

AHRQ Safety Program for Intensive Care Units: Preventing CLABSI and CAUTI



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Appendix A. ICU Assessment of Current Clinical and Safety Practices

The purpose of this assessment is to understand current HAI prevention practices, policies, and procedures to tailor the educational program to meet your needs. A similar assessment should be administered at the end of the program to monitor any changes in practices, policies, and procedures after program participation.

This form should be completed by the unit project team leader ***in collaboration with*** individuals with strong knowledge of current clinical and safety practices in the ICU, such as the ICU manager, infection preventionist, quality leader, clinical educator, or clinical nurse specialist.

Public reporting burden for this collection of information is estimated to average 75 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 5600 Fishers Lane, # 07W41A, Rockville, MD 20857.

About Your Unit

1. Who was involved in the decision for your ICU to participate in this CAUTI and/or CLABSI prevention initiative? *Select all that apply.*

- ICU manager
- Director of quality
- Chief executive officer
- Chief nursing officer
- Chief quality officer
- Chief medical officer
- Chief financial officer
- Medical director
- Infection preventionist
- ICU staff
- Outside partner organization (e.g., state hospital association)
- Other (please specify):

2. How many quality improvement initiatives is your ICU currently working on?

- None
- 1-2
- 3-5
- More than 5

3. Does your ICU experience resource limitations for participating due to competing quality improvement initiatives?

- Yes
- No (→ proceed to question 4)

a. (If Yes) Please describe the resource limitations:

4. For each of the categories below, indicate how many staff members who provide direct patient care in your ICU are part-time or full-time. *Enter the number of individual staff members in each category. If you do not have any staff members in a particular category, enter zero (0).*

	Number of Part-Time Staff	Number of Full-Time Staff
Registered nurses (RNs)		
Licensed practical nurses (LPNs)		
Certified nursing assistants (CNAs)		
Clinical or medical technicians		
Other staff		

5. For each of the categories below, please indicate whether staff members perform direct patient care, leadership tasks, or both. *Select all that apply.*

	Direct Patient Care	Leadership Tasks
Nurse practitioner(s)	•	•
Clinical nurse specialist(s)/clinical nurse leader(s)	•	•
Physician assistant(s)	•	•
Resident physician(s)	•	•

6. What is your unit's usual registered nurse-patient ratio?

- 1:1
- 1:2
- 1:3
- 1:4 or greater

7. During the last 12 months, what was the average length of stay for patients in your unit? Include only the time patients were in your unit, not the overall hospital length of stay.

Enter the average number of days to two decimal places: _____

8. From the statements below, what would you anticipate will be the top three strengths to implementing this quality improvement initiative in your ICU? *Select three.*

- Ownership by ICU management
- Ownership by senior leadership
- Ownership by ICU staff
- Standardized processes to affect change
- Team to focus on the project
- Teamwork among team members
- Communication among team members
- Number of physicians in your ICU
- Physician support and/or engagement
- Number of nurses in your ICU
- Nursing support and/or engagement
- Other direct care resources
- Financial resources
- Patient and family engagement
- Integration with other patient safety initiatives

9. From the statements below, what would you anticipate will be the top three barriers to implementing this quality improvement initiative in your ICU? *Select three.*

- Ownership by ICU management
- Ownership by senior leadership
- Ownership by ICU staff
- Standardized processes to affect change
- Team to focus on the project
- Teamwork among team members
- Communication among team members
- Number of physicians in your ICU
- Physician support and/or engagement
- Number of nurses in your ICU
- Nursing support and/or engagement
- Other direct care resources
- Financial resources
- Patient and family engagement
- Competition with other patient safety initiatives

Current Infection Prevention and Safety Culture Practices - Indwelling Urinary Catheters

10. Are staff in your unit aware of alternatives to indwelling urinary catheters?

- Yes
 No

11. Do staff in your unit use the following alternatives to indwelling urinary catheters? *Select one response per row.*

	Yes	No	Don't Know
Absorbent pads with scale to weigh urine output	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
External male catheters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bedside commode	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scheduled toileting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toileting rounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intermittent catheterization with periodic bladder scanning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male urinal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female urinal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

a. Please describe other alternatives to indwelling urinary catheters used in your unit:

12. Are the following alternative products to indwelling urinary catheters stocked in your unit? *Select one response per row.*

	Yes	No	Don't Know
Absorbent pads with scale to weigh urine output	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
External male catheters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bedside commode	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intermittent catheter kits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bladder ultrasound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male urinal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female urinal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

a. Please describe other alternative products stocked in your unit:

13. Are the following urinary catheter insertion and/or maintenance products stocked in your unit?
Select one response per row.

	Yes	No	Don't Know
All-inclusive urinary catheter insertion kit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hand hygiene supplies: alcohol-based waterless product or antiseptic soap and water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sterile gloves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antiseptic solution for cleaning the urethral meatus prior to catheter insertion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smallest bore catheter possible pre-attached to drainage bag with tamper-evident seal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smallest bore catheter and separately packaged drainage bags	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urimeter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Catheter securement device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education handout	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Procedural checklist customized to your indwelling urinary catheter insertion protocol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bladder ultrasound scanners to confirm urinary retention before placing or replacing urinary catheters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Does your unit have a policy and/or procedure regarding **indications** for indwelling urinary catheters that incorporates at a minimum the following recommendations from the Centers for Disease Control and Prevention’s Healthcare Infection Control Practices Advisory Committee (CDC HICPAC) [Guidelines for Prevention of Catheter-associated Urinary Tract Infections, 2009](#)¹?

	Yes	No	Don't Know
Inserting catheters only for appropriate indications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimizing indwelling urinary catheter use in all patients, particularly those at higher risk for CAUTI or mortality from catheterization such as women, the elderly and patients with impaired immunity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding use of indwelling urinary catheters in patients for management of incontinence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using indwelling urinary catheters in operative patients only as necessary, rather than routinely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Removing the indwelling urinary catheter from operative patients as soon as possible postoperatively, preferably within 24 hours, unless there are appropriate indications for continued use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Considering the use of a portable ultrasound device to assess urine volume in patients undergoing intermittent catheterization to assess urine volume and reduce unnecessary catheter insertions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When ultrasound bladder scanners are used, including a step to ensure that - indications for use are clearly stated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When ultrasound bladder scanners are used, including a step to ensure that - nursing staff are trained in the use of the device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When ultrasound bladder scanners are used, including a step to ensure that - equipment is adequately cleaned and disinfected in between patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

¹ The CDC HICPAC guidelines are evidence-based practices regarding infection control and prevention. Access at <https://www.cdc.gov/hicpac/pdf/CAUTI/CAUTIguideline2009final.pdf>

15. Does your unit have a policy and/or procedure for **inserting** indwelling urinary catheters that includes at a minimum the following recommendations from the CDC HICPAC [Guidelines for Prevention of Catheter-associated Urinary Tract Infections, 2009](#)?

	Yes	No	Don't Know
Performing hand hygiene immediately before and after insertion or any manipulation of the catheter device or site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring that only properly trained persons who know the correct technique of aseptic catheter insertion are given this responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring insertion of indwelling urinary catheters using aseptic technique	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring insertion of indwelling urinary catheters using sterile equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring proper securement of indwelling urinary catheters after insertion to prevent movement and urethral traction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring that unless otherwise clinically indicated, the smallest bore catheter possible is used, consistent with good drainage, to minimize bladder neck and urethral trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Does your unit have a policy and/or procedure for **maintenance** of indwelling urinary catheters that includes at a minimum the following recommendations from the CDC HICPAC [Guidelines for Prevention of Catheter-associated Urinary Tract Infections, 2009](#)?

	Yes	No	Don't Know
Maintaining a closed drainage system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintaining unobstructed urine flow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring that only properly trained persons who know the correct technique of aseptic catheter maintenance are given this responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using standard precautions, including the use of gloves and gown as appropriate, during any manipulation of the catheter or collecting system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performing daily cleansing of the meatal surface with a non-antiseptic solution (example: soap and water)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding changing indwelling urinary catheters or drainage bags at routine, fixed intervals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performing daily assessment of ongoing need for the indwelling urinary catheter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If breaks in aseptic technique, disconnection or leakage occur, replacing the catheter and collecting system using aseptic technique and sterile equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Removing indwelling urinary catheters within 24-48 hours of admission unless there are appropriate indications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. For each statement below, please indicate whether your ICU conducts audits of the items at least monthly. Note: An audit is defined as an assessment, typically by direct observation, either hospital-wide or ICU-specific, of health care personnel compliance with facility policies.

	Yes	No	Don't Know
Indwelling urinary catheter appropriateness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date of insertion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date of removal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adherence to proper aseptic technique during indwelling urinary catheter insertion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adherence to proper indwelling urinary catheter maintenance procedures - Maintaining a closed system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adherence to proper indwelling urinary catheter maintenance procedures - Maintaining unobstructed urine flow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adherence to proper indwelling urinary catheter maintenance procedures - Securing the catheter to avoid urethral trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adherence to proper indwelling urinary catheter maintenance procedures - Positioning the urine collection bag below the level of the patient's bladder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adherence to proper indwelling urinary catheter maintenance procedures - Emptying the collecting bag regularly using a separate collecting container for each patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Please indicate whether your ICU currently uses any of the following:

	Yes	No	Don't Know
Electronic alerts for removing unnecessary indwelling urinary catheters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written reminders for removing unnecessary indwelling urinary catheters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A dedicated team that inserts, manages and removes indwelling urinary catheters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guidelines or algorithms for appropriate indwelling urinary catheter management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multidisciplinary indwelling urinary catheter "rounds"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse-initiated discontinuance of indwelling urinary catheters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Automatic stop orders for indwelling urinary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

catheters			
Routine process to review all CAUTIs with frontline staff, including root cause and possible solutions for prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- a. If selected above, please indicate who participates in the multidisciplinary indwelling urinary catheter rounds.

	Yes	No	Don't Know
Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Current Infection Prevention and Safety Culture Practices - Central Lines

19. For each question below, select the appropriate response.

	Yes	No	Don't Know
Is an all-inclusive central line insertion kit stocked in your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is alcohol-based waterless product stocked in your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is antiseptic soap and water stocked in your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are masks, caps, sterile gowns, and sterile gloves to be worn by all health care personnel involved in the procedure stocked in your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are large (full-body) sterile drapes to cover the patient stocked in your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is alcohol chlorhexidine antiseptic for skin preparation stocked in your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are central line dressing change kits stocked in your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are chlorhexidine-impregnated dressings or patches/discs stocked in your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are positive displacement needleless connector valves for central venous catheters stocked in your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are patient education handouts stocked in your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is a procedural checklist customized to your central line insertion protocol stocked in your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do staff use ultrasound scanners to guide internal jugular vein line placement as appropriate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a central line cart is used, is there a clear process for assembling and restocking the central line cart?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Does your unit have a current policy and/or procedure for **insertion and maintenance** of central lines that includes the following?

	Yes	No	Don't Know
Use of line insertion checklist	0	0	0
Routine use of alcoholic chlorhexidine antiseptic for skin preparation prior to insertion	0	0	0
Use of chlorhexidine-impregnated dressing/patch or disc	0	0	0
Avoidance of the femoral site for central venous access	0	0	0
Empowerment of staff to stop a non-emergent central line insertion if proper procedures are not followed	0	0	0
Use of ultrasound for central line placement	0	0	0
Use of a vascular access team to insert PICC lines	0	0	0
Performance of hand hygiene prior to central venous catheter insertion or manipulation	0	0	0
Daily audits for central line necessity	0	0	0
Daily audits for central line removal	0	0	0
Changing of transparent dressings and performance of site care with a chlorhexidine-based antiseptic every 5-7 days or immediately if the dressing is soiled, loose or damp	0	0	0
Changing of gauze dressings every two days or earlier if the dressing is soiled, loose or damp	0	0	0
Use of a routine flushing and/or locking solution for central venous catheters	0	0	0
When adherence to aseptic technique cannot be ensured (e.g., catheters inserted during a medical emergency), replacement of the catheter as soon as possible, i.e., within 48 hours	0	0	0
Prompt removal of central line if no longer necessary	0	0	0

21. For each statement below, please indicate whether your ICU conducts audits of the items at least monthly. Note: An audit is defined as an assessment, typically by direct observation, either hospital-wide or ICU-specific, of health care personnel compliance with facility policies.

	Yes	No	Don't Know
Central line appropriateness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Central line insertion documentation that includes date of insertion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Central line removal documentation that includes date of removal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adherence to proper aseptic technique during central line insertion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adherence to appropriate port antisepsis prior to accessing central line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adherence to proper central venous blood specimen collection technique	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adherence to proper central line maintenance procedures inclusive of discussions of central line necessity for each patient during patient rounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adherence to proper central line maintenance procedures inclusive of assessment of proper hand hygiene used by all personnel involved in central line care for each patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adherence to proper central line maintenance procedures inclusive of assessment of dressing integrity at each shift	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adherence to proper central line maintenance procedures inclusive of use of chlorhexidine for skin antisepsis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adherence to proper central line maintenance procedures inclusive of central line tubing changes as indicated by protocol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other central line maintenance procedures (describe below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

a. Please describe other central line maintenance procedures audited:

22. Please select the appropriate response for each statement below.

	Yes	No	Don't Know
Our ICU performs root cause analysis on all central line-associated blood stream infections.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our ICU bathes patients daily with chlorhexidine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our ICU uses antiseptic or antibiotic-impregnated or coated central venous catheters.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

General Questions

23. A competency assessment is defined as a process of ensuring that health care personnel demonstrate the skills and knowledge to perform a procedure properly and according to facility standards and policies. This may be done through direct observation by trained observers of personnel, performing a simulated procedure on a mannequin or an actual procedure on a patient.²

- a. Please select whether your ICU conducts competency assessments of the staff who perform the items listed below upon hire/during orientation.

	Yes	No	Don't Know
Insert indwelling urinary catheters to ensure proper aseptic technique	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care for indwelling urinary catheters to ensure proper maintenance procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care for central venous catheters to ensure proper dressing change procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- b. Please select whether your ICU conducts competency assessments of the staff who perform the items listed below at least annually.

	Yes	No	Don't Know
Insert indwelling urinary catheters to ensure proper aseptic technique	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care for indwelling urinary catheters to ensure proper maintenance procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care for central venous catheters to ensure proper dressing change procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Nursing staff feel comfortable questioning colleagues who are not following appropriate procedures for **indwelling urinary catheter** insertion and maintenance

- Yes
 No
 Don't know

25. Nursing staff feel comfortable questioning colleagues who are not following appropriate procedures for **central line insertion** and maintenance

- Yes
 No
 Don't know

² Competency assessment definition sourced from the [WHA fillable CAUTI TAP tool](#).

26. Does your unit have an active antibiotic stewardship program/process in place?

Yes

No

27. Staff correctly perform hand hygiene greater than 95% of the time based on direct observations

Yes

No

Don't know

28. When was the last culture of safety survey in your unit? MM/DD/YYYY

a. What type of survey was given?

- Hospital Survey on Patient Safety (HSOPS)
- Safety Attitudes Questionnaire (SAQ)
- Manchester Patient Safety Assessment Framework (MaPSaF)
- Other

29. Please respond to the following statements about your ICU in general. In the last year,

	Never	Rarely	Sometimes	Often	Always
Staff members anecdotally report having too many quality improvement priorities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff members anecdotally report feeling positively recognized by their manager for their efforts to improve quality in the ICU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff members anecdotally feel supported by senior administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff members anecdotally feel supported by the physicians practicing in the unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff members anecdotally report feeling supported by other staff for their efforts to improve quality in the ICU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our ICU worked as a team to improve processes and quality care for all patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All ICU staff were held equally accountable for improving quality in our ICU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

a. Comments:

30. Does your ICU or organization recognize staff for their efforts to improve quality?

- Yes
- No (→ proceed to question 31)

a. (If Yes) What are some ways your ICU or organization recognizes staff for their efforts to improve quality? *Select all that apply.*

- Verbal acknowledgement (public or private)
- Formal acknowledgement (such as performance reviews or documentation in employee record, individual recognition program)
- Monetary incentives
- Non-monetary incentives (food, day off, etc.)
- Other (please specify):

31. Do you have a quality improvement champion(s) for CAUTI within your unit? Note: A champion staff is an individual who will be supporting these quality improvement initiatives.

- Yes
- No (→ proceed to question 32)

a. (If Yes) Who is/are your CAUTI champion(s)? *Select all that apply.*

- Quality manager
- Infection preventionist
- Nurse
- Physician
- Unit leader
- Other (please specify):

32. Do you have a quality improvement champion(s) for CLABSI within your unit? Note: a champion staff is an individual who will be supporting these quality improvement initiatives.

- Yes
- No (→ proceed to question 33)

a. (If Yes) Who is/are your CLABSI champion(s)? *Select all that apply.*

- Quality manager
- Infection preventionist
- Nurse
- Physician
- Unit leader
- Other (please specify):

33. Does your ICU use specific methods to enhance teamwork and communication?

- Yes
- No (→ proceed to question 34)

a. (If Yes) Please select the methods your ICU uses to enhance teamwork and communication. *Select all that apply.*

- Briefings
- Huddles
- Daily patient goals
- Multidisciplinary rounds
- Other (please specify):

34. With whom do you share your CAUTI and/or CLABSI surveillance data?

	CAUTI only	CLABSI only	CAUTI and CLABSI	Neither
Hospital board members	0	0	0	0
Senior leaders/executives	0	0	0	0
ICU managers	0	0	0	0
All ICU nursing staff	0	0	0	0
All physicians providing care to patients	0	0	0	0
Patients and family members	0	0	0	0

35. In the past 30 days, a senior leader has conducted patient safety rounds on the unit

- Yes
- No
- Don't know

36. Does your project team meet at least once a month to discuss progress towards CAUTI and/or CLABSI goals?

- Yes
- No
- Don't know

37. Does your ICU share your CAUTI and/or CLABSI surveillance data with frontline staff?

- Yes
- No (→ proceed to question 38)

a. (If Yes) How does your ICU share your CAUTI and/or CLABSI data with frontline staff? *Select all that apply.*

- TAP reports
- Scorecards
- Daily huddles
- Team meetings
- Other:

b. How frequently do you share your CAUTI and/or CLABSI data with frontline staff? *Select one.*

- At least daily
- At least weekly
- At least monthly
- At least quarterly
- At least yearly
- Ad hoc (i.e., only when there is an infection to report)

38. Please list titles of the individuals who collaborated in the completion of this form.

Title

###