or C. diff)
Targeted Assessment for Prevention (TAP) Facility Assessment Tool

Notes for the Respondent:

- This assessment is meant to capture your *awareness and perceptions of policies and practices* related to CDI prevention.
- Responses should refer to what is *currently* in place at the facility or unit in which the assessment is being administered.
- Please use the comment boxes to elaborate and capture information as needed – such detailed comments may help focus additional drill down opportunities and next steps.

Date of Assessment: _____

Facility Name or ID: _____

Unit Name or ID: _____

Unit Type:

- | | |
|--|--|
| <input type="checkbox"/> ICU | <input type="checkbox"/> Facility Wide |
| <input type="checkbox"/> Med/Surg (Ward) | <input type="checkbox"/> Other |
| <input type="checkbox"/> ED | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Pediatrics | |

Title or role of person completing tool:

- | | | |
|---|---|---|
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Physician | <input type="checkbox"/> Infection Prevention |
| <input type="checkbox"/> Nurse – Unit Manager or above | <input type="checkbox"/> Physician – Resident/Fellow | <input type="checkbox"/> Quality |
| <input type="checkbox"/> Certified Nurse Assistant / Patient Care Assistant / Patient Care Tech | <input type="checkbox"/> Physician – Administrative Leadership | <input type="checkbox"/> Ancillary Service Staff (e.g., radiology tech, PT/OT, respiratory therapy, food service) |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Environmental Services Personnel |
| <input type="checkbox"/> Nurse Educator | <input type="checkbox"/> Administrative Leadership, Please Specify: _____ | <input type="checkbox"/> Other, Please Specify: _____ |

Years of experience at facility: _____

During which shift do you primarily work? Day Evening Night Other, Please Specify: _____

I. General Infrastructure, Capacity, and Processes

1. Does your facility's senior leadership actively promote prevention of CDI (<i>Clostridioides difficile</i> infection or C. diff infection)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
2. Does your facility have a team/workgroup focusing on CDI prevention?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3. Does your facility have a physician champion for CDI prevention?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
4. Is unit-level leadership involved in CDI prevention?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
5. Does your facility have unit-based nurse champions for CDI prevention?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Comments: (Please specify question number as applicable)	

Training	
6. Does your facility provide <i>training</i> on hand hygiene to healthcare personnel at least once per year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
7. Does your facility conduct a <i>knowledge assessment</i> (e.g., quiz, test) on hand hygiene to healthcare personnel at least once per year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
8. Does your facility conduct a <i>skills assessment</i> (i.e., personnel demonstration of tasks) on hand hygiene to healthcare personnel at least once per year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
9. Does your facility provide <i>training</i> on use of personal protective equipment (PPE) (e.g., gowns, gloves) to healthcare personnel at least once per year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
10. Does your facility conduct a <i>knowledge assessment</i> (e.g., quiz, test) on use of PPE (e.g., gowns, gloves) to healthcare personnel at least once per year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
11. Does your facility conduct a <i>skills assessment</i> (i.e., personnel demonstration of tasks) on use of PPE (e.g., gowns, gloves) to healthcare personnel at least once per year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
12. Does your facility provide <i>training</i> on Contact Precautions (e.g., use of signs, dedicated equipment, patient placement) to healthcare personnel at least once per year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Comments: (Please specify question number as applicable)	

I. General Infrastructure, Capacity, and Processes

Training (Continued)	
13. Does your facility provide <i>training</i> on environmental cleaning/disinfection of shared equipment to nursing personnel at least once per year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
14. Does your facility conduct a <i>knowledge assessment</i> (e.g., quiz, test) on environmental cleaning/disinfection of shared equipment to nursing personnel at least once per year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
15. Does your facility conduct a <i>skills assessment</i> (i.e., personnel demonstration of tasks) on environmental cleaning/disinfection of shared equipment to nursing personnel at least once per year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Comments: (Please specify question number as applicable)	

Audits and Feedback	
*Definitions: Audit is defined as monitoring (typically by direct observation) and documenting healthcare personnel adherence to facility policies. Feedback may include a summary of how well personnel performed their job tasks.	
16. Does your facility <i>audit</i> (monitor) hand hygiene for healthcare personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
17. Does your facility provide <i>feedback</i> on performance of hand hygiene to healthcare personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
18. Does your facility <i>audit</i> (monitor) use of personal protective equipment (PPE) (e.g., gowns, gloves) for healthcare personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. Does your facility provide <i>feedback</i> on use of PPE to healthcare personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
20. Does your facility <i>audit</i> (monitor) adherence to Contact Precautions (e.g., use of signs, dedicated equipment, patient placement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
21. Does your facility provide <i>feedback</i> on performance of Contact Precautions (e.g., use of signs, dedicated equipment, patient placement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
22. Does your facility <i>audit</i> (monitor) environmental cleaning/disinfection of shared equipment by nursing personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
23. Does your facility provide <i>feedback</i> on performance of environmental cleaning/disinfection of shared equipment by nursing personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
24. Does your facility provide <i>feedback</i> to healthcare personnel on:	
A. Facility-wide CDI data (e.g., rates, standardized infection ratios (SIR), infection counts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
B. Unit-level CDI data (e.g., rates, infection counts on specific units)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
C. Antibiotic use data (e.g., agent, dose, duration, indication)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Comments: (Please specify question number as applicable)	

II. Antibiotic Stewardship

	Never	Rarely	Sometimes	Often	Always	Unknown
1. Does your facility <u>monitor</u> the use of antibiotics that are high-risk for CDI (e.g., Fluoroquinolones, 3 rd /4 th Gen. Cephalosporins, Clindamycin)?						
2. Does your facility reduce the <u>unnecessary</u> use of antibiotics that are high-risk for CDI (e.g., Fluoroquinolones, 3 rd /4 th Gen. Cephalosporins, Clindamycin)?						
3. Does your facility educate healthcare personnel about the risk of CDI with antibiotics?						
4. Do nurses at your facility educate patients/family members about CDI (e.g., signs and symptoms) when antibiotics are prescribed?						
Comments: (Please specify question number as applicable)						

	Never	Rarely	Sometimes	Often	Always	Unknown
5. Do nurses at your facility play a role in evaluating patients with antibiotic allergy histories (e.g., specific antibiotic(s), type of reaction, reaction timing, reaction severity, age)?						
6. For patients with new or recent CDI diagnosis, does your facility routinely review appropriateness of antibiotics prescribed for treatment of other conditions (e.g., UTI, acute respiratory infections)?						
7. Are antibiotics reviewed for patients at your facility, for example after 2 days of treatment or when culture results are available?						
8. Do nurses at your facility participate in the antibiotic review process?						
9. Do nurses at your facility initiate discussions with the treatment team when patients may require changes to antibiotic orders (e.g., failure to respond to treatment)?						
Comments: (Please specify question number as applicable)						

III. Early Detection and Isolation, Appropriate Testing

	Never	Rarely	Sometimes	Often	Always	Unknown
1. Do ordering providers document an indication for <i>C. difficile</i> tests?						
2. Do providers order <i>C. difficile</i> tests for patients with diarrhea (defined as at least 3 unformed stools in 24 hours) with <i>no other known cause</i> (e.g., history of laxatives)?						
3. Do providers <u>avoid</u> ordering <i>C. difficile</i> tests when the patient has a known cause for diarrhea (e.g., history of laxatives)?						
4. Do providers <u>avoid</u> ordering repeat <i>C. difficile</i> tests after the patient has finished treatment for an episode of CDI?						
Comments: (Please specify question number as applicable)						

	Never	Rarely	Sometimes	Often	Always	Unknown
5. Are Contact Precautions promptly implemented for patients <u>at onset of acute diarrhea</u> ?						
6. Are Contact Precautions promptly implemented for patients <u>as soon as the <i>C. difficile</i> test is ordered</u> ?						
7. Do nurses initiate Contact Precautions for patients with <u>suspected</u> CDI?						
8. Do nurses initiate Contact Precautions for patients with <u>confirmed</u> CDI?						
9. Are <i>C. difficile</i> tests ordered within 24 hours for patients with suspected CDI?						
10. Is stool collected promptly after the <i>C. difficile</i> test order?						
11. Do personnel providing direct care to the patient promptly receive reports of positive <i>C. difficile</i> test results?						
Comments: (Please specify question number as applicable)						

III. Early Detection and Isolation, Appropriate Testing

	Never	Rarely	Sometimes	Often	Always	Unknown
12. Does your facility conduct a case review to identify potential gaps when a patient is diagnosed with CDI?						
13. Is CDI status (i.e., suspected, confirmed, and recent history) communicated from other facilities upon <u>transfer to</u> your facility?						
14. Is CDI status (i.e., suspected, confirmed, and recent history) communicated to receiving facilities upon <u>transfer from</u> your facility?						
15. 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)?						
16. 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)?						
Comments: (Please specify question number as applicable)						

IV. Contact Precautions/Hand Hygiene

	Never	Rarely	Sometimes	Often	Always	Unknown
1. Do patients with CDI remain on Contact Precautions for the <u>duration of diarrhea</u> at your facility?						
2. Do patients with CDI remain on Contact Precautions for at least <u>48 hours after diarrhea ends</u> ?						
3. Do patients with CDI remain on Contact Precautions for the <u>entire duration of hospitalization</u> at your facility?						
4. 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?						
5. Do patients with CDI use a dedicated toilet (e.g., a private toilet or toilet that is only used by patients with CDI)?						
Comments: (Please specify question number as applicable)						

	Never	Rarely	Sometimes	Often	Always	Unknown
6. Are dedicated or disposable noncritical medical items (e.g., blood pressure cuffs, stethoscopes, thermometers) used for patients with <u>confirmed</u> CDI?						
7. Are dedicated or disposable noncritical medical items (e.g., blood pressure cuffs, stethoscopes, thermometers) used for patients with <u>suspected</u> CDI?						
8. Are Contact Precautions signs easily seen before entering rooms?						
9. Are Contact Precautions signs used outside of rooms of patients with <u>confirmed</u> CDI?						
10. Are Contact Precautions signs used outside of rooms of patients with <u>suspected</u> CDI?						
Comments: (Please specify question number as applicable)						

IV. Contact Precautions/Hand Hygiene

	Never	Rarely	Sometimes	Often	Always	Unknown
11. Do Contact Precautions signs give clear directions about required PPE (e.g., gowns, gloves)?						
12. Are gowns and gloves available when entering rooms of patients with CDI?						
13. Do healthcare personnel at your facility clean their hands after contact with <u>patients</u> ?						
14. Do healthcare personnel at your facility clean their hands after contact with <u>surfaces</u> in the patient care area?						
15. Are supplies for cleaning hands (hand sanitizer or sinks with soap) available before <u>entering</u> patient rooms?						
16. Are supplies for cleaning hands (hand sanitizer or sinks with soap) available before <u>exiting</u> patient rooms?						
17. Do patients with CDI receive daily baths/showers with soap and water?						
Comments: (Please specify question number as applicable)						

IV. Contact Precautions/Hand Hygiene

	Never	Rarely	Sometimes	Often	Always	Unknown
18. Do patients with CDI use a dedicated shower (e.g., a private shower or shower that is only used by patients with CDI)?						
19. Are patients educated on hand hygiene?						
20. Is there a process in place to ensure that patients clean their hands <u>after using the bathroom</u> ?						
21. Is there a process in place to ensure that patients clean their hands <u>before eating</u> ?						
22. Are families/visitors educated on use of gowns/gloves for Contact Precautions?						
23. Are families/visitors educated on hand hygiene?						
Comments: (Please specify question number as applicable)						

V. Environmental Cleaning

	Never	Rarely	Sometimes	Often	Always	Unknown
1. Are high-touch surfaces (e.g., bed rails/controls, tray table) in patient rooms cleaned <u>daily</u> ?						
2. Are high-touch surfaces (e.g., bed rails/controls, tray table) in patient rooms cleaned <u>upon discharge (terminal)</u> ?						
3. Is shared medical equipment cleaned between patient uses (e.g., blood pressure monitor, IV pump, glucometer)?						
4. Do <u>nursing staff</u> know which items they are responsible for cleaning?						
5. Do <u>EVS staff</u> know which items they are responsible for cleaning?						
Comments: (Please specify question number as applicable)						

V. Environmental Cleaning

	Never	Rarely	Sometimes	Often	Always	Unknown
6. Are disinfectants available at the point of care for all staff use?						
7. Is an EPA-registered product that kills <i>C. difficile</i> (i.e., a sporicidal product) used for <u>daily</u> disinfection in the rooms of patients with CDI?						
8. Is an EPA-registered product that kills <i>C. difficile</i> (i.e., a sporicidal product) used for <u>terminal</u> disinfection (i.e., after discharge) in the rooms of patients with CDI?						
9. Is an EPA-registered product that kills <i>C. difficile</i> (i.e., a sporicidal product) used to clean shared equipment after use by a patient with CDI?						
10. Is enough time provided for personnel to complete terminal cleaning (i.e., after discharge) of patient rooms?						
11. Do staff follow label instructions when using cleaning and disinfection products?						
Comments: (Please specify question number as applicable)						

Additional Comments/Observations: