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

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Learning Objectives

Upon completion of the webinar, the team members will be able to:

- summarize the outcome measures and the frequency with 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; and
- describe how to utilize the training materials to cascade information down to the front-line staff.

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Why Is Data Collection Important?

- Assesses the impact of the project's clinical and cultural interventions to:
  - Reduce urinary catheter use and HAIs/CAUTIs
  - Improve patient safety culture
- Guides 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 who are responsible for collecting data need to understand how and what data they are collecting.
- Leadership needs 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
Background/Cultural Measures			
Registration	1x to enroll	Complete	10 minutes
Facility Demographics	Baseline	Complete	15 minutes
Safety Culture Survey	Baseline and follow-up	Due **Nov 20**	10 minutes
Process Measures			
Team Communication Guide	Quarterly	Optional	10 minutes
Knowledge Questionnaire	Baseline, final	July 2016	15 minutes
Outcome Measures			
Catheter Utilization **CAUTI rates** **Urine culture order collection rates**	Monthly	**Begin in November**	

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AHRQ NURSING HOME SURVEY ON PATIENT SAFETY CULTURE

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What is Resident Safety Culture?

"The way we do things around here."

Exists at multiple levels:

System

Organization

Department

Unit

Beliefs, values & norms

Shared by staff

What is:
- Rewarded
- Supported
- Expected

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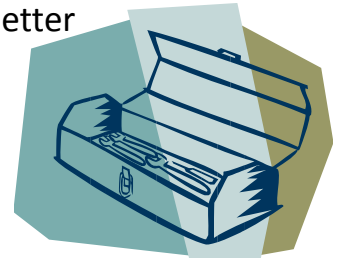
Nursing Home Survey on Patient Safety Culture

- Identify risks
- Identify areas for improvement
- Improve resident safety culture
- Make good care and safety even better



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Nursing Home Survey on Patient Safety Culture Composites

- 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

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Supporting Survey and Data Success

Results distributed 1st week of January

Safety Culture Survey Results Forum on February 4, 2016

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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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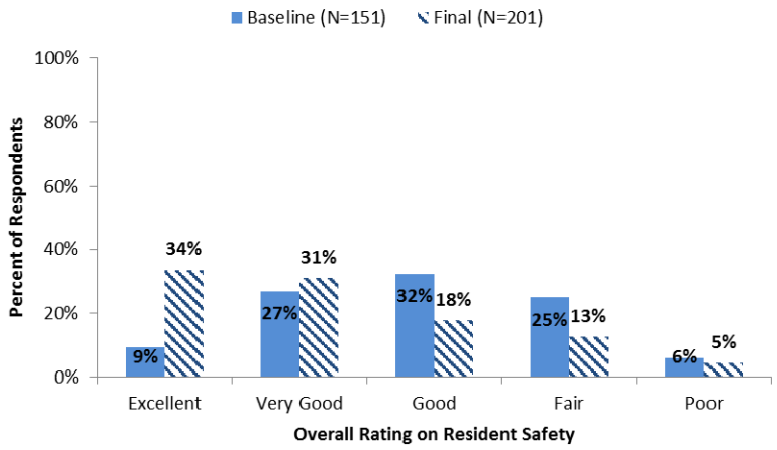
Nursing Home Survey on Patient Safety Culture
Sample Results

Overall Perception of Safety Culture Survey Results for Facility X



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

Culture Survey Domains	Facility X % Positive	Cohort X Average % Positive
1. Overall Perceptions of Resident Safety	87	74
2. Feedback & Communication About Incidents	81	86
3. Supervisor Expectations & Actions Promoting Resident Safety	82	82
4. Organizational Learning	73	69
5. Management Support for Resident Safety	72	60
6. Training & Skills	76	62
7. Compliance with Procedures	66	64
8. Teamwork	44	68
9. Handoffs	56	71
10. Communication Openness	48	56
11. Nonpunitive Response to Mistakes	34	52
12. Staffing	35	53

Note: Green = ABOVE the cohort X average % positive
Red = BELOW the cohort X average % positive

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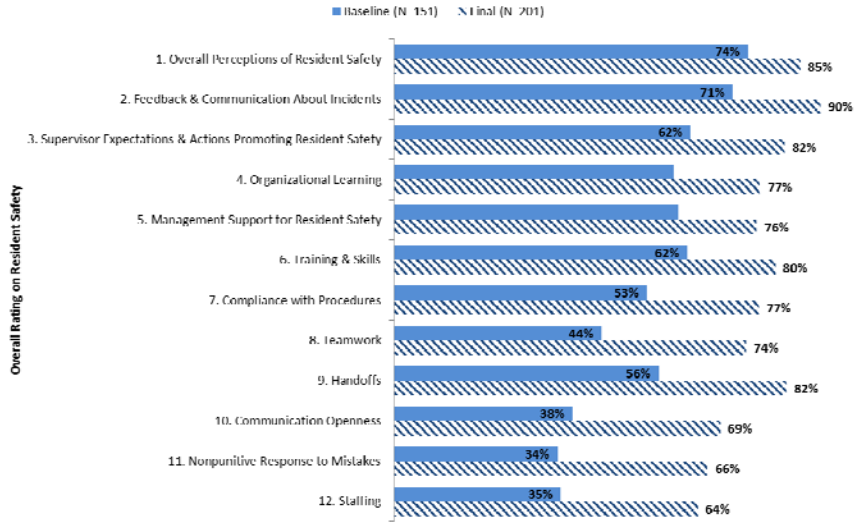
Nursing Home Survey on Patient Safety Culture
Final Results, by Category



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Next Steps

1. HRET advisors will email administration materials to the facility team lead and administrative champion. You can also download the resources from the core team resources pod.
2. Survey Coordinators should 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 after the New Year.

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? Making Plans to Assess Safety Culture

How have you engaged staff in learning about and participating in the completion of the safety culture survey?

What concerns or questions related to this survey do you need clarification on?

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Data Collected via CDS
Outcome Measures and Process Data

Data Collected	Who Completes It	Frequency	Reports
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

*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 as per above schedule
WHERE:	CDS – login credentials provided via Organizational Lead
HOW:	Data coordinator collects data at facility and submits to CDS

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TEAM COMMUNICATION GUIDE

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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

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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				
SECTION 1: T.E.A.M.S Bundle																				
1. % of staff who viewed "Enhancing Your Resident Safety Culture" Onboarding Webinar for the first time ?	0%	25%	50%	75%	100%	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+	0	1	2	3	4+
3. Type of CAUTI data shared with your administrative champion. (select all that apply)	CAUTI Rate	Culture survey	TCG	Safety Assess.		CAUTI Rate	Culture survey	TCG	Safety Assess.		CAUTI Rate	Culture survey	TCG	Safety Assess.		CAUTI Rate	Culture survey	TCG	Safety Assess.	
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+	0	1	2	3	4+
5. Has anyone used the *Safety Assessment Tool*?	Yes	No				Yes	No				Yes	No				Yes	No			
6. Has anyone used the *Learn from Defects Tool*?	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			
7a. If yes, did your team work on the safety issue(s) identified?	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			
SECTION 2: CATHETER ASSOCIATED URINARY TRACT																				
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%	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-services	1:1 visit /talk	Unit Postings	New policy	Other	In-services	1:1 visit /talk	Unit Postings	New policy	Other	In-services	1:1 visit /talk	Unit Postings	New policy	Other	In-services	1:1 visit /talk	Unit Postings	New policy	Other
3. For how many patients with indwelling urinary catheters did the following recommended steps occur 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%	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%	0%	25%	50%	75%	100%
Aseptic technique was used by personnel trained in insertion technique to insert the catheter	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%
Re-catheterization was avoided by assessment for alternatives to catheterization	0%	25%	50%	75%	100%	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%	0%	25%	50%	75%	100%
Alternatives to incontinence care were documented prior to using a urinary catheter	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%
SECTION 3: BARRIERS TO YOUR TEAM'S PROGRESS																				
To what extent were these elements barriers to your team progress?																				
1=Never/Rarely, 2=Less than 1/2 of time, 3=1/2 of time, 4=More than 1/2 of time, 5=Almost always/Always																				
Insufficient knowledge of evidence for interventions	1	2	3	4	5	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	1	2	3	4	5
Unclear about CAUTI reduction activities	1	2	3	4	5	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	1	2	3	4	5
Lack of leadership support from nurses	1	2	3	4	5	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	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	1	2	3	4	5

Entered in CDS

Submitted quarterly, beginning in December

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OUTCOME MEASURES

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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.

Number of Urine Cultures

This includes urine cultures collected for every resident (i.e. with or without catheters) 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, not each consecutive day**
- Note that a resident may have multiple CAUTI events in one 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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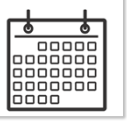
Number of Residents With An Indwelling Urinary Catheter Each Day

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)
- Catheter is through the urethra (i.e. not suprapubic or urostomies)
- Collect at the same time, each day of the month



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2	30
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(30x3)+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	31 days – 7 days = 24 days
Rose Bush (indwelling urinary catheter)	2 trips to the ER with a CAUTI, never hospitalized	31 days
Chris Cross (suprapubic catheter)	3 trips to the urologist due to catheter clogging issues	31 days

The total number of resident days in this scenario is…

86

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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	31 days
Carrie Oakey (suprapubic catheter)	In place from August 1-10	0 days
Bill Board (indwelling urinary catheter)	Hospitalized for 10 days with urinary catheter At the LTC facility for 21 days with urinary catheter	21 days
4. Stan Still (no catheter)	Undergoes daily straight, in and out, catheterization every 6 hours and as needed	0 days

The total number of catheter days in this scenario is…

52

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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 Collected Each Month

Number of Urine Cultures

This includes urine cultures collected 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 less unnecessary antibiotic use.

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? True or False

The total number of urine culture collected 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: 11/1/2051 (e.g. 10/1/2015)

Date	CAUTIs (# of new events)	Resident Days (# of residents)	Resident Catheter Days (# of residents w/catheters)	Urine Cultures
Wednesday, November 01, 2051	1	64	4	1
Thursday, November 02, 2051	0	64	4	0
Friday, November 03, 2051	0	64	4	2
Saturday, November 04, 2051	0	65	4	0
Sunday, November 05, 2051	0	65	4	0
Monday, November 06, 2051				
Tuesday, November 07, 2051				
Wednesday, November 08, 2051				
Thursday, November 09, 2051				
Friday, November 10, 2051				
Saturday, November 11, 2051				
Sunday, November 12, 2051				
Monday, November 13, 2051				
Tuesday, November 14, 2051				
Wednesday, November 15, 2051				

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Data Collection Tool

November

Data Definitions		Monthly Total (to enter in CDS)
CAUTIs:	CAUTIs are counted on the first date that the cluster of signs and symptoms, lab reports and the presence of a catheter for more than 2 days are found together. CAUTI is an event which may continue for days or even weeks, but it is counted only once, not each day.	**1**
Resident Days:	Every day a resident is in your facility = one resident day. This includes all residents, whether or not they have a catheter. This should be collected at the same time each day.	**322**
Resident Catheter Days:	Every day a resident has an indwelling urinary catheter (stays in place, meaning not an in and out catheterization) that is through the urethra (meaning not suprapubic or urostomies) is equal to one catheter day. This should be collected at the same time each day.	**20**
Urine Cultures:	Number of urine cultures ordered, for all resident (i.e. with or without catheters).	**3**

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? Data Collection Plans

How do you plan to collect your monthly data for the LTC Program?

- Paper and pencil
- Electronic health/medical record
- Using the Data Collection tool (Excel spreadsheet)
- Other
- I don't know

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Supporting Survey and Data Success

HRET
HEALTH RESEARCH & EDUCATIONAL TRUST
In Partnership with AHA

Comprehensive Data System (CDS)

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

Last update: June 23 2014

The Users Guide is available online and through your organizational lead.

Contact CDS Support:
hretdatasupport@aha.org

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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
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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