



# AHRQ Safety Program for MRSA Prevention

## Data Collection and Submission Guide – ICU and non-ICU Cohorts

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## Section 1: Overview

ICU and non-ICU cohorts participating in the *AHRQ Safety Program for MRSA Prevention* will need to submit data as part of the evaluation of the program. The Comprehensive Unit-Based Safety Program (CUSP) team at each unit or hospital data analysts will submit data through the secure [AHRQ Safety Program for MRSA Prevention \(safetyprogram4mrsaprevention.org\)](https://safetyprogram4mrsaprevention.org) website. This guide describes the purpose of data collection, types of data to be collected, the data submission schedule, and step-by-step instructions for submitting data.

If you have any questions about the program's data collection requirements, please contact your Implementation Adviser.

## Section 2: Purpose of Data Collection

Data are being collected by NORC at the University of Chicago (NORC) and the Johns Hopkins Armstrong Institute for Patient Safety and Quality (JHAI) for program evaluation purposes and as a tool for each unit's own quality improvement efforts. All data collection tools have been cleared by the Office of Management and Budget (OMB) under the Paperwork Reduction Act (PRA). NORC and JHAI will use the data to evaluate the adoption and effectiveness of the *AHRQ Safety Program for MRSA Prevention* program. Additionally, participating units will receive quarterly benchmarking reports which they can use to track, monitor, and improve processes and outcomes within their own MRSA prevention program and compare their data to similar hospitals.

The program is collecting only *deidentified data*. Aggregate data will be shared with other similar participating hospitals for comparison purposes only. Individual participating units will not be identified. The data will be stored on NORC's secure server and only National Program Team (NPT) members will be authorized to access the data.

## Section 3: Types of Data to be Collected and Submitted

All ICUs and non-ICU cohorts enrolled in the *AHRQ Safety Program for MRSA Prevention* will be asked to collect and submit the following data:

1. Monthly Team Checkup Tool (TCT)
2. Hospital-Level and Unit-Level Gap Analysis
3. Hospital Survey on Patient Safety Culture (HSOPS) – *Unit level*
4. Retrospective and Quarterly Unit-Level Clinical Outcomes Survey
5. Point Prevalence Survey - *Optional*

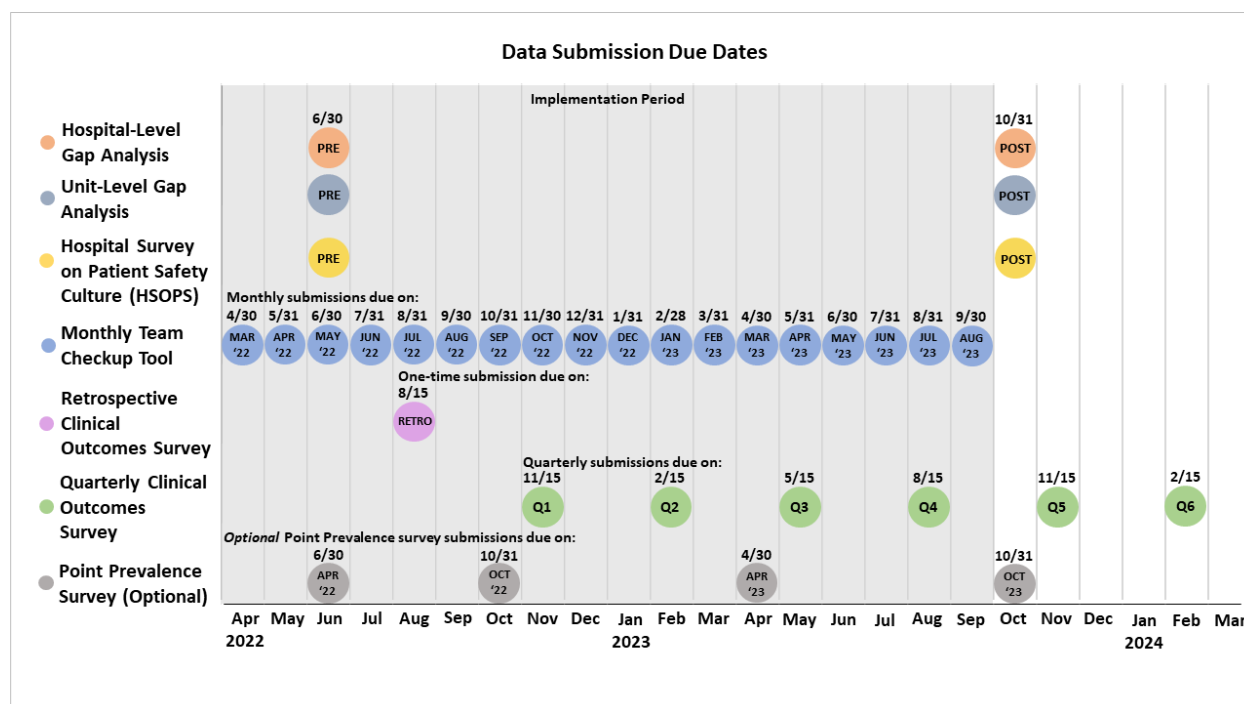
The table below outlines the data collection tools and frequency for each.

Data Collection Tools, Timing, and Purpose			
Tool	Purpose	To Be Completed by	Frequency of Data Collection
<b>Hospital Survey on Patient Safety Culture (HSOPS)</b>	To collect information on patient safety issues at the unit level	CUSP team members	Once at the beginning of implementation  Once post-implementation
<b>Hospital-Level Gap Analysis</b>	To conduct knowledge assessments to monitor understanding of intervention components	Infection Preventionist	
<b>Unit-Level Gap Analysis</b>		Unit Lead	
<b>Team Checkup Tool (TCT)</b>	Checklist of key actions to guide staff members towards a culture of safety by using guidelines, tools, and resources	Unit Lead	Monthly
<b>Retrospective Unit-level Clinical Outcomes Survey</b>	To evaluate the changes in infection prevention during the 18-month program	CUSP team lead or data coordinator	Monthly data for the past 12 months (April 2021 through March 2022) should be pulled retrospectively.
<b>Quarterly Unit-level Clinical Outcomes Survey</b>	To evaluate the changes in infection prevention during the 18-month program	CUSP team lead or data coordinator	Electronic data pulls of monthly data on a quarterly basis for the period from April 2022 through September 2023.
<b>Point Prevalence Survey (Optional)</b>	To collect <i>optional</i> data from hospitals already collecting positive MRSA nasal surveillance tests	Unit Lead	Every 6 months, or 4 times, during a designated 3-day window

Your hospital will have the opportunity to confer National Healthcare Safety Network (NHSN) rights for select data points to the *AHRQ Safety Program for MRSA Prevention* to reduce the burden of collecting the following data. The table below displays the data points collected for the Unit-Level Clinical Outcomes Survey for units that do confer NHSN rights and for those that do not.

Outcomes Collected for the Unit-Level Clinical Outcomes Survey	
Units that <b>do not</b> confer NHSN data rights	Units that <b>do</b> confer NHSN data rights
<b>Primary Outcomes:</b> <ul style="list-style-type: none"> <li>Hospital onset MRSA invasive infection (MRSA bacteremia LabID Day 4 or after admission)</li> </ul>	
<b>Secondary outcomes:</b> <ul style="list-style-type: none"> <li>Community-onset MRSA invasive infection (MRSA bacteremia LabID prior to Day 4 or after admission)</li> <li>Central-Line Associated Blood Stream Infections (CLABSI) with causative organisms</li> <li>Hospital onset bacteremia</li> <li>MRSA-positive clinical cultures</li> </ul>	<b>Secondary outcomes:</b> <ul style="list-style-type: none"> <li>Hospital onset bacteremia</li> <li>MRSA-positive clinical cultures</li> </ul>

The figure below shows the timeline of data collection and submission over the course of the Implementation Period.



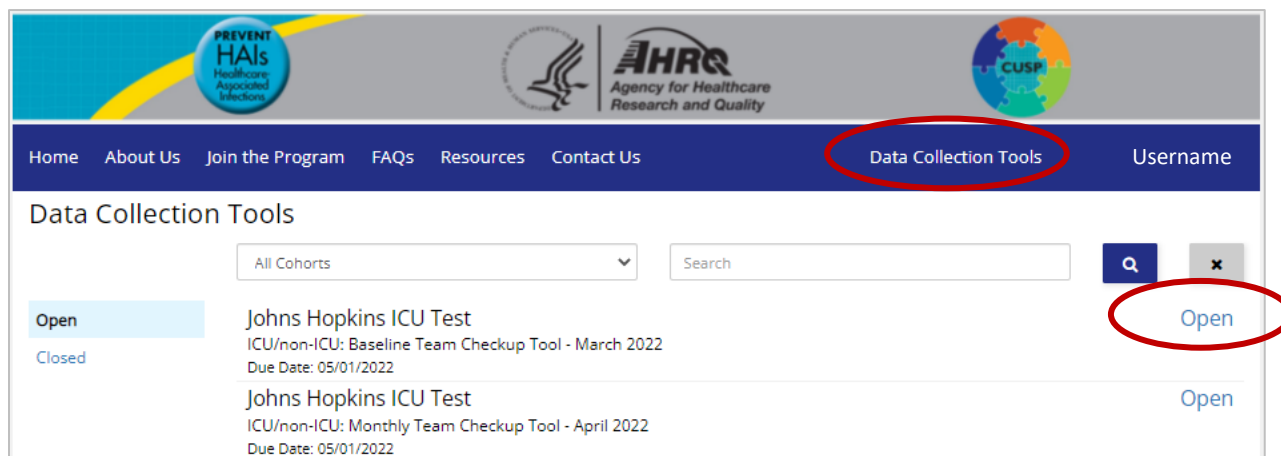
## Instructions for Completing the Team Checkup Tool

The **Team Checkup Tool (TCT)** collects information on key actions of staff. This tool asks about use of safety guidelines, tools, and resources throughout the program. TCT data will be collected monthly during the program, with a Baseline version available in April when the program begins.

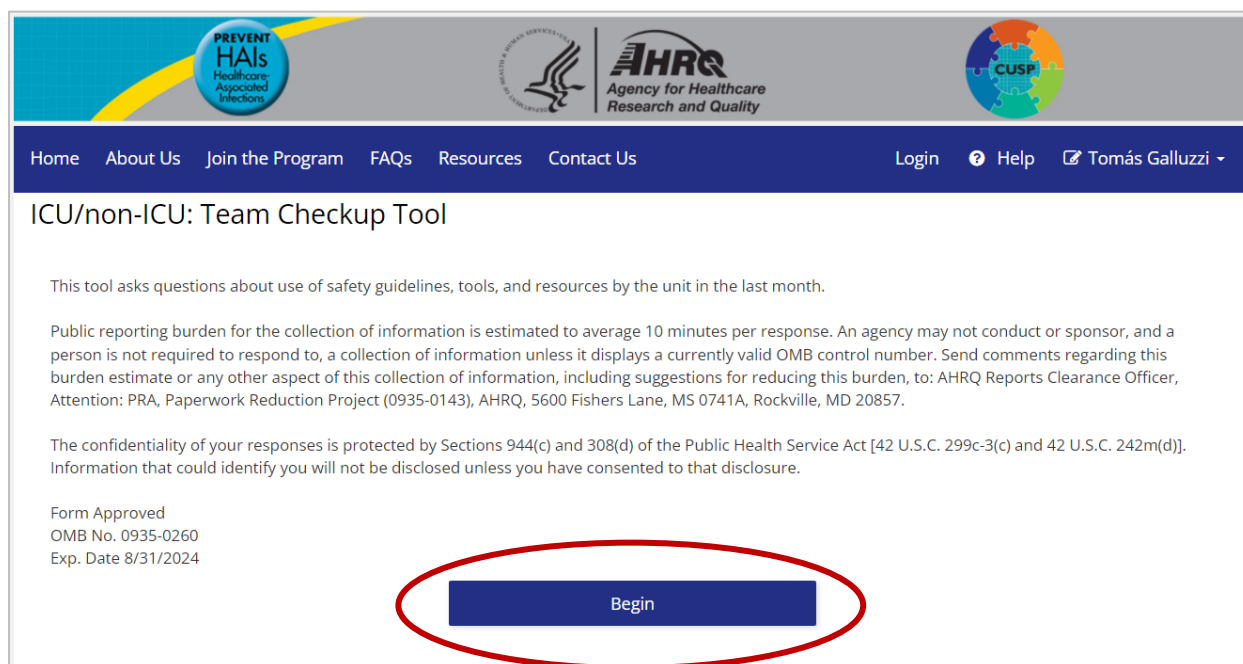
The TCT will be collected monthly from the start of implementation through the end of the program. Please complete the tool and submit it using the secure program portal according to the submission schedule below.

Team Checkup Tool (TCT)			
Name of Tool	Reference Period	Submission Open Date	Submission Close Date
Baseline Team Checkup Tool – March 2022	March 2022	April 1, 2022	April 30, 2022
Monthly Team Checkup Tool – April 2022	April 2022	May 1, 2022	May 31, 2022
Monthly Team Checkup Tool – May 2022	May 2022	June 1, 2022	June 30, 2022
Monthly Team Checkup Tool – June 2022	June 2022	July 1, 2022	July 31, 2022
Monthly Team Checkup Tool – July 2022	July 2022	August 1, 2022	August 31, 2022
Monthly Team Checkup Tool – August 2022	August 2022	September 1, 2022	September 30, 2022
Monthly Team Checkup Tool – September 2022	September 2022	October 1, 2022	October 31, 2022
Monthly Team Checkup Tool – October 2022	October 2022	November 1, 2022	November 30, 2022
Monthly Team Checkup Tool – November 2022	November 2022	December 1, 2022	December 31, 2022
Monthly Team Checkup Tool – December 2022	December 2022	January 1, 2023	January 31, 2023
Monthly Team Checkup Tool – January 2023	January 2023	February 1, 2023	February 28, 2023
Monthly Team Checkup Tool – February 2023	February 2023	March 1, 2023	March 31, 2023
Monthly Team Checkup Tool – March 2023	March 2023	April 1, 2023	April 30, 2023
Monthly Team Checkup Tool – April 2023	April 2023	May 1, 2023	May 31, 2023
Monthly Team Checkup Tool – May 2023	May 2023	June 1, 2023	June 30, 2023
Monthly Team Checkup Tool – June 2023	June 2023	July 1, 2023	July 31, 2023
Monthly Team Checkup Tool – July 2023	July 2023	August 1, 2023	August 31, 2023
Monthly Team Checkup Tool – August 2023	August 2023	September 1, 2023	September 30, 2023

**Step 1.** To complete this tool, Facility or Unit Leads will need to log into the program website (<https://safetyprogram4mrsaprevention.org/account/login>) using their program login credentials. Once logged in, click on “Data Collection Tools” in the upper right-hand corner, and select “Open” to open the Team Checkup Tool for the appropriate data collection month.



**Step 2.** Select “Begin” and proceed to complete the survey.



**Step 3.** At the end of the survey, you will be prompted to select Submit to submit your responses. A warning message will pop up to confirm your submission. Select Submit and your form will be submitted.

The top screenshot shows the 'ICU/non-ICU: Team Checkup Tool' interface. At the top, there are logos for 'PREVENT HAIs', 'AHRQ Agency for Healthcare Research and Quality', and 'CUSP'. Below the logos is a navigation bar with links: Home, About Us, Join the Program, FAQs, Resources, Contact Us, Login, Help, and Tomás Galluzzi. The main heading is 'ICU/non-ICU: Team Checkup Tool'. Below the heading is a message: 'Please click on Submit to submit your form. Once submitted, answers cannot be revised.' At the bottom, there are two buttons: 'Back' and 'Submit'. The 'Submit' button is circled in red.

The bottom screenshot shows the same interface with a 'Warning' dialog box open. The dialog box has a title 'Warning' and a message 'Are you sure you want to Submit?'. At the bottom of the dialog box are two buttons: 'No' and 'Submit'. The 'Submit' button is circled in red.

Once successfully submitted, the tool will show a status of "Submitted" rather than "Open". If a tool has expired, it will move from "Open" status to "Closed" status. If a tool needs to be re-opened, please contact your Implementation Adviser to request it be re-opened.

Data Collection Tools		
<div>All Cohorts</div> <div>Search</div> <div>Q X</div>		
Open	Johns Hopkins ICU Test ICU/non-ICU: Baseline Team Checkup Tool - March 2022 Due Date: 05/01/2022	Submitted
Submitted	Johns Hopkins non-ICU Test ICU/non-ICU: Monthly Team Checkup Tool - April 2022 Due Date: 05/01/2022	Submitted
Closed		

## Instructions for Completing the Hospital-Level Gap Analysis

The **Hospital-Level Gap Analysis** collects information on infection prevention program structure, activities, and resources in the hospital. It is completed by the Infection Preventionist. Gap Analysis survey data will be collected twice during the program period, at the beginning and the end of the program. Gap Analysis data will be informative and help benchmark your hospital's infection prevention program and progress throughout the program.

The **Gap Analysis** will be collected at multiple points during the program. Please complete the tool and submit it using the secure program portal according to the submission schedule below.

Hospital-Level Gap Analysis		
Collection Period	Submission Open Date	Submission Close Date
Baseline or beginning of Implementation	April 1, 2022	June 30, 2022
Endline or Post-Implementation	September 1, 2023	October 31, 2023

**Step 1.** To complete this tool, the Infection Preventionist will need to log into the program website (<https://safetyprogram4mrsaprevention.org/account/login>) using their program login credentials. Once logged in, click on “Data Collection Tools” in the upper right-hand corner, and select “Open” to open the Hospital-Level Gap Analysis.

The screenshot shows the website interface for the Safety Program 4 MRSAP Prevention. The top navigation bar includes links for Home, About Us, Join the Program, FAQs, Resources, Contact Us, and Data Collection Tools (circled in red). The 'Data Collection Tools' section is active, displaying a list of cohorts. The 'Open' button for the 'Johns Hopkins Hospital' cohort is circled in red. The cohort details for Johns Hopkins Hospital are: ICU/non-ICU: Baseline Gap Analysis (Hospital-Level), Due Date: 05/01/2022. The cohort details for Johns Hopkins ICU are: ICU/non-ICU: Baseline Team Checkup Tool, Due Date: 05/01/2022.



**Step 2.** Select “Begin” and proceed to complete the survey.

The screenshot shows the top of the survey page. The header includes logos for 'PREVENT HAIs', 'AHRQ Agency for Healthcare Research and Quality', and 'CUSP'. The navigation bar has links: Home, About Us, Join the Program, FAQs, Resources, Contact Us, Data Collection Tools, and Username. The main title is 'ICU/non-ICU: Baseline Gap Analysis (Hospital-Level)' with the subtitle 'Johns Hopkins Hospital Test'. Below this, there is a paragraph explaining the survey's purpose and a public reporting burden estimate. A confidentiality statement follows. At the bottom left, it says 'Form Approved OMB No. 0935-026 Exp. Date 8/31/2024'. A blue 'Begin' button is circled in red.

Home About Us Join the Program FAQs Resources Contact Us Data Collection Tools Username

## ICU/non-ICU: Baseline Gap Analysis (Hospital-Level)

Johns Hopkins Hospital Test

This hospital-level gap analysis addresses infection prevention program structure, activities, and resources and is to be completed by the Infection Prevention Team.

Public reporting burden for the collection of information is estimated to average 30 minutes per response. 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 (0935-0143), AHRQ, 5600 Fishers Lane, MS 0741A, Rockville, MD 20857.

The confidentiality of your responses is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure.

Form Approved  
OMB No. 0935-026  
Exp. Date 8/31/2024

Begin

**Step 3.** At the end of the survey, you will be prompted to select Submit to submit your responses. A warning message will pop up to confirm your submission. Select Submit and your form will be submitted.

The first screenshot shows the bottom of the survey page. It has a 'Back' button on the left and a blue 'Submit' button on the right, which is circled in red. The text 'Please click on Submit to submit your form. Once submitted, answers cannot be revised.' is visible.

Back Submit

Please click on Submit to submit your form. Once submitted, answers cannot be revised.

The second screenshot shows a 'Warning' dialog box that appears when the 'Submit' button is clicked. The dialog box asks 'Are you sure you want to Submit?' and has 'No' and 'Submit' buttons. The 'Submit' button is circled in red.

Warning

Are you sure you want to Submit?

No Submit

Once successfully submitted, the tool will show a status of "Submitted" rather than "Open". If a tool has expired, it will move from "Open" status to "Closed" status. If a tool needs to be re-opened, please contact your Implementation Adviser to request it be re-opened.

**Data Collection Tools**

All Cohorts [v] Search [x]

Open Submitted Closed

Johns Hopkins Hospital Test ICU/non-ICU: Baseline Gap Analysis (Hospital-Level) Due Date: 05/01/2022	Submitted
Johns Hopkins ICU Test ICU/non-ICU: Baseline Team Checkup Tool - March 2022 Due Date: 05/01/2022	Submitted
Johns Hopkins non-ICU Test ICU/non-ICU: Monthly Team Checkup Tool - April 2022 Due Date: 05/01/2022	Submitted

### Instructions for Completing the Unit-Level Gap Analysis

The **Unit-Level Gap Analysis** collects information on infection control activities, specifically those related to MRSA prevention in the unit. It is completed by the Unit Lead. Gap Analysis survey data will be collected twice during the program period, at the beginning and the end of the program. Gap Analysis data will be informative and help benchmark your unit's infection prevention program and progress throughout the program.

The **Gap Analysis** will be collected at multiple points during the program. Please complete the tool and submit it using the secure program portal according to the submission schedule below.

Unit-Level Gap Analysis		
Collection Period	Submission Open Date	Submission Close Date
Baseline or beginning of Implementation	April 1, 2022	June 30, 2022
Endline or Post-Implementation	September 1, 2023	October 31, 2023

**Step 1.** To complete this tool, Unit Leads will need to log into the program website <https://safetyprogram4mrsaprevention.org/account/login> using their program login credentials. Once logged in, click on “Data Collection Tools” in the upper right-hand corner, and select “Open” to open the Unit-Level Gap Analysis.

The screenshot shows the AHRQ website's 'Data Collection Tools' page. The top navigation bar includes links for Home, About Us, Join the Program, FAQs, Resources, Contact Us, Data Collection Tools (circled in red), and Username. Below the navigation bar, the 'Data Collection Tools' section features a dropdown menu for 'All Cohorts' and a search bar. A list of tools is displayed, including 'Johns Hopkins ICU Test' and 'Johns Hopkins non-ICU Test'. The 'Open' button for the 'Johns Hopkins ICU Test' is circled in red.

**Step 2.** Select “Begin” and proceed to complete the survey.

The screenshot shows the 'ICU/non-ICU: Baseline Gap Analysis (Unit-Level)' page for the 'Johns Hopkins ICU Test'. The page includes a header with the AHRQ logo and navigation links. The main content area contains a description of the unit-level gap analysis, public reporting burden information, and confidentiality protections. At the bottom, a blue 'Begin' button is circled in red.

**Step 3.** At the end of the survey, you will be prompted to select Submit to submit your responses. A warning message will pop up to confirm your submission. Select Submit and your form will be submitted.

The top screenshot shows the 'ICU/non-ICU: Baseline Gap Analysis (Unit-Level)' form for 'Johns Hopkins ICU Test'. It includes a 'Back' button and a 'Submit' button, with the 'Submit' button circled in red. The bottom screenshot shows the same form with a 'Warning' dialog box open, asking 'Are you sure you want to Submit?'. The 'Submit' button in the dialog box is circled in red.

Once successfully submitted, the tool will show a status of "Submitted" rather than "Open". If a tool has expired, it will move from "Open" status to "Closed" status. If a tool needs to be re-opened, please contact your Implementation Adviser to request it be re-opened.

# Data Collection Tools

All Cohorts

Search

Q

X

Open	Johns Hopkins ICU Test	Submitted
Submitted	ICU/non-ICU: Baseline Gap Analysis (Unit-Level)	
Due Date: 05/01/2022		
Closed	Johns Hopkins non-ICU Test	Submitted
	ICU/non-ICU: Monthly Team Checkup Tool - April 2022	
Due Date: 05/01/2022		

## Hospital Survey on Patient Safety Culture (HSOPS)

The **Hospital Survey on Patient Safety Culture (HSOPS)** collects information on patient safety issues, medical errors, and event reporting at the unit level. HSOPS survey data will be collected twice during the program period, at the beginning and the end of the program. HSOPS data will help benchmark your unit's safety culture and progress throughout the program.

There are two options for submitting HSOPS data to the program. **Your Implementation Adviser will provide the necessary instructions depending on which option applies to your hospital. OPTION A: Upload data from recently completed HSOPS surveys to the program website. OPTION B: Administer the HSOPS via an email web link to all staff members. Instructions for each HSOPS option are in the HSOPS Data Submission Guide located on the [Program Resources page](#).**

**Option A:** Is available for the baseline measure, at the beginning of the program, if:

- Your unit has completed the HSOPS survey in the past 12 months – April 2021 through March 2022,
- Your hospital-level HSOPS data can be broken into unit-level data and results from your unit can be submitted separately, and
- You can submit a HSOPS data file to the program website following the instructions in the HSOPS Submission Guide.

**Option B:** If HSOPS data are not available or have not been collected in the last 12 months, then your unit will use Option B. For Option B, your Implementation Adviser will provide the tools you need to administer the survey (via the web) to all healthcare providers and staff in your unit. See these instructions in the HSOPS Submission Guide.

The HSOPS will be collected at multiple points during the program. Please complete the tool and submit it using the secure program portal according to the submission schedule below.

Survey on Patient Safety Culture (HSOPS)		
Collection Period	Submission Open Date	Submission Close Date
Baseline or beginning of Implementation	April 1, 2022	June 30, 2022
Endline or Post-Implementation	September 1, 2023	October 31, 2023

## Retrospective and Quarterly Unit-Level Clinical Outcomes Survey

Participating units will submit monthly clinical outcomes data on a quarterly basis for each month of the program (April 2022 through September 2023), as well as for twelve retrospective months (April 2021 to March 2022). We strongly recommend designating a specific individual to be responsible for collecting and submitting these data to ensure consistent data collection. **Instructions for the Unit-Level Clinical Outcomes Survey will be available in the Clinical Outcomes Data Submission Guide located on the [Program Resources page](#) coming soon.**

The Unit-Level Clinical Outcomes Survey will be collected at multiple points during the program. Please complete the tool and submit it using the secure program portal according to the submission schedule below.

Unit-Level Clinical Outcomes Survey		
Collection Period	Submission Open Date	Submission Close Date
12 Months of Retrospective data (April 2021 – March 2022)	May 1, 2022	August 15, 2022
Monthly data from Quarter 1 (April - June 2022)	July 1, 2022	November 15, 2022
Monthly data from Quarter 2 (July - September 2022)	October 1, 2022	February 15, 2023
Monthly data from Quarter 3 (October - December 2022)	January 1, 2023	May 15, 2023
Monthly data from Quarter 4 (January - March 2023)	April 1, 2023	August 15, 2023
Monthly data from Quarter 5 (April - June 2023)	July 1, 2023	November 15, 2023
Monthly data from Quarter 6 (July - September 2023)	October 1, 2023	February 15, 2024

### Point Prevalence Survey

The Point Prevalence Survey is an *optional* survey for only those hospitals already performing active nasal surveillance. Your Implementation Adviser will assist you in determining if your hospital needs to collect Point Prevalence Survey data. **Instructions for the Point Prevalence Survey will be available in the Point Prevalence Data Submission Guide located on the [Program Resources page](#) coming soon.**

The Point Prevalence Survey will be collected at multiple points during the program. Please complete the tool and submit it using the secure program portal according to the submission schedule below.

Point Prevalence Survey		
Collection Period	Submission Open Date	Submission Close Date
Baseline or beginning of Implementation	May 1, 2022	June 30, 2022
Six months after Baseline	October 1, 2022	October 31, 2022
Twelve months after Baseline	April 1, 2023	April 30, 2023
Endline or Post-Implementation	September 1, 2023	October 31, 2023