Quality Council Region 4 Urinary Tract Infection (UTI) Learning Collaborative

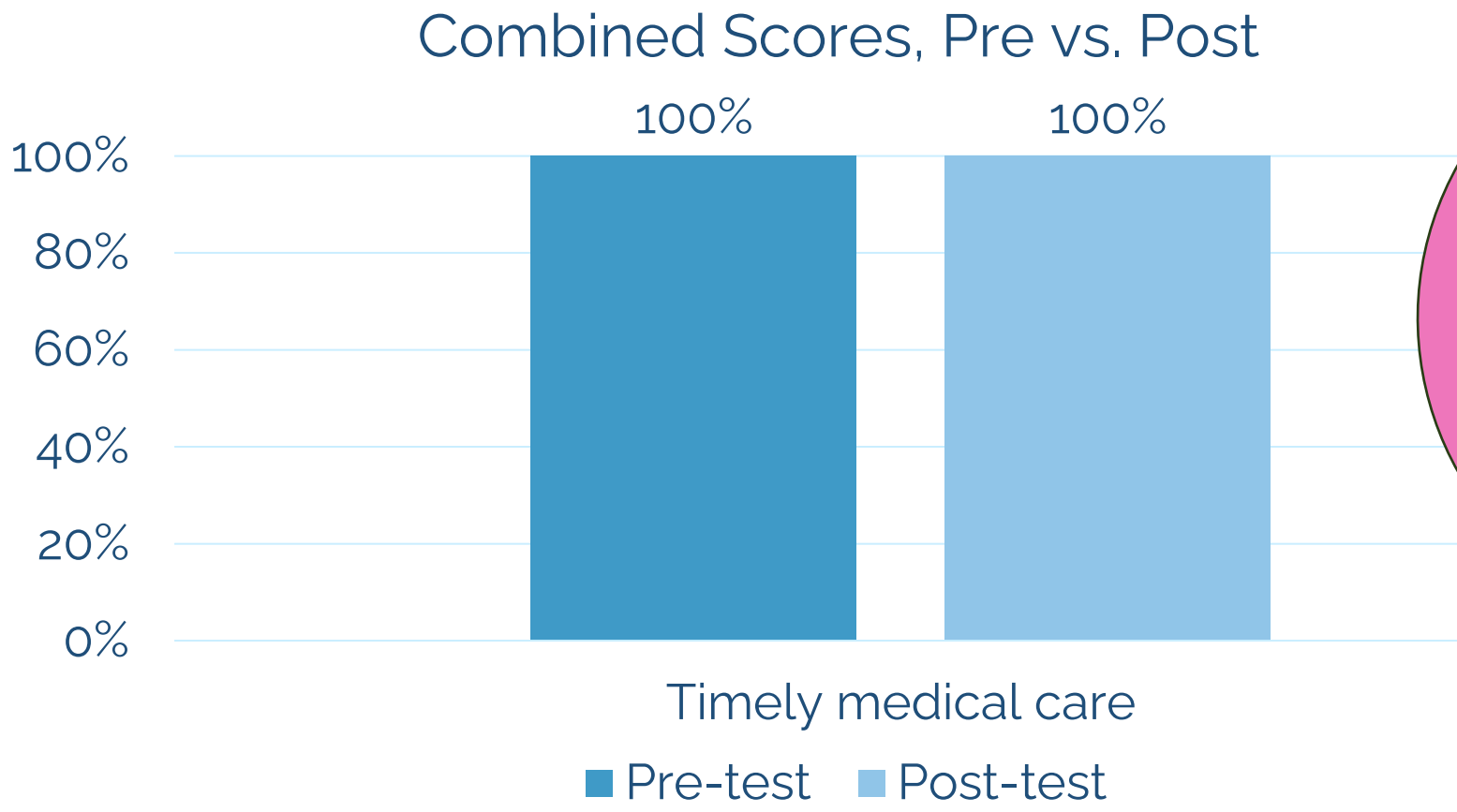
Call 4: Clean Urine Catch

June 27, 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

Agenda	Presenter	Time
1. Review previous changes, including most recent: **timely medical care,** and data	Mary Beth Cox, Pebbles Brown & Participants	15 minutes
2. Third Change: **Clean Urine Catch**	Marylou Bryan Brian Phelps	60 minutes
3. How to do a Plan-Do-Study-Act (PDSA) on this change.	Mary Beth Cox, Pebbles Brown	20 minutes
4. Planning and sharing time	Participants	10 minutes
5. Q&A, Adjourn	Group	5 minutes

Let's Review →



Any reflections on what you learned about timely medical care?

Share and Report out!

- **Timely Medical Care**
- **In June….**
- What did you do **re: My Care Passport and Medical care card**?
- Did you train staff? IF so, how many?
- Was the My Care Passport completed for individuals?
- What happened? What worked well?
- What were some barriers? If you overcame them, how so?
- What did you learn?
- Did you change anything else? *E.g., proper supplies, new P&P?*
- Did you use the plan-do-study act (PDSA) worksheet?

Share and Report out!

Handwashing / Hand Hygiene

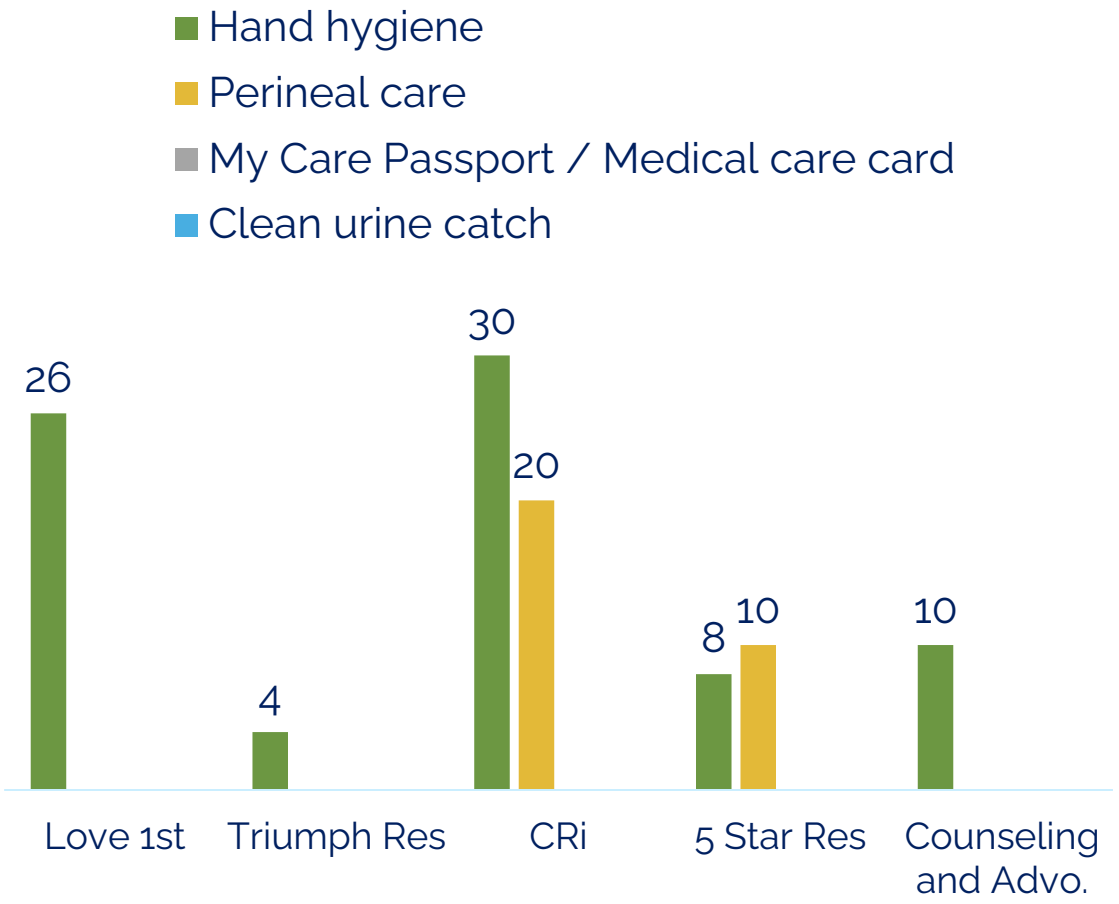
- **Since April….**
- How have you promoted handwashing? How many staff have you trained?
- Were staff receptive to the information?
- Did staff demonstrate increased knowledge and competency?
  - Did you use the pre-test/post-test that was provided?
- Did staff apply the information to their work?
- What were the results?

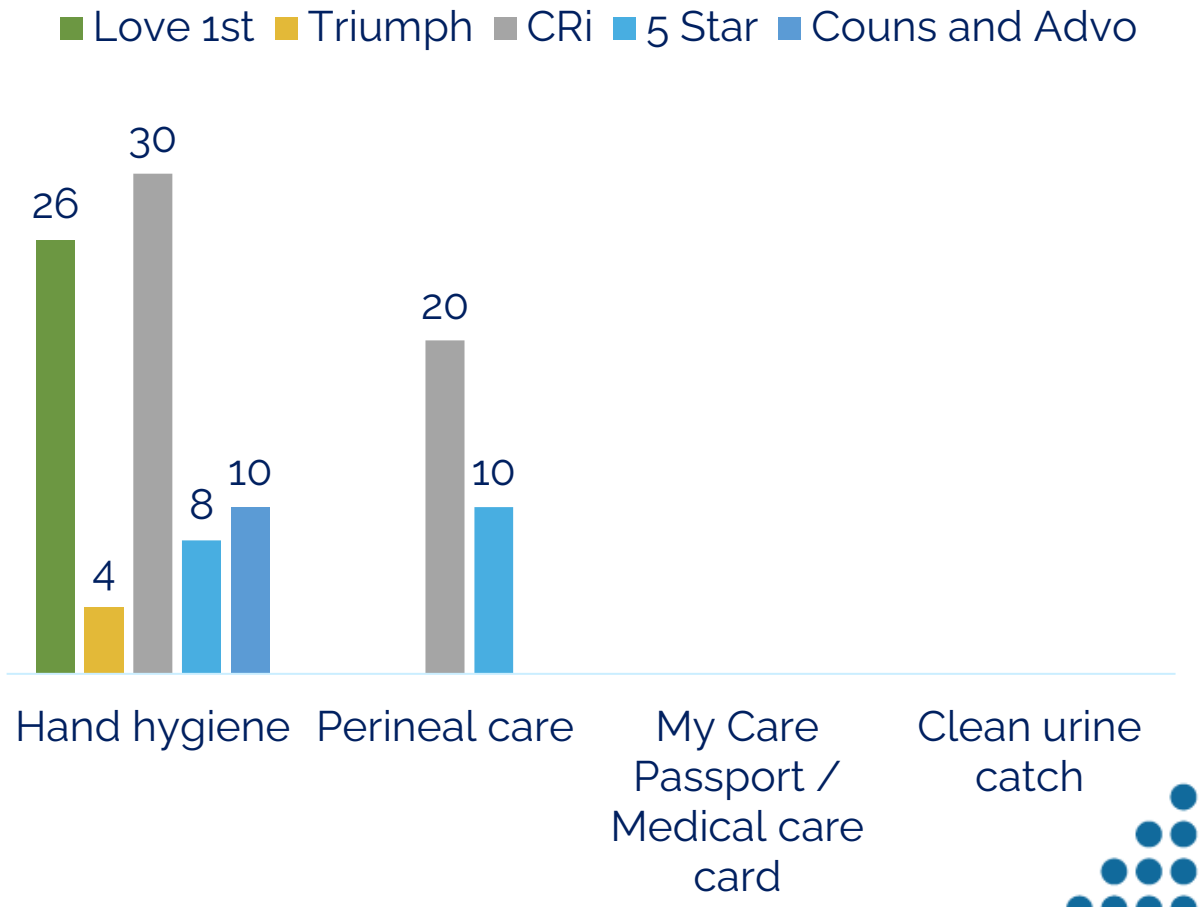
Perineal Care

- **Since May….**
- What did you do re: perineal care?
- Did you train staff in perineal care?
- What happened? What worked well?
- What were some barriers? If you overcame them, how so?
- What did you learn?
- Did you change anything else? E.g., proper supplies, new P&P?
- Did you use the plan-do-study act (PDSA) worksheet?

Sharing & Good ideas

Staff Trained on UTI Topics





Handwashing

Describe how you provided training.	**How else did you use this month's intervention?**	**What did you learn from trying this intervention**? What were your successes? What were the barriers?
Hands on. One to one	Taught the info to individuals and staff	That we don't know how to wash our hands. Great feedback. Getting individuals to perform it consistently
Handout	Taught to staff and individuals	**Additional ongoing training is necessary**
in person- education provided and then hand washing activity	**taught the information to individuals**	Most of our staff is efficient in handwashing. **Staff and the individuals were engaged and enjoyed the activity.**
Through verbal communication and demonstration	Taught information that **extended to our own households**	We learned the importance of hand hygiene something we have all overlooked. **Teaching the proper way to clean your hands and seeing it implemented on a daily basis is encouraging;** the barrier would upholding this positive behavior across the board.
A plan has been developed to add this training to DSP orientations and DSP yearly training with Black light lotion.	Hand washing Best practices reminders and **supplies have been added to all staff and clinic bathrooms to promote the practice.** Hand washing best practices **was offered to the entire CAA** staff (not just the staff that sever our Sponsor homes) at **Annual training on May 7.** Hand washing exercise with use of lotion and black light was offered to all staff if they are interested. They will meet with Maria Nojaim for training. Clients that are able to conceptualize the training will also be provided to Clients at their annual reassessments . (2 to date have completed the training)	We are still learning**. I have learned reminders of best practices are always useful .** We all get busy and rush and the simple act of rushing can spread infection. **Our clients will need frequent reminders and re training on hand washing.**

Perineal Care

Describe how you provided training.	How else did you use this month's intervention?	**What did you learn from trying this intervention?** What were your successes? What were the barriers?
During each program monthly staff meeting	Staff meeting education	Staff was receptive and understood all instructions.
During our monthly staff meetings	Discussions as needed individually	**No UTI's for a few months!**
We discussed proper perineal care in home with handouts	taught the information to individuals	Staff was very open to reviewing this information and **we learned that some staff needed further training**

SAVE: Discuss data report disconnects

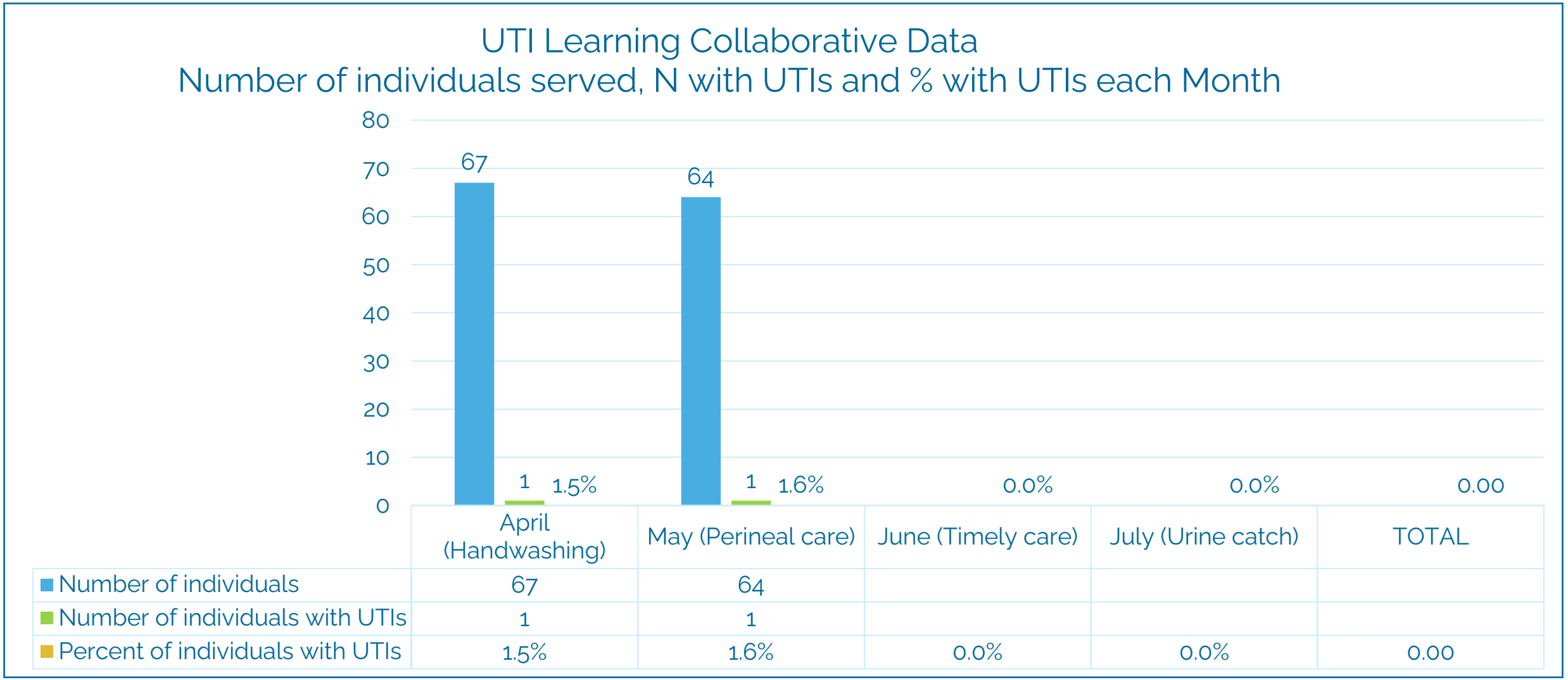
- Make sure your report is on the correct month and change topic.
- A new Change Strategy is implemented each month.

- For **April, reporting in May,** the Change Strategy was Hand Hygiene/Hand washing.
- For **May, reporting in June,** the Change Strategy was Perineal Care.
- For **June, reporting in July,** the Change Strategy is a Local Medical Care Card and My Care Passport.
- For **July, reporting in August,** the Change Strategy is urine collection.

- **"Did you try this month's intervention?" – Say 'yes' if you did anything to implement the change. Staff training, new supplies, new policy/procedure, etc.**
- Please try using the Plan-Do-Study-Act forms. ☺

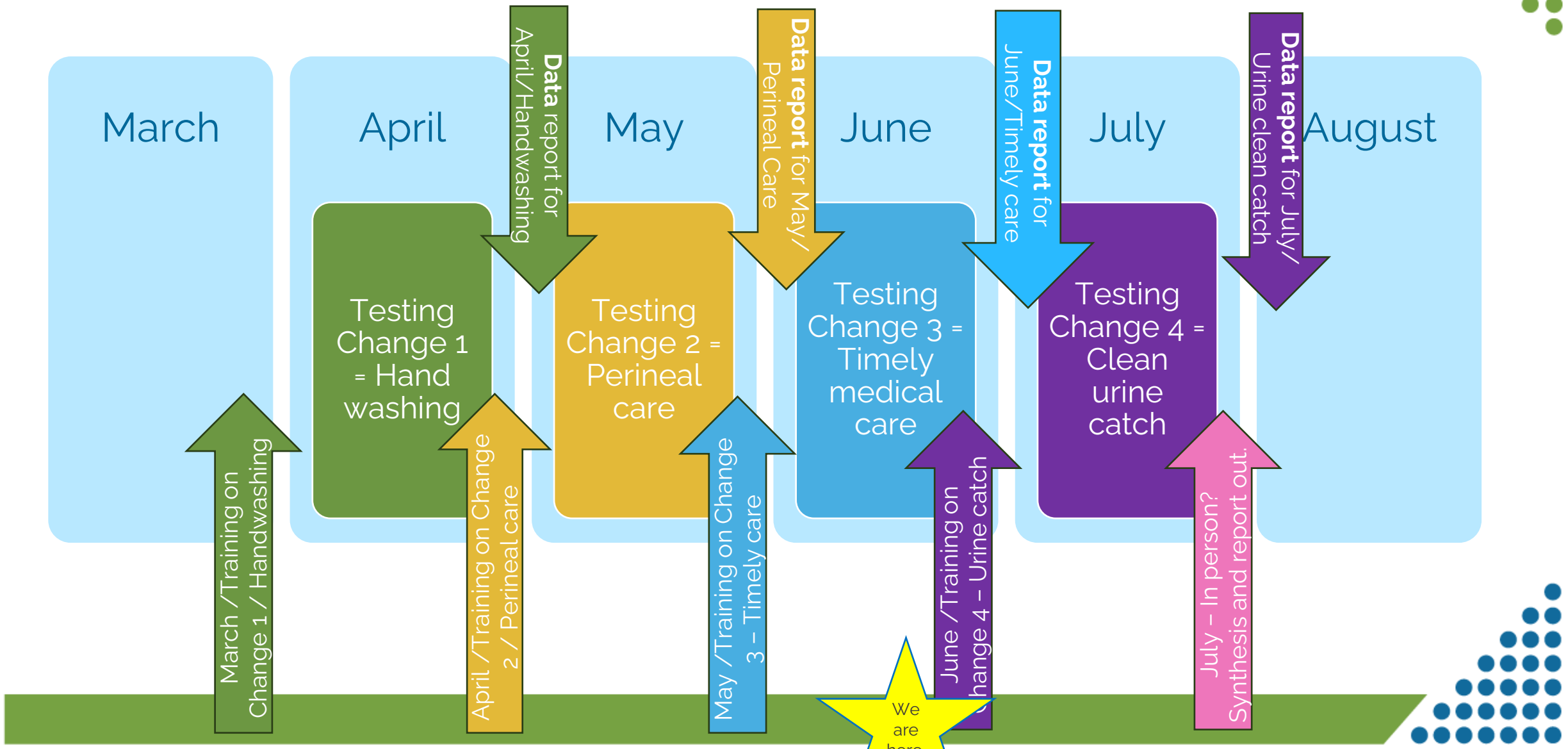
Review of data collection and reporting for: May 2024 Data [reported in early June]

Thank you for reporting your **May data**! 100% of sites reported!



	April (Handwashing)	May (Perineal care)	June (Timely care)	July (Urine catch)	TOTAL
Number of individuals	67	64			
Number of individuals with UTIs	1	1			
Percent of individuals with UTIs	1.5%	1.6%	0.0%	0.0%	0.00

A word about the timing of changes and reporting…



Clean Urine Catch - OIH

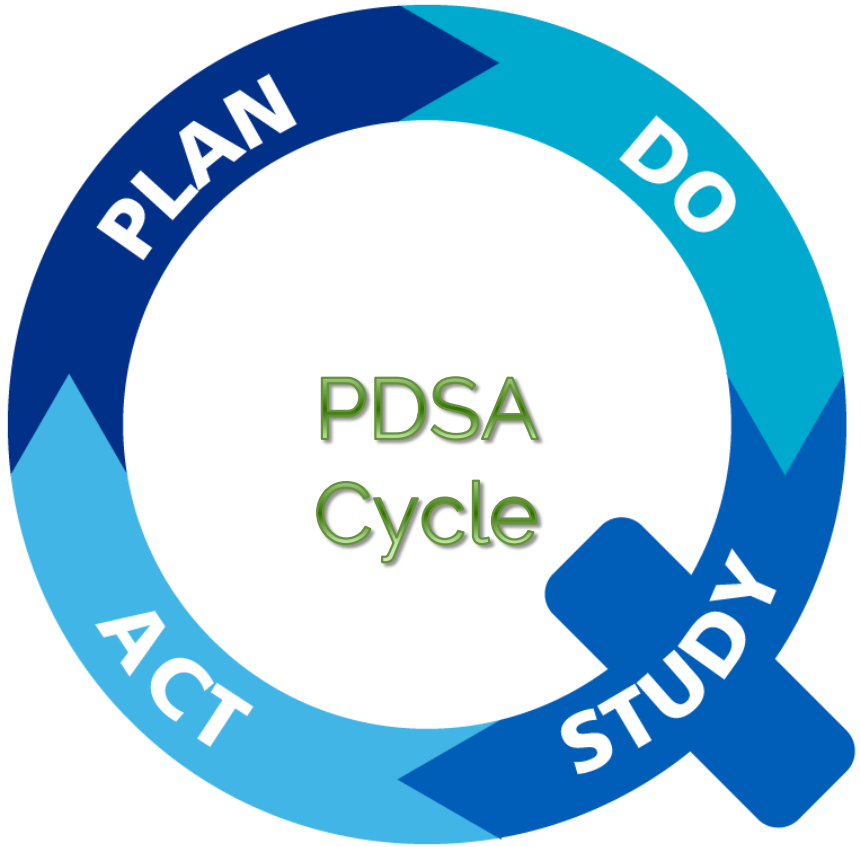
Quality Corner

- Mary Beth Cox
- Pebbles Brown

Review: Model for Improvement

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?



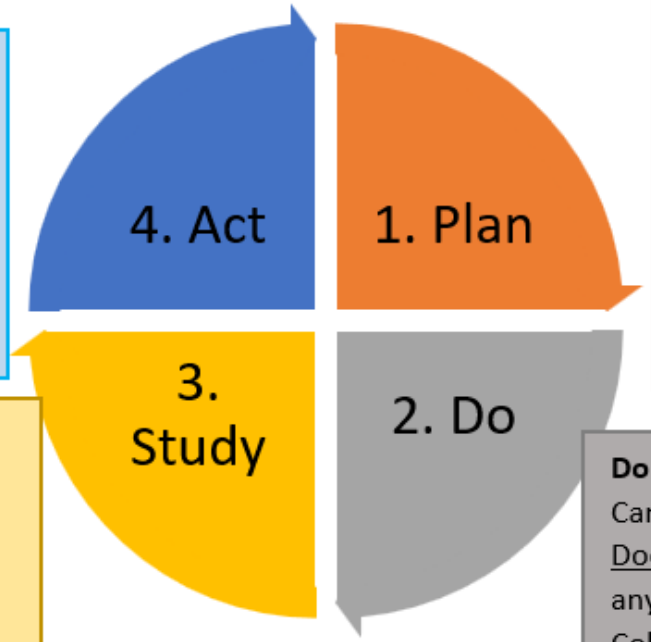
NEXT Try using the Model for Improvement[2] and the Plan-do-Study-Act (PDSA) Cycle.

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?

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

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 month (JUNE) is: Clean Urine Catch. • We will train ____ (How many) staff on performing a clean urine catch using the Clean Urine Catch Handbook. **Prediction:** When we train staff they will feel more knowledgeable about how to perform a clean urine catch and be able to assist in this process for an individual.

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?	

1. American College of Cardiology. Introduction to Quality Improvement and the FOCUS-PDSA Model. Link: https://cvquality.acc.org/clinical-toolkits/qi-toolkit
2. Institute for Healthcare Improvement. How to Improve. https://www.ihi.org/resources/Pages/HowtoImprove/default.aspx

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

DBHDS
Virginia Department of Behavioral Health and Developmental Services

Filling out the PDSA

Example

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: _____
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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 which staff need training.	Sandra Supervisor	7/1-7/5/24	Identify staff
Set a day and time for training	Sandra Supervisor	7/1-7/5/24	Identify staff
Gather training materials (slides, handbook)	Tammy Trainer	7/1-7/5/24	Identify staff
Print pre/post test	Tammy Trainer	7/1-7/5/24	Identify staff
Conduct training and do pre/post test	Tammy Trainer	7/1-7/5/24	Identify staff
Summarize results and determine next steps	Sandra Supervisor	7/1-7/5/24	Identify staff

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?	

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2. Institute for Healthcare Improvement. How to Improve. https://www.ihi.org/resources/Pages/HowtoImprove/default.aspx

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: What's going to be in your 'Plan'?
- Make sure to put it on your PDSA Worksheet.
  - How are you going to test this change?
  - How are you going to study this change?
  - Is there another 'change' you're interested in testing?

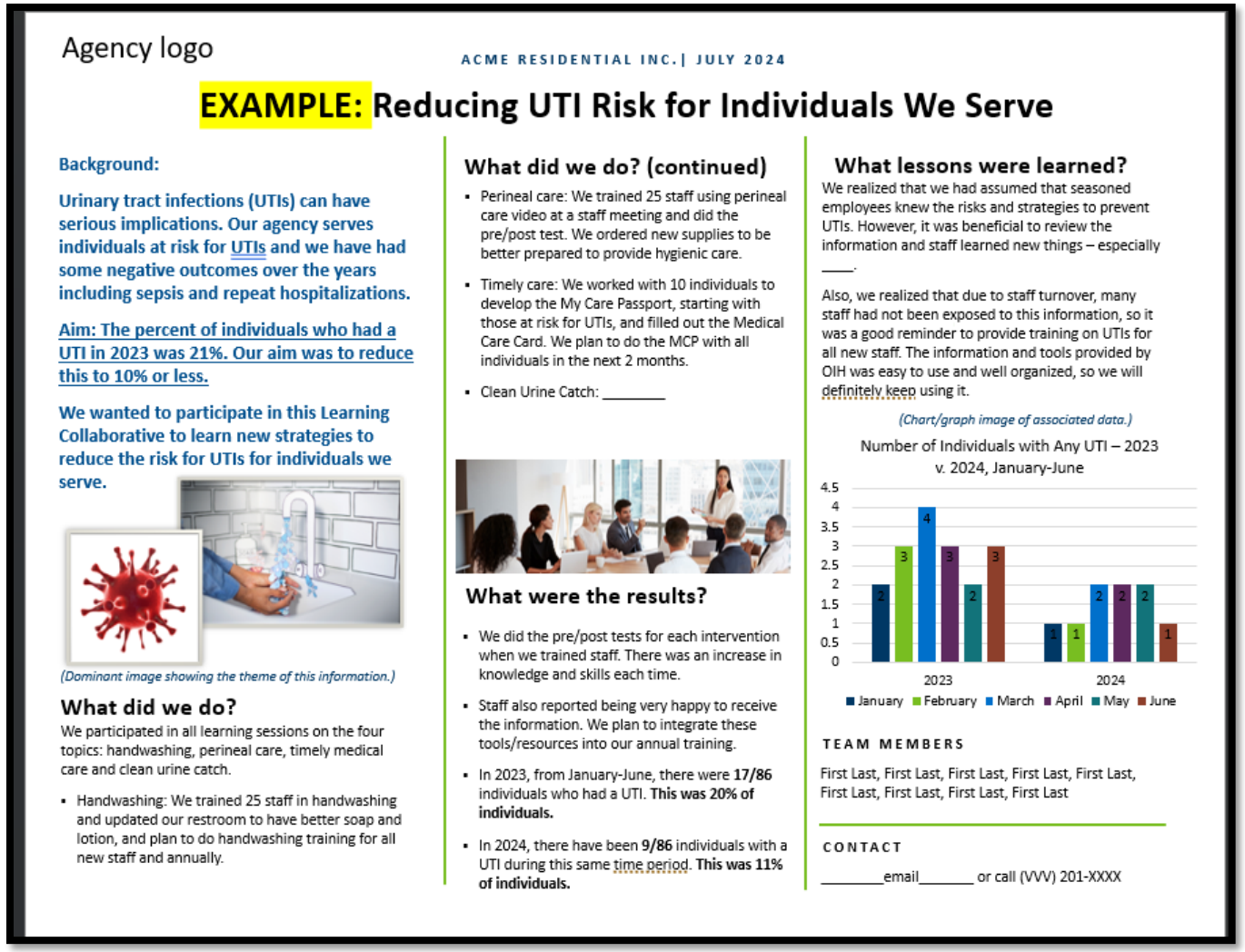
Preparation for Learning Collaborative wrap-up meeting in Person
July 25, RBHA
9:00 AM-1:30 PM – Room reserved

Agenda:

- Learning Collaborative in Review – 30 minutes
  - Goals and objectives
  - Change package
  - Data results – Did we meet our Aim?
- Provider Storyboard Presentations + Q&A - 90 minutes
- Breakout + Discussion:
  - Lessons Learned and Recommendations – 30 minutes
- Adjourn

Prepare a Storyboard of your UTI Learning Collaborative project

- **We will email you a template to fill out.** Complete the:
  - Background + Aim statement,
  - What did we do?
  - What were the results?
  - What lessons were learned?
  - Data results
  - Team members
- Include data to demonstrate number of individuals with UTIs over time and/or other data you tracked. No PHI.
- **Complete your Storyboard by Friday, July 19 and send to Pebbles and Mary Beth.**



Agency logo

ACME RESIDENTIAL INC.| JULY 2024

EXAMPLE: Reducing UTI Risk for Individuals We Serve

Background:

Urinary tract infections (UTIs) can have serious implications. Our agency serves individuals at risk for UTIs and we have had some negative outcomes over the years including sepsis and repeat hospitalizations.

Aim: The percent of individuals who had a UTI in 2023 was 21%. Our aim was to reduce this to 10% or less.

We wanted to participate in this Learning Collaborative to learn new strategies to reduce the risk for UTIs for individuals we serve.

(Dominant image showing the theme of this information.)

What did we do?

We participated in all learning sessions on the four topics: handwashing, perineal care, timely medical care and clean urine catch.

- Handwashing: We trained 25 staff in handwashing and updated our restroom to have better soap and lotion, and plan to do handwashing training for all new staff and annually.

What did we do? (continued)

- Perineal care: We trained 25 staff using perineal care video at a staff meeting and did the pre/post test. We ordered new supplies to be better prepared to provide hygienic care.
- Timely care: We worked with 10 individuals to develop the My Care Passport, starting with those at risk for UTIs, and filled out the Medical Care Card. We plan to do the MCP with all individuals in the next 2 months.
- Clean Urine Catch: _____

What were the results?

- We did the pre/post tests for each intervention when we trained staff. There was an increase in knowledge and skills each time.
- Staff also reported being very happy to receive the information. We plan to integrate these tools/resources into our annual training.
- In 2023, from January-June, there were **17/86** individuals who had a UTI. **This was 20% of individuals.**
- In 2024, there have been **9/86** individuals with a UTI during this same time period. **This was 11% of individuals.**

What lessons were learned?

We realized that we had assumed that seasoned employees knew the risks and strategies to prevent UTIs. However, it was beneficial to review the information and staff learned new things – especially ____.

Also, we realized that due to staff turnover, many staff had not been exposed to this information, so it was a good reminder to provide training on UTIs for all new staff. The information and tools provided by OIH was easy to use and well organized, so we will definitely keep using it.

(Chart/graph image of associated data.)

Number of Individuals with Any UTI – 2023 v. 2024, January-June

TEAM MEMBERS

First Last, First Last, First Last, First Last, First Last, First Last, First Last, First Last, First Last

CONTACT

_____email_____ or call (VVV) 201-XXXX

Source https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/qistoryboard.html

Tips for Creating a Storyboard on Quality Improvement

Institute for Healthcare Improvement developed the following recommendations for creating storyboards:

- ✓ A clearly defined Aim Statement with an expected change and timeline.
- ✓ An outline of your strategy for change that explains how you will reach your aim.
- ✓ An explanation of the changes made to achieve improvement in the targeted process.
- ✓ Graphical representation of improvement.
- ✓ An indication that changes were tested and/or adapted prior to implementation.
- ✓ An explanation of how multiple measures were used to understand and show improvement.
- ✓ A listing of the multi-disciplinary team that was involved in achieving improvement.
- ✓ A demonstrated sustainability in improvement indicated by the data (if possible).
- ✓ A short summary of the lessons learned from the work and/or the message for readers.

Source: https://forms.ihi.org/hubfs/2019_IHI_Summit_Storyboard_Handbook-v2.pdf

Learning Collaborative Resources

Resources:
https://dbhds.virginia.gov/clinical-and-quality-management/office-of-community-quality-management/

PowerPoint slides, Handouts, PDSA Forms

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

Schedule:

NEXT: Report on June data: **July 12, 2024 for topic: Timely Medical Care / Medical Care Card**

Report on July data: August 2, 2024

Complete your Storyboard by Friday, July 19 and send to Pebbles and Mary Beth

To-Do List

- ✓Bring new tools/resource back to your organization re: timely medical care.
- ✓Plan to do your Changes and follow the PDSA Worksheet!
- ✓Submit next data report on **July 12, 2024 for the June / Timely Medical Care data.**
- ✓Need help? Reach out!
  - 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

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 - Handwashing Thursday March 28, 2024, 9:30 am – 12:30 pm – IN PERSON*	3 Hours
• ✓Meeting 2 - Virtual & Topic 2 – Perineal Care Thursday April 25, 2024, 10:00 am – 11:30 am	120 minutes
• ✓Meeting 3 - Virtual & Topic 3 – Timely Medical Care Thursday May 30, 2024, 10:00 am – 12:00 PM	120 minutes
• **TODAY Meeting 4 - Virtual & Topic 4 – Clean urine catch** **Thursday June 27, 2024, 10:00 am – 12:00 PM**	**120 minutes**
• **Meeting 5 – In Person - Wrap-up** **Thursday July 25, 2024, 10:00 am – 12:00 PM**	**120 minutes**

Questions?

Comments?

Concerns?