***Clostridium difficile* Infection (CDI) Prevention: Self Risk Assessment Tool**

**Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  | **Question** | **Yes** | **No** | **Name** | **Contact Info** |
| --- | --- | --- | --- | --- | --- |
| 1. | Do you currently have a well-functioning team focusing on CDI prevention and antimicrobial stewardship? |  |  |  |  |
| 2. | Do you have an effective project manager to run your CDI prevention team? |  |  |  |  |
| 3. | Do you have a committed nurse champion on the CDI prevention team? |  |  |  |  |
| 4. | Do you have a committed physician champion on the CDI prevention team? |  |  |  |  |
| 5. | Do you have a committed pharmacist champion on the antimicrobial stewardship team? |  |  |  |  |
| 6. | Do you have a committed executive leadership champion for environmental services? |  |  |  |  |
| 7. | Name and contact info of the person for data submission? |  |  |  |  |
| 8. | Name and contact info of the primary contact person for all WSHA communication (webcasts, HEN data updates) |  |  |  |  |

|  | **Question** | **Yes** | **No** | **Comments** |
| --- | --- | --- | --- | --- |
| 9. | Do you have a process for assessing hand hygiene compliance? |  |  |  |
| 10. | Do you have a process for assessing environmental cleaning? (e.g. high touch surfaces, terminal cleans, etc.) |  |  |  |
| 11. | Do you have a process for assessing compliance with contact precautions? |  |  |  |
| 12. | Do you currently cohort surgical patients with CDI at the end of the day? |  |  |  |
| 13. | Do you currently share CDI-related data (e.g. hand hygiene, environmental cleaning) in all patient care unit(s)? |  |  |  |
| 14. | Do you currently have an antimicrobial stewardship program in place?  If yes, what tier criteria would your program meet?  (circle) Basic Intermediate Advanced |  |  |  |
| 15. | Do you currently have a staff member that has specialty training in antimicrobial stewardship? |  |  |  |
| 16. | Do you have a process in place to monitor antibiotic usage? |  |  |  |
| 17. | Have you experienced any of the following barriers to CDI prevention or antimicrobial stewardship? |  |  |  |
| a. | Substantial nursing resistance |  |  |  |
| b. | Substantial physician resistance |  |  |  |
| c. | Substantial pharmacist resistance |  |  |  |
| d. | Patient and family requests for inappropriate antibiotics? |  |  |  |
| 17. | What would be most helpful to advancing the work at your hospital? |  |  |  |