

Clostridium difficile Infection (CDI)
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 at the facility or unit in which this assessment is being administered.
- 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.

Instructions for Submission:

Do you have a Desktop Email Application? (e.g., Outlook, Windows Live Mail)
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>

Do you have a web-based email address? (e.g., Gmail, Yahoo)
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

Are you having trouble submitting? (e.g., No email application, Firewall is blocking submission)
1) Click the PRINT button 2) Print to a local printer 3) Give completed form to your facility Point of Contact

For Internal Use Only

<p>Instructions for Administration:</p> <p>This Facility Assessment Tool should be administered to a variety of staff and healthcare personnel at different levels of the organization and/or unit (i.e., frontline providers, mid-level staff, and senior leadership). This tool also should be administered to Environmental Services personnel as they too play a critical role in CDI prevention. This assessment captures healthcare personnel’s knowledge, attitudes, and perceptions of infection prevention practices. The greater number of assessments collected, the greater the ability to identify gaps and target prevention.</p> <p>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</p> <p><i>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.</i></p> <p style="text-align: center;">Return Email Address:</p>

Survey Number:

Date of Assessment: _____

Facility Name or ID: _____

Facility Type: _____ Other, Please Specify: _____

Unit Name or ID: _____

Unit Type: _____

Title or role of person completing tool: _____ Other, Please Specify: _____

Years of experience at facility: _____ (Numeric Response)

I. General Infrastructure, Capacity, and Processes	Response	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	
5. Does your facility have a nurse champion for CDI prevention activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
6. Does your facility have a physician champion for CDI prevention activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	

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="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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="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 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="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
11. Use of personal protective equipment, including donning/doffing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
12. 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	
13. Environmental cleaning/disinfection?	<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>		
14. Hand hygiene?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
15. Use of personal protective equipment, including donning/doffing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
16. 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	
17. Cleaning/disinfection of <u>environmental surfaces</u> , including use of sporicidal disinfectants if part of facility policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
18. Cleaning/disinfection of <u>shared medical equipment</u> , including use of sporicidal disinfectants if part of facility policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	

Survey Number:

I. General Infrastructure, Capacity, and Processes, Continued...	Response	Comments (and/or "As Evidenced By")
Does your facility routinely provide feedback of performance to personnel on:		
19. Hand hygiene?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
20. Use of personal protective equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
21. 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	
22. Cleaning/disinfection of <u>environmental surfaces</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
23. Cleaning/disinfection of <u>shared medical equipment</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
24. CDI data (e.g., rates, standardized infection ratios - SIRs, cumulative attributable difference – CAD)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
25. Antibiotic use data (e.g., appropriate agent, dose, duration, indication)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	

II. Antibiotic Stewardship for CDI Prevention	Response	Comments (and/or "As Evidenced By")
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="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 monitor 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 rd /4 th generation cephalosporins?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Does your facility use strategies to reduce the unnecessary 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 rd /4 th generation cephalosporins?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	

III. Early Detection and Isolation, Appropriate Testing	Response						Comments (and/or "As Evidenced By")
	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)?							
B. Testing for diagnosis of CDI (e.g., <u>not</u> testing for cure)?							
2. Are <i>C. difficile</i> tests ordered promptly (i.e., within 24 hours) for patients with suspected CDI?							
3. Are patients preemptively placed on Contact Precautions when a <i>C. difficile</i> test is ordered?							
4. For patients with suspected CDI, is stool collected for testing within 24 hours of the <i>C. difficile</i> test order?							
5. Does your laboratory report initial results of <i>C. difficile</i> testing within 24 hours of stool collection?							
6. Is CDI status (i.e., suspected, confirmed, and recent history) communicated from other facilities upon <u>transfer to</u> your facility?							
7. Is CDI status (i.e., suspected, confirmed, and recent history) communicated to receiving facilities upon <u>transfer from</u> your facility?							
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)?							
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)?							

IV. Contact Precautions/Hand Hygiene	Response						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 housed separately from patients without CDI (i.e., in private rooms or placed with other CDI patients ['cohorted']) at your facility?							
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. <i>If Applicable</i> , are the Contact Precautions signs placed in a location easily visible prior to room entry?							Not Applicable
7. <i>If Applicable</i> , are the Contact Precautions signs understandable?							Not Applicable
8. Do healthcare personnel at your facility wash hands with soap and water after contact with CDI patients or their environment?							
9. Are sinks readily available for healthcare personnel to perform hand washing in patient care areas (not including patient bathroom sink)?							
10. Are patients educated on proper hand hygiene?							
11. Is there a system in place to ensure that patients perform hand washing after using the bathroom and before eating?							
Are families/visitors educated on:							
12. Use of gowns/gloves for Contact Precautions?							
13. Hand hygiene?							

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							
15. Physician Assistants / Nurse Practitioners							
16. Nurses							
17. Nursing Assistants							
18. Environmental Services staff							
19. Ancillary Service staff (e.g., PT/OT, respiratory therapy, food service)							
20. Families/visitors							
In your experience, do the following persons adhere to hand hygiene policies:							
21. Physicians							
22. Physician Assistants / Nurse Practitioners							
23. Nurses							
24. Nursing Assistants							
25. Environmental Services staff							
26. Ancillary Service staff (e.g., PT/OT, respiratory therapy, food service)							
27. Families/visitors							

V. Environmental Cleaning	Response						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: A. On a daily basis? B. Upon discharge?							
2. Is shared medical equipment cleaned between patient uses?							
3. Is there a clear delineation between items cleaned by Environmental Services personnel versus unit-level personnel (e.g., nurses, nursing assistants, clerks)?							
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?							
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?							
6. Is adequate time provided for post-discharge (terminal) 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):

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

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