Data Collection and the AHRQ Nursing Home Survey on Patient Safety Culture

Onboarding 3 for Facility Team Lead and Core Team Members

Today’s Presenters

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Quaildigm

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Westat

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Program Manager
HRET/AHA
Upon completion of the webinar, the team members will be able to:

- summarize the outcome measures and the frequency in which this data will be collected;
- identify the process for collecting and submitting data;
- recognize the benefits of the AHRQ Nursing Home Survey on Patient Safety Culture and its comparative database on the AHRQ website;
- recognize the importance of engaging all staff in completion of the safety culture survey; and
- describe how to utilize the training materials to cascade information down to the frontline staff.

Why is Data Collection Important?

1. Assess the impact of the project’s clinical and cultural interventions on the program goals to:
   - Reduce urinary catheter use and CAUTIs
   - Improve patient safety culture

2. Guide quality improvement efforts by:
   - Highlighting areas of success
   - Identifying opportunities for improvement
The CAUTI Data Collection Effort at Your Facility

- All staff need to be aware that you are working on this project and collecting data.
- Staff that are responsible for collecting data need to understand how and what data they are collecting.
- Leadership need to support the effort by allowing time to educate staff and time to collect and report the data.

Required Data Metrics and Schedule

<table>
<thead>
<tr>
<th>Data Collected</th>
<th>Frequency</th>
<th>Date</th>
<th>Time to Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Background/Cultural Measures</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registration</td>
<td>1x to enroll</td>
<td>Complete</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Facility Demographics</td>
<td>Baseline</td>
<td>Complete</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Safety Culture Survey</td>
<td>Baseline and follow-up</td>
<td>Due June 19</td>
<td>10 minutes</td>
</tr>
<tr>
<td><strong>Process Measures</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team Communication Guide</td>
<td>Quarterly</td>
<td>Due July 17</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Skills Questionnaire</td>
<td>Baseline, mid-point, final</td>
<td>Mid-point, November 2015</td>
<td>15 minutes</td>
</tr>
<tr>
<td><strong>Outcome Measures</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catheter Utilization</td>
<td>Monthly</td>
<td>Begin June</td>
<td></td>
</tr>
<tr>
<td>CAUTI rates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urine culture order rates</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What is Resident Safety Culture?

"The way we do things around here."

Beliefs, values & norms

- Shared by staff

What is:
- Rewarded
- Supported
- Expected

Exists at multiple levels:
- System
- Organization
- Department
- Unit
Nursing Home Survey on Patient Safety Culture

- Created by the Agency for Healthcare Research and Quality (AHRQ)
- Assesses staff perception of resident safety culture in nursing homes
- Tracks changes in safety culture over time
- Evaluate impact of resident safety interventions
- All Nursing Home measures were positively related with
  - Overall Five-Star Rating
  - Health Inspections Rating
- For this project
  - Baseline: taken during the beginning of the project
  - Follow-up: take at the end of the project

Overall perceptions of resident safety
Feedback and communication about incidents
Supervisor/manager expectations and actions promoting patient safety
Organizational learning
Management support for resident safety
Training and skills

Compliance with procedures
Teamwork
Handoffs
Communication openness
Non-punitive response to mistakes
Staffing

Individual Items
1. Resident safety “grade” (Excellent to Poor)
2. Overall recommendation of their facility to others
Understanding the AHRQ Nursing Home Comparative Database

**Purpose of the AHRQ Nursing Home Comparative Database:**

- To gather data from the *AHRQ Nursing Home Survey on Patient Safety Culture* into a central place to be able to compare safety culture across facilities
  - AHRQ Nursing Home Comparative Database compares data across nursing home facilities that provide data
- To help facilities identify strengths and opportunities for improvement in their resident safety culture
- To track changes in resident safety culture over time

**Benefits to Sharing Survey Data with AHRQ Using the Nursing Home Comparative Database**

- Your facility will receive an individual feedback report comparing their results to the comparative database
- A free Comparative Database Report will be produce providing aggregate nursing home level statistics
- Go to the AHRQ website to access the 2014 *Nursing Home Survey on Patient Safety Culture Comparative Database*
Nursing Home Survey on Patient Safety Culture
Sample Individual Feedback Results from the Comparative Database

1. Overall Perceptions of Resident Safety
   - Database: 87%
   - Your Nursing Home: 91%

2. Feedback and Communication About Incidents
   - Database: 84%
   - Your Nursing Home: 87%

3. Supervisor Expectations and Actions Promoting Resident Safety
   - Database: 80%
   - Your Nursing Home: 86%

10. Communication Openness
    - Database: 56%
    - Your Nursing Home: 68%

11. Staffing
    - Database: 53%
    - Your Nursing Home: 69%

12. Nonpunitive Response to Mistakes
    - Database: 51%
    - Your Nursing Home: 66%

Understanding Your Results

- Identify strengths and positive change
  - Determine a cutoff for what is considered a "strength"

- Identify areas for improvement
  - Determine a cutoff for what is considered an "area for improvement"
  - Select 2-3 areas for improvement to avoid focusing on too many issues at once

- Discuss survey results to arrive at a deeper understanding of underlying issues
Nursing Home Database Requirements

To participate in the Comparative Database:

- U.S. or U.S. territory nursing home
  - NOT assisted living, community care, or independent-living facilities
  - Contain licensed nursing-home beds
- Survey changes are limited
  - New questions placed at the end of the survey or before the demographic items
- Signed Data Use Agreement (DUA)
  - Nursing home systems/chains can submit one DUA for all nursing homes and must list each nursing home

Nursing Home Database Help

- Next data submission period begins April, 2016

- To join, contact DatabasesOnSafetyCulture@westat.com or contact A.J. Rolle at ajrolle@aha.org

- Call Westat for more information: 1-888-324-9790
Nursing Home Survey on Patient Safety Culture
Sample Baseline Results

Overall Safety Culture Survey Results for Org Lead 1 Facilities Compared to Cohort X

<table>
<thead>
<tr>
<th>Category</th>
<th>Org Lead 1 (n = 94)</th>
<th>Cohort X (n = 500)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>28%</td>
<td>27%</td>
</tr>
<tr>
<td>Very Good</td>
<td>34%</td>
<td>36%</td>
</tr>
<tr>
<td>Good</td>
<td>26%</td>
<td>26%</td>
</tr>
<tr>
<td>Fair</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>Poor</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Nursing Home Survey on Patient Safety Culture
Baseline Results, by Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Percent Positive Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Perceptions of Resident Safety</td>
<td>90%</td>
</tr>
<tr>
<td>Feedback and Communication</td>
<td>88%</td>
</tr>
<tr>
<td>Supervisor/Manager Expectations</td>
<td>86%</td>
</tr>
<tr>
<td>Training and Skills</td>
<td>82%</td>
</tr>
<tr>
<td>Management Support</td>
<td>80%</td>
</tr>
<tr>
<td>Organizational Learning</td>
<td>80%</td>
</tr>
<tr>
<td>Handoffs</td>
<td>76%</td>
</tr>
<tr>
<td>Teamwork</td>
<td>72%</td>
</tr>
<tr>
<td>Compliance with procedures</td>
<td>71%</td>
</tr>
<tr>
<td>Communication openness</td>
<td>61%</td>
</tr>
<tr>
<td>Staffing</td>
<td>60%</td>
</tr>
<tr>
<td>Nonpunitive response to mistakes</td>
<td>54%</td>
</tr>
</tbody>
</table>
What is the Team Communication Guide?

Used to guide discussions during team meetings

- Measure implementation of tools related to the T.E.A.M.S. and C.A.U.T.I. interventions
- Identify barriers to the team’s progress
## Team Communication Guide Tracker

### Entered in CDS
- Submitted quarterly, beginning in July for April 1–June 30

### OUTCOME MEASURES
Data Measures

Resident Days
- Every day a resident (with or without a catheter) is in your facility = one resident day.
- Collect at the same time, each day of the month.

Catheter Days
- Every day a resident has an indwelling urinary catheter = one catheter day.
- Collect at the same time, each day of the month.

Number of Urine Cultures
This includes urine cultures ordered for every resident (i.e., with or without a catheter) each month.

Number of CAUTIs
- CAUTI is counted on the first day that the cluster of signs and symptoms, lab reports, and the presence of a catheter for more than 2 consecutive days are found together.
- CAUTI is an event which may continue for days or even weeks, but it is counted only once, and not on each consecutive day.
- Note that a resident may have multiple CAUTI events in one month.

Example:
A facility has 7 residents with indwelling urinary catheters for the month of June. During the month, the following data are collected:

<table>
<thead>
<tr>
<th>Resident</th>
<th>Days with Catheter</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>6</td>
<td>4</td>
</tr>
</tbody>
</table>

\[15 + 12 + 6 + 12 + 7 + 4 = 52 \text{ catheter days}\]

Number of Residents in the Facility Each Day
This is needed to calculate the CAUTI infection rate.

Resident Days
- Every day a resident (with or without a catheter) is in your facility = one resident day.
- Collect at the same time, each day of the month.
Number of Residents with Indwelling Urinary Catheters Each Day

This is needed to calculate the rate of catheter use at your facility.

Catheter Days

Every day a resident has an indwelling urinary catheter
• one catheter day,
• Catheter needs to stay in place (i.e. not an in and out catheterization)
• Catheter is through the urethra (i.e. not suprapubic or uroscotomies)
• Collect at the same time, each day of the month

Example:
A facility has 7 residents with indwelling urinary catheters for the month of June. During the midnight census the following data are collected:

<table>
<thead>
<tr>
<th>Resident</th>
<th>Days with Catheter</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td>2</td>
<td>30</td>
</tr>
<tr>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>7</td>
<td>4</td>
</tr>
</tbody>
</table>

(30x3)+10+12+7+4 = 123 catheter days

Number of CAUTIs Each Month

This is needed to calculate the CAUTI infection rate.

Number of CAUTIs

• CAUTI is counted on the first day that the cluster of signs and symptoms, lab reports and the presence of a catheter for more than 2 consecutive days are found together
• CAUTI is an event which may continue for days or even weeks, but it is counted only once, not each consecutive day
• Note that a resident may have multiple CAUTI events in one month
Too many urine cultures can lead to false-positive CAUTI identification.

Fewer urine cultures lead to fewer CAUTIs and unnecessary antibiotic use.
Next Steps

1. Organizational Lead will share pre-notification materials with Facility Team Lead and Administrative Champion

2. Survey Coordinators will work directly with facility staff to:
   - Announce and promote survey to facility staff
   - Distribute survey link or paper version between now and June 19
     - Paper versions must be entered online no later than June 19
   - Encourage responding

3. Monitor culture survey submission

4. Will share and discuss reports with facility staff
   - Reports available within 6 weeks following survey close

Supporting Survey and Data Success

What’s your safety culture?

Go online to take your survey or to download a copy:
www.cvent.com/d/64qwwz

Comprehensive Data System (CDS)

Users Guide
AHRQ’s Safety Program for Long-Term Care: CAUTI

Last updated: June 23 2015

The User Guide is available online and through your Organizational Lead

Contact CDS Support:
hretdatasupport@aha.org
Stay Updated with Useful Resources

1. AHRQ Safety Program for Long-term Care: HAIs/CAUTI Project Website
   Login information
   Username: ltcsafety
   Password: ltcsafety

2. TeamSTEPPS® for Long-term Care

3. Long-term Care Safety Toolkit—Coming Soon!

4. Outcome Data Definitions Flyer

5. Team Communication Guide

6. LTC Program Data Collection Tool

7. AHRQ Nursing Home Survey on Patient Safety Culture and Administration Materials

8. AHRQ's Nursing Home Survey on Patient Safety Culture Comparative Database

DATA COLLECTION AND ENTRY
Nursing Home Survey on Patient Safety Culture
Data Entry and Resources

Available on AHRQ website

- Survey User Guide providing instruction on data collection and analysis
- Comparative Database
  - In 2014, had over 200 nursing homes participate

Available on Cvent

- Final formatted survey
- Data entry and reporting tool
  - Reports available to organizational leads 6 weeks following survey close
- Survey results will be reviewed and discussed in an upcoming webinar

Nursing Home Survey on Patient Safety Culture
Cvent Survey Entry

Welcome to the AHRQ Nursing Home Survey on Patient Safety Culture!

In this survey, “resident safety” means preventing resident injuries, incidents, and harm to residents in the nursing home.

This survey asks for your opinions about resident safety issues in your nursing home. It will take about 10 minutes to complete.

If a question does not apply to your job or you do not know the answer, please mark the box in the last column. If you do not wish to answer a question, you may leave your answer blank.

Click here [Nursing Home Survey on Patient Safety Culture](#) to download the paper version for later online data entry.

Please be sure to click “Submit Survey” at the end of the survey. Editing the survey before clicking “Submit survey” will result in your responses being lost.
Nursing Home Survey on Patient Safety Culture
Example Questions

Section A: Working in This Nursing Home

How much do you agree or disagree with the following statements?

1. Staff is fair, helpful, and caring.
2. Staff appearance is neat.
3. Staff support you when you make an error.
4. You have communications with other staff.
5. Staff follow standard procedures and policies.
6. Staff work with other staff.
7. Staff use equipment or get help when they need it.

Section 1: Overall Ratings

1. I would tell others that this is a safe nursing home for their family.

Section 2: Background Information

1. What is your job in this nursing home? Check the one that best applies to your job.
   a. Administrator/Manager (e.g., Medical Director, Director of Nursing, U.S. Manager, CEO, COO, etc.)
   b. Other Manager (e.g., Clinical Director, Nurse Manager, Manager of Services, Patient Services Manager, etc.)
   c. Other (please specify)

Data Collected via CDS
Outcome Measures & Process Data

<table>
<thead>
<tr>
<th>Data Collected</th>
<th>Who Completes It</th>
<th>Frequency</th>
<th>Reports</th>
</tr>
</thead>
</table>
| Outcome Measures*       | Data Coordinator         | Monthly (by the 15th of the following month of which data is collected) | • Within an hour on CDS (run charts)
                                                                                                      | • 1st week of each month for month prior
| Team Communication Guide | Facility Team Lead or Survey Coordinator | Quarterly (by the 15th of the following quarter of which data is collected) | Learning Sessions 2 & 3                                               |

*If you are submitting CAUTI events to NHSN, your data can be transferred to CDS directly by conferring rights to an HRET group

WHO: Facility
WHEN: Monthly / quarterly as per above schedule
WHERE: CDS – login credentials will be provided via Organizational Lead
HOW: Data coordinator collects data at facility and submits to CDS
CDS Log-in

https://www.hretcds.org/Login.aspx

If you are a first time user or have forgotten your password, click "forget your password" to have your password emailed to you.

Important messages about the system appear in red at the bottom of the page.

Team Communication Guide
Data Entry

LTC Test Facility - All Measures - Project: CAUTI in Long Term Care Cohort 2
Measure: Team Communication Guide (LTC) CDS-CAUTI LTC 9 - Process (Recommended)

Baseline Monitoring

Please add or edit the measurement start & end dates. Select "Go" to enter data once measurement start & end dates have been defined. Please be aware of the start & end date you select for baseline. You will be permitted to modify the dates, and any data.

<table>
<thead>
<tr>
<th>Measurement Start</th>
<th>Measurement End</th>
<th>Submit Data</th>
<th>Status</th>
<th>Data Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2014</td>
<td>9/30/2014</td>
<td>No Data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/3/2014</td>
<td>12/31/2014</td>
<td>No Data</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To return to the measure list, click the "Back" button.
Team Communication Guide
Example Question Formats

Outcome Measures
Data Entry
Outcome Measures Data Entry

Top of pop-up window always displays the measure and timeframe.