

AHRQ Safety Program for Long-Term Care: HAIs/CAUTI Skills Questionnaire – Licensed care providers

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

1. This questionnaire covers topics about resident safety culture and infection prevention and should be completed prior to each Learning Session (e.g. Kick-off, Mid-Year, Final)
2. Shared data WILL NOT include identifiers. All facility and individual data are confidential

Demographics

1. **Today's Date:** ___/___/___

Facility information

2. **State:** _____

3. **Facility Name:** _____

4. **Select your lead organization:**

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

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5. Please select the title that best describes you:

- | | |
|---|--|
| <input type="radio"/> Physician | <input type="radio"/> Registered Nurse (RN) |
| <input type="radio"/> Advanced Registered Nurse Practitioner (ARNP) | <input type="radio"/> Licensed Practical Nurse (LPN) |

Team Building

6. Nursing home resident safety is increased by which of the following steps:

- Identifying situations when residents may be harmed
- Forming a safety team
- Analyzing how safety concerns can be prevented
- Discussing with residents how they are kept safe
- All of the above

7. Safety teams should contain staff with different job responsibilities:

- True False

8. Teamwork can result in improved resident safety by:

- Facilitating better communication.
- Motivating employees.
- Creating mutual respect and trust.
- Developing problem-solving skills.
- All of the above

9. Team building can improve the group's outcomes by all of the following statements EXCEPT:

- Creating a safe environment for topics to be discussed openly.
- Making sure all members think alike.
- Clearly defining roles and responsibilities.
- Respecting diversity and differences of perspective.
- Help members to learn more about themselves and how they work best.

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10. Teams will be motivated to meet set goals by:

- Frequent feedback on progress towards the goal.
- Identification of barriers to goals being achieved.
- A pizza party.
- Recognition of successful steps taken towards the goal.
- All of the above.

11. A safety team working in nursing homes to prevent resident harms should include the following as either core and/or ad hoc members (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Director of Nursing | <input type="checkbox"/> Certified Nursing Assistant |
| <input type="checkbox"/> Family members of residents | <input type="checkbox"/> Medical Director |
| <input type="checkbox"/> Housekeeper | <input type="checkbox"/> Resident |
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Infection Control and Prevention |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Licensed Practical Nurse |

CAUTI Definitions

**12. Which of the following criteria would confirm a CAUTI in a nursing home resident with a urinary catheter?
(Select all that apply)**

- The resident's oral temp. is 100° F and the indwelling catheter specimen is positive for *Staph. aureus* 10⁵ CFU/ml
- The resident has puss-filled discharge around the suprapubic catheter and the catheter specimen is positive for *Staph. aureus* 10⁵ CFU/ml
- The resident has a new change in mental status with inattentiveness, disorganized thinking, and a voided specimen positive for 10² CFU/ml *Staph. aureus* 4 days after the catheter was removed
- The resident has multiple oral temps of 99.8° F, costovertebral angle pain, and the indwelling catheter specimen is positive for *Staph. aureus* 10⁵ CFU/ml

13. Which one of the following dates would be considered the “date of the event”?

- April 1 - The resident has a urinary catheter in place and has documentation of new suprapubic pain.
- April 2 – The resident has gross hematuria
- April 3 - The resident has a temp of 100° F. A catheter urine specimen was collected and sent for culture.
- April 5 - The culture is positive for 10⁵ *Staph. aureus*.

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14. Which of the following scenarios indicates that the CAUTI was present on admission? (Select all that apply)

- The resident was admitted with a catheter and had multiple oral temps of 99.2⁰F – 99.8⁰F on the third day after admission.
- The resident’s catheter was removed at the hospital the day of discharge and his/her oral temperature was 100⁰F the next day.
- The resident was admitted with a catheter and developed puss-filled discharge around the catheter the day after admission.
- The resident’s catheter was removed the day of admission and s/he developed rigors the third day after admission.

15. A change in a resident’s mental status is considered new or worse than usual if: (select all that apply)

- Resident’s behavior change comes and goes or changes in severity
- Resident is combative and confused
- Resident’s thinking doesn’t make sense; hard to follow
- Resident is sleepy, lethargic, un-arousable

Case Studies – Identifying CAUTIs

Case 1:

Day 1: The resident has a urinary catheter inserted in the nursing home for a bladder outlet obstruction.

Day 2: The indwelling urinary catheter remains in place

Day 3: The resident’s indwelling urinary catheter remains in place .The resident has a single oral temp of 100.2 F. A urine culture is ordered and collected from an indwelling catheter specimen.

Day 4: The indwelling urinary catheter remains in place. No symptoms documented

Day 5: The urine culture is positive for *Staphylococcus Aureus* > 100, 000 CFU/ml.

Is this a CAUTI or a non- catheter associated symptomatic UTI (SUTI)?

- CAUTI SUTI

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Case 2:

Day 1: 85-year-old male is admitted to the NH for rehab after hospitalization with a GI bleed. A foley catheter was inserted three days ago during his hospitalization and remains in place.

Day 2: Resident spikes temp of 38.6°C. Indwelling catheter remains in place. Urine specimen is sent.

Day 3: Culture results: 100,000 CFU/ml *Pseudomonas aeruginosa*. Resident is afebrile and asymptomatic. Antibiotics were started.

Day 4 and 5: Resident is asymptomatic and afebrile.

Does this resident have a CAUTI?

- Yes, Present on Admission (POA)
- Yes, not POA
- No

Case 3:

Aug 25: 73-y.o. resident was admitted to NH following hospitalization for a cerebrovascular accident. A Foley catheter and tracheostomy are in place on admission. The resident reacts only to painful stimuli.

Sept 2: WBCs slightly elevated, at 12,000/mm³, temp maximum 37.4°C, urine cloudy. Lungs clear to auscultation.

Sept 3: WBC 15,800/mm³, Temperature maximum: 37.6°C. Breath sounds slightly coarse, minimal clear sputum. Urine unchanged in appearance. A urine specimen was collected for UA and culture. No suprapubic or CVA pain noted.

Sept 4: Urinalysis positive for leukocyte esterase, nitrites and WBC too numerous to count. Urine culture results: 100,000 CFU/ml *E. faecium*.

Does this resident have a CAUTI?

- Yes, Present on Admission (POA)
- Yes, not POA
- No

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Case 4:

March 1: A 70 year old male was admitted for rehabilitation with a foley catheter in place.

March 4: The resident was starting on a voiding trial and the catheter was removed.

March 5: Resident states he has been having trouble voiding and has not felt that he has been emptying his bladder. He is catheterized post-void and 600 ml of residual urine collected. The foley catheter is left in place.

March 6: Resident complains of tenderness upon suprapubic palpation. Urine is sent for culture and is reported positive for > 100,000 CFU/ml of *E. faecium*.

Does this resident have a CAUTI?

- Yes, Present on Admission (POA)
- Yes, not POA
- No

Case 5:

April 5: 76-year-old woman is re-admitted to NH after surgical debridement of sacral decubitus. Medical history notable for severe rheumatoid arthritis, CHF and atrial fibrillation. Routine admission U/A performed, positive for leukocyte esterase, and 3 WBC by HPF of spun urine. Resident is afebrile, denies urinary urgency, frequency or pain. No suprapubic or CVA pain. Foley catheter present on admission, and in place since surgery on 4/01.

April 6: Wound care specialist documents wound clean. Temperature 37.4°C. Foley draining cloudy urine.

April 7: Temp of 37.9°C. Foley removed for voiding trial. Urine specimen sent to lab for culture and sensitivity.

April 8: Resident complains of dysuria and pain with palpation to suprapubic area. Bactrim was started.

April 9: Urine specimen sent on 04/07 results are positive for 100,000 CFU/ml *E. coli*. Resident is afebrile.

Does this resident have a CAUTI?

- Yes, Present on Admission (POA)
- Yes, not POA
- No

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Surveillance, Epidemiology, Reporting

16. Surveillance activities include (select all that apply):

- Observing residents for signs and symptoms of infection
- The responsibility of the Infection Preventionist/Control
- Analyzing data to track trends over time
- Sharing the information with front-line staff

17. To prevent infection in a resident with a urinary catheter which of the following is necessary (select all that apply)?

- Removing the catheter as soon as possible
- Changing the catheter at routine fixed intervals to reduce biofilm formation on the catheter
- Using a catheter only when necessary
- Performing hand hygiene and wearing gloves when touching the catheter

18. Asymptomatic bacteriuria (i.e. bacteria present in the urine but the person has no signs or symptoms of an infection) is common in residents with a urinary catheter:

- True False

19. The presence of pyuria (white blood cells) in a urine specimen helps to distinguish asymptomatic bacteriuria from a symptomatic urinary tract infection in residents with indwelling urinary catheters:

- True False

Resident Safety Culture

20. Work culture is made up of values, attitudes and beliefs:

- True False

21. Resident safety culture is enhanced in all the ways below EXCEPT:

- Everyone providing care for residents with an indwelling urinary catheter in the same way.
- Alignment of resident safety with the organizational goals and strategies.
- Management firing staff when they make an error.
- Including residents and their family members in planning for their safety.
- The Safety Team provides updates to the staff about how the work is progressing.

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22. When talking about work being done in teams to improve outcomes, psychological safety (i.e. how group members think they are viewed by others in the group) is:

- Teams preventing injury to others.
- Being aware of one's surroundings when with a team.
- A shared belief that each team member is safe to speak-up

23. What is the best way of improving resident safety culture?

- Teamwork
- Disciplinary processes put into place by managers, directors or physicians
- Education about the best way to do things
- Team of frontline staff performing process evaluations with improvements tried using small tests of change

Hand Hygiene

24. How long should you rub your hands with soap when you are hand washing?

- At least 5 seconds
- At least 15 seconds
- At least 30 seconds
- At least 60 seconds

25. Alcohol-based hand rub is not recommended for hand hygiene when:

- Touching the resident's bedrail
- Giving the resident a high-five
- Sneezing into a tissue
- Hands are visibly soiled

26. One should perform hand hygiene before and after wearing gloves when touching the urinary catheter or collecting system:

- True
- False

27. Which type of hand hygiene product is most effective at killing most types of germs on your hands (select one)?

- Alcohol-based hand rub
- Plain soap
- Antimicrobial soap

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Equipment & Environment

28. After emptying urine from a Foley drainage bag into a measuring cup, it is OK to rinse it out and use the same cup to measure urine output from the next resident who has a Foley catheter:

- True False

29. Important elements of Foley catheter care include observing to assure that:

- The catheter is secured to leg or abdomen
 There are no kinks in the catheter tubing
 The collecting bag and tubing are not on the floor
 The collecting bag is below the level of the bladder
 All of the above

30. The doctor at your skilled nursing facility ordered a urine culture for one of your residents. Which of the following should be used when collecting a urine specimen for culture?

- A. Collect the urine when you come on shift at 8:00am and then leave it in the pick-up spot for the lab courier who will be at your facility at 12:00 noon because the Lab only comes once/day.
 B. Obtain the urine specimen from the sampling port of the Foley – not the drainage bag.
 C. Clean your hands before and after you obtain the specimen.
 D. If the resident has had a Foley for > 2 weeks you should ask the nurse about replacing the Foley before you obtain the urine specimen for culture from the newly inserted Foley.
 B, C, and D only
 None of the above

31. There is no need to read the instructions for use for the disinfectant used in your facility as your co-worker already provided key tips on how and when to use it:

- True False

32. Each resident should have his or her own blood glucose meter to avoid a need to share between residents:

- True False

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Standard & Transmission-based Precautions

33. Which of the following statements about gown use are TRUE? (select all that apply)

- Gowns should be worn when splashing or sprays of blood or body fluids could occur during resident care
- When removing a gown, it should be turned in-side out by a peeling motion and then held away from the body until discarded.
- Gowns can reduce contamination of healthcare personnel clothes

34. Personal Protective Equipment (PPE) include(s) which of the following (select all that apply):

- Gloves
- Gowns
- Face wear
- Goggles

35. The following statements are TRUE about glove use EXCEPT:

- Gloves should be worn when contact with blood or body fluids is expected
- Gloves should be changed if moving from a contaminated body site such as a wound or pressure sore to a clean body site
- Gloves should be used on all residents in the same room as long as they are not visibly soiled
- Gloves should not be washed and reused

36. When deciding what type of PPE to wear for Standard Precautions, all of the following must be considered EXCEPT:

- Degree of contact with infectious substances
- Infection status of the resident
- Nature of the task
- Fluid penetration prevention

37. Preventing the spread of multidrug resistant organisms (MDROs) requires (select all that apply):

- Hand hygiene by all staff
- Reducing the use of indwelling devices
- Use of personal protective equipment
- Reducing the use of antibiotics
- Keeping the environment clean

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Antibiotic Stewardship

38. Which of the following signs and symptoms means that you should send a urine culture? (Select One)

- Cloudy urine Temperature of 101F
 Foul smelling urine Change in urine color

39. All residents with urinary catheters should have a screening urine culture sent on admission to your facility:

- True False

40. Which patient should be treated with antibiotics?

- Patient with fever and bacteria in the urine (a positive urine culture).
 Patient with normal temperature and normal activity and cloudy urine.
 Patient with normal temperature and normal activity and bacteria in the urine.
 Patient with normal temperature and normal activity and elevated white blood cells in the urine.

**Thank you for your time in completing this skills assessment
The results of this assessment will be sent to your Organizational Leads**