

Measurement and Evaluation Frequently Asked Questions (FAQs)

1. Where can I find the survey links?

[Survey links](#) for the knowledge questionnaire, safety culture survey and event evaluations can be found on the LTC Safety website (username and password: Itcsafety). Alternatively, you can email your organizational lead or HRET advisory for links to each survey.

2. How do we update Cvent to reflect staff changes?

To request any changes in Cvent, contact your organizational lead, HRET advisor or email ltcsafety@aha.org.

3. How do facility teams edit information in Cvent?

To request any changes in Cvent, contact your organizational lead, HRET advisor or email ltcsafety@aha.org.

4. What if a facility cannot enter their outcome data by the fifteenth of the month?

Outcome data are processed and reports are generated after the fifteenth of each month for the month prior. Therefore, if a facility does not have its data uploaded by the fifteenth, it will not be reported until the following month.

5. How do I log into CDS if I forgot my password?

Click the “forgot password” link in <https://www.hretcds.org/>, enter your e-mail address and a new password will be e-mailed to you. For technical questions about CDS, email hretdatasupport@aha.org.

Note: If you try to log in more than four times with the wrong account credentials, your account will be locked. To unlock your account, please contact hretdatasupport@aha.org.

6. How do I add other users to CDS?

Only data administrators may add other accounts. Please refer to page 6 of the [CDS User’s Guide](#).

7. Do I count urine cultures collected outside of my LTC facility (e.g., resident goes to urologist who collects a urine culture)?

No. Urine cultures collected outside of the LTC facility should NOT be counted as it relates to surveillance for this program.

However, we understand you may still need to address the impact of urine cultures collected off-site on the resident’s care plan, especially if antibiotics are prescribed. Below are resources on the signs and symptoms of a CAUTI and antibiotic stewardship that you can use to assure evidence-based practices are followed:

- [Onboarding 2: CAUTI Definitions and Reporting](#)
 - [NHSN Definition – CAUTI Criteria Pocket Card](#)
- [Onboarding 4: Infection Prevention and Surveillance](#)

- [CAUTI Surveillance Worksheet](#)
- [CAUTI Case Review Form](#) or [Learn From Defects Tool](#)
- [Training Module 4: How to Avoid the Harms of Antibiotic Use](#)
- [The Culture of Culturing: The Importance of Knowing When to Order Urine Cultures](#) webinar
- [Antibiotic Stewardship Brochure](#)
- [The Core Elements of Antibiotic Stewardship for Nursing Homes \(CDC\)](#)
- [Get Smart: Know When Antibiotics Work \(CDC\)](#)

Org Lead-Specific FAQs

8. Who is required to complete each measure? How frequently will the Org Lead Dashboards be updated?

[Table 1](#) provides a high-level summary of the data submission for each of the project measures. Please refer to the [Organizational Lead Operations Manual](#) for detailed descriptions of the measures being collected. Note that the dashboard updates vary depending on when particular measures are due.

9. What is the organizational lead’s role with CDS?

Organizational leads must familiarize themselves with CDS to facilitate answering initial CDS questions from facilities. For additional technical CDS support, please contact hretdatasupport@aha.org.

10. Why can’t I see my facility’s outcome data in any CDS reports? I know the data has been entered.

Data update processes run weekly, generally on Thursday mornings. If you don’t see the data you are expecting by Friday morning, please check the individual facility’s measurement screens in CDS to ensure they have “SUBMITTED” the data. Only data that are “SUBMITTED” are made available for reporting and data update processes.

11. Why can’t I see a particular facility in the drop-downs for CDS reports?

Only facilities with data will appear in the reporting drop-downs.

Table 1. Data Submission Matrix

Measures	Who to Complete	Frequency of Submission Updates, Org Lead Dashboard
Knowledge Questionnaire	≥ 10 staff members (5 licensed/unlicensed)	1x per week during submission windows
AHRQ Nursing Home Survey on Patient Safety	≥ 60% of all staff working at least 8 hours per week (whether contracted or employed)	1x per week during submission windows
Team Communication Guide	Discussed with team and entered in CDS by one team member	1x per week during submission windows
Outcome Data	Data Coordinator	Due by the fifteenth of the following month

To determine the submission schedule for each data measure, review your cohort-specific [Facility Implementation Guide](#).