

# ***Clostridium difficile* Infection (CDI)**

## **Targeted Assessment for Prevention (TAP) Facility Assessment Tool**

### ***Instructions for Tool Administration***

- This assessment may be done at the facility and/or unit-specific level depending on where the data indicate excess CDI events.
  - Because the National Healthcare Safety Network (NHSN) CDI Lab ID event reporting is facility-wide, once the targeted facilities are identified using the Targeted Assessment for Prevention (TAP) reports, additional drill-down of cases to the unit-level may be done using NHSN data and/or discussions with the targeted facilities about where the majority of their CDI cases are occurring.
- The preferred method to administer the Facility Assessment Tool is a site visit to the facility which may provide opportunities for additional discussion, drill-down, and review of policies and procedures, where applicable.
  - If a site visit is not feasible, the TAP Strategy and accompanying tools can be administered through remote methods, such as electronic distribution of the assessment (e.g., Adobe fillable form), conference calls and/or webinars.
- The Facility Assessment Tool should be administered to a variety of staff and healthcare personnel at different levels of the organization and/or unit, including:
  - Frontline staff (e.g., Nurses, Certified Nurse Assistants, Physicians, Environmental Services, etc.)
  - Mid-level staff (e.g., Director of Infection Prevention, Unit/Nurse Managers)
  - Facility's senior leadership (e.g., CEO, CMO, COO)
- This tool also should be administered to Environmental Services personnel as they too play a critical role in CDI prevention.
- This tool, with the exception of Sections VI & VII, aims to capture *awareness and perceptions* among facility staff and healthcare personnel related to CDI prevention policies and practices and does not require special expertise to complete. For example, "Unknown" responses can be equally informative as other responses.

#### **SECTIONS VI and VII ARE TO BE COMPLETED ONLY ONCE PER FACILITY VISIT**

- Section VI, Laboratory Practices, should be directed to clinical laboratory staff to ensure accuracy. If the facility uses an offsite reference lab, sending this portion of the assessment tool prior to your arrival may facilitate its completion.
- Section VII, Antibiotic Stewardship Practices, should be directed to the staff member who is most knowledgeable about the facility's antibiotic stewardship practices (e.g., pharmacist or physician stewardship lead). This section may be used to validate the facility responses to the [NHSN Annual Hospital Survey](#) stewardship questions (Q23-34).