Clostridioides difficile Event Analysis
Hospital Quality and Patient Safety

HEALTH QUALITY INNOVATORS | Health Quality Innovation Network

Patient:	**MR No:**	**Admit Date:**	**Physician:**

Admission diagnosis:	Did the patient have diarrhea upon admission? Yes ☐ No ☐	Was the patient on antimicrobial therapy at the time of admission? Yes ☐ No ☐ If yes, when and why was it initiated?	Previous admission within the last 3 months? Yes ☐ No ☐	If previous admission in the last 3 months, where was that admission? Provider name:
Patient's location/ room number(s) and dates of occupancy:	Date of positive *C. diff* testing:	Infection Date: Criteria:	Person completing form with credentials: Name & Credentials:	

1. Date diarrhea first noted:	2. Date specimen sent to lab:	3. Number of days between admission and symptoms (admit day = day 1):

4. Was patient screened for diarrhea on admission?	Yes: ☐ If yes, explain why: Not applicable: ☐ No: ☐ If no, explain why:
5. If the patient had diarrhea on admission, was an assessment performed to indicate reason for diarrhea?	Yes: ☐ No: ☐ Not applicable: ☐ If yes, what date did stools change to diarrhea?
6. Did the patient have an increase in white blood count and/or fever with diarrhea?	Yes: ☐ No: ☐ If no, explain why stool specimen was tested:
7. If patient had diarrhea with signs and symptoms of C. diff on admission was stool specimen collected and tested for *C. diff* within the first 48 hours?	Yes: ☐ No: ☐ Not applicable: ☐ If no, explain why:
8. If patient did not have diarrhea with signs and symptoms of *C. diff* on admission, was there a change in stool character during this admission?	Yes: ☐ No: ☐ If no, explain why stool specimen was tested:
9. If a change in stool character and/ or diarrhea was observed, was an assessment completed for cause?	Yes: ☐ No: ☐ Not applicable: ☐ If no, explain why:
10. If *C. diff* was suspected was laboratory testing of stool ordered?	Yes: ☐ Date Ordered: Not applicable: ☐ No: ☐ If no, explain why:
11. Was patient's stool specimen retested for *C. diff* during this admission?	Yes: ☐ No: ☐ If yes, explain why and number of days between retesting:
12. What type of test does your laboratory use to identify or diagnosis *C. diff*?	a). Stool culture ☐ b).PCR ☐ c). Antigen detection ☐ d). Enzyme immunoassay ☐ e). Other: (please list)

13. Was the patient receiving proton pump inhibitor (PPI) therapy?	Yes: ☐ No: ☐ If yes, explain why:
14. If patient was receiving PPI therapy, list therapy start and stop dates and PPI:	Not applicable: ☐ Start date: Stop date: Name of PPI:
15. Did the patient receive antimicrobial therapy this admission?	Yes: ☐ No: ☐ If yes, explain why:
16. If patient was receiving antimicrobial therapy this admission, then please list antimicrobial/start & stop dates and ordering MD:	Name of antimicrobial: Not applicable: ☐ Start date: Stop date: MD:
17. If receiving antimicrobial therapy, was there an auto stop order for antimicrobial therapy?	Yes: ☐ No: ☐ Not applicable: ☐ If no, explain why:
18. If the patient was receiving antimicrobial therapy for a suspected or diagnosed infection other than for *C. diff*, was a culture collected?	Yes: ☐ If yes, what culture(s): Not applicable: ☐ No: ☐ If no, explain why:
19. Were the antimicrobials reviewed for appropriateness or de-escalation within 48-72 hours after initiation of treatment?	Yes: ☐ If yes, what changes, if any, were made: Not applicable: ☐ No: ☐ If no, explain why:
20. Do you use a nurse-driven protocol for testing and isolating patients with new onset or increased diarrhea?	Yes: ☐ No: ☐ If no, explain why:
21. Were appropriate isolation precautions initiated and followed (i.e., contact or enteric)?	Yes: ☐ If yes, indicate date initiated: No: ☐ If no, explain why:

22. If implemented how long were isolation precautions continued?	Number of days: Not applicable: ☐
23. If isolation precautions were implemented were they discontinued during this stay?	Yes: ☐ No: ☐ Not applicable: ☐ If discontinued, explain when and why:
24. Were hand hygiene recommendations followed? i.e. Soap and water	Yes: ☐ No: ☐ If no, explain why:
25. What is the hand hygiene compliance rate for this unit for the last three months?	Compliance rate: %
26. How is hand hygiene compliance assessed?	Secret shopper : ☐ Self-reporting: ☐ Other: (indicate):
27. Was dedicated patient equipment used in this room?	Yes: ☐ No: ☐ If no, explain why:
28. Was there adequate cleaning and disinfection of equipment and environment?	Yes: ☐ No: ☐ If no, explain why:
29. Did patient and/or family receive *C. diff* education?	Yes: ☐ No: ☐ If no, explain why:
30. If patient and/ or family received *C. diff* education was it documented?	Yes: ☐ No: ☐ Not applicable: ☐ If no, explain why:
31. What type of *C. diff* education was provided?	Written: ☐ Verbal: ☐ Other: (indicate): Not applicable: ☐

32. Was the patient and/or family actively engaged in *C. diff* transmission prevention practices, such as observing appropriate hand hygiene practices and isolation precautions?	Yes: ☐ No: ☐ If no, explain why:
33. Are there any significant patient factors that may have contributed to this *C. diff* infection such as a recent healthcare admission, or being placed on antimicrobials in another setting?	Yes: ☐ No: ☐ If no, explain why:
34. Did previous patient in this room have a diagnosis of *C. diff*?	Yes: ☐ No: ☐
35. Were there any other patients on this unit during admission dates, diagnosed with *C. diff*?	Yes: ☐ No: ☐ If yes, provide the room number(s):
36. Were there contributing factors that impacted care, (i.e., environmental, engineering, or staffing)?	Yes: ☐ No: ☐ If yes, explain factors:
37. Could this patient's *C. diff* have been avoided in any way?	Yes: ☐ No: ☐ If yes, explain how:

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