Centers for Disease Control and Prevention's (CDC)
CDI Facility Assessment Tool

Cynthia Sowada, BS MT, ASCP, CIC

Quality Improvement Specialist

January 28, 2016

Targeted Assessment for Prevention (TAP):
Using Data for Action

Target → **Assess** → **Prevent**

Target
- Generate TAP Reports using the National Healthcare Safety Network (NHSN)
- Identify facilities/units with excess healthcare-associated infections above a set benchmark, using the Cumulative Attributable Difference (CAD) metric
- Engage targeted facilities/units to participate in focused prevention efforts

Assess
- Assess targeted facilities/units for potential gaps in infection control
- Measure perceptions and practices in targeted facilities/units
- Summarize responses and calculate scores across units, facilities, and groups

Prevent
- Feedback data from TAP Reports and Initial Facility Assessments to targeted facilities/units
- Utilize the Implementation Guide to access resources to aid in addressing identified gaps
- Implement proven prevention strategies in the targeted facilities/units to reduce infection rates

HSAG HEALTH SERVICES ADVISORY GROUP

CDI Facility Assessment Tool

- Domain I: General Infrastructure, Capacity & Processes

- Domain II: Early Detection & Isolation, Appropriate Testing

- Domain III: Contact Precautions & Hand Hygiene

- Domain IV: Environmental Cleaning

- Domain V: Antibiotic Stewardship

General Infrastructure

I. General Infrastructure, Capacity, and Processes	Response Choices	Comments (and/or "As Evidenced By")
1. Does your facility's senior leadership actively promote CDI prevention activities?	◯Yes◯No ◯Unk	
2. Is unit-level leadership involved in CDI prevention activities?	◯Yes◯No ◯Unk	
3. Does your facility have a team/workgroup focusing on CDI prevention?	◯Yes◯No ◯Unk	
4. Does your facility have a staff person with dedicated time to coordinate CDI prevention activities?	◯Yes◯No ◯Unk	
Training		

5. Does your facility provide training on hand hygiene to all healthcare personnel:
   A. Upon hire?
   B. At least annually?
	
	◯Yes◯No ◯Unk
	◯Yes◯No ◯Unk	

6. Does your facility provide training on use of personal protective equipment (PPE) to all personnel who use PPE, including proper PPE selection and donning/doffing:
   A. Upon hire?
   B. At least annually?
	
	◯Yes◯No ◯Unk
	◯Yes◯No ◯Unk	

7. Does your facility provide training on cleaning and disinfection to all personnel with this responsibility (e.g., environmental services staff, unit-level personnel):
   A. Upon hire?
   B. At least annually?
	
	◯Yes◯No ◯Unk
	◯Yes◯No ◯Unk	

Does your facility routinely audit* (monitor and document) adherence of personnel to: *Audit is defined as an assessment (typically by direct observation, either hospital-wide or unit-specific) of healthcare personnel compliance with facility policies.*		
8. Hand hygiene	◯Yes◯No ◯Unk	
9. Use of personal protective equipment, including donning/doffing	◯Yes◯No ◯Unk	
10. Contact Precautions protocols (e.g., use of signs and dedicated or disposable equipment)	◯Yes◯No ◯Unk	
11. Cleaning/disinfection of environmental surfaces, including use of sporicidal disinfectants if part of facility policy	◯Yes◯No ◯Unk	
12. Cleaning/disinfection of shared medical equipment, including use of sporicidal disinfectants if part of facility policy	◯Yes◯No ◯Unk	

Pilot CDI Facility Assessment Tool - V 3.0

For Internal Use Only: Survey Number

2

HSAG HEALTH SERVICES ADVISORY GROUP

Antibiotic Stewardship

CDI Initial Facility Assessment Tool – Antibiotic Stewardship

Date of Assessment:_____

Facility ID: _____

Facility Type: _____   Other, Please Specify: _____

General Antibiotic Stewardship Program

Section VII. should be directed to the staff member or personnel who is most knowledgeable about the facility's antibiotic stewardship practices (e.g., pharmacist or physician stewardship lead). These questions are identical to the antibiotic stewardship practices questions on the *NHSN Hospital Annual Survey* (questions 23-34) and may be used to validate the results of the NHSN survey.

Title or role of person completing Section VII. Antibiotic Stewardship Practices: _____

Title or role of person who completed the *NHSN Hospital Annual Survey*: _____

VII. Antibiotic Stewardship Practices	Response Choices	Comments (and/or "As Evidenced By")
1. Does your facility have a written statement of support from leadership that supports efforts to improve antibiotic use (antibiotic stewardship)?	○Yes ○No ○Unk	
2. Is there a leader responsible for outcomes of stewardship activities at your facility? A. **If Yes:** What is the position of this leader? (check all that apply)	○Yes ○No ○Unk ☐ Physician ☐ Pharmacist ☐ Other (Please specify): _____	
3. Is there at least one pharmacist responsible for improving antibiotic use at your facility?	○Yes ○No ○Unk	
4. Does your facility provide any salary support for dedicated time for antibiotic stewardship activities?	○Yes ○No ○Unk	
5. Does your facility have a policy that requires prescribers to document an indication for all antibiotics in the medical record or during order entry? A. **If Yes:** Has adherence to the policy to document an indication been monitored?	○Yes ○No ○Unk ○Yes ○No ○Unk	

Pilot CDI Facility Assessment Tool - V 3.0

For Internal Use Only: Survey Number

1

Laboratory Assessment

CDI Initial Facility Assessment Tool – Laboratory Assessment   Date of Assessment:_____

Facility ID: _____

Facility Type: _____   Other, Please Specify: _____

Laboratory Assessment

Section VI questions are laboratory-specific and should be directed to the facility's laboratory director or other staff that have knowledge of the practices at the laboratory that performs the facility's *C. difficile* testing.

Title or role of person completing Section VI. Laboratory Practices: _____

VI. Laboratory Practices	Response Choices	Comments (and/or "As Evidenced By")
1. Does the facility update, as needed, the *C. difficile* test type currently in use on the NHSN Monthly Denominator Form each quarter?	◯Yes ◯No ◯Unknown	
2. What is the <u>primary</u> testing method for *C. difficile* used by the facility's laboratory or the outside laboratory where the facility's testing is performed (check one)?	◯ Enzyme immunoassay (EIA) for toxin ◯ Cell cytotoxicity neutralization assay ◯ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP) ◯ Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm) ◯ GDH plus NAAT (2-step algorithm) ◯ GDH, plus EIA, plus NAAT (3-step algorithm for discrepant results) ◯ Toxigenic culture (*C. difficile* culture followed by detection of toxins) ◯ Other* (specify):_____ *"Other" should not be used to name specific laboratories, reference laboratories, or the brand names of *C. difficile* tests; most methods can be categorized accurately by selecting from the options provided	

6

Antibiotic Stewardship Reported Unknowns

		Quality Medical Ctr. - Main	Quality Medical Ctr. - East	Quality Medical Ctr. - West
Do ordering providers <u>document dose, duration, and indication</u> in the medical record or during order entry for all antimicrobials at your facility?	Unknown	30%	43%	46%
Is it routine practice for specified antimicrobial agents to be <u>approved by a physician or pharmacist</u> at or soon after prescription (pre-authorization)?	Unknown	51%	48%	31%

HSAG HEALTH SERVICES ADVISORY GROUP

Antibiotic Stewardship (Continued) Reported Unknowns

		Quality Medical Ctr. - Main	Quality Medical Ctr. - East	Quality Medical Ctr. - West
Does your facility have a formal procedure for all ordering providers to <u>review the appropriateness of all antibiotics</u> at or after 48 hours from the initial orders (e.g., antibiotic time-out, post-prescription review)?	Unknown	59%	43%	45%
Does your facility <u>review current antibiotics for appropriateness</u> in patients with new or recent CDI diagnosis?	Unknown	51%	38%	41%
Does your facility <u>monitor antibiotic use</u> (consumption) at the unit and/or facility level?	Unknown	48%	34%	52%

CDC's Targeted Assessment for Prevention (TAP) Strategy

http://www.cdc.gov/hai/prevent/tap.html

Questions?

Rick Welsh, RN, CPHQ

Director, Patient Safety

813.865.3195 |RWelsh@hsag.com

Sharon Davila, MPH, BBA, RN-C

Quality Improvement Specialist

813.865.3542 | SDavila@hsag.com

Cynthia Sowada, BS MT, ASCP, CIC

Quality Improvement Specialist

813.865.3445|CSowada@hsag.com

HSAG HEALTH SERVICES ADVISORY GROUP