Quality Council Region 4 Urinary Tract Infection (UTI) Learning Collaborative
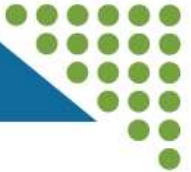## Call 2: Perineal Care
April 25, 2024

Developed and Presented by Office of Community Quality Improvement in collaboration with the Office of Integrated Health Supports Network at the Virginia Department of Behavioral Health and Developmental Services

Identified Educational Topics

✅

Today!

Topics Identified	Description	Tool / Resource
Hand hygiene/ Handwashing	Proper handwashing/hand hygiene, for staff and individuals receiving services, is critical to preventing UTIs. It prevents the spread of germs from one person to another.	Demonstration of proper handwashing/ hand hygiene. Instructions on the frequency and timing of handwashing. Ideas for fun ways to encourage proper handwashing in your organization.
Perineal care (peri-care) for males and females	The perineum is the area between the penis or vagina, and the rectum. UTIs are caused by bacteria that enter the urethra, or the tube that allows urine to leave the body when you urinate. Proper perineal care is important to prevent bacteria from entering the urethra.	A video that demonstrates proper perinatal care for males and females with developmental disabilities.
Timely medical care for UTIs	It is important to get medical treatment for UTIs as soon as possible. It helps to have a plan where an individual can get medical care.	A 'Local Medical Care Card' that lists the primary, urgent, and emergency medical care locations, and contact information, that an individual can go to in the event of an urgent health matter. Also includes the OIH My Care Passport.
Obtaining urine for a urinalysis	It is important to get a clean catch of urine to test for UTIs using urinalysis.	A resource that describes how to get a clean urine sample for individuals who have developmental disabilities.

DBHDS

Agenda	Presenter	Time
1. Review Handwashing Change and Data	Mary Beth Cox Pebbles Brown & Participants	15 minutes
2. Second Change: **Proper Perineal Care**	Joy Richardson, RN	45 minutes
3. How to do a Plan-Do-Study-Act (PDSA) on this change.	Mary Beth Cox Pebbles Brown	15 minutes
4. Planning and sharing time	Participants	10 minutes
5. Q&A, Adjourn	Group	5 minutes
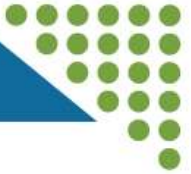
Learning Objectives

At the end of today's presentation, learners will be able to:

- Describe how many seconds of handwashing is recommended by the CDC

- Explain how to submit monthly data to the Learning Collaborative

- List the proper steps to provide perineal care

- Teach others how to provide proper perineal care

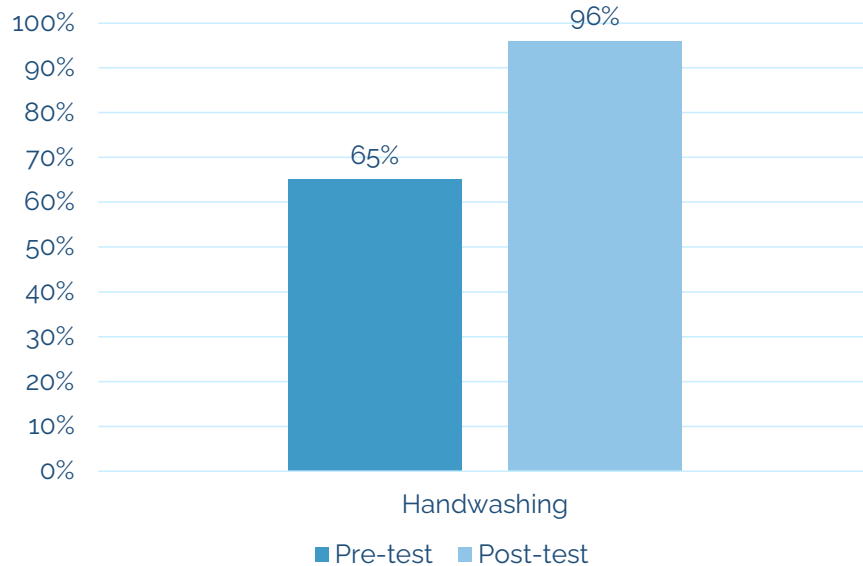- Use the plan-do-study-act worksheet (PDSA) to test the perineal care change

DBHDS

Review Handwashing Workshop

Let's Review →

Combined Scores, Pre vs. Post


1. Handwashing breaks what link in the chain of infection...
   a. The germ/microorganism.
   b. The suspectable host.
   c. The mode of transport.
   d. The port of entry.

2. Every year, DBHDS tracks data relating to injuries, illnesses and preventable deaths using what system?
   a. The Computerized Health Risk Information System also known as CHRIS.
   b. The Common Health Risks Identified System also known as CHRIS.
   c. The Computerized Human Rights Information System also known as CHRIS.
   d. The Commonwealth's Health Risk Information System also known as CHRIS.

3. The CDC recommends scrubbing hands for how many seconds during handwashing?
   a. 60 seconds.
   b. 30 seconds.
   c. 10 seconds.
   d. 20 seconds.
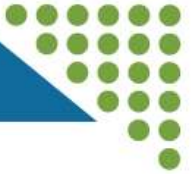
Report out!

- Did you test any new changes in your organization **re: handwashing**?
  - Did you train staff in handwashing? How many staff?
    - What other changes did you make (e.g., new soap/lotion, etc.)
  - What happened? What worked well?
  - What were some barriers? If you overcame them, how so?
- Did you use the plan-do-study act (PDSA) worksheet?
  - If yes, how did it go?
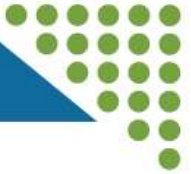 - If no, why not?
- What did you learn?
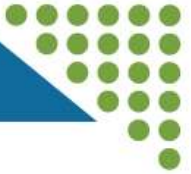
Review of data collection and reporting

- Thank you for reporting your March data!
    - 100% of sites reported!
- How many individuals were served? **67 total**
- How many individuals had at least one UTI? **2**

Tips for Entering Data

- Some questions ask, "How many <u>individuals</u>?" and some ask, "How many <u>UTIs</u>?"
  - <u>Make sure you are answering correctly.</u>
- # UTIs CAN be larger than the # of individuals
  - …because one individual can have multiple UTIs.
- BUT # of individuals CANNOT be larger than the # of UTIs.
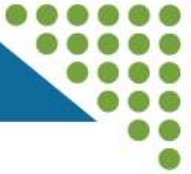 - Example: 2 individuals cannot have a total of 1 UTI.

If I have questions about your data, I'll be reaching out! ☺
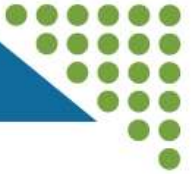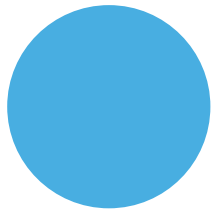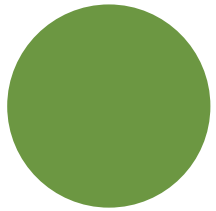
Perineal Care
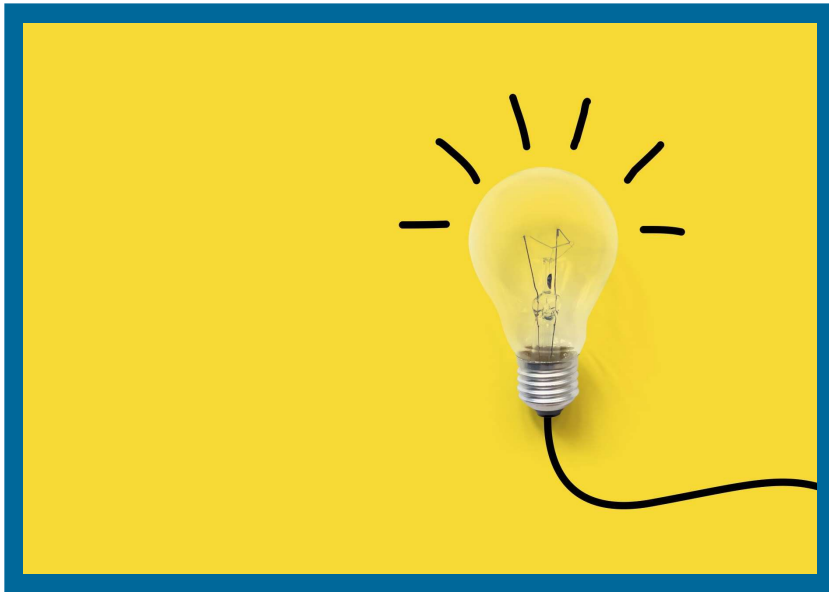
Quality Corner

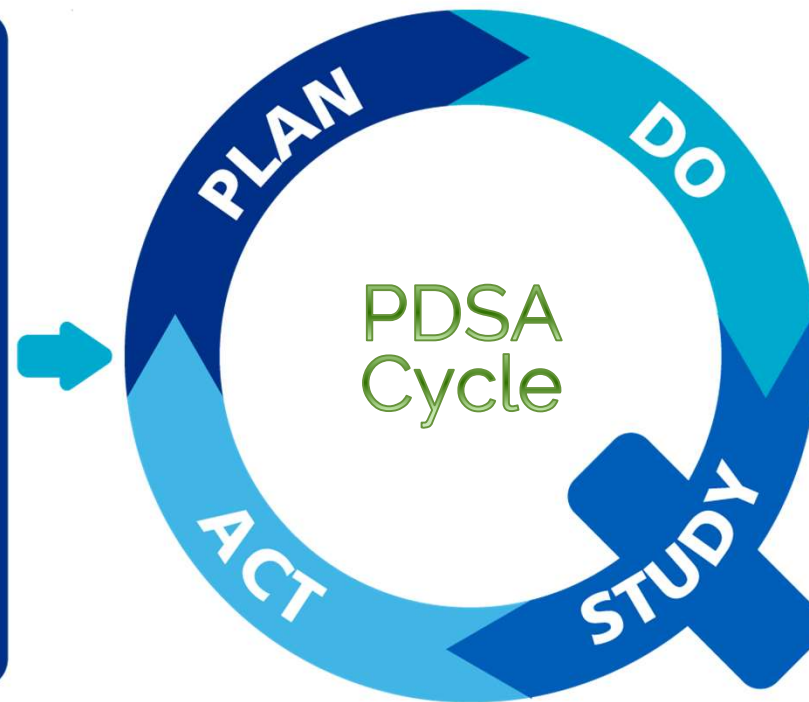## The Three Questions

1

Aim
What are we trying to accomplish?

2

Measure
How will we know that a change is an improvement?

3

Change
What changes can we make that will result in an improvement?

PLAN

DO

PDSA Cycle

ACT

STUDY

NEXT Try using the Model for Improvement[2] and the Plan-do-Study-Act (PDSA) Cycle.

Aim: What are you trying to accomplish? What is your SMART Objective? (Specific, Measurable, Achievable, Relevant, Time-bound)

Measure: How will you know a change is an improvement? Describe the measurable outcome(s) you want to see.

Change: What change can you make that will result in an improvement?

Act and decide what to do next. You can:
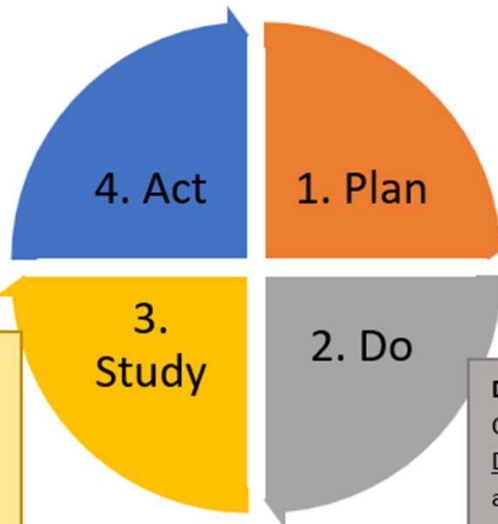**Adapt:** Modify the changes and do another PDSA cycle.
Adopt: Continue or expand the change in your organization.
Abandon: Abandon this change and select a different change to test in the next cycle.
Document and describe what changes to make for the next cycle based on what you learned.

Plan a test of your change.
Document the steps that you are going to do. What is your timeline? Who will be involved? When and how will the change happen? What resources will you need? What do you think will happen when you make the change? What data do you need to collect? How will you collect it? When will you have the data?

4. Act

1. Plan

3. Study

2. Do

Study the change you made.
Study and analyze the data you collected. Document how the measured results compare to the predictions. What did you learn? Did the change result in the expected outcome? Were there any surprises, successes, failures, unintended consequences? What would you do different in another test?
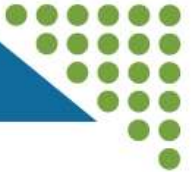
Do (implement) the plan.
Carry out the plan on a small scale to begin with. Document your steps and observations, including any problems and unexpected findings or events. Collect the data you need, per your plan. Describe what happened when you ran the test.

CONTINUE Plan-Do-Study-Act Cycles based on what you learn in order to achieve improvement.

Filling out the PDSA

Job Aid: Plan-Do-Study-Act (PDSA) Worksheet

DBHDS
Virginia Department of Behavioral Health
and Developmental Services

Aim Statement: What is your baseline data, and what is your SMART objective?	The aim of the UTI learning collaborative is to reduce the percent of individuals experiencing UTIs by September 2024. The Learning Collaborative, the baseline is: 16/75 (21%)__ The Goal is: __13%_____ For our organization, the baseline is: _____ The Goal is: _____
Measure: Describe the measure you will use to know that a change is an improvement.	We will measure the number and percent of individuals experiencing any UTIs during the collaborative period (1/1/2024-9/30/2024). We will annualize the results to compare to 2023. **Data collection:** We will report the number and percent of any UTIs, and Level I, Level II and recurrent UTIs per individuals served each month during the Collaborative using a MS Form survey tool.
Change: What change can you make that will result in an improvement? What do you predict will happen when you make the change?	**Change:** The change package includes four prevention strategies (hand washing/hand hygiene, proper perineal care, timely medical care, and urine sample). We will learn the information and then train staff on these new strategies each month, for four months. This [May 2024] month is: _Perineal care____. We will train (How many) _____ staff on this topic. **Prediction:** When we train staff, they will be receptive to the information, demonstrate increased knowledge and competency, and apply the information to their work.

Plan: Plan a test of your change. Document the steps that are needed. What is your timeline? Who will be involved? Include how you will plan to collect and analyze data to study your change.	Task	Who is responsible?	Begin and end dates	Result

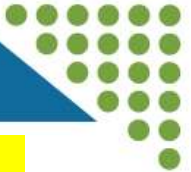|	
Do: Implement your plan. Describe what happened.	
Study: Study and analyze the data you collected. What did you learn?	
Act: Decide what to do next. Will you adapt, adopt or abandon?	

How to do a PDSA on this change.

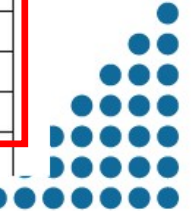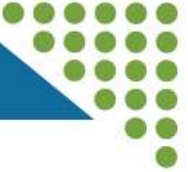| **Change:** What change can you make that will result in an improvement? What do you predict will happen when you make the change?	**Change:** The change package includes four prevention strategies (hand washing/hand hygiene, proper perineal care, timely medical care, and urine sample). We will learn the information and then train staff on these new strategies each month, for four months. This [May 2024] month is: __Perineal care__. We will train (How many) _____ staff on this topic. **Prediction:** When we train staff, they will be receptive to the information, demonstrate increased knowledge and competency, and apply the information to their work.		
Plan: Plan a test of your change. Document the steps that are needed. What is your timeline? Who will be involved? Include how you will plan to collect and analyze data to study your change.	Task	Who is responsible?	Begin and end dates	Result
	Identify date(s) and time(s) to provide training.	Suzy Q.	By April 30.	Identify day and time.
	Notify staff by posting notices and sending emails at least 1 week in advance.	Suzy Q. and Anna L.	On May 1.	
	Gather training materials needed.	Anna L.	By May 3, 2024.	
	Print the pre- and post-test and identify who will analyze results.	Anna L.	On May 6, 2024.	
	Provide training. Include pre/post-test.	Suzy Q.	On May 7, 2024	
	Analyze pre/post-test results.	Anna L.	On May 8, 2024	
	Identify next steps – e.g. a second change.		By May 12, 2024	
Do: Implement your plan	Verify competency with return demonstration			

Example *Example*

What other change could you test?

Aim Statement: What is your baseline data, and what is your SMART objective?	The aim of the UTI learning collaborative is to reduce the percent of individuals experiencing UTIs by September 2024. The Learning Collaborative, the baseline is: 16/75 (21%)___ The Goal is: __13%_____ For our organization, the baseline is: _____ The Goal is: _____			
Measure: Describe the measure you will use to know that a change is an improvement.	We will measure the number and percent of individuals experiencing any UTIs during the collaborative period (1/1/2024-9/30/2024). We will annualize the results to compare to 2023. **Data collection:** We will report the number and percent of any UTIs, and Level I, Level II and recurrent UTIs per individuals served each month during the Collaborative using a MS Form survey tool.			
Change: What change can you make that will result in an improvement? What do you predict will happen when you make the change?	Change: Prediction:			
Plan: Plan a test of your change. Document the steps that are needed. What is your timeline? Who will be involved? Include how you will plan to collect and analyze data to study your change.	Task	Who is responsible?	Begin and end dates	Result
Do:				

PDSA planning and sharing time

- Share ideas about your 'Plan' and make sure to put it on your PDSA Worksheet.
  - How are you going to test this change?
  - How are you going to bring this back to your team members, including DSPs?
  - Is there another 'change' you're interested in testing?

Learning Collaborative Resources

1

Resources:
https://dbhds.virginia.gov/clinical-and-quality-management/office-of-community-quality-management/
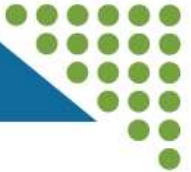
- PowerPoint slides, Handouts, PDSA Forms

2

Monthly data reporting here:
**https://forms.office.com/g/zKqTqW6Rqm**

3

Schedule:
- **NEXT:** Report on April data: **May 3, 2024**
- Report on May data: June 7, 2024
- Report on June data: July 5, 2024, or next business day
- Report on July data: August 2, 2024

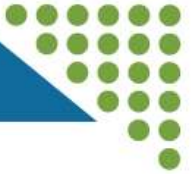| Learning Collaborative Schedule of Events	Duration
• ✓Information session Thursday Feb. 29, 2024, 10:00 am – 11:00 am	30 minutes
• ✓Pre-work Due: Registration Information Due: Friday March 8, 2024	60 minutes
• ✓Introduction meeting & Topic 1 Thursday March 28, 2024, 9:30 am – 12:30 pm – IN PERSON*	3 Hours
• TODAY Meeting 2 - Virtual & Topic 2 Thursday April 25, 2024, 10:00 am – 11:30 am	~~90~~ 120 minutes
• NEXT Meeting 3 - Virtual & Topic 3 Thursday May 30, 2024, 10:00 am – 11:30 am	90 minutes
• Meeting 4 - Virtual & Topic 4 Thursday June 27, 2024, 10:00 am – 11:30 am	90 minutes
• Meeting 5 - Virtual - Wrap-up Thursday July 25, 2024, 10:00 am – 11:30 am	90 minutes
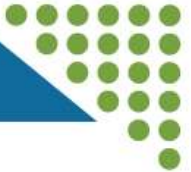
To-Do List

- Bring new tools/resource back to your organization re: perineal care

- Plan to train your staff and team members and evaluate their learning.
  - Use the PDSA Worksheet!

- Submit next data report on Friday May 3, 2024.

- Need help? Reach out to Mary Beth or Pebbles!
  - Pebbles.Brown@dbhds.virginia.gov Quality Improvement Specialist, Region 4
  - DBHDS Office of Community Quality Management (OCQM), (804) 314-2065
  - MaryBeth.Cox@dbhds.virginia.gov , QI Coordinator, OCQM, (804) 709-9225
  - Tammie Williams, RNCC, Community Nursing and Educational Lead. tammie.Williams@dbhds.virginia.gov
  - Marylou Bryan, RNCC, Educational Development. marylou.bryan@dbhds.virginia.gov
  - Joy Richardson, RNCC, joy.richardson.@dbhds.virginia.gov
  - Brian Phelps, BCBA. brian.phelps@dbhds.virginia.gov

Questions?

Comments?

Concerns?