

## **Clostridioides difficile (CDI or C. diff) Infection Deep Dive for Infection Preventionists**

### **A tool to accompany the CDI Targeted Assessment for Prevention (TAP) Facility Assessment**

This supplemental tool is designed to be completed once per facility by the infection preventionist (or the lead of CDI Prevention), allowing for a further assessment of possible areas for improvement in *C. difficile* prevention practices and providing examples of implementation tools, strategies, and resources within each domain below.

#### **Instructions for Use:**

1. Complete assessments - facility personnel complete CDI TAP Facility Assessments (available on [TAP Webpage](#)) and Infection Preventionist or CDI prevention lead completes Deep Dive
2. Provide additional context to further interpret results and potential gaps in open text fields throughout Deep Dive
  - When answering open-text fields consider exceptions to the rule, variations by role, frequency, and challenges
3. Review TAP Facility Assessment data and Deep Dive responses in conjunction by corresponding Domain, noting divergent responses and potential areas of alignment
4. Utilize the [TAP Gap Prioritization Worksheet](#) to outline and prioritize next steps for potential interventions

**Facility Name:**

**Title or Role of Person Completing Tool:**

#### **I. General Infrastructure**

1. How does your facility's senior leadership promote CDI prevention?

2. Does your facility have a physician champion for CDI prevention?

Yes    No    Unknown

3. Does your facility have unit-based nurse champions for CDI prevention?

Yes    No    Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

4. Does your facility have a staff person with dedicated time to coordinate CDI prevention?

Yes    No    Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

## Training

5. How often does your facility provide *training* to healthcare personnel on **hand hygiene**?

6. What topics are included in the *training* your facility provides to healthcare personnel on **hand hygiene**?

7. How often does your facility provide *training* to healthcare personnel on use of **personal protective equipment (PPE)**?

8. What topics are included in the training your facility provides to healthcare personnel on use of **PPE**?

9. How often does your facility provide *training* to healthcare personnel on **Contact Precautions**?

10. What topics are included in the training your facility provides to healthcare personnel on **Contact Precautions**?

11. How often does your facility provide *training* to non-EVS personnel (e.g., nursing staff) on **environmental cleaning/disinfection**?

12. What topics are included in the training your facility provides to non-EVS personnel (e.g., nursing staff) on **environmental cleaning/disinfection**?

13. How often does your facility provide *training* to EVS personnel on **environmental cleaning/disinfection**?

14. What topics are included in the training your facility provides to EVS personnel on **environmental cleaning/disinfection**?

15. If EVS personnel are externally contracted at your facility, how does the facility confirm/review the training provided?

16. How does your facility conduct skills assessments (e.g., personnel demonstration of tasks) and/or knowledge assessments (e.g., quiz, test) to healthcare personnel on **hand hygiene**?

17. How does your facility conduct skills assessments (e.g., personnel demonstration of tasks) and/or knowledge assessments (e.g., quiz, test) to healthcare personnel on use of **PPE**?

18. How does your facility conduct skills assessments (e.g., personnel demonstration of tasks) and/or knowledge assessments (e.g., quiz, test) on **environmental cleaning/disinfection**?

19. If your facility has Agency Staff or Locum Tenens, describe how they are oriented to facility policies/practices related to CDI prevention:

## Audits and Feedback

20. How does your facility *audit* (monitor and document) adherence to **hand hygiene** for healthcare personnel?

21. How does your facility *audit* **use of PPE** for healthcare personnel?

22. How does your facility *audit* adherence to **Contact Precautions** for personnel with this responsibility?

23. How does your facility provide *feedback* on **hand hygiene** to healthcare personnel?

24. How does your facility provide *feedback* on **use of PPE** to healthcare personnel?

25. How does your facility provide *feedback* on adherence to **Contact Precautions** to personnel with this responsibility?

26. How does your facility *audit* (*monitor*) performance of **environmental cleaning/disinfection** for personnel?

27. How does your facility provide *feedback* on performance of **environmental cleaning/disinfection** for personnel?

## II. Antibiotic Stewardship

1. Has your facility determined baseline usage of antibiotics that are high-risk for CDI?

☐ Yes ☐ No ☐ Unknown

2. Does your facility monitor and use strategies to reduce the unnecessary use of antibiotics that are high-risk for CDI?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

3. Does your facility educate providers about risk of CDI with antibiotics?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

4. Does your facility educate nurses about risk of CDI with antibiotics?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

5. How are nurses engaged in Antibiotic Stewardship at your facility?

6. Does your facility educate patients about CDI (e.g., signs and symptoms) when antibiotics are prescribed?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

### III. Early Detection and Isolation

1. Does your facility use Nurse Driven Protocols for isolation of suspected CDI cases?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

2. How do ordering providers at your facility document indications for *C. difficile* tests?

3. Do providers at your facility order *C. difficile* tests for appropriate indications?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

4. How is CDI status (i.e., suspected, confirmed, and recent history) communicated from other facilities upon transfer to your facility?

5. How is CDI status (i.e., suspected, confirmed, and recent history) communicated to receiving facilities upon transfer from your facility?

6. How is CDI status (i.e., suspected, confirmed, and recent history) communicated to the receiving locations when patients are transferred within your facility to different units (e.g., from Emergency Department)?

7. Is CDI status (i.e., suspected, confirmed, and recent history) communicated to the receiving locations when patients are transported within your facility for diagnostic testing or treatment (e.g., to radiology, physical therapy)?

**Additional questions and information regarding CDI testing practices can be found in the TAP Laboratory Assessment on the [TAP website](#).**

#### IV. Contact Precautions/ Hand Hygiene

1. How does your facility alert personnel when a room should be cleaned with a sporicidal agent?

2. Do patients with CDI remain on Contact Precautions for the entire duration of hospitalization?

☐ Yes ☐ No ☐ Unknown

IF NO:

2.a. Does your facility have a process for removing Contact Precautions (e.g., patient is moved to a new room and terminal clean with sporicidal provided, patient remains in room and terminal clean held until discharge)?

☐ Yes ☐ No ☐ Unknown

2.b. If terminal clean is held until discharge, how are EVS personnel notified that a sporicidal is needed?

3. How does your facility educate patients and families/visitors about hand hygiene?

4. Do patients with CDI receive daily baths/showers with soap and water?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

#### V. Environmental Cleaning

1. List the EPA registration number of products used for cleaning and disinfection at your facility:

2. Do any of the products used at the facility require an additional step to perform disinfection (e.g., liquid bleach or another product requiring pre-cleaning with a detergent)?

☐ Yes ☐ No ☐ Unknown

If YES,

2.a. Do personnel adhere to cleaning surfaces with a detergent before disinfection with this product?

☐ Yes ☐ No ☐ Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

3. Do EVS personnel prepare (e.g., dilute, mix) cleaning and disinfection products?

☐ Yes ☐ No ☐ Unknown

4. Is there a process to automate preparation of cleaning and disinfection products (e.g., j-fill)?

☐ Yes ☐ No ☐ Unknown

If YES,

4.a. How often is the machine for preparing cleaning and disinfection products was calibrated?

5. When new cleaning and disinfection products are being considered, do frontline EVS personnel have input into the selection?

☐ Yes ☐ No ☐ Unknown

6. Do personnel ever bring their own cleaning and disinfection products from home?

☐ Yes ☐ No ☐ Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

7. How does your facility delineate roles for environmental cleaning/disinfection between EVS personnel and other personnel?



8. Do EVS personnel use toilet brushes in rooms of patients with CDI?

☐ Yes ☐ No ☐ Unknown

IF YES,

8.a. Are toilet brushes thrown out after use in rooms of patients with CDI (i.e., not use in other rooms)?

☐ Yes ☐ No ☐ Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

### Next Steps

Based on this worksheet and review of TAP CDI Facility Assessments, what is the greatest opportunity for improvement in CDI prevention practices at your facility?

**Upon completion of this form and review of responses to TAP Facility Assessments:** The [TAP Strategy GAP Prioritization Worksheet](#) and [TAP Prevention Prioritization Toolkit](#) may be used by partners to guide in the prioritization of infection prevention gaps and inform next steps.

**Additional resources to guide prevention interventions, including the TAP Implementation Guides, are available on the [TAP Strategy Website](#).**

**For questions and requests for technical assistance, please email CDC at [HAIPrevention@cdc.gov](mailto:HAIPrevention@cdc.gov).**