



## Clostridium difficile Infection Prevention Facility Self-Assessment and Process Improvement Tool

<b>Facility Name</b>	
<b>Name of person conducting self-assessment</b>	
<b>Date of self-assessment</b>	
<b>Date of previous self-assessment (if applicable)</b>	

The following self-assessment tool is composed of *Clostridium difficile* Infection (CDI) prevention strategy checklists, adherence monitoring tools, and a process improvement plan and outcomes summary. For more information or consultation, contact [HAIProgram@cdph.ca.gov](mailto:HAIProgram@cdph.ca.gov) or (510) 412-6060.

### SECTION 1: CDI PREVENTION CORE AND SUPPLEMENTAL STRATEGIES

**Instructions:** Indicate if each prevention strategy is part of facility practice. Conduct adherence monitoring for core strategies 1-3 using the attached monitoring tools and complete the table. Observe a minimum of 3 contact precautions patients/residents, 10 hand hygiene opportunities, and 2 environmental services staff.

CORE		Facility practice?
1	Contact precautions for duration of diarrhea  <b>Contact Precautions Adherence</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No % Adherence:
2	Hand hygiene before, during, and after care of patient  <b>Hand Hygiene Adherence</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No % Adherence:
3	Cleaning and disinfection of equipment and environment  <b>Environmental Cleaning and Disinfection Adherence</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No % Adherence:
4	Laboratory-based alert system for immediate notification of positive test results	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Educate HCW, housekeeping, administration, patients, and families on CDI prevention measures	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Implement an antimicrobial stewardship program	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Perform CDI surveillance, analysis, and reporting	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUPPLEMENTAL		
8	Extend use of contact precautions beyond duration of symptoms (e.g. 48 hours)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Presumptive isolation for patient with diarrhea pending confirmation of CDI	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Hand washing (soap and water) before exiting room of CDI patient	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Implement universal glove use on units with high CDI rates (e.g. in an outbreak setting)	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Use EPA sporicidal agents for environmental cleaning (as adjunct to core)	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Track use of antibiotics associated with CDI in the facility	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Evaluate and optimize testing for CDI	<input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION 2: ADDITIONAL CDI PREVENTION STRATEGIES

**Instructions:** Select the most appropriate response based on what is currently in place at your facility. Questions may be answered facility-wide or at the unit/ward-specific level depending on where the data indicate excess CDI events.

QUESTION	RESPONSE
1. Is leadership engaged and supportive of efforts to reduce CDI?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is reducing CDI an organizational goal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does your facility conduct routine adherence monitoring of:	
a. procedures for contact precautions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. hand hygiene?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. daily environmental cleaning and disinfection of CDI patient/resident rooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. post-discharge environmental cleaning and disinfection of CDI patient/resident rooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. cleaning and disinfection of shared medical equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. communication of information pertinent to infection control (documentation of MDRO or CDI status, relevant symptoms, presence of devices, antibiotic treatment) to receiving facilities upon transfer of patients/residents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does your facility routinely feedback data to unit-level providers on adherence to:	
a. procedures for contact precautions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. hand hygiene?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. daily environmental cleaning and disinfection of CDI patient/resident rooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. post-discharge environmental cleaning and disinfection of CDI patient/resident rooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. cleaning and disinfection of shared medical equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. unit-level providers on antibiotic prescribing practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are staff, including physician staff, updated or educated about CDI processes, policies, and protocols?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has your facility's ASP implemented any stewardship interventions specifically targeting antibiotics most associated with CDI at your facility (e.g. antibiotic use protocols that recommend antibiotics with lower risk of CDI, formulary restriction with pre-authorization for antibiotics with high risk of CDI)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does your facility review current antibiotics for appropriateness in patients/residents with new or recent CDI diagnosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is antibiotic stewardship education provided to facility staff, including clinical providers, nursing, patients/residents, and families?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is there a clear delineation of responsibility among healthcare personnel for cleaning all equipment and surfaces that come into contact with patients/residents, including high-touch surfaces? Is a reminder system or checklist followed when cleaning and disinfecting a room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is environmental cleanliness evaluated using monitoring technology (e.g. ATP or Bioluminescence)? How frequently are environmental monitoring results shared with staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No Frequency:

**SECTION 3: CDI PREVENTION PROCESS IMPROVEMENT PLAN AND OUTCOMES**

**Instructions:** Pick one or more gaps identified in Sections 1 and/or 2. Use the column on the left to describe each targeted opportunity for improvement and the facility plans to address it. Consult with [HAI Program Liaison Infection Preventionists](http://www.cdph.ca.gov/programs/hai/Pages/HAIProgramLiaisonAssignments.aspx) (<http://www.cdph.ca.gov/programs/hai/Pages/HAIProgramLiaisonAssignments.aspx>) for assistance with developing process improvement strategies. Use the column on the right to document actions taken, including implementation dates, outcomes, and next steps. An example is provided.

**OPPORTUNITIES FOR IMPROVEMENT:**  
Process Improvement Strategies

**Example:** Hand hygiene adherence was 46%. Utilize peer to peer monitoring.

**PROCESS IMPROVEMENT:**  
Actions taken, Outcomes, Next Steps

**Example:** Posted hand washing checklist at each sink in Nov 2016. Implemented hand hygiene monitoring program to improve compliance. Hand hygiene is improving slowly among staff; struggling with visitor hand hygiene.

**ADHERENCE MONITORING**

**Date implemented**

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**ENVIRONMENTAL CLEANING**

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**ANTIMICROBIAL STEWARDSHIP**

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# Healthcare-Associated Infections Program Adherence Monitoring

## Contact Precautions

Assessment completed by:  
Date:  
Unit:

Regular monitoring with feedback of results to staff can maintain or improve adherence to contact precautions practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location where patients are on contact precautions.

**Instructions:** Observe 3-4 patients/residents on contact precautions. Observe each practice and check a box if adherent, Yes or No. In the column on the right, record the total number of “Yes” for adherent practices observed and the total number of observations (“Yes” + “No”). Calculate adherence percentage in the last row.

Contact Precautions Practices		Contact Precautions Patient/Resident 1	Contact Precautions Patient/Resident 2	Contact Precautions Patient/Resident 3	Contact Precautions Patient/Resident 4	Adherence by Task	
						# Yes	# Observed
CP1.	Gloves and gowns are available and located near point of use.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CP2.	Signs indicating the patient/resident is on contact precautions are clear and visible.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CP3.	The patient/resident on contact precautions is housed in single-room or cohorted based on a clinical risk assessment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CP4.	Hand hygiene is performed before entering the patient/resident care environment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CP5.	Gloves and gowns are donned before entering the patient/resident care environment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CP6.	Gloves and gowns are removed and discarded, <b>and</b> hand hygiene is performed before leaving the patient/resident care environment. <i>Soap &amp; water is used if it is hospital policy or if the patient/resident has C.difficile infection.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CP7.	Dedicated or disposable noncritical patient-care equipment (e.g. blood pressure cuffs) is used; if dedicated/disposable equipment is unavailable, then equipment is cleaned and disinfected prior to use on another patient/resident according to manufacturers’ instructions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

# of Correct Practices Observed (“# Yes”): \_\_\_\_\_ Total # Contact Precautions Observations (“# Observed”): \_\_\_\_\_ Adherence \_\_\_\_\_%  
 (Up to 28 total) (Total “# Yes” ÷ Total “# Observed” x 100)  
*If practice could not be observed (i.e. cell is blank), do not count in total # Observed.*







## Healthcare-Associated Infections Program Adherence Monitoring Environmental Cleaning and Disinfection

**Assessment completed by:**  
**Date:**  
**Unit:**

**Regular monitoring with feedback of results to staff can maintain or improve adherence to environmental cleaning practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location.**

**Instructions:** Observe at least two different environmental services (EVS) staff members. Observe each practice and check a box if adherent, Yes or No. In the column on the right, record the total number of “Yes” for adherent practices observed and the total number of observations (“Yes” + “No”). Calculate adherence percentage in the last row.

Environmental Cleaning Practices		EVS Staff 1	EVS Staff 2	EVS Staff 3	Adherence by Task	
					# Yes	# Observed
<b>ES1.</b>	Detergent/disinfectant solution is mixed according to manufacturer’s instructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>ES2.</b>	Solution remains in wet contact with surfaces according to manufacturer’s instructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>ES3.</b>	A new clean, saturated cloth is used in each room. The cloth is also changed when visibly soiled and after cleaning the bathroom.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>ES4.</b>	Environmental Services staff use appropriate personal protective equipment (e.g. Gowns and gloves are used for patients/residents on contact precautions upon entry to the contact precautions room.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>ES5.</b>	Objects and environmental surfaces in patient/resident care areas that Are touched frequently* are cleaned and then disinfected when visibly contaminated or at least daily with an EPA-registered disinfectant.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**\*Examples of high touch surfaces:**

- |                       |                   |                             |                     |                             |
|-----------------------|-------------------|-----------------------------|---------------------|-----------------------------|
| Bed rails             | Chair             | Room inner door knob/handle | PPE container(s)    | Toilet bedpan cleaner       |
| Tray table            | Room sink         | Bathroom door knob/handle   | Bathroom sink       | In-room medical carts       |
| IV pole (“grab area”) | Room light switch | Bathroom light switch       | Toilet seat         | In-room cabinets            |
| Call button           | TV remote         | Bathroom handrails          | Toilet flush handle | In-room computers/keyboards |
| Bedside table handle  |                   |                             |                     |                             |

# of Correct Practice Observed (“# Yes”): \_\_\_\_\_      Total # Environmental Services Observations (“# Observed”): \_\_\_\_\_      Adherence \_\_\_\_\_%

(Up to 15 Total)      (Total “# Yes” ÷ Total “# Observed” x 100)

*If practice could not be observed (i.e. cell is blank), do not count in total # Observed.*