Indiana State Department of Health

CAC UNIVERSITY of INDIANAPOLIS
CENTER FOR AGING & COMMUNITY

Chart Review for *Clostridium difficile* Lab Results

This tool has been developed by the Indiana Healthcare Associated Infection Initiative for the purpose of improving health care quality. An important part of quality health care is infection prevention and an essential component of preventing infections is assessing and managing risk. This form will assist with monitoring and identifying the strengths and improvements needed in the timeliness of lab identification of *Clostridium difficile.*

DIRECTIONS:

1. For the purposes of the Indiana Healthcare Associated Infection Initiative, charts of ALL patients or residents for whom stool specimens were taken and sent to the lab should be reviewed, regardless of the lab results.

2. It is the responsibility of the Infection Prevention Staff to complete the top of this form and to gather and provide the identifiers for the patients or residents for whom a *Clostridium difficile* lab test has been taken during the month. Date of the most recent admission should also be included (admission or readmission.) Names of patients or residents SHOULD NOT be recorded.

3. The Infection Prevention Staff may either complete the chart review or assign it to a Reviewer for completion.

4. Charts should be reviewed THOROUGHLY for the requested information. It is important that the date and time be recorded for each of the events. All dates should be recorded with month date and year (MM/DD/YY) and all times should be recorded with hour and minutes (HH:MM) circling AM or PM. If a piece of information is missing from the chart, "not available" should be circled.

5. Once this worksheet is completed and returned (per directions), the Infection Prevention Staff must transfer and submit the information electronically. This can be done through this Chart Review Data Entry Link or through the link located on HAIKU (Initiative discussion board).

The Indiana Healthcare Associated Infection Initiative is a health care quality initiative of the Indiana State Department of Health and the University of Indianapolis Center for Aging & Community. 2010. Version: Sep 7, 2010

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To be completed by Infection Prevention Staff:

Name of Facility:	Name of Observer:
Position of Assigned Observer: ❑Infection Prevention Staff ❑Other Licensed Provider	
Assigned Unit or Location:	
Month/Year of Review(MM/YYYY):	

To be completed by Reviewer:

	Patient/ Resident Identifier & Date of Current Admission	Date and Time of First Diarrhea	Date and Time Specimen Taken at Facility	Date and Time Specimen Sent from Facility to the Lab	Date and Time Lab Result Known at Facility
1	/ /	/ / : AM PM Not available	/ / : AM PM Not available	/ / : AM PM Not available	/ / : AM PM Not available
2	/ /	/ / : AM PM Not available	/ / : AM PM Not available	/ / : AM PM Not available	/ / : AM PM Not available
3	/ /	/ / : AM PM Not available	/ / : AM PM Not available	/ / : AM PM Not available	/ / : AM PM Not available
4	/ /	/ / : AM PM Not available	/ / : AM PM Not available	/ / : AM PM Not available	/ / : AM PM Not available
5	/ /	/ / : AM PM Not available	/ / : AM PM Not available	/ / : AM PM Not available	/ / : AM PM Not available
6	/ /	/ / : AM PM Not available	/ / : AM PM Not available	/ / : AM PM Not available	/ / : AM PM Not available
7	/ /	/ / : AM PM Not available	/ / : AM PM Not available	/ / : AM PM Not available	/ / : AM PM Not available
8	/ /	/ / : AM PM Not available	/ / : AM PM Not available	/ / : AM PM Not available	/ / : AM PM Not available

Please return to _____ by _____.
(person) (date and time)

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