

Clostridium difficile Infection (CDI)

Laboratory Assessment - Targeted Assessment for Prevention (TAP) Facility Assessment Tool

Notes for the Respondent:

- The questions in this section 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.
- Responses should refer to what is *currently* in place at the facility or unit in which the assessment is being administered.

Instructions for Submission:

<p>Do you have a Desktop Email Application? (e.g., Outlook, Windows Live Mail)</p>	<p>Do you have a web-based email address? (e.g., Gmail, Yahoo)</p>	<p>Are you having trouble submitting? (e.g., No email application, Firewall is blocking submission)</p>
<p>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></p>	<p>1) Click SUBMIT 2) Select the bottom 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 copied email address</p>	<p>1) Click the PRINT button 2) Print to a local printer 3) Give completed form to your facility Point of Contact</p>

For Internal Use Only

Instructions for Administration:

The questions in this section 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.

This Assessment Tool is a component of the Targeted Assessment for Prevention (TAP) Strategy. For more information, visit <http://www.cdc.gov/hai/prevent/tap.html>

*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:

Laboratory Assessment

Facility Name or ID: _____ Date of Assessment: _____

Facility Type: _____ Other, Please Specify: _____

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

VI. Laboratory Practices	Response Choices	Comments (and/or "As Evidenced By")
<p>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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>2. What is the <u>primary</u> testing method for <i>C. difficile</i> used most often by the facility's laboratory or the outside laboratory where the facility's testing is performed (check one)?</p>	<p><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"/> NAAT plus EIA, if NAAT positive (2-step algorithm) <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 for toxin, followed by NAAT for discrepant results <input type="checkbox"/> Toxigenic culture (<i>C. difficile</i> culture followed by detection of toxins) Other* (specify): _____</p> <p>*"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</p>	

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Survey Number: _____

VI. Laboratory Practices	Response Choices	Comments (and/or "As Evidenced By")
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="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	

See [Instructions for Submission](#) on Page 1 for assistance.

** If unable to Submit, please Print and give to facility Point of Contact