Team Communication Guide Tracker

Team meeting conversation of events over the past Quarter…	Quarter 1					Quarter 2					Quarter 3					Quarter 4				
SECTION 1: T.E.A.M.S Bundle																				
1. % of staff who viewed "Enhancing Your Resident Safety Culture" Onboarding Webinar for the first time ?	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%
2. # of times your administrative champion met with your CAUTI project team.	0	1	2	3	4+	0	1	2	3	4+	0	1	2	3	4+	0	1	2	3	4+
3. Type of CAUTI data shared with your administrative champion. (select all that apply)	CAUTI Rate	Culture survey	TCG	Safety Assess.		CAUTI Rate	Culture survey	TCG	Safety Assess.		CAUTI Rate	Culture survey	TCG	Safety Assess.		CAUTI Rate	Culture survey	TCG	Safety Assess.	
4. # of times your administrative champion participated in safety rounds	0	1	2	3	4+	0	1	2	3	4+	0	1	2	3	4+	0	1	2	3	4+
5. Has anyone used the *Safety Assessment* Tool?	Yes	No				Yes	No				Yes	No				Yes	No			
6. Has anyone used the *Learn from Defects* Tool?	Yes	No				Yes	No				Yes	No				Yes	No			
7. Has anyone identified / prioritized a catheter associated safety issue to work on?	Yes	No				Yes	No				Yes	No				Yes	No			
7a. If yes, did your team work on the safety issue(s) identified?	Yes	No				Yes	No				Yes	No				Yes	No			
7b. If yes, did your team share learning with staff?	Yes	No				Yes	No				Yes	No				Yes	No			
SECTION 2: CATHETER ASSOCIATED URINARY TRACT																				
1. % of staff who have been educated for the first time about CAUTI prevention?	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%
2. What did your team do to teach others on the unit how to prevent CAUTI (select all that apply)	In-services	IP visit /talk	Unit Postings	New policy	Other	In-services	IP visit /talk	Unit Postings	New policy	Other	In-services	IP visit /talk	Unit Postings	New policy	Other	In-services	IP visit /talk	Unit Postings	New policy	Other
3. Do you have any residents with an indweling catheter?	Yes	No				Yes	No				Yes	No				Yes	No			
3a. For how many residents with indwelling urinary catheters did the following recommended steps occur on your unit:																				
· A chart review was done prior to urinary catheter insertion to ensure the indication for use met criteria	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%
· The catheter was removed promptly when it no longer met criteria	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%
· Aseptic technique was used by personnel trained in insertion technique to insert the catheter	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%
· Re-catheterization was avoided by assessment for alternatives to catheterization	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%
· A closed drainage system, catheter securement and unobstructed urine flow were maintained	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%
· Alternatives to Incontinence care were documented prior to using a urinary catheter	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%
SECTION 3: BARRIERS TO YOUR TEAM'S PROGRESS																				
To what extent were these elements barriers to your team progress? 1=Never/Rarely, 2=Less than 1/2 of time, 3=1/2 of time, 4=More than 1/2 of time, 5=Almost always/Always																				
· Insufficient knowledge of evidence for interventions	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
· Lack of quality improvement skills	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
· Unclear about CAUTI reduction activities	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
· Lack of leadership support from administration	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
· Lack of leadership support from nurses	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
· Insufficient resources to implement interventions	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
· Lack of buy-in from CNAs	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5