# *Clostridium difficile* Infection (CDI) Tracer and Assessment Tool (Post-Acute)

## Patient Information

| Date: | Staff Interviewed: |
| --- | --- |
| Facility: |  |
| Primary Diagnosis: |  |
| Allergy Information: |  |

## CDI Tracer Question/Scenario

The CDI tracer worksheet helps you/your facility identify CDI risk factors and areas of improvement. If a resident is not available, create a scenario, and then interview the appropriate staff members to answer the questions below. At the end review the answers with your team(s) to identify solutions and improvements.

| # | Question | Yes | No | N/A | Areas of Concern | Areas of Excellent Care | Notes |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **General Interview** | | | | | | | |
| 1 | How many active resident beds do you have? |  |  |  |  |  |  |
| 2 | What is your average daily census? |  |  |  |  |  |  |
| 3 | What is the current number of staff working in infection prevention within your facility? |  |  |  |  |  |  |
| 4 | Is there an initiative within the facility to address CDI? **If “Yes,” obtain a copy and use it as a guide to compare policy and practice.** |  |  |  |  |  |  |
| 5 | Is there staff/provider/patient education program addressing CDI within your facility? |  |  |  |  |  |  |
| 6 | Are there specific hand hygiene instructions when CDI is suspected or confirmed? **If so, please describe.** |  |  |  |  |  |  |
| 7 | Does the hand hygiene program involve the resident/family? **If so, please describe.** |  |  |  |  |  |  |
| 8 | Are there specific cleaning instructions for environmental services and clinical staff for CDI residents? **If so, please describe.** |  |  |  |  |  |  |
| 9 | In your facility, are residents with CDI placed on contact precautions? |  |  |  |  |  |  |
| 10 | Are patients placed in a private room when CDI is suspected or confirmed? |  |  |  |  |  |  |
| 11 | If **No** to question 10, how does the facility mitigate CDI risk to the other residents? |  |  |  |  |  |  |
| 12 | How long is the duration of precautions for confirmed CDI residents? |  |  |  |  |  |  |
| 13 | Does your facility dedicate and/or use disposable equipment for CDI residents (blood pressure cuff, thermometer, stethoscope, etc.)? |  |  |  |  |  |  |
| 14 | Is the room terminally cleaned when a resident is removed from precautions post CDI diagnosis? |  |  |  |  |  |  |
| 15 | Does your facility audit hand hygiene compliance? **If so, please describe and document current rate.** |  |  |  |  |  |  |
| 16 | Does your facility audit precaution compliance? **If so, please describe and document current rate.** |  |  |  |  |  |  |
| 17 | Does your facility audit cleaning practices? **If so, please describe.** |  |  |  |  |  |  |
| 18 | Are CDI rates communicated within the facility? |  |  |  |  |  |  |
| **Patient Evaluation and Intake** | | **Example Scenario: hospital calls with a consult for a 79-year-old male patient post-diagnosis of recurrent CDI. The patient is still having occasional incontinent/uncontained bowel movements and antibiotics are to continue at discharge. Last stool culture (performed prior to antibiotics) was positive for CDI.** | | | | | |
| 20 | **Based on the above report, please describe the intake process for this resident (signage, order entry, infection prevention (IP) consultation, order sets, dehydration protocol, and etc.)?** |  |  |  |  |  |  |
| 21 | What is your handoff communication process? |  |  |  |  |  |  |
| 22 | Is the facility notified of isolation needs when admissions from the acute-care facility (ACF) are evaluated? |  |  |  |  |  |  |
| 23 | Does the facility feel the current report process from the ACF is sufficient? |  |  |  |  |  |  |
| 24 | Do residents arrive from ACF, and then require transfer to another bed/unit because of precaution requirements? |  |  |  |  |  |  |
| 25 | Does the facility utilize an admission screen to identify residents with symptoms of CDI (e.g. three loose stools in a 24-hour period of time) |  |  |  |  |  |  |
| 26 | If **Yes** to question 25: Is the screen built into the electronic medical record (EMR)? |  |  |  |  |  |  |
| 27 | If **Yes** to question 26: Does the screen drive a precaution order/alert in the chart, or is it a manual process? |  |  |  |  |  |  |
| 28 | Are resident visitors expected to follow precaution recommendations? |  |  |  |  |  |  |
| 29 | *Find a resident in precautions.* Does the signage/processes match the described facility’s policy (hand hygiene/gowns/glove use)? |  |  |  |  |  |  |
| 30 | Are precaution supplies available at the point of care? |  |  |  |  |  |  |
| 31 | Is a hand hygiene station within the resident care area (specific program in place)? |  |  |  |  |  |  |
| 32 | Is there documentation to show that the resident and/or family received education regarding rationale for isolation? |  |  |  |  |  |  |
| 33 | Can staff member describe symptoms that residents experience when CDI is suspected? |  |  |  |  |  |  |
| 34 | If **Yes** to question 33, are diarrhea causing agents identified (i.e. laxatives) and held prior to testing? |  |  |  |  |  |  |
| 35 | What type of sample is appropriate to send to the lab? |  |  |  |  |  |  |
| 36 | Would a sample be sent twice on the same day for the same resident? |  |  |  |  |  |  |
| 37 | Are CDI symptoms a priority communication within the organization (i.e., nurse aides treat this like a critical vital sign)? |  |  |  |  |  |  |
| 38 | If the facility is unable to segregate a CDI resident, how are precautions handled? |  |  |  |  |  |  |
| 39 | If a communal space is utilized (bathroom, shower, gym, cafeteria), how is resident flow handled to minimize risk? |  |  |  |  |  |  |
| 40 | When would a resident be restricted from entering a communal space (i.e. incontinent, uncontained stool)? |  |  |  |  |  |  |
| 41 | How is transport for residents in precautions handled internal/external to the facility? |  |  |  |  |  |  |
| 42 | If the resident is in a rule-out CDI situation and has been symptom free for at least 24 hours, does staff member contact the physician to discontinue CDI lab order and isolation? |  |  |  |  |  |  |
| 43 | When is it acceptable to remove a CDI positive resident from contact precautions? |  |  |  |  |  |  |
| 44 | What steps (if any) are taken to clean the room after a resident has been removed from contact precautions? |  |  |  |  |  |  |
| 45 | Are there any special handling instruction for items exiting the resident room and entering general care areas (soiled linen, clothing, dishes, etc.)? |  |  |  |  |  |  |
| 46 | *Review available cleaning products in the unit.* Can staff member describe rationale for use, dwell times, etc.? |  |  |  |  |  |  |
| 47 | Do clinical staff members utilize any targeted CDI prevention strategies for environmental cleaning (e.g., bleach use, more frequent cleaning, etc.)? |  |  |  |  |  |  |
| 48 | Do clinical staff members communicate suspected/confirmed CDI residents to environmental services? |  |  |  |  |  |  |
| 49 | Is equipment dedicated to a resident during isolation, or is single use equipment utilized? |  |  |  |  |  |  |
| 50 | If equipment is removed from the room, is there a process to assign staff member accountability for cleaning (e.g., environmental services cleans bedside commodes, clinical staff member cleans patient care equipment)? |  |  |  |  |  |  |
| 51 | Ask staff members to describe the process of cleaning portable equipment (e.g., med cart, respiratory equipment etc.) and visualize. |  |  |  |  |  |  |
| 52 | If possible, visually inspect at least one vacant, **clean** resident room to look for visible contamination (under the mattress, bathroom call light, etc.). |  |  |  |  |  |  |
| **Pharmacy Interview** | | **Scenario: Admitting nurse calls with a consult for a 79-year-old male resident post-diagnosis of recurrent CDI. The resident was admitted earlier the same day and is still having occasional incontinent/uncontained bowel movements and antibiotics are to continue post arrival (PO Vancomycin.)** | | | | | |
| 53 | Does your facility have an antibiotic stewardship program in place? Identify the lead for this initiative. |  |  |  |  |  |  |
| 54 | Is there a formal procedure for antibiotic review? **If so, please describe.** |  |  |  |  |  |  |
| 55 | Are certain antibiotic agents restricted? **If so, list those agents and why.** |  |  |  |  |  |  |
| 56 | Does pharmacy give provider-specific antibiotic use feedback? **If so, what metrics are used and how frequent is the feedback?** |  |  |  |  |  |  |
| 57 | If **Yes** to question 56 **and** an issue is identified with inappropriate prescribing practices: How is it escalated in the facility? |  |  |  |  |  |  |
| 58 | Is there a specific initiative in pharmacy regarding CDI residents? |  |  |  |  |  |  |
| 59 | Does pharmacy review all positive or suspect CDI resident? |  |  |  |  |  |  |
| 60 | Do care pathways exist around CDI? **If so, are contraindicated medications automatically discontinued?** |  |  |  |  |  |  |
| 61 | If a resident does not complete the CDI course of treatment while in the acute-care facility, are antibiotics continued at arrival to your facility? |  |  |  |  |  |  |
| 62 | How are remaining days of antibiotic therapy determined? |  |  |  |  |  |  |
| 63 | What would happen if this scenario presented itself at your facility? |  |  |  |  |  |  |
| **Laboratory Interview** | | **Scenario: Lab receives a second sample for CDI testing. The first sample was a loose specimen obtained at resident arrival which tested positive. The second sample was semi-formed and sent on day seven of the resident’s admission.** | | | | | |
| 64 | What is the CDI test process within the facility? |  |  |  |  |  |  |
| 65 | Are stool samples sent to a reference lab for testing? If **Yes**, how frequently are samples batched and sent? |  |  |  |  |  |  |
| 66 | If **Yes** to question 65, are the special processes in place to store stool prior to transport? |  |  |  |  |  |  |
| 67 | Is there a lab rejection policy for formed stool? **If so, how is this accepted within your facility?** |  |  |  |  |  |  |
| 68 | Is there a lab rejection policy for duplicate stools? **If so, how is this accepted within your facility?** |  |  |  |  |  |  |
| 69 | If you have a provider who routinely orders duplicate stools for CDI testing, is that brought to the attention of the IP? |  |  |  |  |  |  |
| 70 | If you have staff routinely sending inappropriate stool samples for CDI testing, is that brought to the attention of the IP? |  |  |  |  |  |  |
| 71 | Who does lab notify when a patient is positive for CDI (check log if available)? |  |  |  |  |  |  |
| 72 | If the situations above were presented, can you describe what would happen from a lab perspective? |  |  |  |  |  |  |
| **Dietary Interview** | | **No Scenario: Ensure dietary staff treat each returned tray as contaminated (worst-case scenario). Workflow should have a clear separation of clean and dirty processes.** | | | | | |
| 73 | Are different carts used for clean tray pass and dirty tray pickup? **If not, carts should be cleaned between every tray pass.** |  |  |  |  |  |  |
| 74 | *Review dirty tray return process*. Is there a separation from clean workspace? |  |  |  |  |  |  |
| 75 | For the dirty tray return process, are the carts cleaned on a schedule? |  |  |  |  |  |  |
| 76 | Describe product(s) used to clean tray carts. Can staff speak to rationale and dwell times? |  |  |  |  |  |  |
| 77 | *Examine at least one* **clean** *tray cart.* Is it visibly soiled? |  |  |  |  |  |  |
| 78 | Is a cart wash log kept (not required)? **If Yes, is it current?** |  |  |  |  |  |  |
| 79 | For the tray wash log, review the facility policy and frequency that washer parameters are checked and recorded. You are required to follow manufacturer instructions, facility policy, and/or state/federal regulations. Whichever is most stringent. **Do staff follow the policy?** |  |  |  |  |  |  |
| **EVS Interview** | | **No Scenario: At this point, a thorough review is required for products available in the environmental services (EVS) storage area and carts. If possible, a comparison interview with a team lead should be made with a front-line staff member. A verbal demonstration of cleaning products/processes is helpful to determine process opportunities.** | | | | | |
| 80 | What are the primary cleaning products being used in the EVS department? |  |  |  |  |  |  |
| 81 | Is detergent/disinfectant solution mixed according to manufacturer’s instructions? |  |  |  |  |  |  |
| 82 | Are dispensers used to mix cleaning agents? **If Yes, how often are they calibrated?** |  |  |  |  |  |  |
| 83 | If bleach is being mixed for use, is the container labeled and is it discarded appropriately? |  |  |  |  |  |  |
| 84 | Can you describe the use of each product? |  |  |  |  |  |  |
| 85 | Are solutions in wet contact with surfaces according to manufacturer’s instructions? |  |  |  |  |  |  |
| 86 | Do processes differ between isolation and regular rooms? **If Yes, can you describe?** |  |  |  |  |  |  |
| 87 | How frequently are high-touch areas cleaned? |  |  |  |  |  |  |
| 88 | For CDI patients, are high-touch areas cleaned more frequently? How often? |  |  |  |  |  |  |
| 89 | How does environmental (EVS) staff know that a patient is suspected of or positive for CDI? |  |  |  |  |  |  |
| 90 | Is suspected/confirmed CDI communication consistent when EVS staff is notified? |  |  |  |  |  |  |
| 91 | Do you utilize EVS checklists? **If Yes, obtain a copy and use it as a guide for the frontline staff demonstration.** |  |  |  |  |  |  |
| 92 | Is a new, clean, saturated cloth obtained regularly when cleaning a room? |  |  |  |  |  |  |
| 93 | Is the cloth also changed when visibly soiled and after cleaning the bathroom? |  |  |  |  |  |  |
| 94 | Is cleaning equipment used between rooms (e.g., the toilet brush)? |  |  |  |  |  |  |
| 95 | Is the clean solution container changed based on the facility policy (e.g., between rooms)? |  |  |  |  |  |  |
| 96 | Do EVS staff use personal protective equipment when cleaning isolation rooms? |  |  |  |  |  |  |
| 97 | Is there clear communication regarding what EVS cleans versus clinical staff members? |  |  |  |  |  |  |
| 98 | What education does the EVS staff receive specific to CDI? |  |  |  |  |  |  |
| 99 | Are rates of infection communicated to EVS staff members? |  |  |  |  |  |  |
| 100 | Is EVS included in the facility’s infection control quality improvement committee? |  |  |  |  |  |  |

## References:

## CDC. (2010, March 29) Retrieved from <https://www.cdc.gov/HAI/recoveryact/PDF/CDI_EvalQuestions_Final_Clearedversion32910.pdf> (resource retired)

CDC. (2018, February 28) Retrieved from <https://www.cdc.gov/hai/prevent/tap/cdiff.html>

## Medical Record Review

It is recommended that you/your team review at least **three** facility-identified healthcare-onset CDI cases.

| # | Question | Yes | No | NA | Areas of Concern | Areas of Excellent Care | Notes |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | *Review physician summary, nurse’s notes, and I&O.* Was resident symptomatic of CDI at arrival? |  |  |  |  |  |  |
| 2 | Were 3 loose stools documented within a 24-hour period? |  |  |  |  |  |  |
| 3 | If a CDI screen took place, was it positive? |  |  |  |  |  |  |
| 4 | When was the CDI test ordered? |  |  |  |  |  |  |
| 5 | When was CDI test obtained and sent to the lab for processing? |  |  |  |  |  |  |
| 6 | Was resident on stool softeners between onset of symptoms and positive test date? |  |  |  |  |  |  |
| 7 | Did resident have documented symptoms between stool order date and date sample was collected and sent to lab? |  |  |  |  |  |  |
| 8 | Was resident placed in isolation per facility policy? |  |  |  |  |  |  |
| 9 | Was an alert placed on resident’s record per facility policy? |  |  |  |  |  |  |
| 10 | What interventions were implemented? Please describe date started and specific interventions. |  |  |  |  |  |  |
| 11 | Were contraindicated medication discontinued (e.g., antiperistaltic agents)? |  |  |  |  |  |  |
| 12 | If resident does not complete the CDI course of treatment while inpatient, were antibiotics continued at discharge? |  |  |  |  |  |  |

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