

AHRQ Safety Program for Long-term Care: HAIs/CAUTI

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

*Onboarding 3 for Facility Team Lead and Core Team Members*

*August 20, 2015*



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## Learning Objectives

After completing this webinar, attendees 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 engaging all staff in the AHRQ Nursing Home Survey on Patient Safety Culture;
- describe how to utilize the training materials to cascade information down to the front-line staff.

## Why is Data Collection Important?

- 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
- Guide quality improvement efforts by:
  - Highlighting areas of success
  - Identifying opportunities for improvement

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## CAUTI Data Collection Efforts

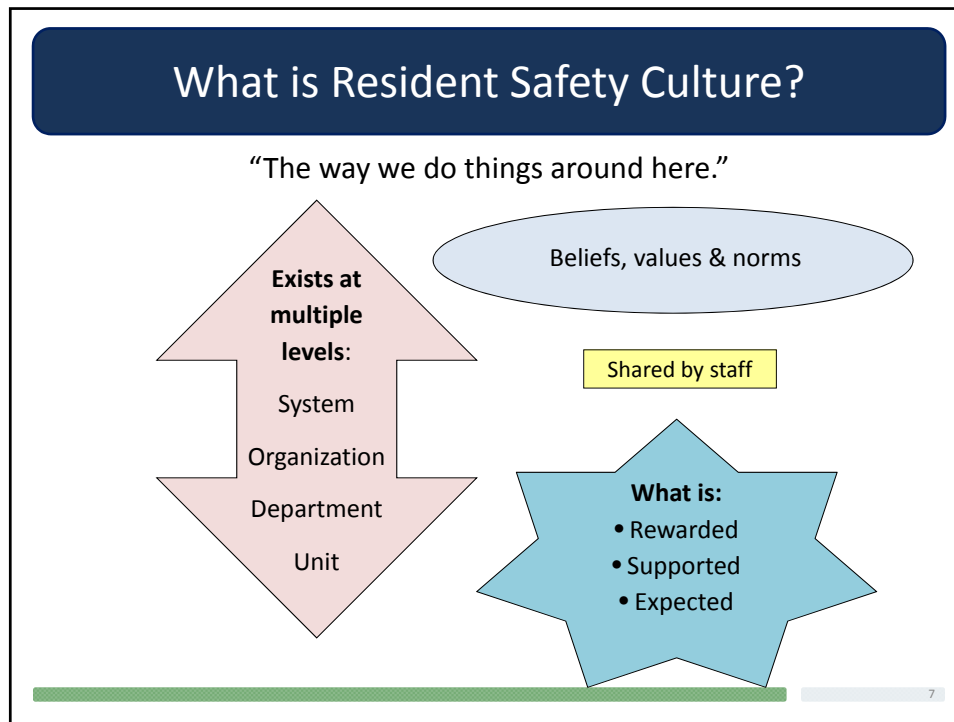
- All staff need to be aware that you are working on this project and collecting data
- Staff that are responsible for collecting data need to understand how and what data they are collecting
- Leadership need to support the effort by allowing time to educate staff and time to collect and report the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

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## Required Data Metrics and Schedule

Data Collected	Frequency	Date	Time to Complete
<b>Background/Cultural Measures</b>			
Registration	1x to enroll	Complete	10 minutes
Facility Demographics	Baseline	Complete	15 minutes
Safety Culture Survey	Baseline and follow-up	Due <b>Sept 30</b>	10 minutes
<b>Process Measures</b>			
Team Communication Guide	Quarterly	Due <b>Oct 15</b>	10 minutes
Knowledge Questionnaire	Baseline, mid-point, final	Mid-point, February 2016	15 minutes
<b>Outcome Measures</b>			
Catheter Utilization CAUTI rates Urine culture order rates	Monthly	<b>Begin in September</b>	

## AHRQ NURSING HOME SURVEY ON PATIENT SAFETY CULTURE



- ## 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
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## Nursing Home Survey on Patient Safety Culture Composites

Overall perceptions of resident safety	Compliance with procedures	<b>Individual Items</b> 1. Resident safety "grade" (Excellent to Poor) 2. Overall recommendation of their facility to others
Feedback and communication about incidents	Teamwork	
Supervisor/manager expectations and actions promoting patient safety	Handoffs	
Organizational learning	Communication openness	
Management support for resident safety	Non-punitive response to mistakes	
Training and skills	Staffing	

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## Supporting Survey and Data Success

### What's your safety culture?

Take the AHRQ Safety Culture Survey to find out!

It takes less than 15 minutes.

**09/30/15**

Go online to take your survey or to download a copy:  
[www.cvent.com/d/54qvwz](http://www.cvent.com/d/54qvwz)

Results distributed 1<sup>st</sup> week of November

Safety Culture Survey Results Forum 2<sup>nd</sup> week of November

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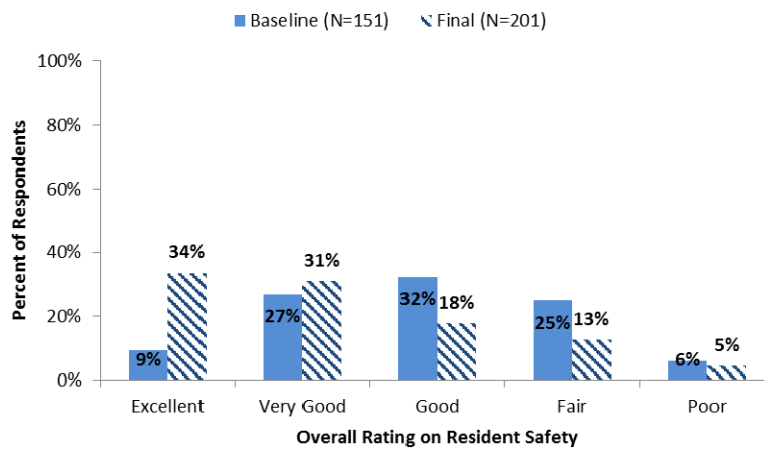
## Understanding Your Results

- 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

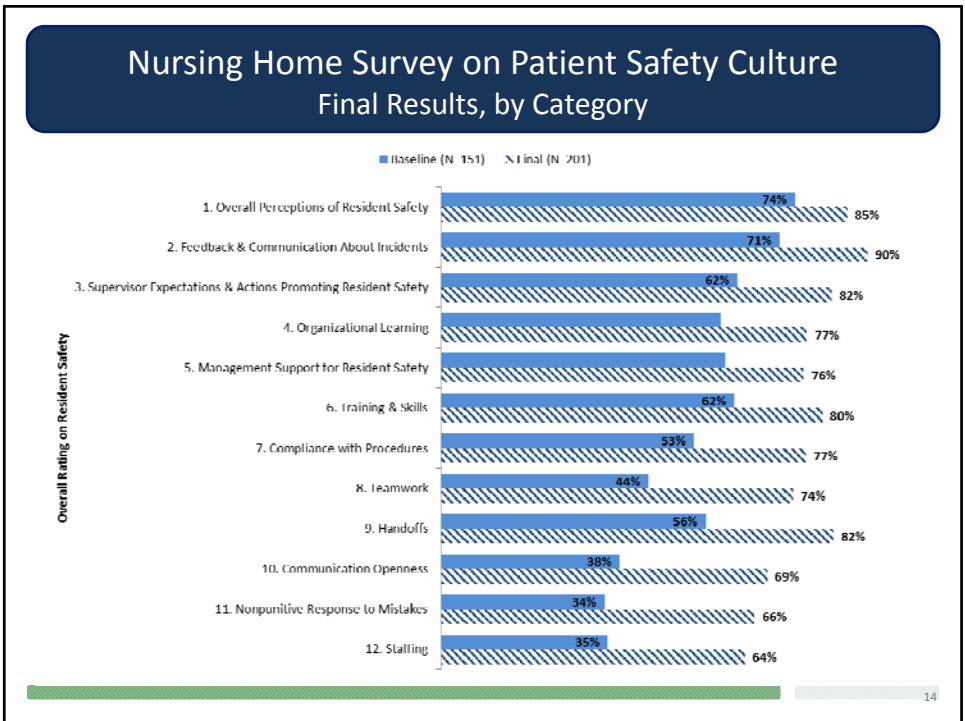
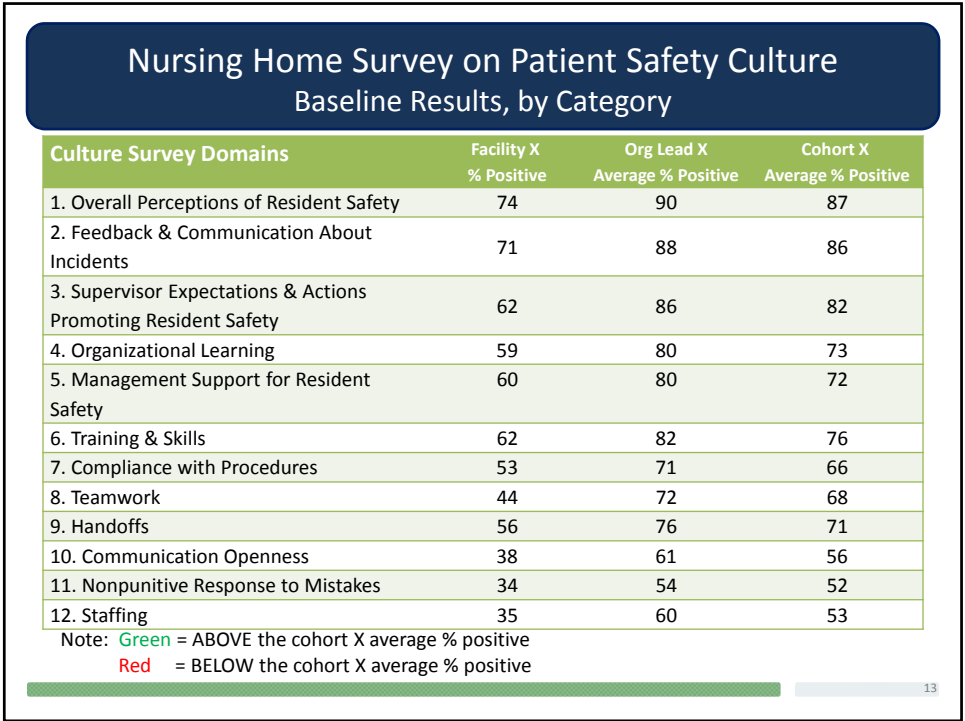
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## Nursing Home Survey on Patient Safety Culture Sample Baseline Results

### Overall Perception of Safety Culture Survey Results for Facility X



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## Next Steps

1. Organizational Lead will share pre-notification materials with Facility Team Lead and Administrative Champion **or** you can download the resources from the Core Team Resources pod
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 September 30
    - Paper versions must be entered online no later than September 30
  - Encourage responding
3. Monitor safety culture survey submission
4. Share and discuss reports with facility staff
  - Reports available within 6 weeks following survey close

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## Data Collected via CDS Outcome Measures & Process Data

Data Collected	Who Completes It	Frequency	Reports
Outcome Measures*	Data Coordinator	Monthly (by the 15 <sup>th</sup> of the following month of which data is collected)	<ul style="list-style-type: none"> <li>Within an hour on CDS (run charts)</li> <li>1<sup>st</sup> week of each month for month prior</li> </ul>
Team Communication Guide	Facility Team Lead or Survey Coordinator	Quarterly (by the 15 <sup>th</sup> 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

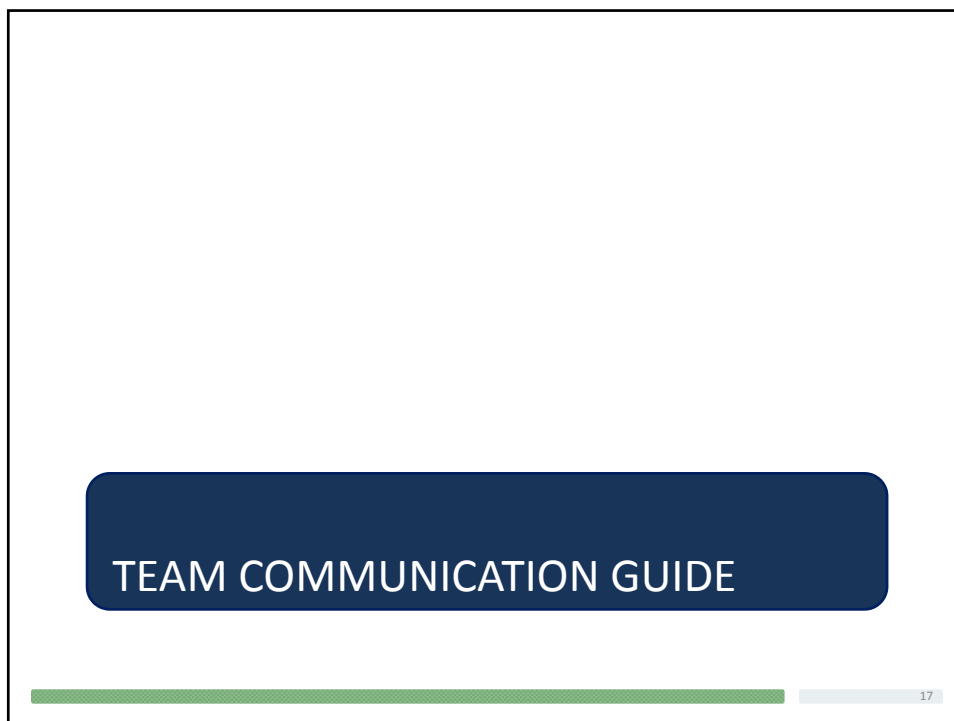
**WHEN:** Monthly / quarterly as per above schedule

**WHERE:** [CDS](#) – login credentials will be provided via Organizational Lead

**HOW:** Data coordinator collects data at facility and submits to CDS

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## What is the Team Communication Guide?

Use 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



The AHRQ Safety Program for Long-Term Care: HAIs/CAUTI  
Funded by the Agency for Healthcare Research and Quality



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## Team Communication Guide Tracker

Team meeting conversation of events over the past Quarter	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
<b>SECTION 1: CAUTI FOR A SPECIFIC RISK FACTOR</b>																
1. % of staff who viewed "Enhancing Your Resident Safety Culture" Online Webpage for the first time?	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	
2. # of times your administrative champion met with your CAUTI project team.	0	1	2	3	4+	0	1	2	3	4+	0	1	2	3	4+	
3. Type of CAUTI data shared with your administrative champion. (select all that apply)	CAUTI Culture Survey	TOC	SAHAI Alerts	CAUTI Rate	Culture Survey	TOC	SAHAI Alerts	CAUTI Rate	CAUTI Culture Survey	TOC	SAHAI Alerts	CAUTI Rate	Culture Survey	TOC	SAHAI Alerts	
4. # of times your administrative champion participated in safety rounds.	0	1	2	3	4+	0	1	2	3	4+	0	1	2	3	4+	
5. How are you using the Safety Assessment Tool?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
6. How are you using the Learn from Defects Tool?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
7. Has anyone identified / prioritized a catheter associated safety issue to work on?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
7a. If yes, did your team work on the safety issue(s) identified?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
7b. If yes, did your team share learning with staff?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
<b>SECTION 2: CAUTI FOR A SPECIFIC UTI HUSBAND TABLE</b>																
1. % of staff who have been educated for the first time about CAUTI prevention?	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	
2. What did your team do to teach others on the unit how to prevent CAUTI (select all that apply)?	In-service	Posters	Job Aids	Flow Charts	Other	In-service	Posters	Job Aids	Flow Charts	Other	In-service	Posters	Job Aids	Flow Charts	Other	
<b>SECTION 3: BARRIERS TO YOUR TEAM'S PROGRESS</b>																
1. Do you have urinary catheters with functioning catheter catheters did the following circumstances ended stops on your unit?																
A. Chart review was done prior to urinary catheter insertion to ensure the indication for use met criteria.	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	
The catheter was removed promptly when it no longer met criteria.	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	
Aseptic technique was used by personnel trained in insertion techniques to insert the catheter.	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	
The catheterization was audited by assessment for alternatives to catheterization.	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	
A closed drainage system, catheter securement and unobstructed urine flow were maintained.	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	
Alternatives to indwelling care were documented prior to using a urinary catheter.	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	
<b>SECTION 4: BARRIERS TO YOUR TEAM'S PROGRESS</b>																
To what extent were these elements barriers to your team progress?																
1. Ineffective / Barriers: 1 - Less than 1/2 of time, 2 - 1/2 of time, 3 - More than 1/2 of time, 4 - Absent always/always																
Insufficient knowledge of evidence for interventions	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	
Lack of quality improvement skills	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	
Lack of leadership support from administration	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	
Lack of leadership support from nursing	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	
Insufficient resources to implement interventions	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	
Lack of buy-in from CNAs	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	

Entered in CDS

Submitted quarterly, beginning in October for July 1–Sept 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.

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### Number of Urine Cultures


This includes urine cultures ordered for every resident (i.e. with or without catheters) each month.



### 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 urostomies)
- 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:

Resident	Days with Catheter
1	30
2	30
3	30
4	10
5	12
6	7
7	4

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

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## Number of Residents in the Facility Each Day

Necessary 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.

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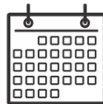
## Number of Residents With An Indwelling Urinary Catheter Each Day

Necessary to calculate the catheter use rate 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)
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7	4

$(30 \times 3) + 10 + 12 + 7 + 4 = 123$  catheter days

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### Resident Days Scenario

Resident	Situation	Total number of resident days for this resident
Paige Turner (no catheter)	Hospitalized for 7 days with pneumonia	
Rose Bush (indwelling urinary catheter)	2 trips to the ER with a CAUTI, never hospitalized	
Chris Cross (suprapubic catheter)	3 trips to the urologist due to catheter clogging issues	

The total number of resident days in this scenario is...

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?

## Catheter Days Scenario

Resident	Situation	Total number of urinary catheter days
Jo King (indwelling urinary catheter)	The catheter is in place, during the entire month	
Carrie Oakey (suprapubic catheter)	In place from August 1-10	
Bill Board (indwelling urinary catheter)	Hospitalized for 10 days with urinary catheter At the LTC facility for 21 days with urinary catheter	
4. Stan Still (no catheter)	Undergoes daily straight, in and out, catheterization every 6 hours and as needed	

**The total number of catheter days in this scenario is...**

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## Number of CAUTIs Each Month

Necessary 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

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## Number of Urine Cultures Ordered Each Month

### Number of Urine Cultures

This includes urine cultures ordered for every resident (i.e. with or without catheters) each month.



Too many urine cultures can lead to false-positive CAUTI identification.

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

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### True or False

**The total number of urine culture orders in a month includes urine cultures from residents with *and* without catheters.**

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## Data Collection Tool

Enter first day of the month: 9/1/2015 (e.g. 10/1/2015)

Date	CAUTIs (# of new events)	Resident Days (# of residents)	Resident Catheter Days (# of residents w/catheters)	Urine Cultures
Tuesday, September 01, 2015	1	64	4	1
Wednesday, September 02, 2015	0	64	4	0
Thursday, September 03, 2015	0	64	4	2
Friday, September 04, 2015	0	65	4	0
Saturday, September 05, 2015	0	65	4	0
Sunday, September 06, 2015				
Monday, September 07, 2015				
Tuesday, September 08, 2015				
Wednesday, September 09, 2015				

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## Stay Updated with Useful Resources

1. [AHRQ Safety Program for Long-term Care: HAIs/CAUTI Project Website](#)  
 Login information  
 Username: Itcsafety  
 Password: Itcsafety
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](#)

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