**Facility Name: Facility Name**

**City: Location of Facility**

**Date: Enter today’s date**

**Targeted Units:**

|  |  |
| --- | --- |
| **Common Name** | **Population Served** |
| Target Unit 1 | What types of patients are on this unit? |
| Target Unit 2 | What types of patients are on this unit? |
| Target Unit 3 | What types of patients are on this unit? |

**SECTION I:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **General Infrastructure, Capacity, and Processes** | **Response** | | |
| **Yes** | **No** | **Unknown** |
| Is the following individuals or groups involved in CDI prevention activities? | | | |
| senior leadership |  |  |  |
| unit-level leadership |  |  |  |
| team/work group |  |  |  |
| Individual with dedicated time |  |  |  |
| nurse champion |  |  |  |
| physician champion |  |  |  |
| Is there a leader (e.g., physician, pharmacist) responsible for improving antibiotic use (i.e., antibiotic stewardship activities) at your facility? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Does your facility train staff at least annually on:** | **Response** | | |
| **Yes** | **No** | **Unknown** |
| Procedures for Contact Precautions (or your facilities language which is used to distinguish precautions/isolation for CDI) for all staff entering patient rooms/areas: | | | |
| Use of gowns and gloves |  |  |  |
| Use of isolation/precautions signs |  |  |  |
| Use of dedicated equipment |  |  |  |
| Need to clean/disinfect all equipment when removed from room |  |  |  |
| Does your facility train staff (including providers, volunteers, and residents) on hand hygiene for all staff working in patient care areas: | | | |
| At time of hire |  |  |  |
| Annually |  |  |  |
| As needed |  |  |  |
| Other |  |  |  |
| Does your facility train staff related to CDI at least annually: | | | |
| Patient care staff on cleaning/disinfection |  |  |  |
| Environmental Services or Housekeeping on cleaning/disinfection |  |  |  |
| Ordering providers on appropriate testing practices |  |  |  |
| Ordering providers on appropriate antibiotic use |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Does your facility conduct competency assessments\* of:** | **Response** | | |
| *\*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.* | **Yes** | **No** | **Unknown** |
| Does you facility conduct competency assessments of all staff entering patient rooms/areas on: | | | |
| Contact precautions upon hire/orientation |  |  |  |
| Contract precautions annually |  |  |  |
| Hand hygiene upon hire/orientation |  |  |  |
| Hand hygiene annually |  |  |  |
| Does you facility conduct competency assessments of all staff with cleaning responsibilities to ensure proper procedure for patient with CDI: | | | |
| Patient care staff upon hire/orientation |  |  |  |
| Environmental services or Housekeeping upon hire/orientation |  |  |  |
| Patient care staff annually |  |  |  |
| Environmental Services or Housekeeping annually |  |  |  |

| 1. **Does your facility conduct routine audits\* of:** | **Response** | | |
| --- | --- | --- | --- |
| *\*Audit is defined as an assessment (typically by direct observation, either hospital-wide or unit-specific) of healthcare personnel compliance with facility policies.* | **Yes** | **No** | **Unknown** |
| Does your facility conduct routine audits of contact precautions regarding: | | | |
| Use of gowns and gloves |  |  |  |
| Use of isolation/precautions signs |  |  |  |
| Use of dedicated equipment |  |  |  |
| Need to clean/disinfect all equipment when removed from room |  |  |  |
| Does your facility conduct routine audits of hand hygiene |  |  |  |
| Does you facility conduct routine audits of cleaning/disinfection (e.g., direct observation, ATP bioluminescence, fluorescent marker) of CDI rooms: | | | |
| Daily environmental cleaning/disinfection |  |  |  |
| Post-discharge cleaning/disinfection |  |  |  |
| Cleaning/disinfection of shared medical equipment |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Does your facility routinely feedback data to frontline providers on:** | **Response** | | |
| **Yes** | **No** | **Unknown** |
| Does you facility routinely feedback data to frontline providers on adherence to procedures related to contact precautions regarding the use of: | | | |
| Use of gowns and gloves |  |  |  |
| Use of isolation/precautions signs |  |  |  |
| Use of dedicated equipment |  |  |  |
| Does you facility routinely feedback data to frontline providers related to adherence of CDI rooms: | | | |
| Daily environmental cleaning/disinfection |  |  |  |
| Post-discharge cleaning/disinfection |  |  |  |
| Cleaning/disinfection of shared medical equipment |  |  |  |
| Does you facility routinely feedback data to front line providers on CDI rates, SIR, or CAD at your facility? |  |  |  |
| Does you facility routinely feedback data to front line providers on antibiotic prescribing practices |  |  |  |

| **SECTION II: Early Detection and Isolation, Appropriate Testing** | **Response** | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Never** | **Rarely** | **Sometimes** | **Often** | **Always** | **Unknown** |
| Are patients with diarrhea (at least 3 unformed stools within 24 hours) tested for CDI if cause is: | | | | | | |
| Without a known cause |  |  |  |  |  |  |
| Other known causes |  |  |  |  |  |  |
| Other reason for testing: | | | | | | |
| Are patients without diarrhea tested for CDI: |  |  |  |  |  |  |
| Does your facility allow nurses to order *C. difficile* testing on patients with suspected CDI without a physician order (e.g., through a nurse-driven protocol or standing order)? |  |  |  |  |  |  |
| Are patients preemptively placed on Contact Precautions when a *C. difficile* test is ordered? |  |  |  |  |  |  |
| For patients with suspected CDI, is a *C. difficile* test ordered within 24 hours of recognizing diarrhea? |  |  |  |  |  |  |
| Does your laboratory report results of *C. difficile* testing within 24 hours of stool collection? |  |  |  |  |  |  |
| Is suspected or confirmed CDI status communicated to the receiving locations when patients are: | | | | | | |
| Admitted or transferred to different units within your facility (e.g., from ED/ES) |  |  |  |  |  |  |
| Transported within your facility for diagnostic testing (e.g., radiology) |  |  |  |  |  |  |
| Discharged or transferred outside of your facility |  |  |  |  |  |  |

| **SECTION III: Contact Precautions /Hand Hygiene** | **Response** | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Never** | **Rarely** | **Sometimes** | **Often** | **Always** | **Unknown** |
| Do patients with CDI remain on Contact Precautions at your facility: | | | | | | |
| Duration of diarrhea |  |  |  |  |  |  |
| After diarrhea resolves |  |  |  |  |  |  |
| 48 hours after diarrhea resolves |  |  |  |  |  |  |
| 72 hours after diarrhea resolves |  |  |  |  |  |  |
| Entire admission |  |  |  |  |  |  |
| Are patient with CDI either placed in private rooms or cohorted with other CDI patient, if no private rooms are available |  |  |  |  |  |  |
| Are dedicated or disposable noncritical medical items (e.g., blood pressure cuffs, stethoscopes, thermometers) used for patients with confirmed or suspected CDI? |  |  |  |  |  |  |
| Are signs used for rooms to designate patients with confirmed or suspected CDI? |  |  |  |  |  |  |
| Are CDI patients educated on proper hand hygiene? |  |  |  |  |  |  |
| Are CDI patients’ families or other visitors educated on: | | | | | | |
| Proper use of gowns/gloves for every entry into patient’s room |  |  |  |  |  |  |
| Proper hand hygiene for every entry into patient’s room |  |  |  |  |  |  |
| Proper use of gowns/gloves if have contact with patient |  |  |  |  |  |  |
| Proper use of gowns/gloves if have contact with patient’s environment |  |  |  |  |  |  |
| Proper hand hygiene for every exit from patient’s room |  |  |  |  |  |  |
| Do the following person adhere to use of gown/gloves for patients on Contact Precautions: | | | | | | |
| Physicians |  |  |  |  |  |  |
| PA/CNS |  |  |  |  |  |  |
| Residents |  |  |  |  |  |  |
| RN/LPN |  |  |  |  |  |  |
| CNA |  |  |  |  |  |  |
| Environmental Services or Housekeeping |  |  |  |  |  |  |
| OT/PT |  |  |  |  |  |  |
| Food Service |  |  |  |  |  |  |
| SW or Councilor |  |  |  |  |  |  |
| Students |  |  |  |  |  |  |
| Patient’s family or visitors |  |  |  |  |  |  |
| Volunteers |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |
| Do the following person adhere to hand hygiene per facility policy: | | | | | | |
| Physicians |  |  |  |  |  |  |
| PA/CNS |  |  |  |  |  |  |
| Residents |  |  |  |  |  |  |
| RN/LPN |  |  |  |  |  |  |
| CNA |  |  |  |  |  |  |
| Environmental Services or Housekeeping |  |  |  |  |  |  |
| OT/PT |  |  |  |  |  |  |
| Food Service |  |  |  |  |  |  |
| SW or Councilor |  |  |  |  |  |  |
| Students |  |  |  |  |  |  |
| Patient’s family or visitors |  |  |  |  |  |  |
| Volunteers |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |
| Does staff at your facility wash hand with soap and water: | | | | | | |
| After contact with CDI patient |  |  |  |  |  |  |
| After contact with CDI patient’s environment |  |  |  |  |  |  |
| After contact with CDI patient’s environment |  |  |  |  |  |  |
| Before contact with CDI patient |  |  |  |  |  |  |
| Before contact with CDI patient’s environment |  |  |  |  |  |  |
| During a CDI cluster or outbreak |  |  |  |  |  |  |
| Are there a sufficient number of sinks available for hand hygiene in patient care areas at time of need: |  |  |  |  |  |  |
| Are staff allowed to use hand sanitizer upon entry to a contact isolation for a suspected or confirmed CDI patient: |  |  |  |  |  |  |

| **SECTION IV: Environmental Cleaning** | **Response** | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Never** | **Rarely** | **Sometimes** | **Often** | **Always** | **Unknown** |
| Are high-touched environmental surfaces (e.g., privacy curtain, bed rails, bed controls, bed table) in all patient rooms cleaned: | | | | | | |
| On a daily basis |  |  |  |  |  |  |
| Upon patient discharge |  |  |  |  |  |  |
| Fixed intervals during their stay |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |
| Is shared medical equipment cleaned according to manufacturers’ instructions between patient uses |  |  |  |  |  |  |
| Is there a clear delineation between items cleaned by Environmental Services staff versus patient care staff |  |  |  |  |  |  |
| Are there items that are not specifically cleaned by either Environmental Services staff or patient care staff  Comments: |  |  |  |  |  |  |
| Are manufacture instructions followed for EPA-registered disinfectant with a sporicidal claim (e.g., contact or wet time): |  |  |  |  |  |  |
| How many different EPA-registered disinfectants with a sporicidal claim are available when cleaning/disinfection and area which a suspected or confirmed CDI patient has been held:  Comments: | | | | | | |
| We only have one disinfectant we can use |  |  |  |  |  |  |
| We have two disinfectants we can use |  |  |  |  |  |  |
| We have three or more disinfectants |  |  |  |  |  |  |
| Can you name the primary EPA-registered disinfectant with a sporicidal claim which is used in your facility: | | | | | | |
| What is the contact or wet time required for CDI: | | | | | | |
| Does Environmental Services or Housekeeping staff use personal protective equipment (gloves/gown) on entry to the room of a patient with CDI: |  |  |  |  |  |  |

| **SECTION V: Antibiotic Stewardship** | **Response** | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Never** | **Rarely** | **Sometimes** | **Often** | **Always** | **Unknown** |
| Do ordering providers document in the medical record or during order entry a dose, duration, and indication for all antimicrobials at your facility |  |  |  |  |  |  |
| In your facility, is it routine practice for specified antimicrobial agents to be approved by a physician or pharmacist at or soon after prescription (e.g., pre-authorization) |  |  |  |  |  |  |
| Does your facility have a formal procedure for all ordering providers to review the appropriateness of all antibiotics at or after 48 hours from the initial orders (e.g., antibiotic time-out, post-prescription review) |  |  |  |  |  |  |
| Does your facility review current antibiotics for appropriateness in patients with new or recent CDI diagnosis |  |  |  |  |  |  |
| Does your facility monitor antibiotic use (consumption) at the unit and/or facility level |  |  |  |  |  |  |

| **SECTION VI: Laboratory Practices** | **Response** | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Never** | **Rarely** | **Sometimes** | **Often** | **Always** | **Unknown** |
| Does the laboratory reject formed stools sent for C. difficile testing: |  |  |  |  |  |  |
| Does the laboratory reject duplicate stools (e.g., within 7 days if negative) sent for C. difficile testing: |  |  |  |  |  |  |

This material was prepared in part by the Lake Superior Quality Innovation Network, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The materials do not necessarily reflect CMS policy. 11SOW-WI-C1-16-62 051516