

# AHRQ Safety Program for Long-Term Care: CAUTI



## Implementation Guide for Long-Term Care Facilities

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The Health Research & Educational Trust (HRET)

\*AHRQ National Implementation of Comprehensive Unit-based Safety Program (CUSP) to Reduce Catheter-associated Urinary Tract Infection (CAUTI) in Long-term Care Facilities





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## INTRODUCTION

Infections that develop in health care settings are known as health care-associated infections (HAI). HAIs are especially significant in long-term care (LTC) settings, as they account for 1.6–3.8 million infections and 388,000 deaths annually<sup>1</sup>. Additionally, infections have very high costs to LTC facilities: \$38-\$137 million annually for antimicrobial therapy and \$673 million-\$2 billion for hospitalizations<sup>2</sup>. Catheter-associated urinary tract infection (CAUTI) is a common, costly and potentially life-threatening HAI for LTC residents. An estimated 5-10 percent<sup>3</sup> of all LTC residents have urinary catheters, including 12 percent<sup>4</sup> of all new admissions at the time of transfer from acute care facilities to LTC facilities. The *AHRQ Safety Program for Long-Term Care: CAUTI* is a national quality improvement collaborative designed to reduce CAUTIs and enhance patient safety culture. It is funded by AHRQ, and it is part of the United States Department of Health and Human Services (HHS) Action Plan to Prevent Health Care-Associated Infections.

The *AHRQ Safety Program for Long-Term Care: CAUTI* is coordinated at the national level by HRET, the research affiliate of the American Hospital Association (AHA). The overall project goals are to:

- Develop/adapt evidence-based CAUTI elimination and safety practices for LTC facilities
- Reduce CAUTI rates
- Improve safety culture through improved teamwork and communication

Additional goals for this project are to enhance expanded infection prevention efforts for multi-drug resistant organisms (MDROs) such as *Clostridium difficile* and urinary tract infections (UTI) and by providing education on how to:

- Improve hygiene practices (e.g. hand, environmental)
- Prevent the overprescribing of antibiotics by promotion of “antibiotic stewardship”
- Promote appropriate placement and maintenance of indwelling catheters
- Reduce re-hospitalizations

HRET’s national project team includes experts from the University of Michigan, Abt Associates, Society of Hospital Medicine, the Association of Professionals in Infection Control and Epidemiology (APIC), Qualidigm and Baylor College of Medicine. State hospital associations, as well as other state-based and professional organizations, are the central project partners that are relied upon to coordinate, promote,

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<sup>1</sup> Richards CL. Infections in residents of long-term care facilities: an agenda for research. Report of an expert panel. *J Am Geriatr Soc* 2002;50:570-6

<sup>2</sup> Wagner, LM., Roup, B.J., Castle, NG. Impact of infection preventionists on Centers for Medicare and Medicaid quality measures in Maryland nursing homes. *Am J Infect Control* 2014; Jan 42(1): 2-6.

<sup>3</sup> Kunin CM, Chin QF, Chambers S. Morbidity and mortality associated with indwelling urinary catheters in elderly patients in a nursing home--confounding due to the presence of associated diseases. *J Am Geriatr Soc*. 1987;35(11):1001-1006.

<sup>4</sup> Rogers M, Mody L, Kaufman S, et al. Use of urinary collection devices in skilled nursing facilities in five states. *J Amer Geriatr Soc*. 2008;56:854-861.

and coach facility teams as they implement the CAUTI prevention protocols and the C.A.U.T.I and T.E.A.M.S. interventions.

## ABOUT THIS GUIDE

### Intended Audience

The Facility Implementation Guide was created to serve as a handy reference to facility team leads who coordinate the program in their facility. Facility Leads should share the Guide with other team members involved in the implementation of the *AHRQ Safety Program for Long-Term Care: CAUTI* program.

### How to Use This Guide

Facility team leads should read through the entire manual and then refer regularly to specific sections as needed. Other team members should be encouraged to read the manual, particularly sections that refer to their role on the project. For example, the data coordinator needs to be very familiar with the Assessing Impact section which covers the outcome and process measures, as well as the data collection and reporting schedule.

The terms, “program” and “project” are used interchangeably throughout this guide. However, the national project team would like facility team members to view the clinical and cultural interventions not as a time-limited project, but rather as a resident safety program that becomes integrated into everyday work and sustained over time.

The Program intervention section is organized according to the three project phases: planning, execution and sustainability. Each phase includes a description of recommended activities and a “Track Your Progress” checklist. A summary checklist of all the activities is included in appendix A.

Training and Education walks through the educational components of the program that includes face-to-face training and distance learning opportunities.

Measuring Progress and Assessing Impact describes the outcome and process measures needed to measure program progress, and the data collection and reporting schedule.

The final sections, Tools and Resources and the appendix, provide you with useful information and resources, for example, a glossary of terms and acronyms, a sample team meeting agenda, how to administer the nursing home survey on patient safety culture, etc.



## Weekly Updates

Your organizational lead will remind you of activities and due dates via electronic weekly updates. These updates will highlight upcoming opportunities for education and training which includes onboarding webinars, training modules and skills development webinars, national content webinars and coaching webconferences. The weekly updates will also provide information on the face-to-face learning sessions, resource materials, successful facility practices, as well as provide alerts of updates to the project website.

## Support

### Technology

### Project Website

The website provides you with information on the project, a calendar of events and links to register for webinars, archived webinars, tools and resources, copies of the weekly update, and other resource materials. It is a password-protected site.

Please enter the username and password (all lower case) listed below:

Username: Itcsafety

Password: Itcsafety

### Webex

Throughout the project, distance learning activities will be delivered via Webex, an online e-learning platform. You will be able to access the educational opportunities, i.e. webinars, from anywhere using a computer or mobile device that has an Internet connection. Alternatively, you can participate as a group with a computer with Internet connection and telephone with a speaker phone.

A web link for each educational activity will be provided by your organizational lead via a meeting invite and/or weekly update; it will also be available on the project's website calendar. You can click the link provided to join the meeting up to 15 minutes before the event begins.

Registration for the event requires each participant to provide their name, email, title, state, lead organization and facility name. A pop-up window will display to connect your audio through the phone or computer by entering the access code and attendee ID provided to you on screen. A detailed tutorial of how to use Webex can be found on our project website.

**TIP:** Join the webinar by clicking the link first; then connect your audio using the information displayed on your screen.



## STRATEGY AND TIMELINE

### Interventions

Clinical and cultural interventions will be implemented and assessed for improvement in the safety culture and reduction of CAUTIs in LTC facilities. Each of these interventions were developed and/or adapted based on evidence-based CAUTI elimination and safety practices for LTC facilities.

#### Clinical Interventions

This project will test whether the following interventions (the C.A.U.T.I. Intervention) listed below can be effective in reducing CAUTIs in LTC facilities:

- **C**atheters in newly admitted and re-admitted residents should be assessed to determine if they are still needed and removed promptly if not indicated
- **A**septic insertion of indwelling catheters and hand hygiene before and after resident or catheter contact should be practiced
- **U**se regular assessments to insert new catheters only if indicated for appropriate conditions and re-assess periodically
- **T**rainning of staff, resident and family on catheter care and appropriateness
- **I**ncontinence care planning to address individual resident conditions

#### Cultural Interventions

This project will also assess the safety culture at your facility. The safety improvement intervention, T.E.A.M.S., is designed to assist you in developing skills and strategies to improve all aspects of resident safety, not just infection prevention.

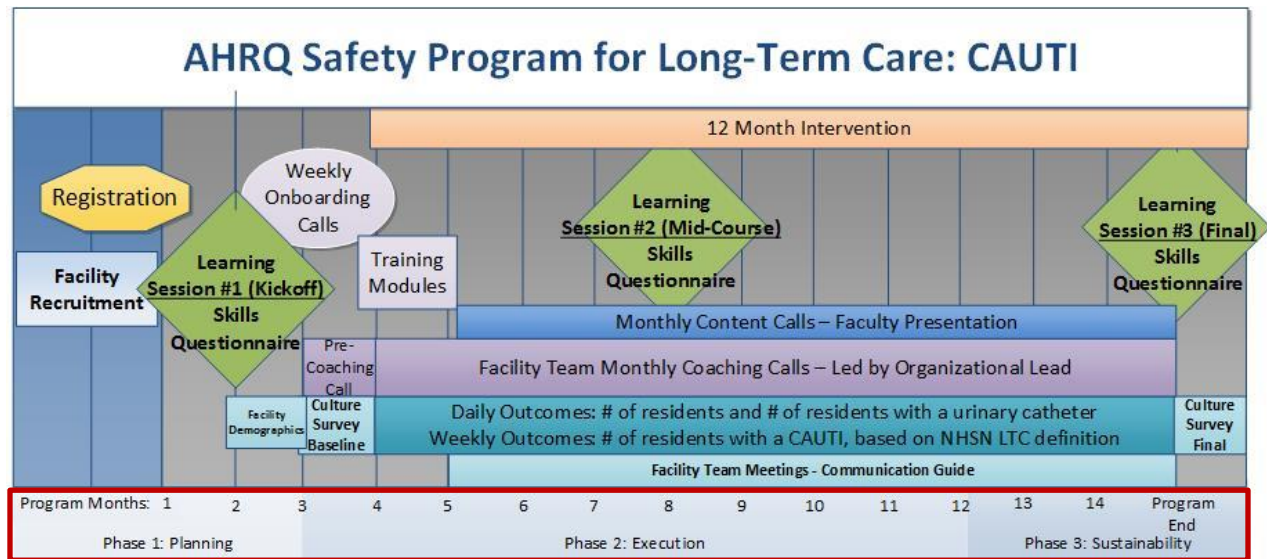
The T.E.A.M.S. intervention includes the following processes:

- **T**eam formation to plan and implement program
- **E**xcellent communication skills learned
- **A**ssess what's working and plan to expand
- **M**eet monthly to learn together
- **S**ustain efforts and celebrate success

### Project Timeline

The project lifecycle (Figure 1) is 14 months, beginning with registering your LTC facility into the in the planning phase (1) through the completion of the program activities to reach a point of sustainability (phase 3). A description of the baseline activities, data collection requirements, training and educational opportunities, and technical assistance are highlighted below. The cohort-specific timeline and details of the specific activities are linked to corresponding sections of this guide.

Figure 1. AHRQ Safety Program for Long-Term Care: CAUTI Timeline



### Phase 1: Planning

Phase one covers the first two months of the project. It includes the baseline activities and processes that must be in place before the work on the project can begin.

#### Activities to Complete



1. Build your team
2. Register your facility
3. Complete and submit facility team roster
4. Complete facility demographics
5. Complete the facility action plan
6. Complete the AHRQ Nursing Home Survey on Patient Safety Culture
7. Complete skills questionnaire #1
8. Attend learning session #1
9. Attend first four onboarding webinars

#### Getting Started

##### Building the Team

The project team is critical to successfully implementing the *AHRQ Safety Program for Long-Term Care: CAUTI* quality improvement project. A description of who you should identify to be part of the required and core team, as well as the ad hoc team, is listed below. Once the required team has been identified and recruited, the facility team lead should register their facility into the project.

### *Who Should Be on the Project Team?*

The project team will be led by a facility team lead and consist of a set of core team members plus others who participate on an ‘as needed’ basis (i.e. the ad hoc team). See Figure 2 for a summary of the roles and responsibilities and team roles/responsibilities in appendix B for a detailed list of roles, suggested staff members and responsibilities for the core and ad hoc teams. Every LTC facility’s staffing configuration is different. Use the information in the table as a guide for forming your team.

#### *Core Team*

The core team must have the following four roles identified and filled: facility team lead; administrative champion; survey coordinator and data coordinator. In small facilities, individuals on the core team may be assigned more than one role. In addition to the required roles, we suggest that the team include six to eight members, including a nurse champion, physician champion, infection control/preventionist, and key members of the clinical staff (e.g., RNs, LPNs and CNAs). Informal leaders or respected members of the clinical staff are highly encouraged to be part of the project team, as their participation will be important to project success.

Backup team members should be identified for the four required roles to support the project requirements when individuals are out of the office. It is also important that a plan is in place for staff turnover to maintain continuity for all the program components.

*Facility Team Lead.* The facility team lead may be any member of the staff who has an interest in preventing infections in the LTC facility. The facility team lead will be expected to promote the goals of the project to manage, assemble the project team and keep that team engaged throughout the project. It will be the facility team lead’s responsibility to attend educational webinars (live or archived on the program website) and face-to-face learning sessions and to encourage all core team members and front-line staff to attend, when available. If the core team and front-line staff are unable to participate in the live event, then the facility team lead should encourage staff to view the archived webinars on the program website or find an alternative way to educate the staff through in-services. The facility team lead also must ensure that all the team members complete their assigned activities (e.g., survey administration, data collection/submission).

*Administrative Champion.* The administrative champion should promote the project goals and assist the team with prioritizing safety concerns, policies and procedures. The administrative champion should advocate with senior leadership and the board for LTC facility staff to participate in program activities,

### **PHASE 1: TRACK YOUR PROGRESS**

- Facility Team Roster
- Facility Registration
- Baseline AHRQ Nursing Home Survey on Patient Safety Culture
- Learning Session #1
- Facility Action Plan
- Skills Questionnaire #1
- Onboarding Webinar #1
- Onboarding Webinar #2
- Onboarding Webinar #3
- Onboarding Webinar #4

as well as share program updates and deliverables with senior leadership and the board. It will be the administrative champion’s responsibility to assist the facility team lead with removing barriers to staff participation and safety improvement efforts.

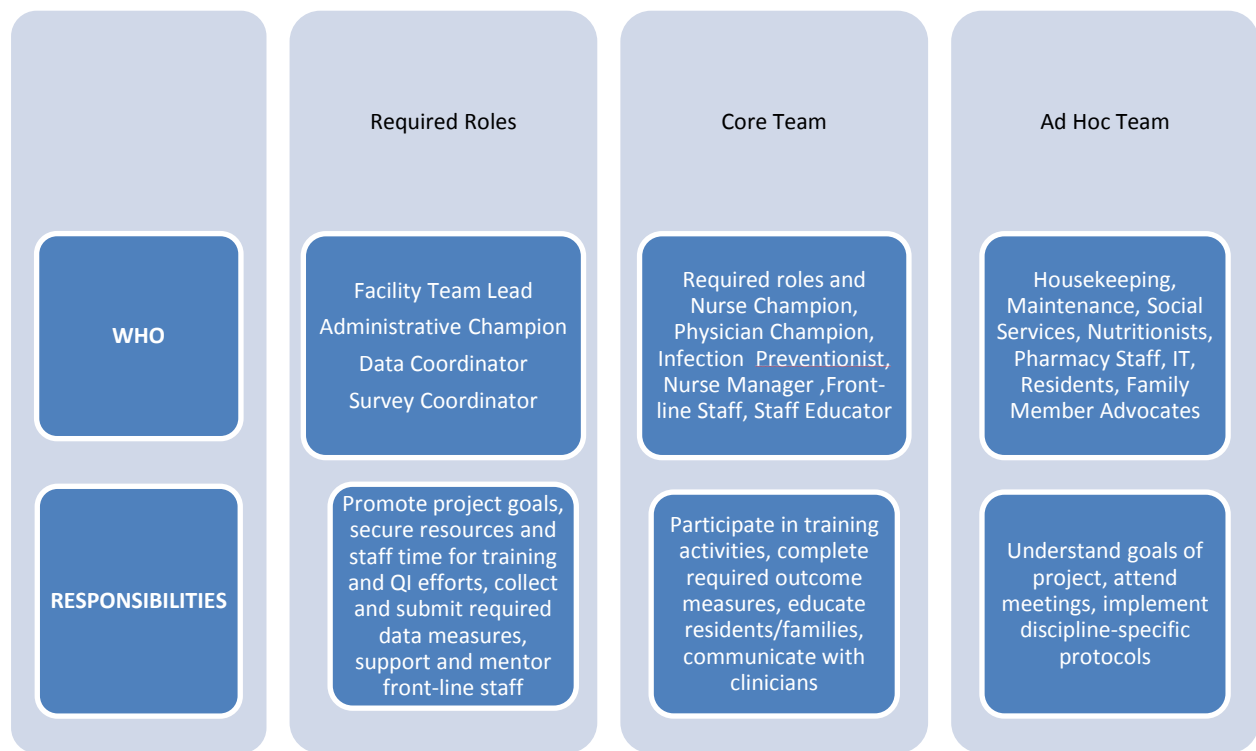
*Survey Coordinator.* The survey coordinator should ensure the completion of the facility demographics, baseline and final safety culture surveys by all of the staff, and the completion of the skills questionnaire by at least 10 staff members prior to each learning session.

*Data Coordinator.* The data coordinator should collect the required data as per the collection schedule, and remind the team of data collection requirements and deadlines.

*Ad Hoc Team*

The ad hoc team will provide additional resources and skills when requested.

**Figure 2. Program Team Members' Roles and Responsibilities**



**Recruiting the Team**

The facility team lead, administrative champion and/or nurse champion should identify potential team members. Each potential team member should be approached individually and invited to participate in this exciting project that will contribute to improving the safety of their residents and staff. Highlight that team members have been selected based on their expertise in a particular area, their distinctive skills or that they are recognized as a leader amongst their peers. Team members should be assured that facility management has approved their participation in the project and that their work assignments will be covered while they attend meetings or are involved in other project activities. Stress that the facility

is pleased to have been selected to participate in this project and that successful participation in this project is a high priority for facility leadership. Once assembled, complete the facility team roster form (appendix C. Facility Team Roster).

Schedule an introductory meeting with all core team members. Draft an agenda to orient the team to the project. See appendix D for a sample agenda. Slides for the various topics will be provided for you.

Promote your facility's participation in this program by posting flyers about the project in public areas of the building, including it in the facility newsletter (if applicable), and announcing it at staff, resident, and family council meetings.

### Register Your Facility

Each facility team lead must register for the project online. You will receive a link to your online registration from your lead organization or complete registration on the project website.

The required registration data collected includes:

- Team leader name, telephone number and email address
- Facility name, address and phone number
- Medicare Federal Provider Number (if applicable)
  - If you do not have a Medicare provider number, facility address and contact information will be required
- Number of facility staff members working at least 8 hours per week (whether contracted or employed)
- Number of Medicare and/or Medicaid federally certified beds
- Information about staff access to computers with internet access during work hours for project use.

### **Required Team Member Contact Information for Registration**

- Facility Team Lead
- Data Coordinator
- Survey Coordinator
- Administrative Champion

If you have any issues while completing this form, contact [ltcsafety@aha.org](mailto:ltcsafety@aha.org) for assistance.

### ***Training and Education Activities***

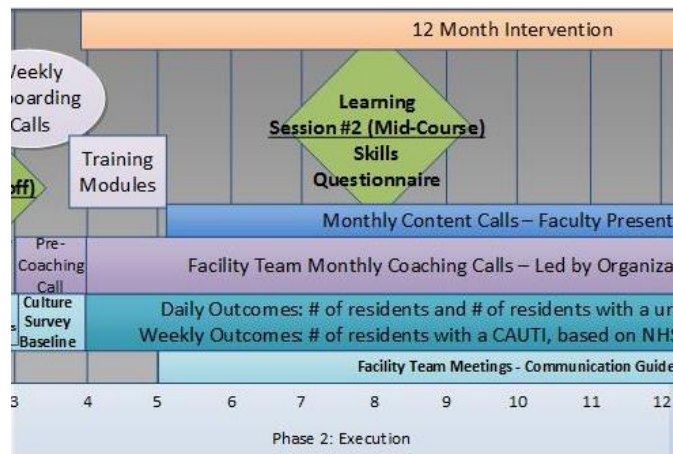
The planning period includes learning session #1, which is the foundational event for educating teams about the project interventions and their project participation responsibilities. It also includes the first set of onboarding webinars to educate facilities on topics that are essential to project success.

### Data and Outcome Measures

During the planning period, teams complete the facility demographics, skills questionnaire, and the Nursing Home Survey on Patient Safety Culture. Outcome data is not collected during the planning period.

### Phase 2: Execution

Phase 2 will provide further educational opportunities for each facility and will be the start of outcome data collection to measure progress.



### Activities to Complete

1. Participate in the final onboarding webinars, Parts I and II
2. Participate in four training modules
3. Participate in monthly content webinars
4. Participate in monthly coaching webconferences
5. Complete daily/weekly outcome data submission
6. Complete skills questionnaire #2
7. Complete quarterly team communication guide submission
8. Attend learning session #2

### Training and Education Activities

Educational opportunities are intended to strengthen knowledge and skills related to CAUTI reduction and HAI prevention. Participation in the final onboarding webinar, parts I and II, the training module and content webinars, and coaching webconferences are essential to the success of this project.

### PHASE 2: TRACK YOUR PROGRESS

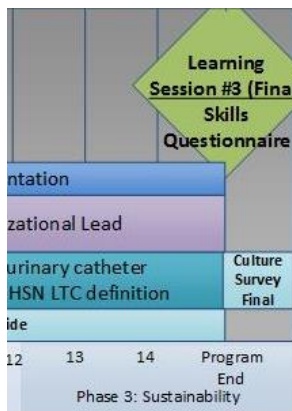
- Outcome Data (daily/weekly)
- Onboarding Webinar #5, Part I
- Onboarding Webinar #5, Part II
- Training Module Webinar #1
- Training Module Webinar #2
- Training Module Webinar #3
- Training Module Webinar #4
- Content Webinar (month 4)
- Content Webinar (month 5)
- Content Webinar (month 6)
- Content Webinar (month 7)
- Content Webinar (month 8)
- Content Webinar (month 9)
- Content Webinar (month 10)
- Content Webinar (month 11)
- Skills Questionnaire #2
- Learning Session #2
- Team Communication Guide

### Data and Outcome Measures

Data collection during the execution period includes collection of CAUTI outcomes, the skills questionnaire and the quarterly team communication guide. With regards to outcome data, number of residents and number of residents with urinary catheters are collected daily (Sunday through Saturday), while number of symptomatic CAUTI are collected weekly.

### Phase 3: Sustainability

Phase 3 of the project covers months 12 – 14, when the focus of the project turns to ensuring that the interventions that have been put in place will continue without interruption.



### Activities to Complete

1. Participate in monthly content webinars
2. Participate in monthly coaching webconferences
3. Complete daily/weekly outcome data
4. Complete the safety culture survey
5. Complete skills questionnaire #3
6. Complete quarterly team communication guide submission
7. Attend learning session #3

### Training and Education Activities

Phase 3 will continue to provide educational opportunities for each facility via monthly content webinars, [coaching webconferences](#) and learning session #3.

### Data and Outcome Measures

Outcome data collection will conclude after month 13 of the project. The final Nursing Home Survey on Patient Safety Culture survey will be administered in month 14, the final team communication guide should be submitted during month 13 and the final skills questionnaire is required to be completed prior to the final in-person training of the project, learning session #3.

### PHASE 3: TRACK YOUR PROGRESS

- Outcome Data (daily/weekly)
- Content Webinar (month 12)
- Content Webinar (month 13)
- Content Webinar (month 14)
- Final AHRQ Nursing Home Survey on Patient Safety Culture
- Skills Questionnaire #3
- Learning Session #3
- Team Communication Guide

## TRAINING AND EDUCATION

A training and educational events calendar is listed on the project website. Your organizational lead should also be sending you newsletters or reminders in advance of these events.

### Learning Sessions

The majority of the educational programming is virtual and in the form of 45-minute webinars. The national project team has found that having an opportunity for teams to meet each other face-to-face is very important to enabling peer learning and creating a peer support network that will continue past the program participation period. This project includes three learning sessions in which all the facility teams get together with their Organizational Lead, some members of the national project team and other invited guests. Ideally, the learning sessions are face-to-face events. However, in some cases, two webinars may need to take the place of in-person meeting. A description of each of the three learning sessions follows.

The facility team lead should attend, along with as many members of the core team if available. This is typically a one-day meeting. Your organizational lead will work with you and your cohort to identify a convenient date and location for the meetings.

**Learning Session #1** will introduce you to the project and the national faculty and explain the clinical and cultural program interventions. During the session, you will be guided through the process of drafting a facility action plan (Appendix E). At the conclusion of the learning session, you will take the action plan back to your facility to review with your team, and obtain management buy-in. The final action plan should be submitted to your organizational lead within one month of learning session #1.

**Learning Session #2** occurs during phase two and addresses current data trends and includes peer presentations sharing lessons learned to date. Topics may include national faculty presentations on current data trends of participating LTC facilities and other LTC facilities nationwide and how they compare to your cohort; information on resident outcomes; and opportunities for peer-to-peer learning. Learning session #2 occurs in the middle of the project to provide the participating LTC facilities an opportunity to use lessons learned and best practices you have learned from the meeting and adjust your facility action plan or try new strategies to achieve project goals.

**Learning Session #3** is conducted in Phase 3 project and focuses on spread and sustainability, as well as a celebration of the work accomplished over the past year. Topics may include national faculty presentations on current data trends of participating LTC facilities and other LTC facilities nationwide and how they compare to your cohort; information on resident outcomes; opportunities for peer-to-peer learning; and sustainability and spread.

### Distance Learning

Distance learning will be the primary mode to deliver education and instruction to participating facility team members. Learning will be live, giving participants the opportunity to interact with the presenter and each other. However, archived recordings of the webinars are also available on the project website for staff who are unable to attend the webinar.



All webinars are free, but you will need to register online through the webinar link that your organizational lead sends you or the project website calendar. Contact your organizational lead if you have questions about the training opportunities.

### Onboarding Webinars

There will be a series of five weekly or biweekly onboarding webinars during the first few weeks of the program. These webinars are designed to give you the information needed to begin your journey of program implementation, providing the foundation for success in reducing infections and improving resident safety culture.

Facility team leads should encourage all members of the team to attend, however, specific members are required to attend (as listed in bold below):

**Table 1. Overview of Onboarding Webinars, Target Audience**

Title	Who Should Attend? ( <b>BOLD</b> = Required)
Onboarding 1: Building Your Team	<b>Facility Team Lead, Infection Control/Preventionist,</b> Administrative Champion, Nurse Champion, Physician Champion, Clinical Team
Onboarding 2: Understanding Definitions and Surveillance for LTC CAUTI	<b>Facility Team Lead, Infection Control/Preventionist,</b> Nurse Champion, Physician Champion
Onboarding 3: Data Collection Training	<b>Facility Team Lead, Infection Control/Preventionist, Data Coordinator, Survey Coordinator</b>
Onboarding 4: Enhancing Your Resident Safety Culture	<b>Facility Team Lead, Infection Control/Preventionist,</b> CNA lead or other informal non-licensed staff leader
Onboarding 5, Part I: Infection Prevention: Why Surveillance is Essential in Preventing HAIs	<b>Facility Team Lead, Infection Control/Preventionist</b> <i>Prerequisite:</i> Onboarding 2
Onboarding 5, Part II: Infection Prevention Skills Training: How to Monitor, Document and Communicate Surveillance Data	<b>Facility Team Lead, Infection Control/Preventionist,</b> Nurse Champion, Administrative Champion, Clinical Team, Physician Champion, Front-line staff (e.g. CNAs and techs) <i>Prerequisite:</i> Onboarding 5, part I

### Training Module Webinars

Phase 2 will provide further educational opportunities for your facility. The educational webinar series, intended to strengthen your knowledge and skills related to CAUTI reduction and HAI prevention more generally.

The expectation is that **at least one team member (in addition to the facility team lead) attends** all skills development training modules.

**Table 2. Training Module Webinars and Target Audience**

Title	Who Should Attend?
Training Module 1: Hand Hygiene and Standard CAUTI Prevention	Facility Team Lead, Nurse Champion, Physician Champion, Infection Control/Preventionist, Clinical Team, Front-line Staff
Training Module 2: Role of Environment and Equipment in Preventing CAUTI	Facility Team Lead, Nurse Champion, Physician Champion, Infection Control/Preventionist, Clinical Team, Front-line Staff
Training Module 3: Standard and Transmission-based (Isolation) Precautions in LTC	Facility Team Lead, Nurse Champion, Physician Champion, Infection Control/Preventionist, Clinical Team, Front-line Staff
Training Module 4: Avoiding the Harms of Antibiotic Over-Use: No Knee-Jerk Antibiotics	Facility Team Lead, Nurse Champion, Physician Champion, Infection Control/Preventionist,, Clinical Team, Front-line Staff

### Content Webinars

Content webinars will provide additional education on the C.A.U.T.I. and T.E.A.M.S. interventions and present information on evidence-based practices. Teams will be invited to present their experiences in implementing the project. All participating facility team members across all cohorts are invited to these webinars, but certain topics may lend themselves to select staff attendance.

Each webinar will be held on the third Thursday of each month from 12:15pm-1:00pm EST.

### Coaching Webconferences

During coaching webconferences, the organizational lead will work with facility teams on overcoming barriers, reviewing data trends, answering questions and generally assisting the teams to stay on track. National faculty experts will also be assigned to your monthly webconference to help answer any questions you have about the C.A.U.T.I. and T.E.A.M.S. interventions. The facility team lead, team champions, data and survey Coordinator should attend these coaching webconferences, as well as any other staff who would like to participate.

Each monthly coaching webconference will last approximately one hour and will be scheduled by the organizational lead. An expert faculty member will attend the webconferences along with an HRET staff member.

### Staff In-services and Meetings

The team communication guide is a tool that can be used to facilitate discussion during monthly team

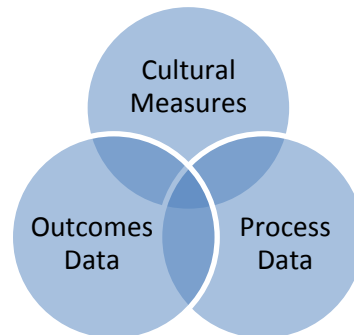
meetings or staff in-services. It can help teams assess their CAUTI prevention strategies, identify opportunities for improvement and develop action plans. Completing and submitting the team communication guide will be required at the end of each project quarter.

The first section of the guide is aligned with the T.E.A.M.S. intervention and focuses on team communication and assessment. The second section helps you track how often each step in the C.A.U.T.I. intervention was completed and to discuss the successes of implementing the C.A.U.T.I. intervention or any opportunities for improvement. The third section can be used to identify any barriers to your team's progress in CAUTI prevention and/or improving resident safety culture, which will allow you to discuss and develop action plans to overcome these barriers.

## MEASURING PROGRESS AND ASSESSING IMPACT

Establishing, standardizing and tracking data measures are necessary for effective project management and implementation in order to drive project success. The goals of measurement for the project are to determine CAUTI rates, monitor catheter utilization rates and assess team safety culture. These three areas measured in the *AHRQ Safety Program for Long-Term Care: CAUTI* project (outcome, process and culture) are described in this section.

Figure 1. Venn Diagram of Evaluation Measures



### Measuring Progress

#### Outcome Measures

Outcome measures for the *AHRQ Safety Program for Long-Term Care: CAUTI* project assess the number of symptomatic CAUTIs in participating LTC facilities for residents with catheters and for all residents in the facility. The intervention is also targeted at decreasing catheter utilization to achieve an overall reduction in CAUTI rates. These outcome measures help LTC facility teams and the national project team know if the intervention is helping to reduce CAUTIs.

In order to capture catheter outcomes and utilization rates, total resident days and total catheter days are collected on a daily basis. Also, on a weekly basis, staff will collect the number of residents with a CAUTI based on the Centers for Disease Control and Prevention (CDC) National Health Safety Network (NHSN) LTC definition. (See for resources and the NHSN CAUTI criteria.) This information can be entered into either NHSN or HRET's Comprehensive Data System (CDS). If facilities elect to enter their data in NHSN, then HRET will work with these facilities to confer rights to their data.

In summary, the following data will be collected:

- Number of symptomatic CAUTIs attributable to your facility each week during the intervention
- Number of urinary catheter days (number of residents with urinary catheter device is collected daily at the same time each day during the intervention)

- Number of resident days (number of residents is collected daily at the same time each day during the intervention)

*TIP:* Daily outcomes data should be collected at the same time every day. For example, most facilities record their census at midnight; if this is the practice in your facility, we recommend that midnight be the time to capture the number of indwelling urinary catheters. On a weekly basis, facilities will enter the census and catheter information on either NHSN or HRET's CDS. These measures are collected continually throughout the project.

The collection schedule is displayed in Figure 1.

This process will be covered during onboarding webinars #2 and #3

### Process Measures

Process measures assess behaviors which can be influenced to reduce CAUTI risk. Reviewing this data can help facility unit teams and the national project team recognize where improvements can be applied to modify practices in the facilities to achieve best possible outcomes. Process measures include the skills questionnaire, the team communication guide and tracking training participation.

### **Training Participation**

Success of the project depends upon many things, including the level of staff engagement and our ability to raise the knowledge base of staff at all levels about infection prevention. Therefore, facility-specific compliance with project-related training will be monitored. You will be asked to report on the number of staff and their roles who participate in the live webinars (onboarding, training modules and content webinars), as well as those who view the archived webinars. Data will be gathered by HRET through tracking registration of the participant (registrant) of live webinars only. A sample template for tracking participation can be found in appendix G or for a simplified tracking document for all activities refer to appendix A.

### **Skills Questionnaire**

The skills questionnaire will be administered by the organizational leads three times during the course of the project to align with each of the three learning sessions and the three phases of the project. This questionnaire will be used to monitor the effectiveness of the educational components provided throughout the program.

There are two versions of the skills questionnaire – one for licensed staff (e.g. RNs, LPNs or more advanced degrees/certifications) and another for unlicensed staff (e.g. CNAs, other technicians or support staff). **A minimum of 5 licensed questionnaires and 5 unlicensed questionnaires must be completed at each facility prior to all three learning sessions.** Core team members should complete the skills questionnaire; however, team roles can sometimes be filled by the same individual, therefore, you may need to reach out to additional or ad hoc team members and facility staff to reach the minimum of 5 licensed and 5 unlicensed questionnaires per facility. Each staff member completing the skills questionnaire will be asked for their state, facility name and lead organization; individual staff names will not be gathered or recorded. Therefore, all individual staff member results will be anonymous. Staff

members are not expected to know the answers to all of the questions at the beginning of the project, but are expected to gain knowledge over the course of the project and become more confident in their answers as the project progresses. Results from the skills questionnaire may be used to tailor coaching webconferences.

It is the responsibility of the survey coordinator to ensure that all skills questionnaires are completed and submitted through the web prior to each of the three learning session dates.

*TIP:* Reassure staff that they are not expected to know all of the answers to all of the questions at the beginning of the project, but are expected to gain knowledge over the course of the project and become more confident in their answers as the project progresses. Consider holding group sessions with staff unfamiliar with the skills questionnaire answers to guide them through the completion process as some items may not be initially clear.

### ***Team Communication Guide***

The team communication guide is intended to be used to help nursing home project teams facilitate discussion during team meetings, develop action plans, improve safety culture, and prevent CAUTIs by assessing infection prevention successes and identifying opportunities for improvement. This tool can also be used to guide the project team towards overcoming barriers to CAUTI prevention. This process measure provides important feedback that the organizational lead and/or the national project team can continually reference as the intervention is being implemented to assist the team with diagnosing, tracking and communicating ways to reduce or eliminate barriers. Collaborating as a team to complete the tool also serves as an activity where skills from the T.E.A.M.S. intervention can be employed.

The assessment questions that accompany the guide must be submitted by any member of the project team once per quarter (months 4, 7, 10 and 13) in HRET's CDS, with input from the rest of the team to report on progress of the implementation of the C.A.U.T.I and T.E.A.M.S. interventions and the teams' ability to address encountered barriers. Although HRET requires quarterly data submission, project teams are encouraged to use this guide during their monthly team meetings to discuss progress and barriers toward 100 percent implementation of each process measure.

### **Culture Measures**

To measure culture of safety, the program uses two tools: the facility demographics and AHRQ's Nursing Home Survey on Patient Safety Culture.

### ***Facility Demographics***

The program collects data on facility demographics to better understand the characteristics of each facility as well as current policies and procedures in place for infection prevention, catheter management and CAUTI prevention.

This assessment is completed by the team leader one time for the facility at the beginning of the project. Results from the facility demographics may be used to tailor coaching webconferences and content webinars.

### **Safety Culture Survey**

AHRQ developed the a validated survey, Nursing Home Survey on Patient Safety Culture to track changes in resident safety culture over time, while evaluating the impact of patient safety interventions.

The Nursing Home Survey on Patient Safety Culture contains 42 questions measuring 12 different dimensions:

- Communication openness
- Compliance with procedures
- Feedback and communication about incidents
- Handoffs
- Management support for resident safety
- Organizational learning
- Overall perceptions of resident safety
- Staffing
- Supervisor expectations and actions promoting safety
- Teamwork
- Demographic questions
- Two overall rating questions\*

*\*The two overall rating questions are: 1) I would tell friends that this is a safe nursing home for their family, and 2) please give this nursing home an overall rating on resident safety.*

This survey is useful for measuring organizational conditions that can lead to adverse events and resident harm in the nursing home. It can be used to:

- Raise staff awareness about resident safety and why it is so important
- Assess the current status of safety culture in the facility
- Identify strengths as well as areas for improvement
- Evaluate the cultural impact of resident safety interventions
- Compare your facility findings with others (individual facility results are not identified)<sup>5</sup>

Once your facility has completed and submitted a sufficient number of surveys for analysis and reporting, you will receive facility-specific reports, along with assistance in interpreting the results through coaching webconferences. The reports will be used to identify opportunities for improvements as well as to celebrate success.

### **Who Completes the Safety Culture Survey?**

All staff regularly working at least 8 hours per week in your facility (whether employed or contracted) should be invited to complete the AHRQ Nursing Home Survey on Patient Safety Culture. This survey will be completed at the beginning and at the end of the project. Each facility will identify a survey coordinator who will be responsible for distributing the survey. The coordinator can also be the facility

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<sup>5</sup> Adapted from AHRQ website: <http://www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/nursing-home/>. Accessed June 22, 2014.

team lead or data coordinator. S/he will encourage staff to complete the survey, which takes about 10-15 minutes to complete.

The organizational lead will send a reminder with the survey link to your facility team lead. Detailed instructions for survey completion are in appendix H.

### Data Collection

There are several purposes for data collection and measurement. It can be used for benchmarking against competitors, conducting research or for internal quality improvement. Occasionally, the act of collecting data itself can raise awareness or create sustainable processes for monitoring. Each of the data points must be collected by facilities participating in the project.

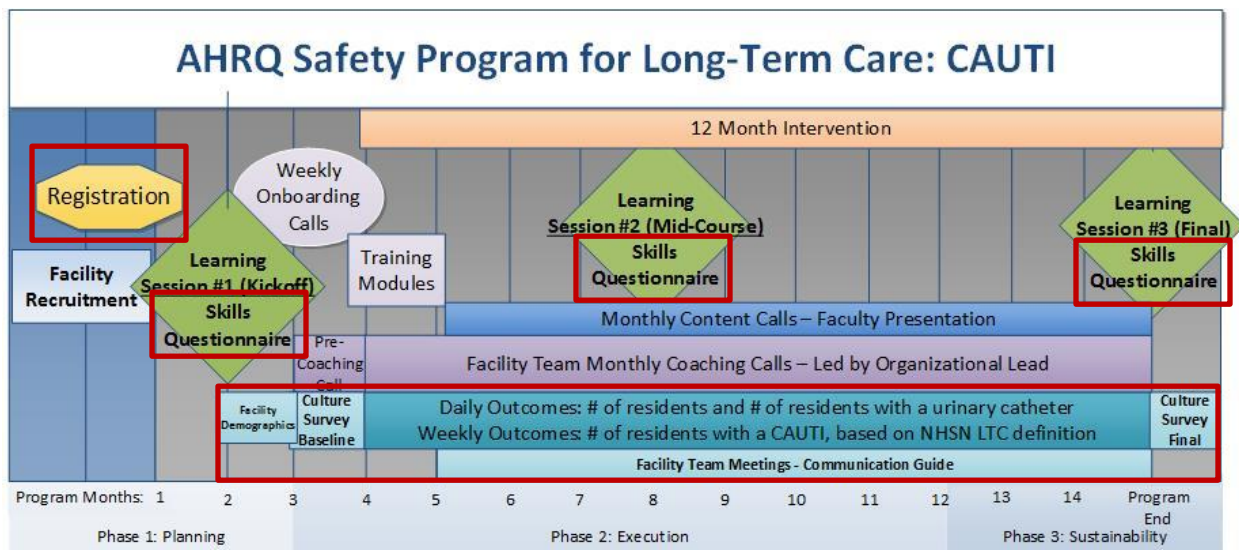
### Data Entry

Data collection for *AHRQ Safety Program for Long-Term Care: CAUTI* is primarily done through the web-based portal, HRET [Comprehensive Data System \(CDS\)](#). Exceptions include the Facility Demographics, Skills Questionnaire and Nursing Home Survey on Patient Safety Culture, which are administered through Cvent, a web-based survey platform similar to SurveyMonkey. If facilities are already entering outcome data into NHSN, then HRET will work with these facilities to confer rights to transfer data from NHSN to CDS. Detailed information about data entry into CDS may be found in the CDS Data Entry Guide.

### Data Collection Schedule

Data collection occurs as part of the responsibilities of *AHRQ Safety Program for Long-Term Care: CAUTI* participation. The timeline (Figure 4) details data collection as part of the whole project.

Figure 4. AHRQ Program for Long-Term Care: CAUTI Timeline



Performance is monitored on a regular basis according to the project schedule. The national project team has worked hard to reduce the data collection burden to facility teams. Still, CAUTI data collection can be a complex process depending upon the facility’s existing procedures. It is recommended that

facility teams keep a copy of their cohort-specific version of the CAUTI project timeline available throughout their involvement in the project, in order to track the required data elements at any given point.

**Table 3. Data Collection Schedule**

Tool/Data Collected	Data Collection Schedule
Facility Demographics	<ul style="list-style-type: none"> <li>• <b>Planning:</b> One time per facility at start of project</li> </ul>
Skills Questionnaire	<ul style="list-style-type: none"> <li>• <b>Planning:</b> Learning Session #1 (Kick-off)</li> <li>• <b>Execution:</b> Learning Session #2 (Mid-Course)</li> <li>• <b>Sustainability:</b> Learning Session #3 (Final)</li> </ul>
Nursing Home Survey on Patient Safety Culture	<ul style="list-style-type: none"> <li>• <b>Planning:</b> Start of Project</li> <li>• <b>Sustainability:</b> Month 14</li> </ul>
Team Communication Guide	<ul style="list-style-type: none"> <li>• <b>Execution/Sustainability:</b> Completed each quarter (i.e. months 4, 7, 10 and 13)</li> </ul>
<p><b>CAUTI Outcome Data</b></p> <ul style="list-style-type: none"> <li>• Number of symptomatic CAUTIs attributable to your facility each week during the intervention period</li> <li>• Number of urinary catheter days (number of residents with urinary catheter device is collected daily at the same time each day during the intervention period)</li> <li>• Number of resident days (number of residents is collected daily at the same time each day during the intervention period)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Execution/Sustainability:</b> Resident and urinary catheter days collected daily (HRET suggest weekly data entry)</li> <li>• <b>Execution/Sustainability:</b> Number of symptomatic CAUTIs collected and entered weekly</li> </ul>

\*For cohort-specific dates, teams are instructed to consult their cohort-specific project calendar.

## Reporting

Facilities, organizational leads and the national project team can all use reports to monitor the achievements being made or potential areas where there is still room for improvement. Reports enhance the understanding of program status and make it possible to evaluate and modify project efforts, as needed. The collection and reporting of data is an effective means of providing feedback to teams and supports overall project improvement and sustainability.

## Obtaining Reports

Facility teams can access data reports in HRET CDS for outcome data, safety culture survey and the team communication guide. Organizational leads also have access to these reports, allowing them to assist teams with reporting questions. Facility demographics, skills questionnaire and culture survey reports are also sent directly to the organizational leads from HRET. National project summary reports are also posted on the project website.



## Using Reports

Because the data collection and monitoring process of this project is critical for monitoring CAUTI rates and continued awareness of catheter utilization, it is important to review reports on a regular basis and provide consistent team feedback. The NPT encourages teams to be creative in how reports are applied, and brainstorm ways to utilize reports that may not be listed below. Below are some suggested steps for how teams can use reports.

1. Review report information at the monthly team meeting. Team leads can pull the reports before the meeting and supply printouts for other team members to review.
2. Possible questions to ask each other during team meetings:
  - a. Are CAUTI rates decreasing?
  - b. Is catheter prevalence increasing or decreasing?
  - c. Are indications appropriate? If not, are there any indications your team should focus on?
  - d. What are other teams doing?
  - e. Do we have adequate support from our nursing, physician, and other executive champions?
3. Share successes with your facility. If the report shows that your CAUTI rates are decreasing or have dropped below the national average, share these successes with your facility.
4. Distribute information to senior leadership.
5. Use the reports to guide questions on coaching web conferences. The team communication guide can be especially useful for team and organizational leads in identifying successes and barriers when developing agendas for team meetings, coaching calls or additional training efforts.

## Feedback and Monitoring

Facility teams and organizational leads have access to all data reports through the project website and weekly updates from organizational leads. These reports may be useful during regular facility team meetings to monitor progress, improvement and training needs. Organizational Leads will provide one-on-one support to facilities who request help.

## TOOLS AND RESOURCES

### [Antibiotic Stewardship Brochure](#)

Print out this brochure to educate residents and families on the appropriate use of antibiotics and help promote shared decision-making.

### [Centers for Disease Control and Prevention CAUTI Toolkit](#)

### [CDC's National Health Safety Network training for LTC facilities](#)

### [Indwelling Urinary Catheter Insertion and Maintenance Checklists](#)

The indwelling urinary catheter insertion and maintenance checklists can be used to help your facility teams ensure that residents are protected through application of nationally recognized, evidence-based practices during invasive procedures (e.g. catheter insertion/maintenance) to reduce the risk of infection.

The Indwelling Urinary Catheter Insertion Checklist can be used anytime a new indwelling urinary catheter is inserted. A detailed Instructions for Catheter Insertion Use checklist is available.

Similarly, the Indwelling Urinary Catheter Maintenance Checklist should be completed at least once a month on all residents with a urinary catheter. A detailed Instructions for Catheter Maintenance Use checklist is also provided.

### [Learn From Defects](#)

Staff and administrators can use this one-page tool to identify the types of systems that contributed to a defect (a clinical or operational event, situation or safety issue you do not want to have happen again) and follow up to ensure safety improvements are achieved.

### [Safety Culture Survey Promotional Flyers](#)

### [Staff Safety Assessment](#)

This one-page form contains two questions to ask front-line providers and staff that will help determine what risks are present at your nursing home. It can assist in identifying what safety issue your team may want to work on next.

## APPENDIX

### APPENDIX A. Activities Checklist

Step	Task	Resource Materials	Who's Responsible?	Due Date	Completed
<b>1.0</b>	<b>PHASE 1</b>				
<b>1.1</b>	Complete facility registration online	Facility Registration	Administrative champion or Facility Team Lead		
<b>1.2</b>	Complete and submit facility team roster form to organization lead	Facility Team Roster	Facility Team Lead		
<b>1.3</b>	Complete online skills questionnaire (#1)	Skills Questionnaire (Phase 1)	10 staff members: 5 licensed, 5 unlicensed		
<b>1.4</b>	Complete facility demographics assessment online	Facility Demographics Assessment	Nurse champion or Facility Team Lead		
<b>1.5</b>	Attend learning session #1	Learning Session #1 Handouts	Facility Team Lead and 1 other core team member		
<b>1.6</b>	Complete baseline safety culture survey	Safety Culture Survey	Data or Survey Coordinator		
<b>1.7</b>	Complete and submit facility action plan to organization lead	Facility Action Plan	Facility Team Lead		
<b>1.8.1</b>	Onboarding webinar #1: Building Your Team		See Table 1.		
<b>1.8.2</b>	Onboarding webinar #2: Understanding CAUTI Definitions		See Table 1.		
<b>1.8.3</b>	Onboarding webinar #3: Data Collection Training		See Table 1.		
<b>1.8.4</b>	Onboarding webinar #4: Enhancing Resident Safety Culture		See Table 1.		
<b>2.0</b>	<b>PHASE 2</b>				
<b>2.1.1</b>	Onboarding webinar #5, Part I: Infection Prevention: Why Surveillance is Essential in Preventing HAIs		See Table 1.		
<b>2.1.2</b>	Onboarding webinar #5, Part II: Infection Prevention Skills Training: How to Monitor, Document and Communicate		See Table 1.		

	Surveillance Data				
2.2.1	Training Module #1: Hand Hygiene and Standard CAUTI Prevention		See Table 2.		
2.2.2	Training Module #2: Environment and Equipment		See Table 2.		
2.2.3	Training Module #3: Isolation Precautions		See Table 2.		
2.2.4	Training Module #4: Antibiotic Stewardship		See Table 2.		
2.3.1	Content webinar (month 4)		TBA	3rd Thursday of month, 12:15-1 PM (ET)	
2.3.2	Content webinar (month 5)		TBA	3rd Thursday of month, 12:15-1 PM (ET)	
2.3.3	Content webinar (month 6)		TBA	3rd Thursday of month, 12:15-1 PM (ET)	
2.3.4	Content webinar (month 7)		TBA	3rd Thursday of month, 12:15-1 PM (ET)	
2.3.5	Content webinar (month 8)		TBA	3rd Thursday of month, 12:15-1 PM (ET)	
2.3.6	Content webinar (month 9)		TBA	3rd Thursday of month, 12:15-1 PM (ET)	
2.3.7	Content webinar (month 10)		TBA	3rd Thursday of month, 12:15-1 PM (ET)	
2.3.8	Content webinar (month 11)		TBA	3rd Thursday of month, 12:15-1 PM (ET)	
2.3	Complete online Skills questionnaire (#2)	Skills Questionnaire (Phase 2)	10 staff members: 5 licensed, 5 unlicensed		
2.4	Attend learning session #2		Facility Team Lead and 1 other core team member		
2.5	Submit daily/weekly outcome measures	CDS Reporting	Data Coordinator	Ongoing	
2.6	Submit Team Communication Guide report		Facility Team Lead	Quarterly	
<b>3.0 PHASE 3</b>					
3.1	Submit daily/weekly outcome measures	CDS Reporting	Data Coordinator	Ongoing	
3.2.1	Content webinar (month 12)			3rd Thursday of Month, 12:15-1 PM (ET)	
3.2.2	Content webinar (month 13)			3rd Thursday of Month, 12:15-1 PM (ET)	

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<b>3.2.3</b>	Content webinar (month 14)			3rd Thursday of Month, 12:15-1 PM (ET)	
<b>3.1</b>	Complete online skills questionnaire (#3)	Skills Questionnaire (Phase 3)	10 staff members: 5 licensed, 5 unlicensed		
<b>3.2</b>	Attend learning session #3		Facility Team Lead and 1 other core team member		
<b>3.3</b>	Submit Team Communication Guide report	Team Communication Guide	Facility Team Lead	Quarterly	
<b>3.4</b>	Complete final online safety culture survey (#3)	Safety Culture Survey	Data or survey coordinator		



APPENDIX B. Team Roles/Responsibilities

Membership Type	Role	Responsibilities	Suggested Staff/Discipline
Required Core	Facility Team Lead	Recruit team members, promote project goals, deliver information to management about progress, oversee project activities, attend <b>all</b> educational events, implement project interventions (C.A.U.T.I. and T.E.A.M.S. interventions), delegate tasks and hold others responsible, lead regular team meetings, track and monitor project progress	Influential staff person who has authority to make decisions, such as: (Assistant) Director of Nursing, Nurse Practitioner, Clinical Nurse Specialist, or Infection Control Nurse
Required Core	Administrative champion	Obtain management buy-in, promote program goals, allocate the necessary resources, facilitate removal of barriers, monitor participation and performance improvement results, ensure that the program remains an organizational priority, ensure continuation of the project if/when there is turnover among core team members	Executive Director or Administrator
Required Core	Data Coordinator	Data collection, submission, report/retrieval and review with the Facility Team Lead. All CAUTI outcome measures: 1) daily # of residents; 2) daily number of residents with a urinary catheter; 3) weekly number of residents with a CAUTI	Any staff member(s) with reporting and organizational skills and with access to a computer
Required Core	Survey Coordinator	All culture and process data: 1) facility demographics; 2) safety culture survey; 3) skills questionnaire; and training compliance	Any staff member(s) with reporting and organizational skills and with access to a computer
Core	Physician champion	Reinforce program aims, educate clinical staff about appropriate indications for urinary catheter use, serve as a liaison to promote project interventions to medical staff and hospital medical staff, support implementation among team, physicians, nurse practitioners /physician assistants	Medical Director or other physician

Core	Nurse champion	Provide leadership support and guidance for the team, develop and share expertise in program interventions, facilitate the education of other nurses, serve as a role model for nurse empowerment	Director of Nursing or designee
Core	Infection control/preventionist	Provide infection prevention expertise and reinforce infection prevention best practices	Nurse
Core	Clinical team	Support and mentor direct care staff, relay project information to residents/families and staff, communicate with physicians/NPs/PAs, provide in-service training, collect and report infection control data	Nurse manager and/or charge nurse, nursing assistant, staff development coordinator/ educator, QI/QA lead
Ad Hoc	Other LTC staff	Attend team meetings as needed, support the team on specific activities, implement discipline-specific protocols	Housekeeping/maintenance, social services, nutritionist, pharmacist, resident or family member, physical therapy, other



APPENDIX C. Facility Team Roster

***Acknowledgement of Understanding of the Expectations by Team Members***

Each member of the *AHRQ Safety Program for Long-Term Care: CAUTI* team should sign this form.  
 The facility team leader should send this document to their respective organizational lead.

**Facility Name:**

Team Role	Name	Credentials	Title	Signature	Date
Facility Team Lead					
Administrative champion					
Data Coordinator					
Survey Coordinator					
Infection preventionist/ epidemiologist					
Nurse champion					
Physician champion					



## APPENDIX D. Sample Facility Team Meeting Agenda

### **The AHRQ Safety Program for Long-Term Care: CAUTI**

#### **Introductory Team Meeting Agenda**

Project overview and goals

Why this project is important (from HRET slides)

Advantages for the nursing home (from HRET slides)

Role of facility team members

- Promote project goals
- Provide input and assist with staff training on CAUTI and safety culture improvements
- Submit process and outcome data

Project timeline



APPENDIX E. Facility Action Plan

**AHRQ Safety Program for Long-Term Care: CAUTI**

Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Team Lead Name: \_\_\_\_\_

**Purpose:** Use this worksheet to brainstorm and plan immediate next steps that should occur within 30 days of learning session #1.

<b>Activity: Communicate Program goals and timeline</b> <i>(Think about aligning with other quality and safety initiatives at your facility and involving residents and their families.)</i>				
<b>Tasks/Action Steps</b>	<b>Staff Responsible</b>	<b>Resources</b>	<b>Timing</b>	<b>Completed</b>
1				
2				
3				

**Notes:**

<b>Activity: Form the team and complete Facility Team Roster</b> <i>(Refer to team roster handout; include administrative, nursing and physician champions, infection prevention staff, data coordinator and ad hoc staff such as housekeeping)</i>				
<b>Tasks/Action Steps</b>	<b>Staff Responsible</b>	<b>Resources</b>	<b>Timing</b>	<b>Completed</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				

**Notes:**

<b>Activity: Keep team informed of educational webinars</b> <i>(Refer to onboarding webinar cheat sheet and website calendar)</i>				
<b>Tasks/Action Steps</b>	<b>Staff Responsible</b>	<b>Resources</b>	<b>Timing</b>	<b>Completed</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				

**Notes:**

<b>Activity: Establish monthly safety meeting to review project progress and hold first meeting</b> <i>(Select day/time each month to hold meeting)</i>				
<b>Tasks/Action Steps</b>	<b>Staff Responsible</b>	<b>Resources</b>	<b>Timing</b>	<b>Completed</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				

**Notes:**



<b>Activity: Collect data</b> <i>(You will receive more training and guidance about data collection and submission; given what you know now, what actions can you take now to help ensure success?)</i>				
<b>Tasks/Action Steps</b>	<b>Staff Responsible</b>	<b>Resources</b>	<b>Timing</b>	<b>Completed</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				

**Notes:**

<b>Activity: Implement the C.AU.T.I. intervention</b>				
<b>Tasks/Action Steps</b>	<b>Staff Responsible</b>	<b>Resources</b>	<b>Timing</b>	<b>Completed</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				

**Notes:**

<b>Activity: Implement the T.E.A.M.S. intervention</b>				
<b>Tasks/Action Steps</b>	<b>Staff Responsible</b>	<b>Resources</b>	<b>Timing</b>	<b>Completed</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				

**Notes:**



## APPENDIX F. NHSN Criteria

NHSN criteria for defining CAUTI for residents in long-term care facilities, including diagnostic and constitutional indicators

CAUTI criteria - NHSN definitions pocket cards

### Criteria for defining CAUTI in long-term care residents:

#### **One or more of the following:**

- Fever\*
- Rigors (shaking chills)
- New onset hypotension
- New onset confusion/functional decline AND increased white blood cell count\*
- New costovertebral angle pain or tenderness
- New or increased suprapubic pain or tenderness
- Acute pain, tenderness, or swelling of the testes, epididymis, or prostate
- Pus around the catheter site

**AND**

#### **Any of the following:**

*If catheter removed in last 2 calendar days:*

- Voided urine culture positive for  $\geq 100,000$  colony forming units (CFU)/ml of no more than 2 species of microorganisms
- In/Out catheter urine culture positive for  $\geq 100$  colony forming units (CFU)/ml of any number of microorganisms

*If catheter in place:*

- Indwelling catheter urine culture positive for  $\geq 100,000$  CFU/ml of any number of microorganisms

#### **Fever**

Must have one of the following:

- Single oral temperature  $>100^{\circ}\text{F}$  ( $37.8^{\circ}\text{C}$ )
- Repeated oral temperature  $>99^{\circ}\text{F}$  ( $37.2^{\circ}\text{C}$ ) **OR**  $^{\circ}\text{C}$  rectal temperature  $>99.5^{\circ}\text{F}$  ( $37.5^{\circ}\text{C}$ )
- Single temperature  $>2^{\circ}\text{F}$  ( $1.1^{\circ}\text{C}$ ) over baseline from any site (oral, tympanic, axillary)

#### **Increased White Blood Cell Count (Leukocytosis)**

Must have one of the following:

- $>14,000$  white blood cells (leukocytes)/ $\text{mm}^3$
- Increase in immature white blood cells (left shift) with  $>6\%$  bands or 1,500 bands/ $\text{mm}^3$

#### **Acute Change in Mental Status**

All components must be present:

- Acute onset (a new change)
- Fluctuating course (behavior change coming and going, or changing in severity)
- Inattention (difficulty focusing attention)
- Disorganized thinking (thinking is incoherent or hard to follow)  
**OR** altered level of consciousness (change is different from baseline, may be sleepy, lethargic, difficult to arouse)

#### **Acute Functional Decline**

- New 3 point increase in total activities of daily living (ADL) score from baseline (range: 0-28). Each ADL scored from 0 (independent) to 4 (totally dependent), including bed mobility, transfer, locomotion within facility, dressing toilet use, personal hygiene, and eating

**NOTE:** the expectation is that the data collection to capture and record the total number of residents and the number of residents with indwelling urinary catheters *will occur daily*, even if you are entering the data only weekly. This is one of the interventions and is very important.



## APPENDIX G. Training Participation Tracker

Training Activity	Date	Time	# Participants	Notes
Onboarding Webinar #1: Building Your Team	Tuesday, September 23	3:30-4:15pm EST/2:30-3:15pm CST/1:30-2:15pm MT/12:30-1:15pm PT		
Onboarding Webinar #2: Understanding CAUTI Definitions	Tuesday, September 30	12:00-12:45pm EST/11:00am-11:45am CST/10:00-10:45am MT/9:00-9:45am PT		
Onboarding Webinar #3: Data Collection Training	Tuesday, October 7	12:00-12:45pm EST/11:00am-11:45am CST/10:00-10:45am MT/9:00-9:45am PT		
Onboarding Webinar #4: Enhancing Your Resident Safety Culture	Tuesday, October 23	1:30-2:15pm EST/12:30-1:15pm CST/11:30am-12:15pm MT/10:30-11:15am PT		
Onboarding Webinar #5, Part I: Infection Prevention: Why Surveillance is Essential in Preventing HAIs	TBA	TBA		
Onboarding #5, Part II: Infection Prevention Skills Training: How to Monitor, Document and Communicate Surveillance Data	TBA	TBA		
Training Module #1: Hand Hygiene & Standard CAUTI Prevention	Tuesday, November 11	12:00-12:45pm EST/11:00am-11:45am CST/10:00-10:45am MT/9:00-9:45am PT		
Training Module #2: Environment & Equipment	Thursday, November 20	2:00-2:45pm EST/1:00-1:45pm CST/12:00-12:45pm MT/10:00-10:45am PT		
Training Module #3: Isolation Precautions	Tuesday, December 2	12:00-12:45pm EST/11:00am-11:45am CST/10:00-10:45am MT/9:00-9:45am PT		
Training Module #4: Antibiotic Stewardship	Wednesday, December 10	12:00-12:45pm EST/11:00am-11:45am CST/10:00-10:45am MT/9:00-9:45am PT		
Content webinar (month 4)		12:15-1:00 PM EST		3rd Thursday of month
Content webinar (month 5)		12:15-1:00 PM EST		3rd Thursday of month
Content webinar (month 6)		12:15-1:00 PM EST		3rd Thursday of month
Content webinar (month 7)		12:15-1:00 PM EST		3rd Thursday of month
Content webinar (month 8)		12:15-1:00 PM EST		3rd Thursday of month
Content webinar (month 9)		12:15-1:00 PM EST		3rd Thursday of month
Content webinar (month 10)		12:15-1:00 PM EST		3rd Thursday of month
Content webinar (month 11)		12:15-1:00 PM EST		3rd Thursday of month
Content webinar (month 12)		12:15-1:00 PM EST		3rd Thursday of month

Content webinar (month 13)		12:15-1:00 PM EST		3rd Thursday of month
Content webinar (month 14)		12:15-1:00 PM EST		3rd Thursday of month



## APPENDIX H. AHRQ Nursing Home Survey on Patient Safety Culture – Administering the Survey

### Welcome to the AHRQ Nursing Home Survey on Patient Safety Culture

In this survey, “resident safety” means preventing resident injuries, incidents, and harm to residents in the nursing home.

- This survey asks for your opinions about resident safety issues in your nursing home. It will take about 10 minutes to complete.
- If a question does not apply to your job or you do not know the answer, please mark the box in the last column. If you do not wish to answer a question, you may leave your answer blank.

Click here([Nursing Home Survey on Patient Safety Culture](#)) to download the paper version for later online data entry.

Please be sure to click “**Submit Survey**” at the end of the survey. Exiting the survey before clicking “Submit Survey” will result in your [responses being lost](#).

**Start Survey**

### Steps for Administering the Survey

1. Gather the facility CAUTI team, including your organizational lead, to discuss the safety culture survey.
2. Determine if your facility would like to be included in the AHRQ comparative database and let your organizational lead know. Complete the data use agreement and submit it to your organizational lead, if applicable.
3. Identify how you will use and promote the survey collection and reporting of results within your facility.
4. Complete survey timeline with support from your organizational lead and facility CAUTI team, including the administrative champion. It is important that the value of this survey is demonstrated and modeled throughout the facility.
5. Promote survey with support from facility leaders. You may also develop and distribute your own materials. We encourage you to make it fun!
6. Engage staff in asking questions about the value, benefits and use of the survey.
7. Administer the AHRQ Nursing Home Survey on Patient Safety Culture.
8. Gather the facility CAUTI Team, including your organizational lead, to discuss the safety culture survey results and action plans for review and dissemination with staff.

### Steps for Sharing Survey Results

1. Set a time to review results with staff six to eight weeks following survey completion to review results and discuss actions related to the feedback. AHRQ provides a list of initiatives related to

the survey areas entitled Improving Patient Safety in Nursing Homes: A Resource List for Users of the AHRQ Nursing Home Survey on Patient Safety Culture.

2. Continue to follow-up with staff regarding the importance of resident safety culture.
3. For questions about submitting your survey data to the AHRQ Nursing Home Survey on Patient Safety Culture comparative database, please email [DatabasesOnSafetyCulture@westat.com](mailto:DatabasesOnSafetyCulture@westat.com) or contact the helpline at: 1-888-324-9790.

### Survey Respondents

All employees are encouraged to complete the survey; however a 60 percent or greater response rate is required. This goal is to optimize the validity of the results. Reports will be regularly available to you through your organizational lead, to help you monitor the survey response rate of your facility. All staff regularly working at least eight hours per week in your facility (whether employed or contracted) should be invited to complete the AHRQ Nursing Home Survey on Patient Safety Culture.

### Survey Mode

**Please encourage all staff to complete the survey online.** However, if necessary, surveys can be administered via paper and collected anonymously (e.g., locked or closed box drop-off) for later manual data entry. For example, if computer access is limited at your facility you may choose to print the survey for distribution to staff to maximize the number of staff completing the survey.

### Staff Time

You may also want to consider scheduling uninterrupted time for staff to complete the survey; for example, you could make a computer available during an extended 15 minute staff break. During this time, you should be available to answer any questions they may have. Additionally, if staff are more comfortable taking the survey home to complete and entering online later, that is a good practice to ensure staff are comfortable completing the survey.

It is the survey coordinator's responsibility to ensure that all paper forms collected from staff are entered through the online link. Therefore, it is highly encouraged that, if possible, staff be given the time and opportunity to complete and enter the survey during their regular work hours to minimize late entry online.