

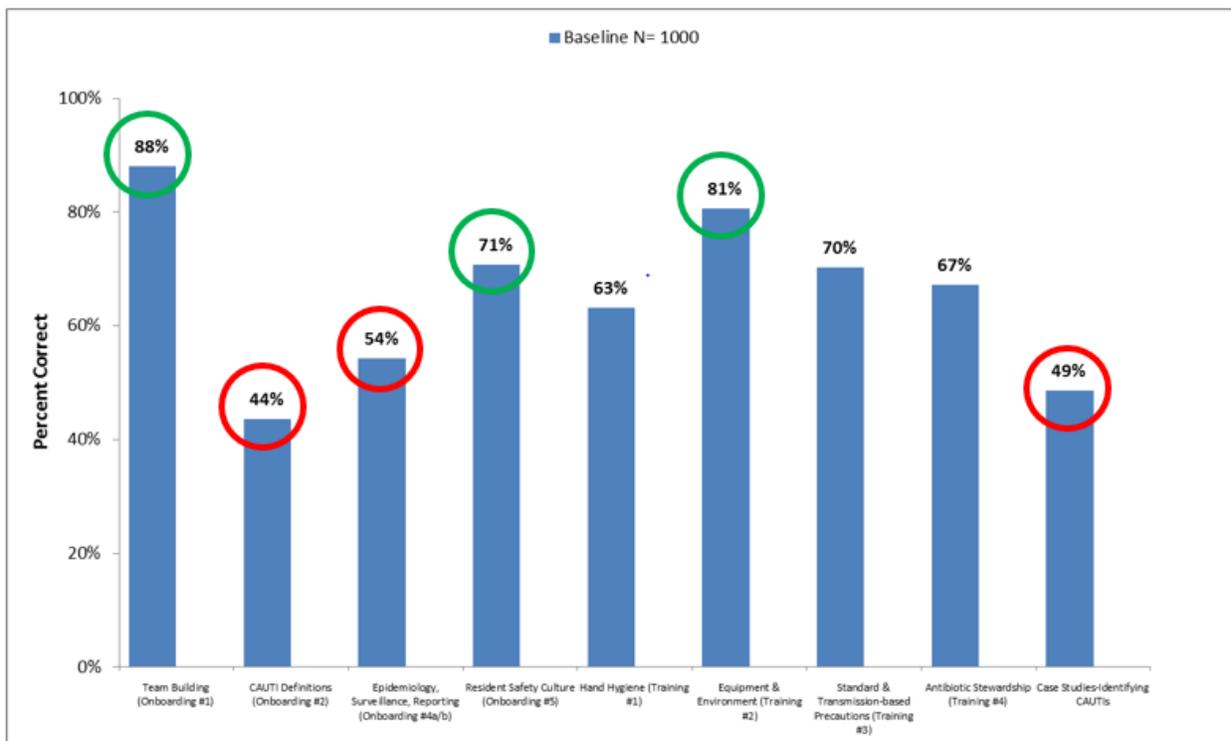
AHRQ Safety Program for Long-Term Care: HAIs/CAUTI Knowledge Questionnaire Guide

Purpose of This Guide – The purpose of the Knowledge Questionnaire (formerly known as the “Skills Questionnaire”) Guide is to provide additional information to help facility team leaders assess the results of the questionnaire, identify opportunities for improvement and develop a performance improvement plan.

Interpreting Your Results – Your organizational lead will distribute a facility-level report developed by HRET approximately six weeks after the submission deadline. The report for each role (licensed and unlicensed staff) will look similar to the results shown in Figures 1 and 2.

Baseline Results – The first report provides a baseline to help you identify where staff need additional education and resources to improve their knowledge in a particular domain. Figure 1 illustrates a composite of all the questions for each domain. The report breaks down the percent correct for each question.

Figure 1. Baseline Results



When you receive the results report, **identify three domains that demonstrate the highest percentages or best performance and three domains that demonstrate the lowest percentages or areas for improvement.** As you see in Figure 1, Team Building (88 percent), Equipment & Environment (81 percent) and Resident Safety Culture (71 percent) were the domains with the most correct answers (circled **green**); and CAUTI Definitions (44 percent), Case Studies – Identifying CAUTIs (49 percent) and Epidemiology,

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Surveillance, Reporting (54 percent) were the domains with the lowest percentages of correct answers (circled **red**).

Follow-up Results - The follow-up report for each role (licensed and unlicensed staff) looks similar to Figure 2 the second and third time the knowledge questionnaire is completed. **The goal is to see an increase over time in the percentage of correct responses.**

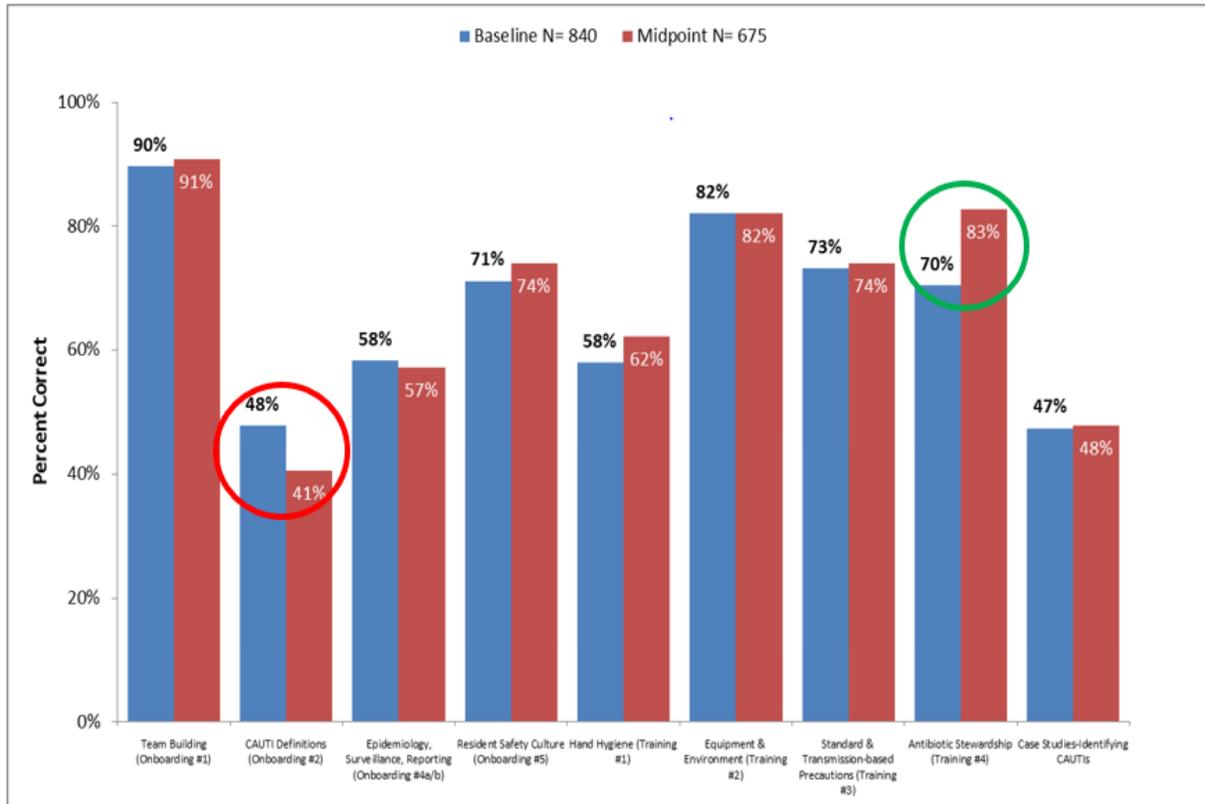


Figure 2. Follow-up Results

Review your results and identify the three domains that demonstrate the most improvement in the percentages of correct responses. Then, identify the three domains that demonstrate no change or a decrease in correct responses; these domains will be your areas for improvement. In Figure 2, Antibiotic Stewardship (circled in **green**) was the only domain showing improvement over time (from an average of 70 percent correct responses to 83 percent correct responses), while CAUTI definitions (circled in **red**) is an example of an area for improvement because the correct responses decreased from 48 percent to 41 percent. The third and final knowledge questionnaire report will include the answer key for Facility Team Leaders to use as a guide when facilitating staff education.

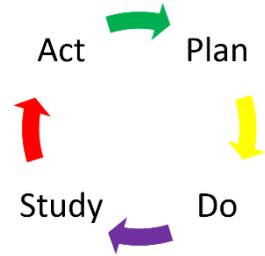
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Improving Performance

Upon identifying opportunities for improvement, develop and execute a plan to improve performance. The following section provides a step by step example of a “Plan-Do-Study-Act (PDSA)” cycle as one of many valuable performance or process improvement tools you may implement to systematically address a domain as identified above.

Visit the following AHRQ website page:

<https://innovations.ahrq.gov/qualitytools/plan-do-study-act-pdsa-cycle> for more detailed information on the PDSA cycle.



Below is a sample worksheet you may use as a reference to document a PDSA cycle:

Date:	Name of organization:	Cycle #:
Aim: What are you trying to accomplish?		
Improvement in staff knowledge related to:	<input type="checkbox"/> Team Building <input type="checkbox"/> CAUTI definitions <input type="checkbox"/> Epidemiology, surveillance, reporting <input type="checkbox"/> Resident safety culture <input type="checkbox"/> Hand hygiene <input type="checkbox"/> Equipment and environment <input type="checkbox"/> Standard and transmission-based precautions <input type="checkbox"/> Antibiotic stewardship <input type="checkbox"/> Identifying CAUTI's	
What is the measurable outcome that you want to see? (Example)		
<ul style="list-style-type: none"> - 5% increase in staff knowledge of (choose from list above) - Other: 		
PLAN The plan should address your identified aim that is listed above. In this section, consider the steps in the plan as well as resources required (both people and materials) and how you will measure your implementation of your interventions	<i>What actions must be in place for you to achieve the above goal?</i> The plan is to:	
	<i>What are the individual steps required for you to implement your plan?</i> The steps in the plan are:	
	<i>What tools and materials are needed to implement your plan?</i> Tool to be used (webinar, brochure, talk, etc.) to address the knowledge deficit are:	
	<i>Who needs to be involved in the different steps of your plan?</i> The people involved in the plan are:	

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Date:	Name of organization:	Cycle #:
	<p><i>How long will it take to implement the various steps of the plan?</i></p> <p>The steps in the plan will be implemented by (list dates for individual steps):</p>	
	<p><i>What will you measure to determine if the goal was achieved?</i></p> <p>The knowledge questionnaire will be administered (list timeframe or date):</p>	
DO Once the plan is developed, it must be executed.	<p>What did you observe?</p>	
	<p>What were some challenges and/or surprises during the process?</p>	
STUDY Spend some time analyzing your results. Monitor progress on each opportunity for improvement regularly.	<p>How did the measured results compare to your predictions?</p>	
	<p>Why do you think we scored high or low in these areas? Do any of the results surprise you?</p>	
	<p>What ideas do you have for potential solutions?</p>	
	<p>What are some next steps we need to take to improve our knowledge and practice?</p>	
ACT Based on your findings, adjust, adapt and/or implement on a larger scale. Once you have completed a cycle, take a look at the data and see what, if any, changes need to be made.	<p>What are some adjustments that need to be made?</p>	
	<p>What did you conclude from this cycle?</p>	
	<p>What is the focus of the next cycle?</p>	