



Healthcare Quality Reporting Program

STEERING COMMITTEE

5/18/16, **2:00-3:00pm**

Department of Health, Room 401

1. Welcome & meeting objectives (2:00pm)

Nicole Alexander-Scott, MD, MPH

- Meeting chair: N. Alexander-Scott
- Program staff: E. Cooper
- Voting members in attendance (3/17): D. Ashley, J. Nyberg, J. Shaw

2. Review previous action items (2:05pm)

- Distribute 'Patients Leave the Hospital with Superbugs on Their Hands' article (Emily) – **complete**
- Reach out to Eleanor Slater and ask them to complete the Hand Hygiene Agreement (Emily) – **complete**
- Review hospital hand hygiene policies (Emily) – **complete**
- Complete additional analysis on HIT Survey data (program staff) – **in progress**

3. Update from the State Long Term Care Ombudsman's Office (2:10pm)

Judith Shaw, RN

Ombudsman, Nursing Home and Assisted Living

Emily introduced Steering Committee member Judith Shaw, who represents the Alliance for Better Long-term Care, and invited her to present to the Committee information on a new HAI prevention program.

Judith provided the Committee with an overview of a new program being implemented by the Alliance for Better Long-term Care to raise awareness among Rhode Island's long-term care ombudsmen about Catheter-Associated Urinary Tract Infections (CAUTIs) and other Healthcare-Associated Infections (HAIs). Rhode Island is one of eight states that have been chosen by the National Consumer Voice for Quality Long-Term Care and the Health Research and Educational Trust (HRET) to partner on this project. The project is funded by the Agency for Healthcare Research and Quality (AHRQ).

The goal of the project is equip long-term care ombudsmen with information about infection prevention and resident safety practices, specifically related to CAUTI and other HAIs, so that this knowledge can be spread to nursing home residents and their families. Ultimately the project aims to reduce HAIs in nursing homes.

The Alliance for Better Long-term Care will begin training the state's ombudsmen in the next few weeks. The training slides that have been developed for this program have been included as an attachment with these minutes.

The Committee discussed how this work coordinates well with work currently planned or underway in the state to improve HAI prevention in the nursing home setting. Dr. Alexander-Scott

congratulated the Alliance on being chosen to partner on this work and asked to be kept up to date on their progress.

Emily noted that if any other Committee members are interested in giving presentations about relevant projects their organizations are working on during future meetings they can contact her.

4. Nursing Home Satisfaction Report (2:20 pm)

- *Review executive summary report (handout)*

Emily reviewed the aggregate executive summary report that was prepared by My-Innerview (MIV). This report contains state-level aggregate information about the nursing home satisfaction survey. Emily noted that our program analyst recently noticed that data from four of our facilities is missing from this report and from our data file. Emily has reached out to MIV and they will be sending the corrected information.

Emily highlighted the Priority Matrix Report within the summary document, explaining that this report shows how our nursing homes perform on specific questions and how closely those questions are correlated with overall satisfaction. This helps facilities to understand which improvement will have the largest impact on resident and/or family satisfaction. Emily explained to the group that the individual facilities can create these using the MIV online data platform using just their facility's data. Emily offered to assist any facilities that are having trouble with this or to provide a quick overview of how the platform is navigated to any groups that are interested. She noted that MIV is also willing to assist facilities with report creation.

The group discussed the high results that Rhode Island nursing homes received and pointed out that Rhode Island performs better than the MIV National comparison. Jim Nyberg asked if the program would be creating a press release about the results, as has been done in past years. Emily said she would reach out to the communications teams at MIV and at the Department of Health to get this process started. Dr. Alexander-Scott also expressed interest in the program putting out this press release.

- *New analytic plan for facility-level report*

Emily explained that MIV used a new survey instrument this year and as a result they had developed 10 new performance domains. The Nursing Home Subcommittee reviewed these new domains and decided that this is too many domains for our state facility-level report. During the most recent Nursing Home Subcommittee that group reviewed the survey items and grouped them into three composite domains (Quality of Life, Quality of Services and Quality Care) and two global domains (Overall Satisfaction and Recommend to Others). This will also provide continuity between our previous reports and this new report.

The Committee asked when this report would be available. Emily answered that the report should be ready for review by the Nursing Home Subcommittee in the next couple of weeks and will be posted online shortly thereafter.

5. Program updates (2:35pm)

- *Update on CDC Infection Prevention Assessments*

The program has received 28 nursing home self-assessments and 8 hospital self-assessments. Emily reminded the Committee that these assessments were submitted without identifying information and that the data will be analyzed in aggregate. The program has also completed the first of three onsite hospital assessment with the other two scheduled to be completed by the end of June. Emily noted that the first assessment had been so successful and informative that we may do additional onsite hospital assessments. Program staff will be attending a two day meeting about the grant funding the assessment process hosted by the CDC next week. After this meeting we will begin scheduling the 15 planned onsite nursing home assessments.

- *Overview of CDC grant requests*
Emily provided a brief overview of the grant proposals that are being submitted to the CDC next week. These grants are sections of a larger grant the Department of Health receives called the Epidemiology and Laboratory Capacity Grant. We have received funding through this grant for a number of years and it is the funding source for the program's HAI-related activities. For this grant cycle we are significantly increasing the amount of funds we are requesting. If received, these increased funds will allow us to expand our HAI prevention activities, including the development of educational resources, improved coordination of state HAI prevention activities and support for nursing homes that begin using the National Healthcare Safety Network (NHSN) system. We should hear back from the CDC in July and the funding period will start August 1, 2016.
- *Updated Hand Hygiene Report*
As discussed at our last meeting, the Hygiene Report has been updated to include Eleanor Slater Hospital. This report will be sent to the hospitals for their review and will then be posted online.
- *Update on HIT analysis*
Program staff is currently working on the expanded analysis of the 2015 HIT data. Emily showed the Committee a draft of an infographic that highlights some of the key data from the survey. Additional analysis will be completed soon and all new analysis will be posted on the Department of Health website. The previously completed analysis is already posted.

6. Action Items

- Share training slides from the Alliance for Better Long-term Care (Emily)
- Reach out to MIV and RIDOH communications teams to create a press release about the Nursing Home Satisfaction data (Emily)
- Complete Nursing Home Satisfaction Report (Emily/program staff)
- Send the updated Hand Hygiene Report to the hospitals for review (Val)
- Complete the HIT Analysis (Emily/program staff)

Next meeting: July 20, 2016

Remaining 2016 Meeting Dates*

July 20
September 21
November 16

**All meetings will be held at 2pm in room 401 at the Department of Health*

RHODE ISLAND

2015

EXECUTIVE SUMMARY

Prepared by



This report provides information needed to initiate quality improvement efforts, track referral sources, improve staff recruitment and retention, and evaluate outcomes of previous initiatives.

Includes:

RESIDENT SATISFACTION

FAMILY SATISFACTION

Published date: March 21, 2016

RESIDENT SATISFACTION

	2015	2014	2013
RESPONSE RATE	70%	71%	70%
FACILITIES SURVEYED	85	89	88
SURVEYS RECEIVED	2,512	2,609	2,361



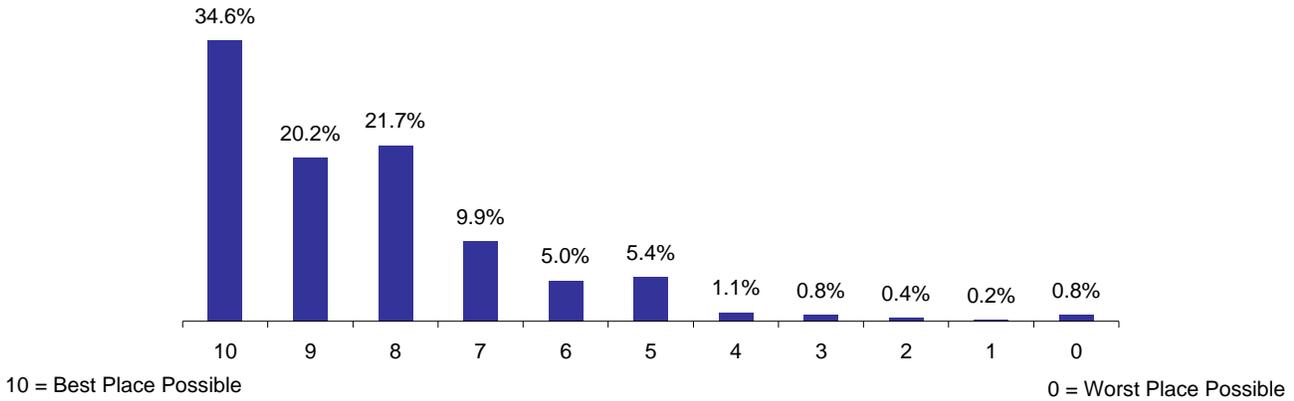
RHODE ISLAND

RESIDENT SATISFACTION

OVERALL RATING & IMPRESSIONS

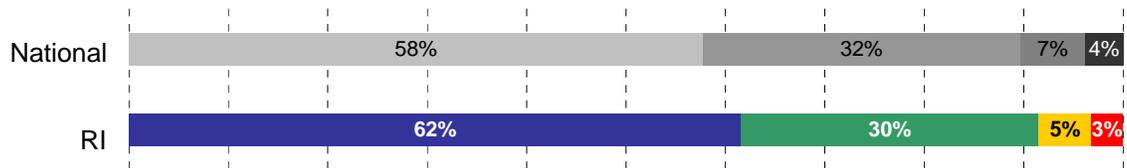
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Facility rating as a place to live



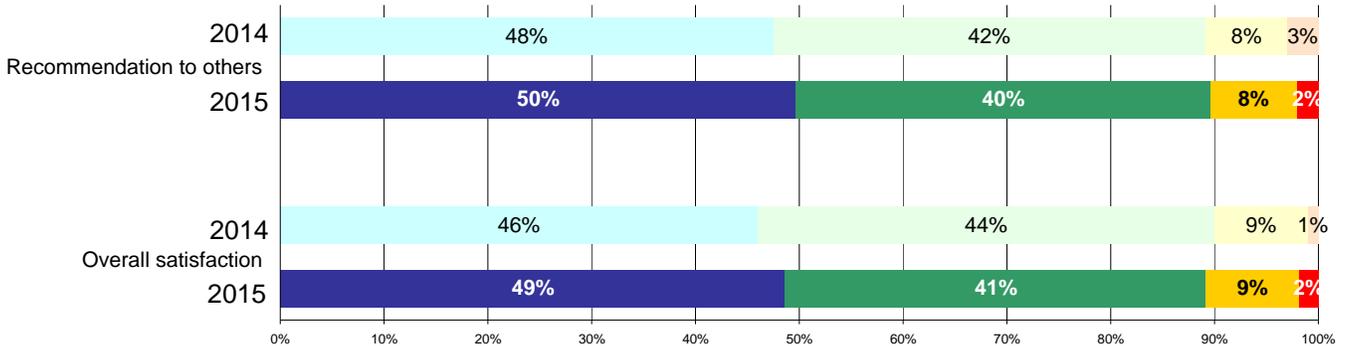
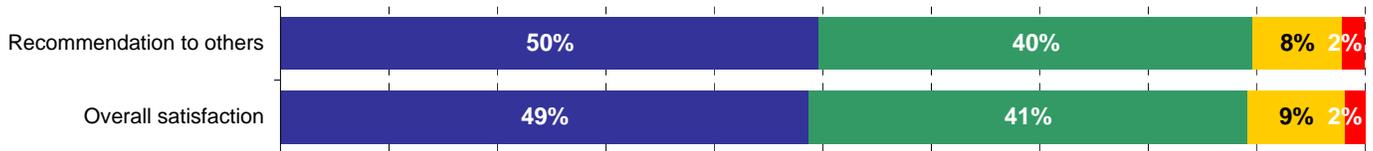
Defn. Yes **Prob. Yes** **Prob. No** **Defn. No**

Recommendation to friends/family as a place to live



Legacy Global Satisfaction Items

EXCELLENT **GOOD** **FAIR** **POOR**



RHODE ISLAND

RESIDENT SATISFACTION

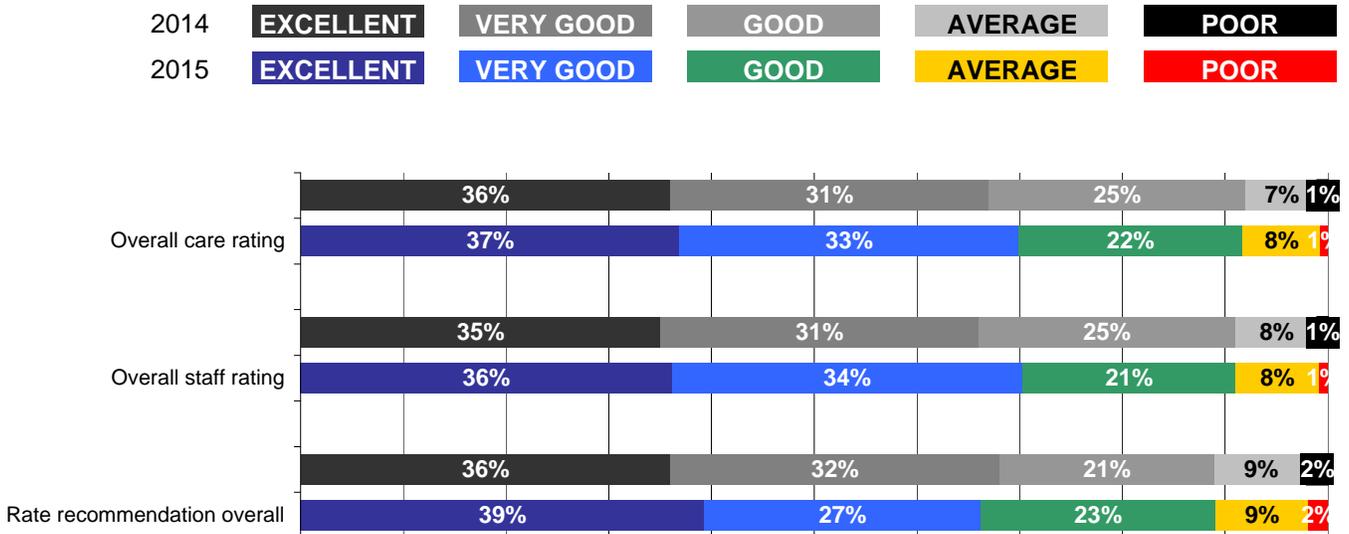
AHCA CoreQ Items: Current Year & Trend

2

Current Year (2015)



Trend

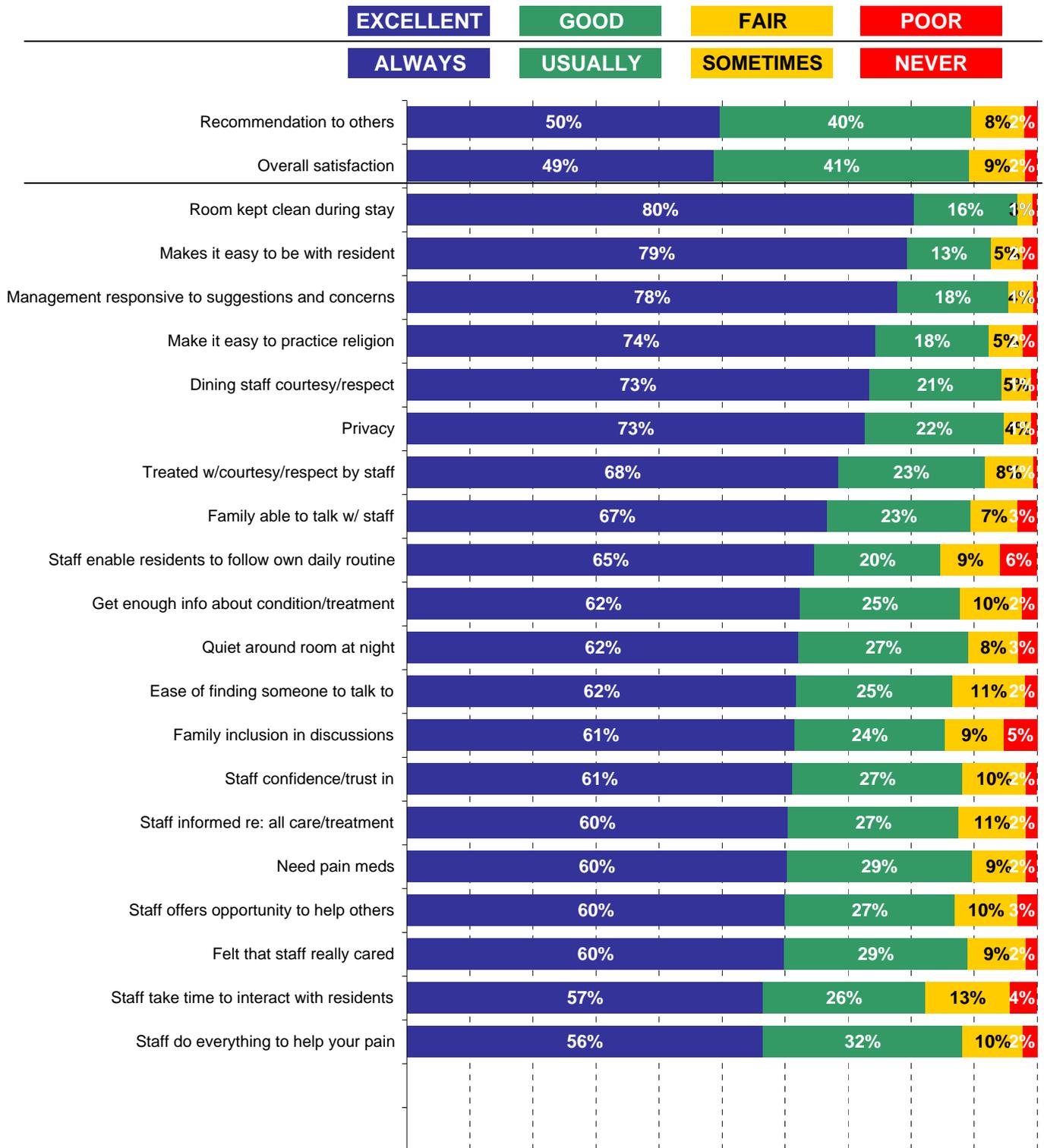


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RESIDENT SATISFACTION

ITEMS RANKED BY PERCENT "ALWAYS" FOR 2015

3



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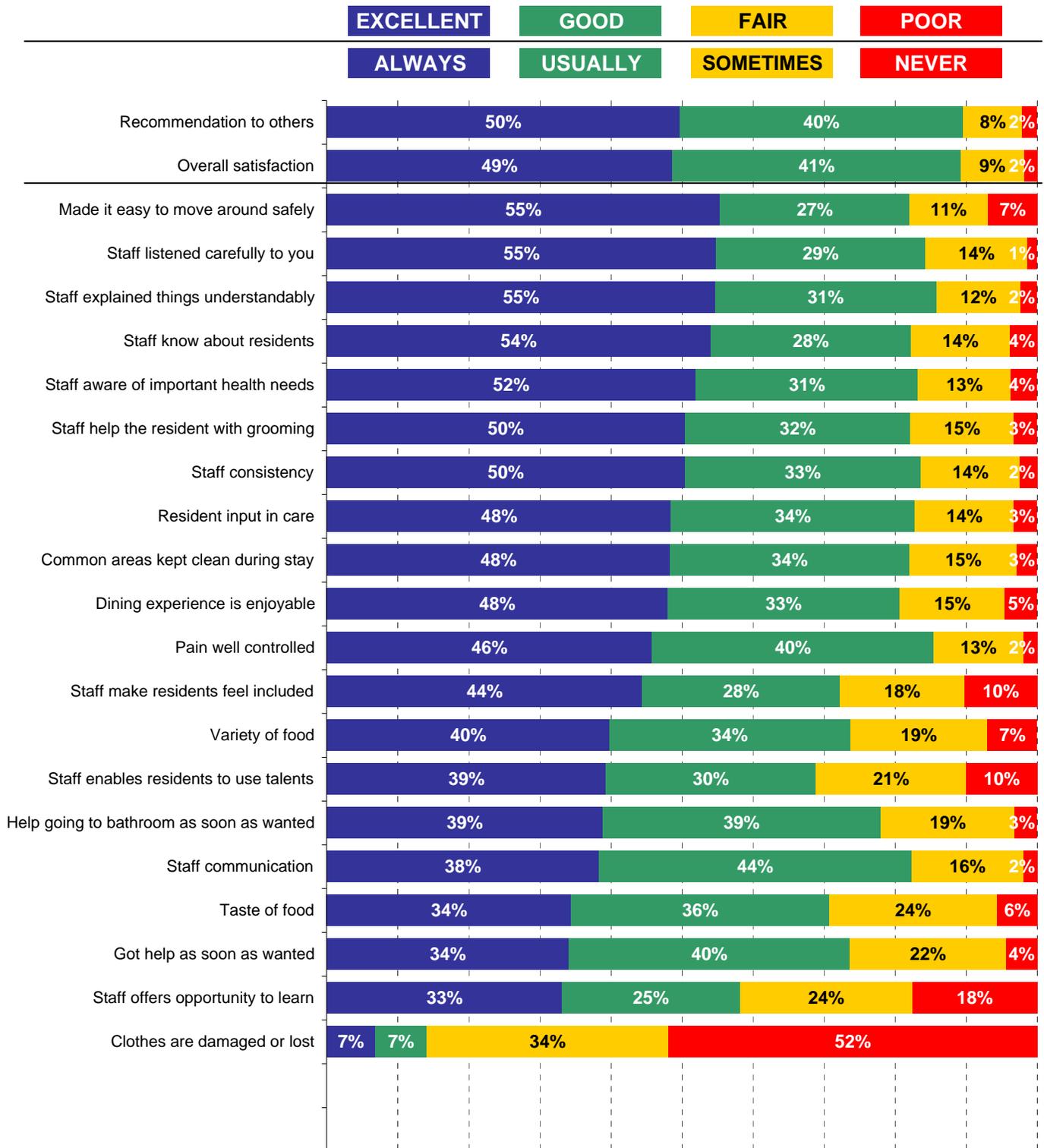
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RESIDENT SATISFACTION

ITEMS RANKED BY PERCENT "ALWAYS" FOR 2015

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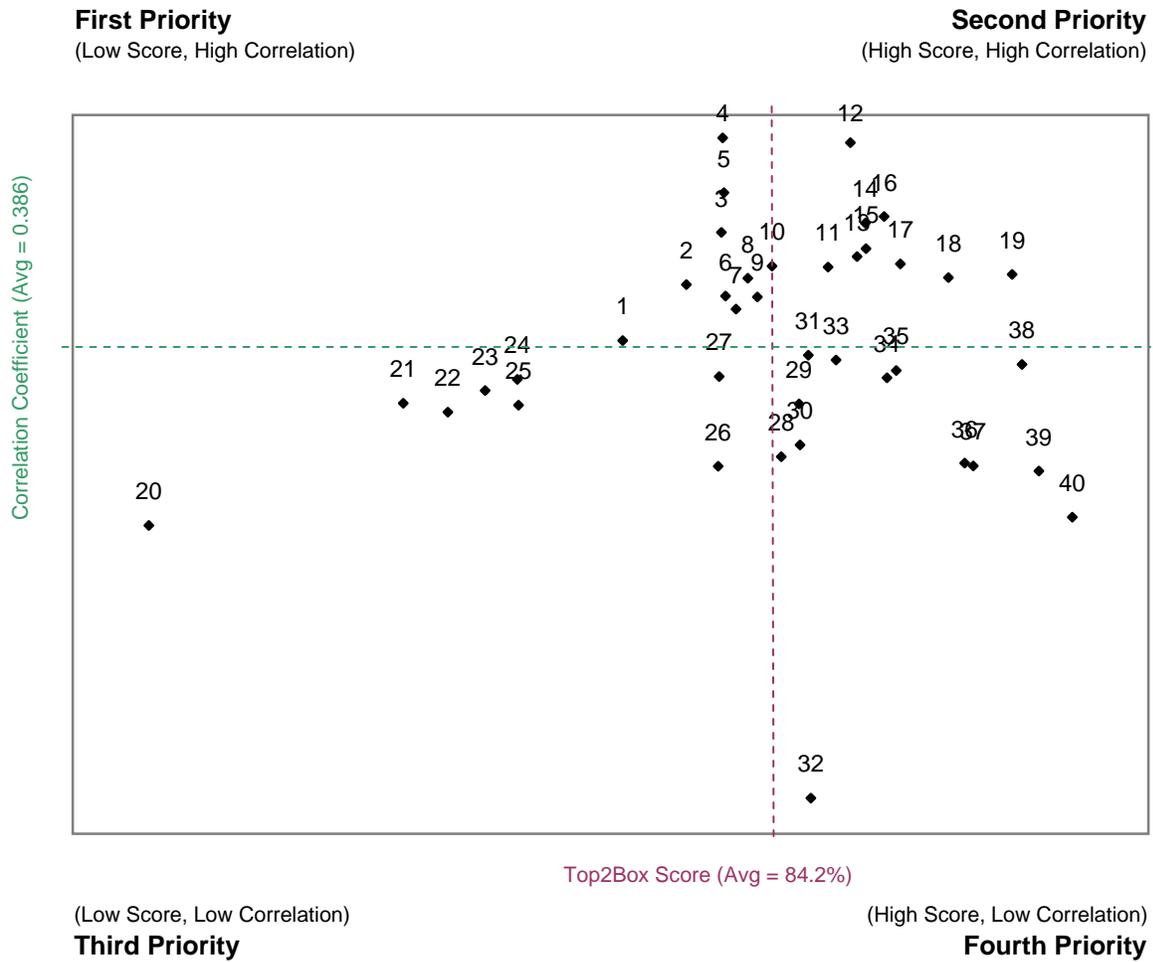


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RESIDENT SATISFACTION PRIORITY MATRIX



RESIDENT SATISFACTION PRIORITY MATRIX

	Point Label	Question	Top2Box Score	Correlation Coefficient	
Primary Opportunities	1	Help going to bathroom as soon as wanted	78.0%	0.391	
	2	Dining experience is enjoyable	80.7%	0.420	
	3	Management responsive to suggestions and concerns	82.1%	0.448	
	4	Staff make residents feel included	82.2%	0.498	
	5	Staff take time to interact with residents	82.2%	0.469	
	6	Staff communication	82.3%	0.414	
	7	Resident input in care	82.8%	0.407	
	8	Get enough info about condition/treatment	83.2%	0.424	
	9	Staff consistency	83.6%	0.414	
Primary Strengths	10	Staff listened carefully to you	84.3%	0.430	
	11	Ease of finding someone to talk to	86.6%	0.430	
	12	Felt that staff really cared	87.5%	0.495	
	13	Staff know about residents	87.8%	0.435	
	14	Staff confidence/trust in	88.2%	0.453	
		15	Staff informed re: all care/treatment	88.2%	0.439
		16	Staff aware of important health needs	88.9%	0.456
		17	Staff do everything to help your pain	89.6%	0.431
		18	Treated w/courtesy/respect by staff	91.6%	0.424
		19	Dining staff courtesy/respect	94.3%	0.426
		20	Staff offers opportunity to help others	58.2%	0.293
		21	Staff offers opportunity to learn	68.8%	0.358
		22	Taste of food	70.7%	0.353
		23	Staff enables residents to use talents	72.3%	0.364
		24	Got help as soon as wanted	73.6%	0.370
		25	Variety of food	73.6%	0.357
		26	Belongings safe from being damaged/lost/stolen	82.0%	0.324
		27	Quiet around room at night	82.0%	0.372
		28	Staff help the resident with grooming	84.6%	0.329
		29	Family inclusion in discussions	85.4%	0.357
		30	Pain well controlled	85.4%	0.335
		31	Staff explained things understandably	85.8%	0.383
		32	Clothes are damaged or lost	85.9%	0.149
		33	Staff enable residents to follow own daily routine	86.9%	0.381
		34	Privacy	89.1%	0.371
		35	Family able to talk w/ staff	89.5%	0.375
		36	Make it easy to practice religion	92.3%	0.326
		37	Makes it easy to be with resident	92.7%	0.325
		38	Made it easy to move around safely	94.7%	0.378
		39	Room kept clean during stay	95.4%	0.322
		40	Common areas kept clean during stay	96.8%	0.297

RESIDENT SATISFACTION DIMENSIONS SUMMARY

5

Dimension	Top Box Score	
	RI	Nat'l
Autonomy	44.3%	40.3%
Coordination of care	51.1%	46.9%
Emotional support	61.0%	55.8%
Information & education	53.2%	49.8%
Involvement of family & friends	69.2%	66.1%
Patient safety	52.9%	48.6%
Physical comfort	61.5%	57.2%
Relationships	57.6%	52.9%
Respect for patient preferences	58.1%	52.7%
Supportive services	53.3%	50.3%

RHODE ISLAND

RESIDENT SATISFACTION

DEMOGRAPHICS AND BACKGROUND INFORMATION FOR 2015

6

RESIDENT

Resident's Gender	
Male	28%
Female	72%

Resident's Age	
19 or under	0%
20 to 29	0%
30 to 39	0%
40 to 49	1%
50 to 59	6%
60 to 69	12%
70 to 79	19%
80 to 89	36%
90 or older	27%

Resident's overall health	
Excellent	8%
Very Good	17%
Good	44%
Fair	25%
Poor	6%

Hispanic origin	
No	98%
Mex./Chicano	0%
Puerto Rican	1%
Cuban	0%
Other	1%

Race	
White	92%
Black/Afr. Amer.	5%
Asian	0%
Hawaiian/Pacific Isl.	0%
Amer. Ind./Alaska Native	1%
Other	2%

How long lived in here	
Less than 1 month	0%
1 to 3 months	3%
3 to 6 months	5%
6 months to 1 year	16%
1 to 3 years	40%
3 or more years	35%

75%

VISITOR

Person visiting most	
Spouse	6%
Child	52%
Brother or sister	14%
Grandchild	3%
Friend	9%
Another person	16%

How often visited	
Less than once a year	2%
Once a year	2%
Once every 3 months	6%
Once a month or more	20%
Once a week or more	48%
Almost daily	23%

70%

(May not total 100% due to rounding.)

RHODE ISLAND

RESIDENT SATISFACTION

DEMOGRAPHICS AND BACKGROUND INFORMATION FOR 2015

6

RESIDENT

Helped with survey	
Yes	81%
No	19%

Type of help with survey	
Read questions to me	49%
Wrote down answers I gave	43%
Answered questions for me	2%
Translated questions for me	1%
Helped in some other way	2%
No one helped me	3%

Preferred language	
English	96%
Spanish	1%
Chinese	0%
Vietnamese	0%
Korean	0%
Russian	0%
Other language	3%

Highest grade completed	
8th grade or less	15%
Some high school, but did not graduate	21%
High school graduate or GED	41%
Some college or 2-year degree	13%
4-year college graduate	7%
More than 4-year college degree	4%

(May not total 100% due to rounding.)

RHODE ISLAND

FAMILY SATISFACTION

	2015	2014	2013
RESPONSE RATE	36%	36%	35%
FACILITIES SURVEYED	85	85	89
SURVEYS RECEIVED	1,841	2,030	1,913



NATIONAL RESEARCH
Corporation

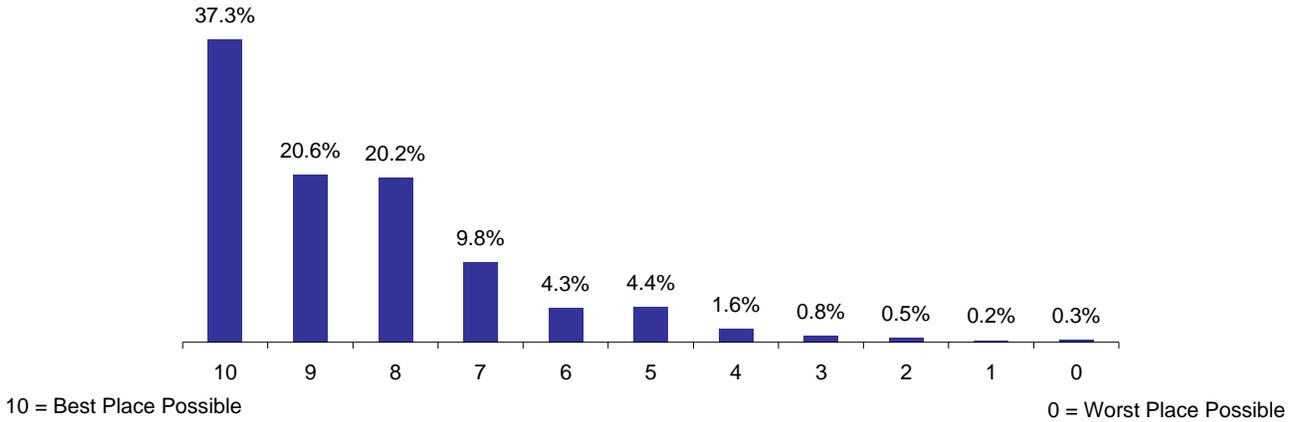
RHODE ISLAND

FAMILY SATISFACTION

OVERALL RATING & IMPRESSIONS

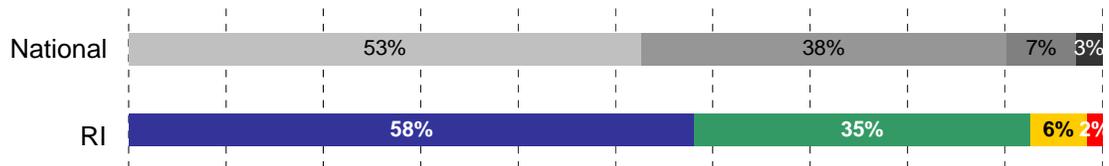
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Facility rating as a place to live



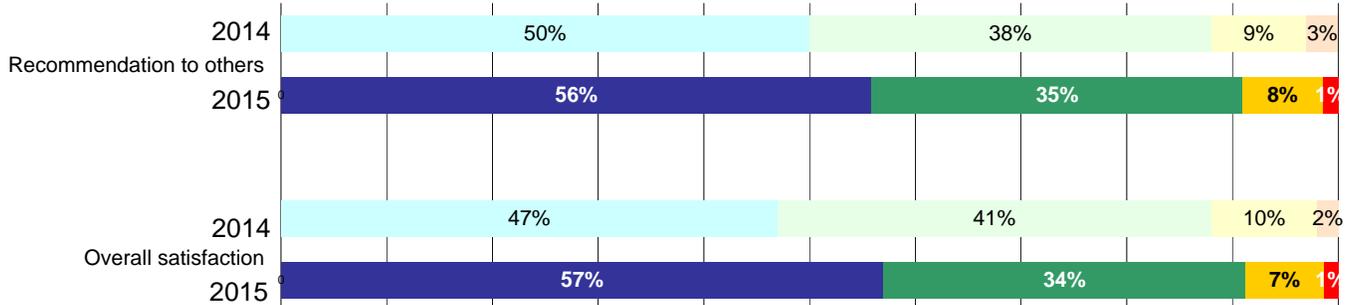
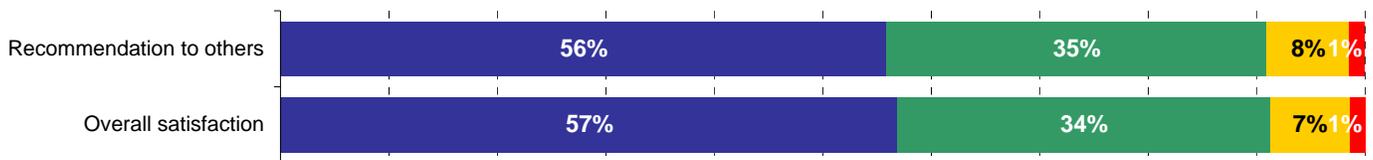
Defn. Yes **Prob. Yes** **Prob. No** **Defn. No**

Recommendation to friends/family as a place to live



Legacy Global Satisfaction Items

EXCELLENT **GOOD** **FAIR** **POOR**

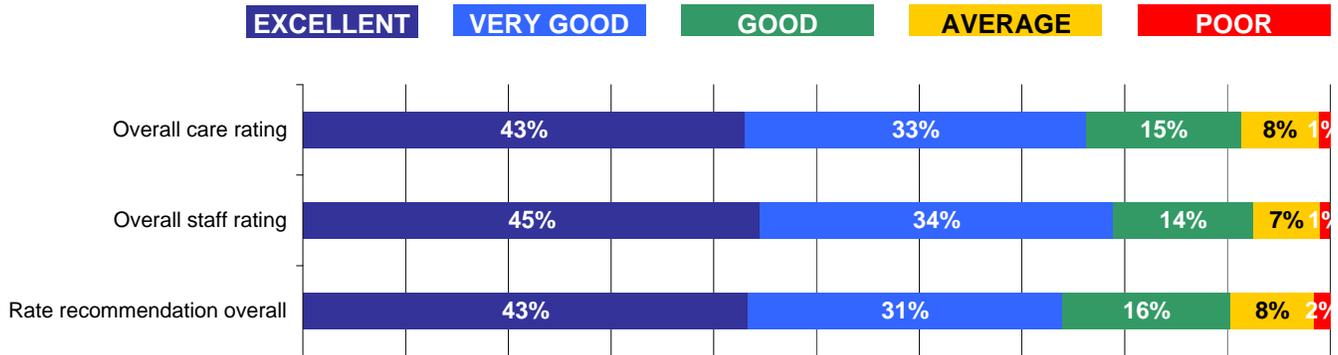


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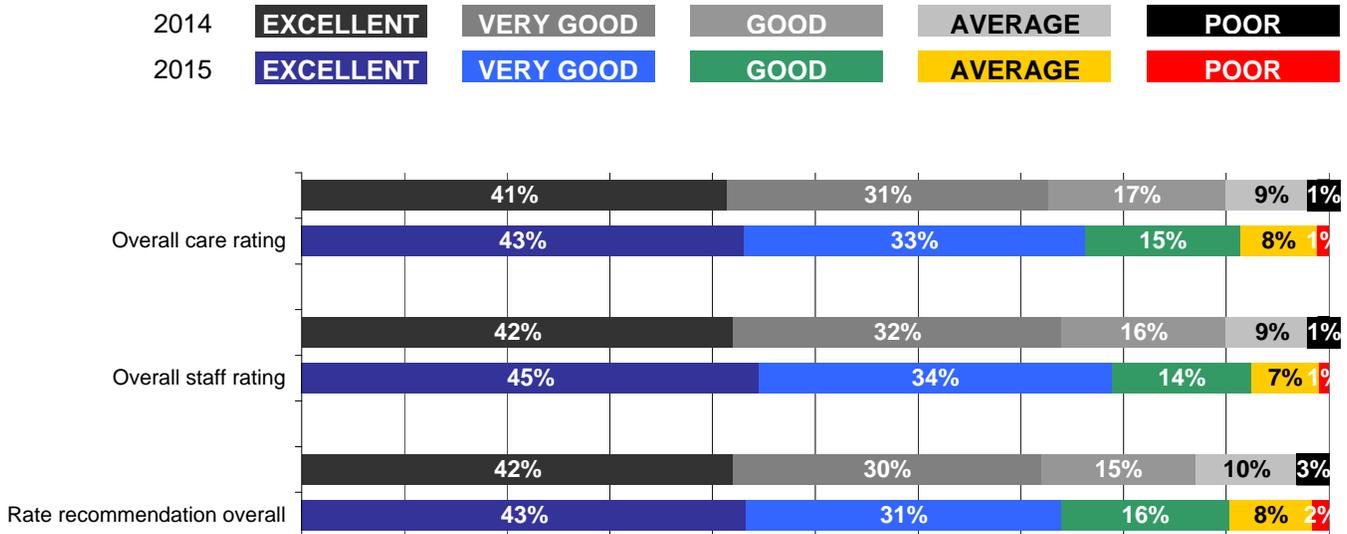
FAMILY SATISFACTION

AHCA CoreQ Items: Current Year & Trend

Current Year (2015)



Trend

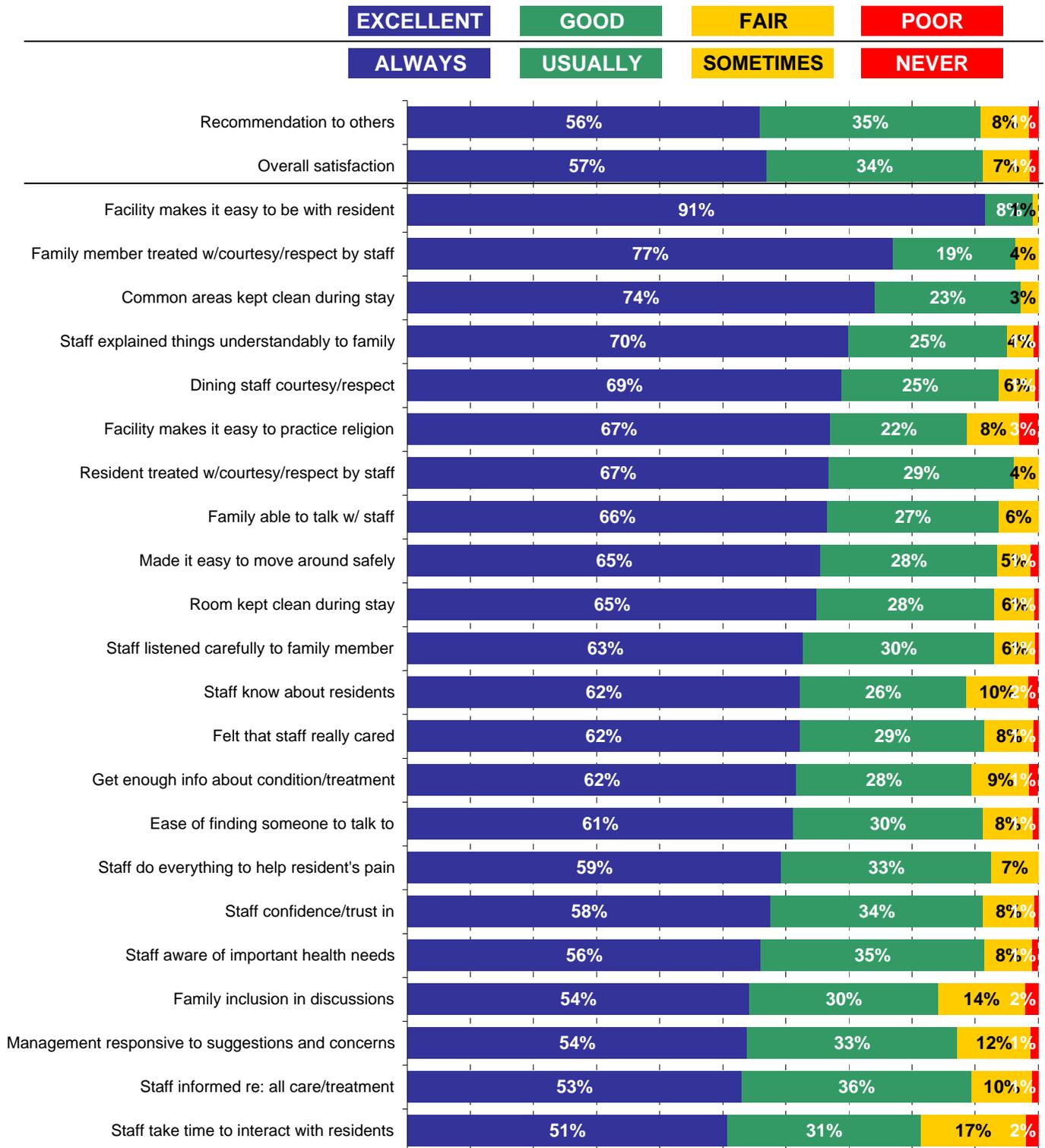


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FAMILY SATISFACTION

ITEMS RANKED BY PERCENT "ALWAYS" FOR 2015

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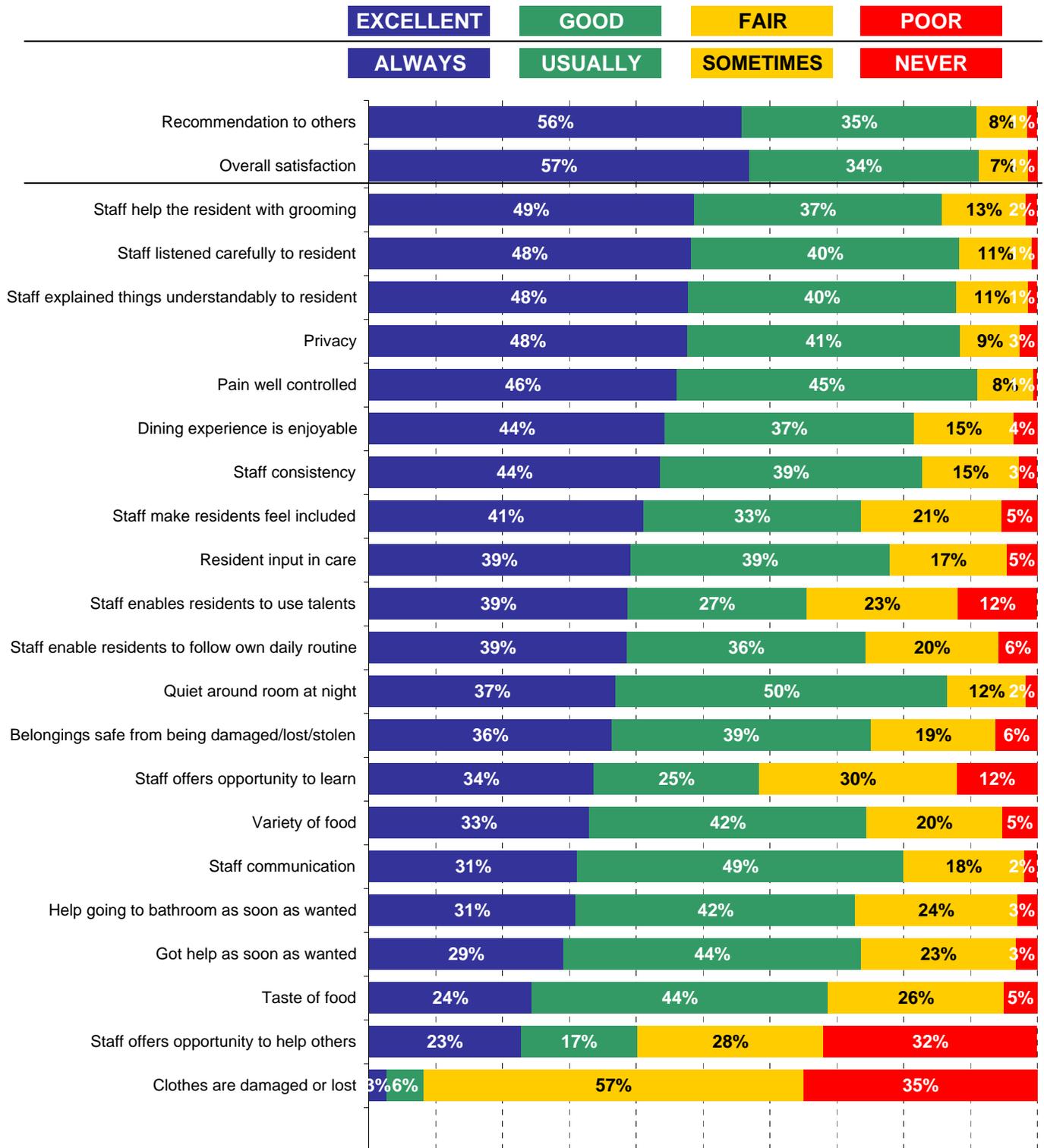
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FAMILY SATISFACTION

ITEMS RANKED BY PERCENT "ALWAYS" FOR 2015

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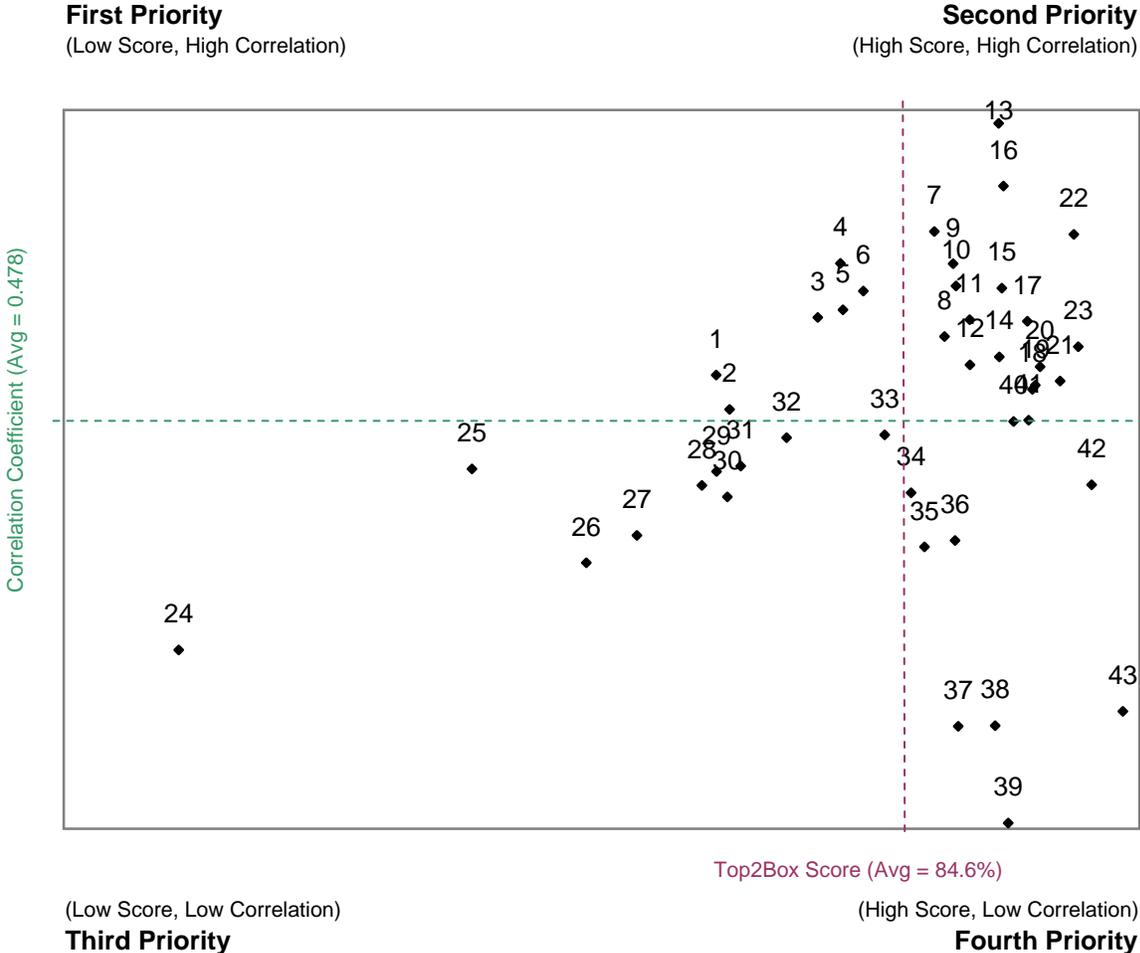


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RHODE ISLAND

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FAMILY SATISFACTION PRIORITY MATRIX



FAMILY SATISFACTION PRIORITY MATRIX

	Point Label	Question	Top2Box Score	Correlation Coefficient
Primary Opportunities	1	Staff make residents feel included	73.6%	0.498
	2	Variety of food	74.5%	0.482
	3	Staff communication	80.0%	0.525
	4	Staff take time to interact with residents	81.4%	0.550
	5	Dining experience is enjoyable	81.5%	0.528
Primary Strengths	6	Staff consistency	82.8%	0.537
	7	Management responsive to suggestions and concerns	87.2%	0.564
	8	Staff explained things understandably to resident	87.9%	0.516
	9	Staff listened carefully to resident	88.4%	0.549
	10	Staff know about residents	88.6%	0.539
	11	Staff informed re: all care/treatment	89.4%	0.524
	12	Get enough info about condition/treatment	89.5%	0.503
	13	Staff confidence/trust in	91.2%	0.614
	14	Ease of finding someone to talk to	91.3%	0.507
	15	Staff aware of important health needs	91.4%	0.538
	16	Felt that staff really cared	91.5%	0.585
	17	Staff listened carefully to family member	93.0%	0.523
	18	Family able to talk w/ staff	93.3%	0.492
	19	Made it easy to move around safely	93.5%	0.494
	20	Dining staff courtesy/respect	93.8%	0.502
	21	Staff explained things understandably to family	95.1%	0.496
	22	Resident treated w/courtesy/respect by staff	95.9%	0.563
	23	Family member treated w/courtesy/respect by staff	96.2%	0.511
	24	Staff offers opportunity to help others	40.2%	0.372
	25	Staff offers opportunity to learn	58.4%	0.455
	26	Staff enables residents to use talents	65.5%	0.412
	27	Taste of food	68.7%	0.425
	28	Help going to bathroom as soon as wanted	72.8%	0.448
	29	Got help as soon as wanted	73.7%	0.454
	30	Staff enable residents to follow own daily routine	74.3%	0.442
	31	Belongings safe from being damaged/lost/stolen	75.2%	0.457
	32	Resident input in care	78.0%	0.469
	33	Family inclusion in discussions	84.1%	0.471
	34	Staff help the resident with grooming	85.8%	0.444
	35	Quiet around room at night	86.6%	0.419
	36	Privacy	88.5%	0.422
	37	Facility makes it easy to practice religion	88.7%	0.337
	38	Pain well controlled	91.0%	0.337
	39	Clothes are damaged or lost	91.8%	0.293
	40	Staff do everything to help resident's pain	92.2%	0.477
	41	Room kept clean during stay	93.1%	0.478
	42	Common areas kept clean during stay	97.0%	0.448
	43	Facility makes it easy to be with resident	99.0%	0.344

FAMILY SATISFACTION

DIMENSIONS SUMMARY

5

Dimension	Top Box Score	
	RI	Nat'l
Autonomy	33.6%	28.4%
Coordination of care	46.1%	38.8%
Emotional support	60.2%	52.0%
Information & education	60.0%	52.0%
Involvement of family & friends	70.6%	63.7%
Patient safety	48.9%	42.2%
Physical comfort	50.5%	43.9%
Relationships	51.3%	45.1%
Respect for patient preferences	55.9%	49.0%
Supportive services	45.2%	40.8%

RHODE ISLAND

FAMILY SATISFACTION

DEMOGRAPHICS AND BACKGROUND INFORMATION FOR 2015

6

RESIDENT

Resident's Gender	
Male	25%
Female	75%

Resident's Age	
19 or under	0%
20 to 29	0%
30 to 39	0%
40 to 49	0%
50 to 59	2%
60 to 69	5%
70 to 79	13%
80 to 89	36%
90 or older	44%

Resident's overall health	
Excellent	6%
Very Good	20%
Good	38%
Fair	28%
Poor	8%

Hispanic origin	
No	98%
Mex./Chicano	0%
Puerto Rican	0%
Cuban	0%
Other	1%

Race	
White	95%
Black/Afr. Amer.	2%
Asian	0%
Hawaiian/Pacific Isl.	0%
Amer. Ind./Alaska Native	0%
Other	2%

How long lived in here	
Less than 1 month	0%
1 to 3 months	2%
3 to 6 months	7%
6 months to 1 year	16%
1 to 3 years	38%
3 or more years	35%

74%

VISITOR

Person visiting most	
Spouse	9%
Child	65%
Brother or sister	11%
Grandchild	2%
Friend	3%
Another person	11%

How often visited	
Less than once a year	0%
Once a year	1%
Once every 3 months	3%
Once a month or more	11%
Once a week or more	47%
Almost daily	39%

86%

(May not total 100% due to rounding.)

RHODE ISLAND

FAMILY SATISFACTION

DEMOGRAPHICS AND BACKGROUND INFORMATION FOR 2015

6

RESPONDENT

Relationship to resident		Age		Preferred language	
Spouse	10%	18 or under	0%	English	99%
Child	65%	18 to 24	0%	Spanish	0%
Brother or sister	9%	25 to 34	0%	Chinese	0%
Grandchild	1%	35 to 44	2%	Vietnamese	0%
Friend	2%	45 to 54	12%	Korean	0%
Someone else	12%	55 to 64	38%	Russian	0%
		65 to 74	33%	Other language	1%
		75 or older	15%		

Highest grade completed	
8th grade or less	1%
Some high school, but did not graduate	2%
High school graduate or GED	23%
Some college or 2-year degree	30%
4-year college graduate	19%
More than 4-year college degree	25%

(May not total 100% due to rounding.)

RHODE ISLAND

Nursing Home Satisfaction Survey Report Domains

Rhode Island Domains				
Quality of Care	Quality of Services	Quality of Life	Overall Satisfaction	Recommend to Others
<i>MIV Domain</i>	<i>Family/Resident Survey Items</i>		<i>Associated Family Questions</i>	<i>Associated Resident Questions</i>
Autonomy	<ul style="list-style-type: none"> ▪ Staff enables residents to use talents ▪ Staff offers opportunity to learn ▪ Staff offers opportunity to help others ▪ Staff enable residents to follow own daily routine 		28, 29, 30, 31	25, 26, 27, 28
Coordination of Care	<ul style="list-style-type: none"> ▪ Staff consistency ▪ Staff communication ▪ Staff informed re: all care/treatment ▪ Staff aware of important health needs 		12, 13, 21, 23	8, 9, 18, 20
Emotional Support	<ul style="list-style-type: none"> ▪ Staff confidence/trust in ▪ Ease of finding someone to talk to ▪ Felt that staff really cared 		4, 17, 22	4, 13, 19
Information and Education	<ul style="list-style-type: none"> ▪ Staff explained things understandably to family/resident [Family] ▪ Staff explained things understandably [Resident] ▪ Get enough info about condition/treatment 		3, 7, 24	3, 21
Involvement of Family and Friends	<ul style="list-style-type: none"> ▪ Family able to talk w/ staff ▪ Family inclusion in discussions ▪ Facility makes it easy to be with resident 		14, 15, 16	10, 11, 12
Patient Safety	<ul style="list-style-type: none"> ▪ Got help as soon as wanted ▪ Made it easy to move around safely 		8, 38	5, 35
Physical Comfort	<ul style="list-style-type: none"> ▪ Help going to bathroom as soon as wanted ▪ Need pain meds ▪ Pain well controlled ▪ Staff do everything to help resident's pain ▪ Room kept clean during stay ▪ Common areas kept clean during stay ▪ Quiet around room at night ▪ Belongings safe from being damaged/lost/stolen 		10, 19, 20, 34, 35, 36, 39	7, 16, 17, 31, 32, 33, 36

<i>MIV Domain</i>	<i>Family/Resident Survey Items</i>	<i>Associated Family Questions</i>	<i>Associated Resident Questions</i>
Relationships	<ul style="list-style-type: none"> ▪ Staff know about residents ▪ Staff take time to interact with residents ▪ Staff make residents feel included 	25, 26, 27	22, 23, 24
Respect for Patient Preferences	<ul style="list-style-type: none"> ▪ Family member treated with courtesy/respect by staff [Family] ▪ Staff listened carefully to family member [Family] ▪ Resident treated w/courtesy/respect by staff ▪ Staff listened carefully to resident ▪ Resident input in care ▪ Staff help the resident with grooming ▪ Management responsive to suggestions and concerns ▪ Privacy 	1, 2, 5, 6, 11, 32, 33, 37	1, 2, 14, 29, 30, 34
Supportive Services	<ul style="list-style-type: none"> ▪ Clothes are damaged or lost ▪ Taste of food ▪ Variety of food ▪ Dining experience is enjoyable ▪ Dining staff courtesy/respect ▪ Facility makes it easy to practice religion 	41, 42, 43, 44, 45, 46	38, 39, 40, 41, 42, 43
Overall Satisfaction	<ul style="list-style-type: none"> ▪ How would you rate your overall satisfaction with this facility? 	47	44
Recommend to Others	<ul style="list-style-type: none"> ▪ What is your recommendation of this facility to others? 	48	45

AHRQ Safety Program for Long-Term Care: HAIs/CAUTI

Keeping Nursing Home Residents Safe: Catheter-Associated Urinary Tract Infections (CAUTI) Training

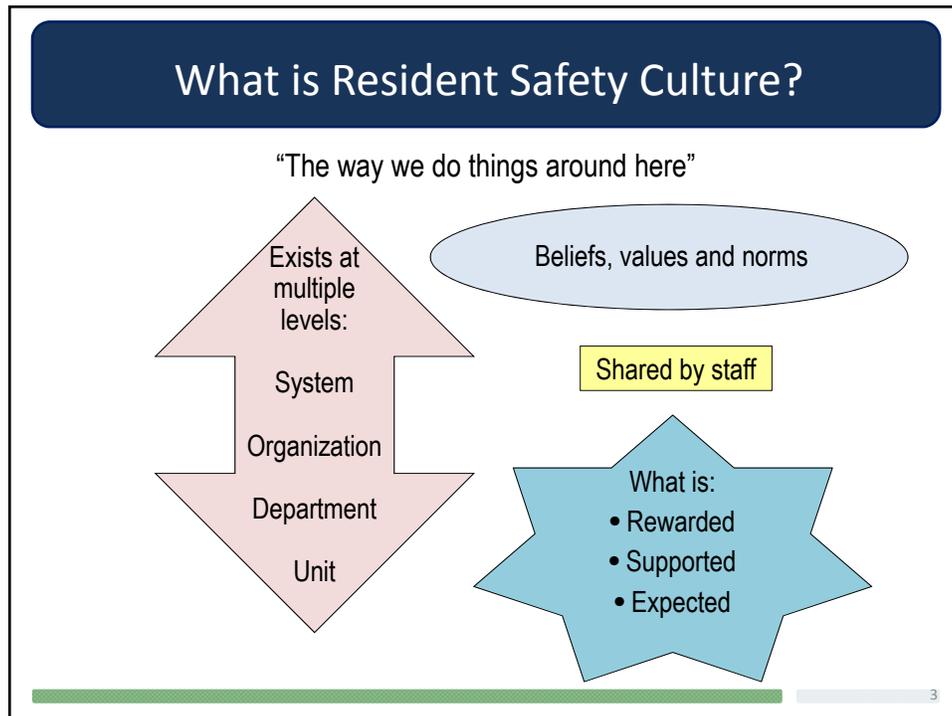
Local and Volunteer Ombudsman Training

(INSERT State LTC Ombudsman NAME)

Dates/Times/Locations

Why Preventing Infections is Important

- One to 3 million serious infections annually in nursing homes: as many as 380,000 patients die of these infections.
- Urinary Tract Infections (UTIs) are among the most common HAIs in nursing homes.
- Infections are among the most frequent causes of admission and readmission to hospitals from nursing homes.
- Many residents are transferred to nursing homes from hospitals with urinary catheters.



- ## What Can An Ombudsman Do to Support a Culture of Safety?
- Educate yourself about
 - CAUTI
 - Infection prevention
 - Federal requirements
 - Educate residents and families about CAUTI prevention.
 - Support resident and family engagement as part of the team.
 - Communicate: Share observations with staff.
 - Address residents' concerns and issues.
- 4

Recognizing a Catheter-Associated Urinary Tract Infection



5

What is a CAUTI?

- A CAUTI is a type of urinary tract infection (UTI) caused by a catheter.
 - A UTI is an infection of the bladder and/or kidneys.
 - Common symptoms include:
 - Burning or pain in the lower abdomen, below the stomach,
 - fever, and/or
 - burning sensations when urinating
 - A catheter is a tube inserted into the bladder to drain the bladder.
 - Usually attached to a bag that holds the urine
 - This type of tube is called an indwelling catheter

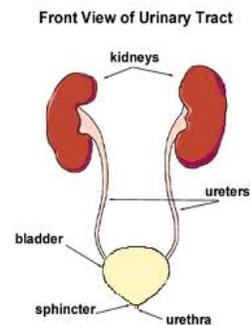
How Does an Indwelling Urinary Catheter Increase Risk for a CAUTI?

FIRST WAY:

Bacteria can enter the urinary tract via the urinary catheter.

SECOND WAY:

The catheter can stop working.



7

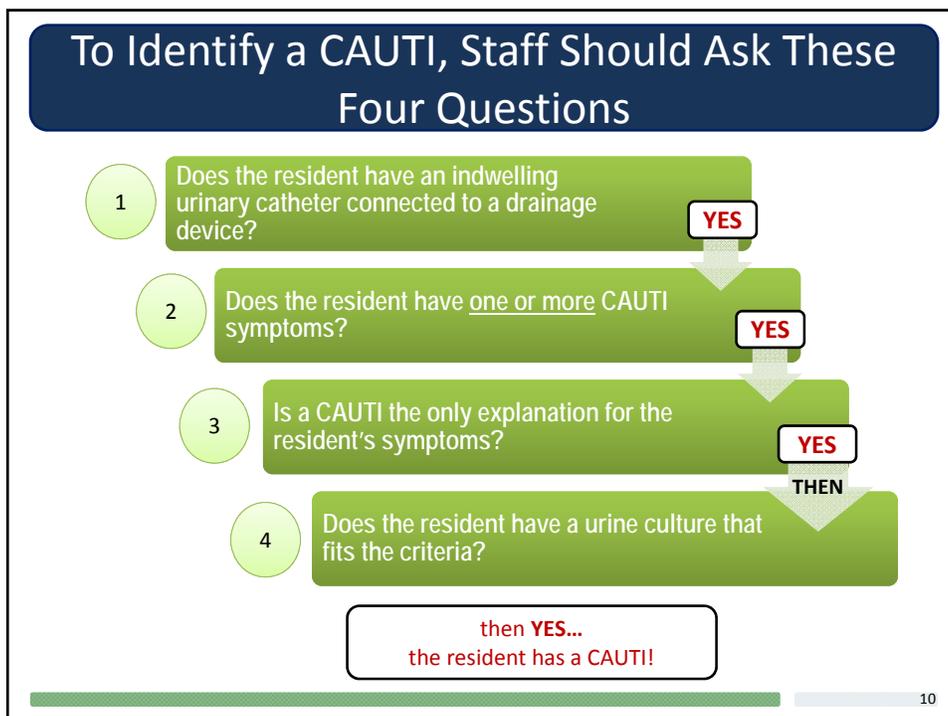
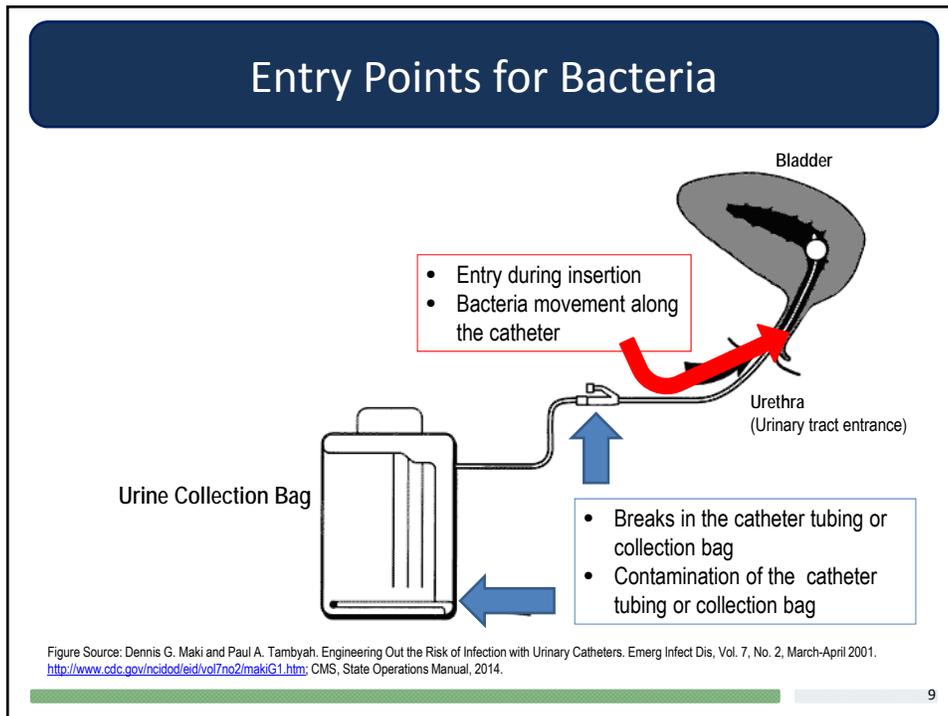
Entry Points for Bacteria

Bacteria can gain access to, and grow in, the bladder in several ways:

- Contamination of the tube at the time of placement
- Bacteria creeping up the catheter tube
- Contamination of the urine collection bag or other breaks in the tubing

3-10 percent of people develop bacteria in their urinary tract every day a catheter is in place

8



**Question 1:
Does the resident have an indwelling catheter?**

An Indwelling Urinary Catheter is:

- a drainage tube inserted into the urinary bladder through the urethra.
- left in place and connected to a closed collection system.
- sometimes called a “Foley” catheter.




11

Question 2: Does the resident have one or more of the following CAUTI signs and symptoms?

Fever
Chills
New confusion or functional decline
New pain above the pubic bone <u>or</u> pain around the kidneys
Abnormally low blood pressure that is new or that the resident had before (with no other site of infection)
Acute pain, swelling or tenderness of male genitalia
Pus around the catheter

12

Question 3: Is CAUTI the only explanation for the symptoms?



13

Question 4: Does the resident have a urine culture that fits the criteria?

- A completely negative (normal) urine test means the resident does not have a CAUTI.
- BUT abnormal urine test results or positive test results don't necessarily mean the resident has a CAUTI.

Smelly urine  CAUTI.



14

When Should Urine Testing Be Done?

- Urine testing should only be performed when a resident has signs and/or symptoms of CAUTI .
- Odorous or cloudy urine are *not* indications for urine culture or analysis. These changes alone are *not* considered signs of CAUTI.

Hooten et al. IDSA Guidelines, Clinical Infectious Diseases 2010; 50:625-663

15

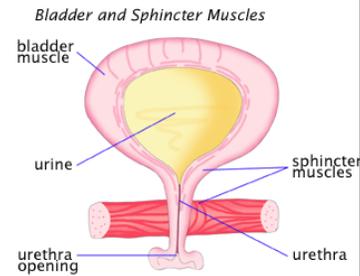
Alternatives to Indwelling Catheters



16

What is Urinary Incontinence (UI)?

- Involuntary loss of bladder control
 - Urinary leakage
- Nursing home facilities
 - Short-term residents: 36.7 percent report urinary leakage.
 - Long-term residents: 79.3 percent report urinary leakage.
- Various causes can lead to UI in both men and women.



Gornia et al. June 2014. Prevalence of Incontinence Among Older Americans. *Vital and Health Statistics*. CDC. http://www.cdc.gov/nchs/data/series/sr_03/sr03_036.pdf

Images source [National Kidney and Urologic Disease Information Clearinghouse](#), accessed on 9/16/2015.

17

How Does UI Impact Emotional Wellbeing?

- Reduces social engagement
- Lowers participation in other activities
- Increases risk of reduced sensory stimulation
- Lowers quality of life
- Lowers levels of personal care



18

When is An Indwelling Catheter Medically Necessary?

Inappropriate Catheter Use

- X Urinary incontinence
- X Immobility

Appropriate Catheter Use

- ✓ Urinary retention
- ✓ Bladder outlet obstruction
- ✓ To assist in healing wounds around the tail bone and between the genitals and rectum
- ✓ Prolonged immobilization
- ✓ End of life comfort
- ✓ Accurate output measurement in the critically ill
- ✓ In preparation for selected surgical procedures of the urinary system or reproductive organs or long procedures

Faikh MG et al. AJIC 2014;S223-S229.
Clinical indicators for Catheters (2009): <http://www.cdc.gov/hicpac/pdf/CAUTI/CAUTIguideline2009final.pdf>

The AHRQ Safety Program for Long-Term Care: CAUTI
Funded by the Agency for Healthcare Research and Quality

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Managing UI Without an Indwelling Catheter

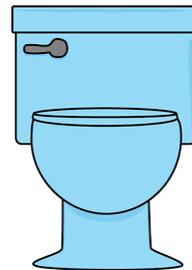
- Other methods to drain urine:
 - External catheters in men
 - Temporary catheter
- Absorbent pads
 - Mainstay for UI containment
 - Should be based on resident's needs and preferences
 - Should only occur after an appropriate evaluation and after alternatives are considered (this is a federal regulation!)
- Urinals and bedpans
- Treatment medications

20

Managing UI Without an Indwelling Catheter

Toileting Methods:

- habit training
- prompted voiding, timed voiding



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Habit Training

Catheter Alternatives for UI: *Evidence-based Practice (EBP)*

Nursing Home Staff:

- Identify resident's natural voiding pattern.
- Create an individualized toileting schedule.

Comments:

- Requires early planning, staff buy-in and consistent adherence

Train staff to learn and honor a resident's habits

22

Prompted vs. Timed Voiding

Catheter Alternatives for UI: Evidence-based Practice (EBP)

<p>Prompted Voiding</p> <p>Target group</p> <ul style="list-style-type: none"> Cognitively and/or physically impaired <p>Procedure</p> <ul style="list-style-type: none"> Verbal prompt to ask the residents if they are wet or dry & if they need toilet assistance Physical assistance to reach the bathroom Positive reinforcement <p>Outcome</p> <ul style="list-style-type: none"> Self-initiated requests Number of incontinent episodes <p>Comments</p> <ul style="list-style-type: none"> Labor intensive, requires staff buy-in and consistent adherence 	<p>Timed Voiding</p> <p>Target group</p> <ul style="list-style-type: none"> Residents not capable of independent toileting; usually cognitively impaired <p>Procedure</p> <ul style="list-style-type: none"> Fixed intervals between toileting assistance <p>Outcome</p> <ul style="list-style-type: none"> Number of incontinent episodes Pad change due to incontinence in 24 hours Maintenance of skin integrity <p>Comments</p> <ul style="list-style-type: none"> Consider passive toileting assistance programs; requires staff adherence
---	--



CMS Manual System, June 2005. Department of Health and Human Services (DHHS), Centers for Medicare & Medicaid Services (CMS)
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/r8som.pdf>

23

Dehydration: Definition & Causes

Dehydration = Abnormal depletion of body fluids

Causes:

- Increased fluid loss due to acute illness, medication, environment
- Decreased fluid intake as a result of decreased sense of thirst, difficulty swallowing, intentional decrease in intake to prevent incontinence



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Dehydration: Risk Factors

- Restricted diets, thick liquids, tube feeding
- Communication problems
- Medications
- Functional impairment (unable to feed self)
- Cognitive impairment/Dementia
- Chronic diseases (kidney, diabetes, cardiovascular)
- Depression
- Fever/infection
- Vomiting/Diarrhea



25

Why Dehydration is a Problem

*Dehydration can cause
Urinary Tract Infections*



26

Signs and Symptoms of Dehydration

<p>Signs</p> <ul style="list-style-type: none"> • Decreased urine output • Low blood pressure (hypotension) • Constipation • Change in mental status • Abnormally fast heart beat 	<p>Symptoms</p> <ul style="list-style-type: none"> • Thirsty • Dry, sticky mouth • Tired; feeling weak
---	--

The diagram shows a black silhouette of a person standing with a cane. Five callout boxes with lines pointing to the person contain the following text: 'Change in mental status' (pointing to the head), 'Dry Mouth' (pointing to the mouth), 'Constipation and/or Decreased urine output' (pointing to the lower abdomen), 'Tired and/or Feeling weak' (pointing to the legs), and 'Hypotension and/or Tachycardia' (pointing to the chest area).

27

Ways to Help Prevent Dehydration: Staff

<ul style="list-style-type: none"> • Involve the dietary and nutrition teams. • Encourage foods high in water content. • Encourage liquids before and with meals. • Celebrate often, and serve refreshments! • Develop targeted care plans to prevent dehydration/re-hydrate. • Include hydration as a topic in safety discussions. • Track and review fluid intake. 	<ul style="list-style-type: none"> • Engage residents, families and volunteers to support hydration and incontinence care planning and activities. • Maintain hydration station/snack carts. • Keep fresh water at bedside. • Ensure residents who cannot get out of bed are offered fluids on a regular basis.
---	---

A simple illustration of a clear glass filled with blue water, with a yellow straw inserted into it.

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Ways to Prevent Dehydration: Ombudsmen, Residents, Families

Ombudsmen

- Educate residents and families about dehydration
- Encourage residents and families to tell staff the resident's favorite beverages/foods that are high in water
- Support residents and families in developing care plans that reflect resident's preferences

Residents and Families

- Tell staff about resident's favorite beverages/foods that are high in water content
- Ask that offering beverages/foods be included in care plan
- Families: Bring in the resident's favorite beverages
- Families: Encourage resident to drink; offer beverage frequently while visiting

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Preventing CAUTI

PREVENTiON



Preventing CAUTI

*You can't get a CAUTI
if you don't have a
catheter!*

31

Preventing CAUTI

If a resident DOES have a catheter, make sure:

- The urine bag is kept below the level of the resident's bladder to prevent urine from back flowing to the bladder.
- The urine bag is kept off the floor.
- The catheter is secured to the leg to prevent pulling on the catheter.
- The catheter tube is not pulled, twisted or kinked.
- The catheter and the drain tube do not become disconnected to prevent germs from getting into the catheter tube.
- The collection bag is emptied regularly and the drainage spout does not touch anything while being emptied.

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Using C.A.U.T.I. To Engage Residents/Families



The AHRQ Safety Program for Long-Term Care: CAUTI

Catheter Removal

- Tell residents/families you will work together to try to remove the catheter if possible.
- Educate about catheters and UTIs.

Aseptic Insertion

- Explain how catheters are inserted properly to avoid infection.

Using Regular Assessments

- Explain the process to assess whether a resident needs a catheter.
- Discuss alternatives to an indwelling catheter.

Training for Catheter Care

- Train residents/families in catheter care hygiene.
- Explain the signs and symptoms of UTI.
- Involve residents/families in noting and reporting any signs/symptoms to staff.

Incontinence Care Planning

- Ask residents and/or family members their preferences, needs and concerns.
- Explore alternatives to catheters.
- Encourage active participation in all aspects of planning.

33

Prevention of CAUTI: Hand Hygiene

One of the most effective ways to prevent infections is good hand hygiene.



34

Alcohol-based Hand Rub (ABHR) Hand Hygiene Technique

- Apply hand rub to palm of hand.
- Rub hands together, covering all surfaces.
- Focus on thumbs, tips of fingers and under fingernails.
- Hands are clean when dry (Usually takes about 15-20 seconds).

How to Handrub?
RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED
Duration of the entire procedure: 20-30 seconds

World Health Organization Patient Safety SAVE LIVES Clean Your Hands

<http://www.cdc.gov/handhygiene/Resources.html#HCP>

35

Soap and Water Hand Washing Hand Hygiene Technique

- Wet hands with water.
- Apply soap to palm of hand.
- Rub hands together, covering all surfaces for at least 15 seconds.
- Rinse hands with water.
- Dry hands with paper towel, and use towel to turn off faucet (prevents hands from being re-contaminated by faucet handles).

How to Handwash?
WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB
Duration of the entire procedure: 40-60 seconds

World Health Organization Patient Safety SAVE LIVES Clean Your Hands

<http://www.cdc.gov/handhygiene/Resources.html#HCP>

36

Notes About Hand Hygiene Products

- Alcohol-based hand rubs/gels are preferred for hand hygiene almost all the time and are the most effective EXCEPT:
 - When hands are visibly dirty, contaminated or soiled
 - After care with residents with infectious diarrhea (Clostridium difficile: "C-diff")

In these instances: hands should be washed with soap (non-antimicrobial or antimicrobial) and water

Centers for Disease Control and Prevention. Guideline for Hand Hygiene in Health-care Settings. MMWR 2002; vol. 51, no. RR-16.

37

Hand Hygiene

- Staff should perform hand hygiene before and after urinary catheter care.
- Residents and their families should ask providers to clean their hands if they have not done so .



38

Glove Use

- Gloves play a key role in preventing hand contamination, but **DO NOT** replace hand hygiene.
- Staff should not wear the same pair of gloves for the care of more than one resident.
- Staff should remove and discard gloves after use.
 - Do not wash gloves



Guideline for Hand Hygiene in Health-care Settings. MMWR 2002: vol. 51, no. RR-16

39

Preventing CAUTI: Disinfection of the Environment & Equipment

Surfaces that are touched frequently increase the chance that germs could be spread to residents or staff

- Cleaning/disinfection offers extra margin of safety

Focus disinfection on surfaces that are touched a lot

- | | |
|----------------|-------------------|
| • Door handles | • Tray table |
| • Call button | • Bedside table |
| • Telephone | • Light switches |
| • Bed rail | • Bedside commode |



40

Prevention of CAUTI: Avoid Overuse of Antibiotics

Unnecessary antibiotic use can lead to:

- resident harm.
- an increase in antibiotic resistant organisms.



41

Prevention of CAUTI: Avoid Overuse of Antibiotics

Why not just give her an antibiotic? It won't do any harm.



Probably the urine.
Needs an antibiotic.



Turning to antibiotics as a knee-jerk reflex

42

Why is Knee-Jerk Antibiotic Use Bad? Reason 1

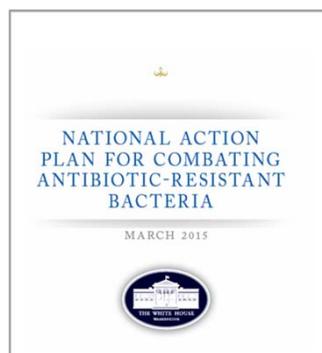
IT'S BAD FOR THE RESIDENT!

- Side effects are common
 - Nausea, diarrhea
 - Allergic reactions
 - Antibiotic-related infections
 - *Clostridium difficile* (C-diff)
 - Yeast infections
- Wrong diagnosis will delay treatment

43

Why is Knee-Jerk Antibiotic Use Bad? Reason 2

It Leads to Bacterial Resistance!



The White House
Office of the Press Secretary

[FACT SHEET: Obama Administration Releases National Action Plan to Combat Antibiotic-Resistant Bacteria](#)

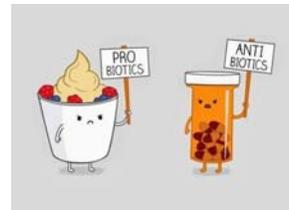
March 27, 2015

- Antibiotic resistance is a growing problem.
- Doctors are often forced to use older antibiotics to deal with resistant organisms.
 - Many of these drugs are harmful to older persons.

44

Response to Residents or Families Asking for Antibiotics

- Find out why they feel antibiotics are needed. The desire for antibiotics may mask another completely different need.
- Educate residents and families regarding antibiotic use, including:
 - Adverse effects – some antibiotics can cause diarrhea.
 - Antibiotics won't help if you don't have a UTI or CAUTI.
 - Taking antibiotics could cover up the real cause.



www.optibacprobiotics.co.uk

(Varonen & Sainio, 2004; van Driel et al., 2006; Braun & Fowles, 2000)

45

Response to Residents or Families Asking for Antibiotics

Questions to ask about antibiotics:

- Could my symptoms be caused by something other than bacteria (e.g., a virus or something that is not an infection)?
 - What signs or symptoms should I look for that could mean I might need an antibiotic?
 - Can I be monitored to see if my symptoms improve with other remedies, without using antibiotics?
- Suggest a care planning meeting be held to discuss antibiotic use. Attend if requested, and help ensure residents'/families' questions and concerns are addressed.

46

Understanding the Staff Role in CAUTI PREVENTION

- Identify and document signs and symptoms of CAUTI.
- Monitor for, and report, small changes in a resident's condition.
- Monitor and track residents with indwelling catheters.
- Communicate with physicians and non-physician providers.
- Engage residents and family members.



47

Understanding the Staff Role in CAUTI Prevention

- Collect and report infection control data.
- Help educate peers/teammates.
- Participate in training and in-services.



48

Role of Residents and Family Members

- Learn about CAUTI, including the signs and symptoms.
- Ask questions to understand why a catheter is being proposed or why it isn't being removed. Ask about alternatives.
- Report any signs/symptoms to staff right away.
- Always wash your hands after going to the bathroom.
- Remind staff to clean hands before caring for you/your loved one.
- Question antibiotic use.
- Participate in care planning.
- Ask questions.

49

Understanding the Role of the Ombudsman in CAUTI Prevention

- Focus on your role as an advocate.
- Recognize you are not expected to be a clinical expert.
- Understand the information and available resources.
- Inform and empower residents and family members.



50

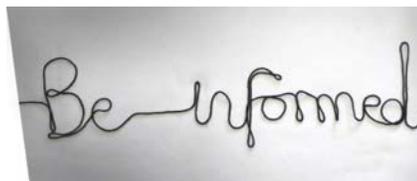
Role of the LTCO: 6 Points

1. Be informed - Learn about CAUTI and other infections.
2. Understand the importance of individualized or person-centered care in reducing or preventing CAUTIs.
3. Investigate complaints or concerns.
4. Speak with, and educate, residents and families.
5. Talk and share information with LTC Providers.
6. Systemic advocacy.

51

No. 1: Be informed - Learn about CAUTI and other Infections

- Prevention
- Risk factors
- Symptoms
- Treatment



52

No. 2: Support Individualized or Person-Centered Care in Preventing and Reducing CAUTI

- Promote resident and family involvement in care planning.
- Support residents and family at care planning meetings.
- Help residents/family point out needs and preferences specific to the resident (e.g., what beverages does the resident like? When is the resident more likely to drink fluids?).
- Educate staff about person-centered care, care planning and CAUTI.



53

No. 3: Investigate Complaints or Concerns

- Related to CAUTI or infection prevention or handling resident concerns.
- Determining the issues to be investigated.
 - Facility response to an infection.
 - Family demand that a catheter be used.
 - Related issues, such as dehydration.



54

No. 4: Educate Residents and Families

- Inform residents and families about:
 - CAUTI: share information and resources.
 - Resident and family rights and responsibilities when an infection is identified or how to help prevent an infection.
- Empower them by sharing information, resources and training, but also helping them know what questions to ask of staff and what they should expect.
- Help them understand when testing for an infection is appropriate, and how to consider appropriate treatment options.

55

No. 5: Discuss with LTC Providers

- Responsibilities to provide individualized care.
- Maintain good policies and practices around infection prevention and response.
- Share information, resources and training.
- Ask questions about policies, practices, staff training, etc.



56

No. 6: Systemic Advocacy

An ombudsman's systemic work can effect significant change!

- Community education
- Addressing facility-wide issues
- Raising awareness of CAUTI – prevention and treatment

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Stay Updated with Useful Resources

1. [AHRQ Safety Program for Long-Term Care: HAIs/CAUTI website](#)
Login information
Username: Itcsafety
Password: Itcsafety
2. [TeamSTEPPS® for Long-Term Care](#)
3. [LTC Safety Toolkit](#)

[When Do You Need An Antibiotic? Brochure](#)

[National Action Plan For Combating Antibiotic-Resistant Bacteria](#)

[Office of the Press Secretary Fact Sheet on Combating Antibiotic-Resistant Bacteria](#)

[World Health Organization How to Handrub Poster](#)

[World Health Organization How to Handwash Poster](#)

[Long-term Care: Indwelling Urinary Catheter Insertion Checklist and Instructions for Use](#)

[Long-Term Care: Indwelling Urinary Maintenance Checklist and Instructions for Use](#)

[CAUTI Surveillance Worksheet](#)

[CAUTI Criteria NHSN Definitions Pocket Cards](#)

Centers for Disease Control and Prevention: [Guideline for Isolation Precautions](#) and [Protecting Healthcare Personnel](#)

58