AHRQ Safety Program for Long-Term Care: HAIs/CAUTI
Facility Demographics

Before beginning the questionnaire, please take a moment to read the following clarifications.

1. This questionnaire covers topics that pertain to both clinical knowledge and infection control. Therefore, it is best to have a staff member with knowledge of both areas on hand to complete this questionnaire.
2. Shared data WILL NOT include identifiers. All facility and individual data are confidential
3. This is not the Nursing Home Survey on Patient Safety (NHSOPS)

Demographics

Your Information

Name: _____

E-mail: _____

Credentials: _____

Facility information

1. **State:** _____
2. **Facility/CLC name:** _____
3. **Select your lead organization:**

- ○ Alabama Quality Assurance Foundation
- ○ Arizona Health and Hospital Association
- ○ Foundation for Healthy Communities (NH)
- ○ Genesis Healthcare
- ○ Grace Living Centers (OK)
- ○ Healthcare Association of New York State
- ○ Healthcentric Advisors (RI)
- ○ HealthInsight (NV, NM, UT)
- ○ Information & Quality Healthcare (MS)
- ○ Massachusetts Senior Care Association
- ○ Missouri Hospital Association
- ○ Oregon Patient Safety Commission
- ○ Pennsylvania Patient Safety Authority
- ○ Presbyterian Manors of Mid-America (KS & MO)
- ○ Professional Nursing Solutions, LLC (AR)
- ○ Qualidigm (CT)
- ○ Quality Health Associates of North Dakota
- ○ South Carolina Hospital Association
- ○ South Dakota Association of Healthcare Organizations
- ○ South Florida Hospital & Healthcare Association
- ○ Spectrum Health (MI)
- ○ Telligen (IL and IA)
- ○ Tennessee Healthcare Association
- ○ Veteran's Health Administration
- ○ Other (Please Specify)

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Facility Demographics

4. Please select your primary role in the facility/CLC (select only one):

- ○ Facility administrator
- ○ Assistant Director of Nursing (ADON)
- ○ Director of Nursing (DON)
- ○ Staff development/education
- ○ Infection prevention/control program coordinator (non-VHA only)
- ○ Infection prevention/control program managed by a dedicated CLC coordinator (VHA only)
- ○ Infection prevention/control program managed as part of/within the Acute Care infection control program (VHA only)
- ○ Quality manager
- ○ Other (Please specify)

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5. It is important to have a back-up team lead to ensure success of this program. Please select primary role of the program team lead back-up in the facility/CLC (select only one):

- ○ Facility administrator
- ○ Assistant Director of Nursing (ADON)
- ○ Director of Nursing (DON)
- ○ Staff development/education
- ○ Infection prevention/control program coordinator (non-VHA only)
- ○ Infection prevention/control program managed by a dedicated CLC coordinator (VHA only)
- ○ Infection prevention/control program managed as part of/within the Acute Care infection control program (VHA only)
- ○ Quality manager
- ○ No back-up identified
- ○ Other (Please specify)

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6. Facility Ownership (Select all that apply)

- ☐ Government – Department of Veterans Affairs - VHA
- ☐ Government - non - VA
- ☐ For profit
- ☐ Non profit
- ☐ Other (Specify)_____

7. Basic facility/CLC information:

Number of units: _____ (count of skilled nursing units in the facility/CLC)

Number of sub-acute beds: _____ (count of short-term beds)

Current number of residents: _____

8. Indicate the current number of staff (ie. FTEs) in your facility/CLC:

Physicians: _____
Registered Nurses (RNs): _____
Licensed Practical Nurses (LPNs): _____
Certified Nursing Assistants (CNAs): _____

9. Which of the following resident services are currently being delivered in your facility/CLC? (Check all that apply)

- ☐ 24-hour a day on-site supervision by an RN
- ☐ Access to laboratory services only available on weekdays
- ☐ Blood draws only available on weekdays
- ☐ Central-line insertions
- ☐ IV infusions using central or peripheral lines
- ☐ Management of residents on a ventilator
- ☐ Management of residents with a tracheostomy
- ☐ Skilled nursing/short-term(sub-acute) rehabilitation
- ☐ Wound care
- ☐ X-ray services only available on weekdays
- ☐ Access to laboratory services available on weekdays and weekends
- ☐ Blood draws available on weekdays and weekends
- ☐ Care for residents with dementia in specialized unit
- ☐ Glucose monitoring
- ☐ Long-term custodial care
- ☐ Management of residents with a Foley catheter
- ☐ Respiratory therapy
- ☐ Whirlpool or therapeutic bathing
- ☐ X-ray services available on weekdays and weekends

Infection Prevention

10. How many full-time employees (FTEs) are currently dedicated to your facility/CLC's infection control program?

_____ FTEs

11. In your facility/CLC, what level of professional training does the main point of contact for infection prevention related issues have?

- ○ Physician (MD)
- ○ Licensed Practical Nurse (LPN)
- ○ Registered Nurse (RN)
- ○ Other (Please specify)

_____

12. How many years of experience does the main point of contact for infection prevention-related issues have?

Number of years in that position in this facility/CLC:

- ○ Less than 1 year
- ○ 1-3 years
- ○ 3-5 years
- ○ 5-10 years
- ○ More than 10 years

Number of years with infection prevention experience:

- ○ Less than 1 year
- ○ 1-3 years
- ○ 3-5 years
- ○ 5-10 years
- ○ More than 10 years

13. Has the main point of contact for infection prevention-related issues received any specific infection prevention training? (Select all that apply)

- ☐ Certified in Infection Control (CIC)
- ☐ APIC EPI 101 or 201
- ☐ No specific infection control training
- ☐ State or local training course
- ☐ Other (Please specify)

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14. Are any of the activities listed below also are performed by main point of contact for infection prevention-related issues? (Select all that apply)

- ☐ Facility administration
- ☐ Direct resident care
- ☐ Wound/treatment nurse
- ☐ Staff education/staff development
- ☐ Quality manager
- ☐ Employee health
- ☐ Resident services and training
- ☐ Director of Nursing (DON)
- ☐ Resident assessment coordinator (RAC)
- ☐ N/A
- ☐ Other (Please specify)

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15. On average, during a normal (40 hour) work week, how many hours per week are spent performing all infection prevention-related activities?

_____ hours

16. Who provides infection prevention-related training to the rest of the staff at your facility/CLC? (Check one answer)

- ○ The main point of contact for infection prevention-related activities
- ○ Medical Director
- ○ Director of Nursing (DON)
- ○ Education Coordinator
- ○ External consultants
- ○ There is no designated person to provide infection prevention-related trainings
- ○ Other (Please specify)

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17. Is there a committee in your facility/CLC that reviews Healthcare Acquired Infections (HAIs) including CAUTI (e.g. reports, policies and procedures, etc.)?

- ○ Yes
- ○ No

17.1. If Yes, indicate the members represented in the committee: (Select all that apply)

- ☐ Environmental services
- ☐ Medical director
- ☐ Nursing staff
- ☐ Physician staff
- ☐ Unit managers or supervisors
- ☐ Resident/Family Council member
- ☐ Facility board members
- ☐ Nursing administrators
- ☐ Quality department
- ☐ Pharmacy department
- ☐ Other (Please specify)

_____

18. For each statement below, please select "YES" or "NO": "Our facility/CLC provides …"

	Yes	No	Don't Know
a. Education to staff on the Science of Safety	☐	☐	☐
b. Assessment of teamwork and safety culture (e.g. Safety Attitude Questionnaire, Nursing Home Survey on Patient Safety)	☐	☐	☐
c. Readily available supplies necessary for aseptic urinary catheter insertion (i.e. supplies are available on your unit/floor in an unlocked location)	☐	☐	☐
d. Patient education material in a language other than English	☐	☐	☐

Catheter Management

19. Who inserts indwelling urinary catheters in your facility/CLC? (Select all that apply)

- ☐ Physicians (MD)
- ☐ Registered Nurse (RN)
- ☐ Licensed Practical Nurse (LPN)
- ☐ Certified Nursing Assistant (CNA)
- ☐ Other (Please specify)

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20. For each item below, please check the answer that best applies on a scale from "Never" to "Always"

	Never	Rarely	Sometimes	Often	Always
a. Urinary catheters used for management of incontinence	☐	☐	☐	☐	☐
b. Urinary catheters removed within 24-48 hours of admission unless there are appropriate indications (e.g. HICPAC) for continued use	☐	☐	☐	☐	☐
c. Alternatives to indwelling catheters (e.g. urinals, bedpans, bedside commodes, intermittent catheters, condom catheters) used when appropriate	☐	☐	☐	☐	☐
d. Urinary catheters inserted using aseptic technique and sterile equipment	☐	☐	☐	☐	☐
e. Portable bladder (scanner) ultrasound used to assess urine volume	☐	☐	☐	☐	☐
f. Use of urinary drainage systems with pre-connected, sealed catheter-tubing junctions used	☐	☐	☐	☐	☐
g. Catheters changed at routine, fixed intervals (e.g. every 30 days)	☐	☐	☐	☐	☐
h. Systemic anti-microbial prophylaxis for urinary catheters used	☐	☐	☐	☐	☐
i. Urinary drainage bags kept below level of bladder	☐	☐	☐	☐	☐
j. Urinary catheters disconnected from collecting systems (e.g. irrigations, leg bag attachment)	☐	☐	☐	☐	☐
k. Screening for asymptomatic bacteriuria (ASB) performed	☐	☐	☐	☐	☐
l. Measuring adherence to proper aseptic insertion of urinary catheters	☐	☐	☐	☐	☐
m. Measuring adherence to documentation of catheter insertion and removal dates	☐	☐	☐	☐	☐
n. Measuring adherence to documentation of indication for urinary catheter placement	☐	☐	☐	☐	☐
o. Measuring adherence to hand hygiene policies	☐	☐	☐	☐	☐

Surveillance

21. Is surveillance for CAUTI performed at your facility/CLC?

○ Yes ○ No

21.1. If yes, where is surveillance data entered: (Select all that apply)

☐ MDS
☐ NHSN
☐ Other (Please specify)_____

22. Do you know your facility/CLC's catheter-associated urinary tract infection rate?

○ Yes ○ No

23. For each statement below, please select YES or NO: "Our facility/CLC …"

	Yes	No	Don't Know	N/A
a. Collects CAUTI data using an Electronic Health Records (HER) or Electronic Medical Records (EMR) system	☐	☐	☐	☐
b. Keeps records of residents with healthcare-associated CAUTI in an electronic spreadsheet, database, logbook	☐	☐	☐	☐
c. Uses standard definitions to determine if a resident has CAUTI (McGeer criteria or CDC NHSN definitions)	☐	☐	☐	☐
d. Uses new antibiotic prescriptions to determine if a resident has CAUTI	☐	☐	☐	☐
e. Reviews provider notes to determine if a resident has CAUTI	☐	☐	☐	☐
f. Tracks rates of CAUTI over time to identify trends	☐	☐	☐	☐
g. Creates summary reports of healthcare associated CAUTIs	☐	☐	☐	☐
h. Shares CAUTI surveillance data with facility board members	☐	☐	☐	☐
i. Shares CAUTI surveillance data with facility leadership	☐	☐	☐	☐
j. Shares CAUTI surveillance data with facility managers	☐	☐	☐	☐
k. Shares CAUTI surveillance data with all facility nursing staff	☐	☐	☐	☐
l. Shares CAUTI surveillance data with residents and family members	☐	☐	☐	☐

CAUTI Prevention

24. Are any quality improvement (QI) programs for CAUTI prevention in place? (Select all that apply)

- ☐ Electronic alerts or reminders for removing unnecessary catheters
- ☐ Multidisciplinary urinary catheter "rounds"
- ☐ Stop orders for urinary catheters
- ☐ Nurse initiated discontinuance of urinary indwelling catheter
- ☐ Other (Please specify)_____
- ☐ None

25. Please indicate if and when training is offered for the following topics. These trainings may be provided by facility/CLC staff members or external organizations.

	Not offered	Offered to new staff	Offered annually	Offered as needed
a. Appropriate antibiotic use	☐	☐	☐	☐
b. Hand hygiene	☐	☐	☐	☐
c. Catheter insertion	☐	☐	☐	☐
d. Catheter maintenance	☐	☐	☐	☐
e. Reporting requirements to the health department	☐	☐	☐	☐

26. For each statement below, please select YES or NO: "Our facility/CLC has a policy on…"

	Yes	No	Don't Know
a. Appropriate indications for catheter use	☐	☐	☐
b. Urinary catheter insertion	☐	☐	☐
c. Urinary catheter maintenance	☐	☐	☐
d. Prevention of CAUTI	☐	☐	☐
e. Perineal care	☐	☐	☐
f. Fluid monitoring	☐	☐	☐
g. Assessment, observation and documentation of residents on urinary catheters	☐	☐	☐
h. Require a Physician order for the placement of a Foley catheter with documentation of reason	☐	☐	☐
i. Appropriate antibiotic use	☐	☐	☐
j. Education regarding infection risk-reduction behavior for vendors or contractual staff	☐	☐	☐
k. Education regarding infection risk-reduction behavior for visitors	☐	☐	☐

27. Which aspects of infection prevention are the top challenges for your facility/CLC at this time? (Select all that apply)

- ☐ Blood borne pathogen exposure control compliance
- ☐ Employee hand hygiene compliance
- ☐ Handling linens, equipment and medical waste
- ☐ Influenza vaccine to staff
- ☐ Preventing spread of MRSA
- ☐ Preventing spread of VRE
- ☐ Staff turnover
- ☐ Tracking infections
- ☐ Resident and family engagement
- ☐ Other (Please specify)

  _____
- ☐ Communication between facilities
- ☐ Environmental cleaning compliance
- ☐ Identifying or managing outbreaks/clusters
- ☐ Preventing spread of *C. difficile*
- ☐ Preventing spread of Resistant gram-negative organisms (e.g. ESBLs)
- ☐ Providing sufficient education and training
- ☐ Standard precautions compliance
- ☐ Transmission-based precautions compliance
- ☐ There are no infection prevention challenges

28. Indicate how well you think important changes in infection prevention-related definitions, policies procedures or regulations are communicated to your facility/CLC from the following agencies

	No communication	**Poorly**	**Neither poorly nor well**	**Well**
a. Centers for Disease Control and Prevention (CDC)	☐	☐	☐	☐
b. Centers for Medicare and Medicaid Services (CMS)	☐	☐	☐	☐
c. State office of Licensure and Certification	☐	☐	☐	☐
d. State or local health department	☐	☐	☐	☐

29. Indicate how your facility/CLC currently maintains infection prevention-related activities during times of staff turnover or when personnel resources are limited: (Select all that apply)

- ☐ Cross-train staff members about infection prevention-related issues
- ☐ Designate a chain of command so that it is clear who will oversee infection
- ☐ Include an infection prevention-related component in the orientation of new employees
- ☐ Make infection prevention-related trainings and resources accessible as needed
- ☐ Make written and updated policies and procedures easily available
- ☐ Other (Please specify)_____
- ☐ No specific policy

30. How are CAUTIs communicated when transferring residents in and out of your facility/CLC? (Select all that apply)

- ☐ Discharge orders
- ☐ Phone call
- ☐ Uniform Assessment Instrument
- ☐ No communication
- ☐ E-mail
- ☐ Transfer sheet
- ☐ Other (Please specify)

_____

Comments on resident transfer process including barriers:

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_____

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31. What type of infection prevention related information would be useful for you? (Select all that apply)

- ☐ Antibiotic duration
- ☐ Antibiotic type
- ☐ Colonization with MDROs
- ☐ Presence and indication for feeding tubes
- ☐ Presence and indication of a urinary catheter
- ☐ Antibiotic indication
- ☐ Colonization with *C. diff*
- ☐ Need for barrier precautions
- ☐ Presence and indication for PICC lines
- ☐ Other (Please specify)

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Additional Comments:

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Thank you for your time in completing this questionnaire.
Results of this questionnaire will be sent to your organizational leads