

AHRQ SAFETY PROGRAM FOR LONG-TERM CARE: CAUTI FREQUENTLY ASKED QUESTIONS (FAQ)

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1. Why is this program important?

Research tells us that the rate of HAIs in LTCF residents is between one to three million annually. This contributes to nearly 400,000 deaths per year. In addition, re-hospitalizations from LTCFs are increasing, with urinary tract infections (UTIs) being the second most common reason. This program emphasizes evidence-based infection prevention practice and antibiotic stewardship to help eliminate CAUTI, C. difficile and multiple-drug resistant organisms (MDROs).

2. Who is leading this program?

The program is led by the Health Research & Educational Trust (HRET), the research and education arm of the American Hospital Association. The program is funded by the Agency for Healthcare Research and Quality of the US Department of Health and Human Services. HRET is working with seven partner organizations:

- Abt Associates
- Association for Professionals in Infection Control and Epidemiology (APIC)
- Baylor College of Medicine
- Contrast Creative
- Qualidigm
- Society of Hospital Medicine (SHM)

- University of Michigan

3. Who is eligible to participate in the program?

Long-term care facilities that address both short-stay residents and long-stay residents (nursing homes) are eligible to participate.

4. Does the national program team collect data, or does each participating organization collect data and submit results?

Each participating facility collects and submits their data for analysis and reporting. Data that are collected are safety culture data, using AHRQ's Nursing Home Survey on Patient Safety Culture (NHSOPS), and catheter-associated urinary tract infection (CAUTI) data. CAUTI data are collected before the implementation of the improvement project, during implementation, and at the end of the project. Data collection processes are outlined in more detail by the national program team during the kickoff meeting and subsequent national content calls

5. Who should be on our facility team? How much time is required for their participation?

The AHRQ Safety Program for Long-Term Care (LTC): CAUTI Team Leader is typically an influential team member (e.g., Director of Nursing, Assistant Director of Nursing, Nurse Practitioner, Clinical Nurse Specialist, Nurse or Infection Preventionist) who will play a key role in the project's success at the Long-Term Care Facility (LTCF). S/he is expected to: 1) promote the goals of the project and encourage other team members to commit to them; 2) attend and ask at least one additional member of the LTC CAUTI project team to participate in all educational events; 3) implement with team members the interventions that will be learned and applied over the 12-month project period and 4) meet regularly with LTCF team members to monitor progress. (Estimated Time Commitment: 110-135 hours/year or 6-7% FTE)

The Administrative Champion is the program sponsor who champions the program aims, allocates the necessary resources to help ensure successful program implementation and closely monitors the team's engagement and performance improvement results. S/he ensures that the program remains an organizational priority. (2-4 hours/month)

The Nursing Champion will advocate for, and support, this initiative in her/his facility. Typically the Director of Nursing, the Assistant Director of Nursing, Charge Nurse or Unit Supervisor, s/he will reinforce program aims and support program implementation in the facility. (2-4 hours/month)

The Physician Champion will advocate for, and support, this initiative in his/her facility. Typically the Medical Director, s/he will reinforce program aims, learn the program basics and support program implementation in the facility. (2-4 hours/month)

The Infection Preventionist will advocate for, and support, this initiative in her/his facility. S/he will lead and reinforce program aims, provide important infection prevention expertise and reinforce infection prevention best practices. (2-4 hours/month)

Other Team Members will advocate for and support this initiative in his/her facility. S/he will assist in program implementation, adding input in areas within his/her role. S/he will also assist with educating and communicating with peers. Other Team Members may include individuals who are certified nurse aides, a QA/QI nurse, and occupational and physical therapists. (2-4 hours/month)

The Data Coordinator is responsible for data collection, submission and report retrieval for their facility according to the schedule that will be provided in the coming weeks. (1 hour/month)