



Clostridioides difficile Infection (CDI) Prevention Facility Self-Assessment and Process Improvement Summary

Facility name	
Name of person conducting self-assessment	
Date of self- assessment	
Date of previous assessment (if applicable)	

The following self-assessment tool is composed of *Clostridioides difficile* Infection (CDI) prevention strategy checklists, adherence monitoring tools, and a process improvement summary.

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.		
		Facility practice?
1	Contact precautions for duration of diarrhea <div style="text-align: right;">Contact Precautions Adherence</div>	<input type="checkbox"/> Yes <input type="checkbox"/> No % Adherence:
2	Hand hygiene before, during, and after care of patient <div style="text-align: right;">Hand Hygiene Adherence</div>	<input type="checkbox"/> Yes <input type="checkbox"/> No % Adherence:
3	Cleaning and disinfection of equipment and environment <div style="text-align: right;">Environmental Cleaning and Disinfection Adherence</div>	<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 healthcare workers, housekeeping, administration, patients, and families on CDI prevention measures	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Implement an antimicrobial stewardship program (ASP)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Perform CDI surveillance, analysis, and reporting	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUPPLEMENTAL		Facility practice?
Supplemental strategies should be implemented in addition to core strategies.		
8	Extend use of contact precautions beyond duration of symptoms (for example, 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 a patient with CDI	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Implement universal glove use on units with high CDI rates (for example, 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 (for example, 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 <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is environmental cleanliness evaluated using monitoring technology (for example, ATP or fluorescence)? How frequently are environmental monitoring results shared with staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No Frequency:

SECTION 3: CDI PREVENTION PROCESS IMPROVEMENT SUMMARY

Instructions: Pick one or more recommendations from each of the key strategies in the left column (adherence monitoring, environmental cleaning, antimicrobial stewardship) from your facility’s baseline prevention assessment. If your facility did not participate in a baseline prevention assessment, address gaps identified in Sections 1 and 2 above. Use the column to the right to describe any process change resulting from the suggested recommendations or prevention strategy gaps. Describe your facility plan or actions taken to improve infection prevention practices, including (projected) implementation dates. An example is provided. Use additional pages as needed.

Identify gap to target.

Describe plans or actions taken.

Example: Hand hygiene adherence was 46%.

Example: Posted hand washing checklist at each sink in March 2019. Implemented hand hygiene monitoring program via secret shoppers to improve compliance. Hand hygiene adherence is reported back to staff; adherence is improving slowly among staff. We are struggling with visitor hand hygiene.

ADHERENCE MONITORING

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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	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	# Yes	# Observed						
CP1.	Gloves and gowns are available and located near point of use.	<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								
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								
CP4.	Hand hygiene is performed before entering the patient/resident care environment.	<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								
CP6.	Gloves and gowns are removed and discarded, and hand hygiene is performed before leaving the patient/resident care environment. <i>Soap & 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								
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 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 Hand Hygiene

Assessment completed by: _____
Date: _____
Unit: _____

Regular monitoring with feedback of results to staff can improve hand hygiene adherence. 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 10 hand hygiene (HH) opportunities per unit. Observe a staff member and record his/her discipline. Check the type of hand hygiene opportunity you are observing. Indicate if HH was performed. Record the total number of successful HH opportunities and calculate adherence.

HH Opportunity	Discipline	What type of HH opportunity was observed? (select/ <input checked="" type="checkbox"/> 1 per line)	Was HH performed for opportunity observed? ✓ or ∅
<i>Example</i>	N	<input type="checkbox"/> before care/entering room* <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care* <input checked="" type="checkbox"/> upon leaving room *Remember: Hand hygiene should be performed before <u>and</u> after glove use	✓
HH1.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH2.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH3.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH4.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH5.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH6.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH7.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH8.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH9.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH10.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
Disciplines: CNA = Nurse Assistant P = Physician D = Dietary RT = Respiratory Therapist N = Nurse S = Student VIS = Visitor VOL = Volunteer W = Social Worker OTH = Other, Specify U = Unknown			Opportunities: ✓ = Opportunity Successful ∅ = Opportunity Missed
For HH1-HH10:			
Total # HH Successful (“# ✓”): _____		Total # HH Opportunities Observed: _____	Adherence: _____% (Total # HH Successful ÷ Total HH Opportunities Observed x 100)

HH Opportunity	Discipline	What type of HH opportunity was observed? (select/ <input checked="" type="checkbox"/> 1 per line)	Was HH performed for opportunity observed? ✓ or Ø
<i>Example</i>	N	<input type="checkbox"/> before care/entering room* <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care* <input checked="" type="checkbox"/> upon leaving room *Remember: Hand hygiene should be performed before <u>and</u> after glove use	✓
HH11.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH12.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH13.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH14.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH15.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH16.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH17.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH18.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH19.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH20.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
Disciplines: CNA = Nurse Assistant D = Dietary N = Nurse P = Physician RT = Respiratory Therapist S = Student VIS = Visitor VOL = Volunteer W = Social Worker OTH = Other, Specify U = Unknown			Opportunities: ✓ = Opportunity Successful Ø = Opportunity Missed
For HH1-HH10:			
Total # HH Successful (“# ✓”): _____		Total # HH Opportunities Observed: _____	Adherence: _____% (Total # HH Successful ÷ Total HH Opportunities Observed x 100)
Instructions: Observe a clinical unit.			
Is successful hand hygiene possible?		Yes/No; Comments	
HHQ1. There is visible and easy access to hand washing sinks or hand sanitizer where most needed.			
HHQ2. There is a sufficient supply of soap at hand washing stations.			
HHQ3. There is a sufficient supply of paper towels at hand washing stations.			
HHQ4. There is sufficient supply of alcohol-based hand sanitizer (e.g. no empty containers).			



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
ES1.	The room is clean, dust free, and uncluttered.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES2.	Detergent/disinfectant solution is mixed and stored 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		
ES3.	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		
ES4.	Cleaning process avoids contamination of solutions and cleaning tools; a clean cloth is used in each patient area, and the cloth is changed when visibly soiled.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES5.	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		
ES6.	High-touch surfaces* are thoroughly cleaned and disinfected after each patient.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

***Some 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.