Date Completed by Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# ICU Assessment of Current CLABSI & CAUTI Prevention Practices

The purpose of this assessment is to understand current central line-associated bloodstream infections (CLABSI) and/or catheter-associated urinary tract infections (CAUTI) prevention practices, policies, and procedures in order to identify areas of strength and opportunities to focus team actions. The assessment is written to allow teams to complete all questions or focus on only one infection at a time, following the instructions throughout the form. This assessment can be repeated over time to monitor any changes and support continued actions. Changes that might initiate a repeat of the assessment would be events like changes in the number of outcomes, such as meeting goals of lowered infections or after a significant staff turnover.

This form should be completed by the CUSP leader ***in collaboration with*** individuals with strong knowledge of current clinical and safety practices in the intensive care unit (ICU), such as the ICU manager, physicians, frontline providers, infection preventionists, quality leaders, clinical educators, or clinical nurse specialists. If the team chooses to complete the full form, it will take approximately 1 to 2 hours to complete. This time allocation anticipates team discussion and collaboration that begins the team’s work on these prevention activities.

About Your Unit

1. Who was involved in the decision for your ICU to focus on CLABSI and/or CAUTI prevention focused activities? *Select all that apply.*

󠄸 ICU manager 󠄸 Chief financial officer 󠄸 Medical director

󠄸 Director of quality 󠄸 Chief nursing officer 󠄸 ICU staff

󠄸 Chief executive officer 󠄸 Infection preventionist 󠄸 Other (please specify):

󠄸Outside partner organization 󠄸 Chief quality officer 󠄸 Chief medical officer

(e.g., State hospital association)

1. Why has your team decided now is the time to complete this assessment? (Note: This reason could help to inform your action plan. Please refer to this information when creating the action plan.)

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1. How many quality improvement initiatives that are either facility driven or a part of local, regional, or national efforts is your ICU currently working on?

* None
* 1–2
* 3–5
* More than 5

1. Does your ICU anticipate any resource limitations that will impact your ability to complete these quality improvement initiatives (including other quality improvement projects)?

* Yes
* No

(If Yes) Please describe the resource limitations:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. What is your unit’s usual registered nurse-to-patient ratio?

* 1:1
* 1:2
* 1:3
* 1:4 or greater

1. 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:* \_\_\_\_\_\_\_\_\_

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

□ Ownership by ICU management □ Physician support and/or engagement

□ Ownership by senior leadership □ Number of nurses in your ICU

□ Ownership by ICU staff □ Nursing support and/or engagement

□ Standardized processes to effect change □ Other direct care resources

□ Team’s ability to focus on the project □ Financial resources

□ Teamwork among team members □ Patient and family engagement

□ Communication among team members □ Number of physicians in your ICU

□ Integration with other patient safety initiatives

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

□ Ownership by ICU management □ Physician support and/or engagement

□ Ownership by senior leadership □ Number of nurses in your ICU

□ Ownership by ICU staff □ Nursing support and/or engagement

□ Standardized processes to effect change □ Other direct care resources

□ Team’s ability to focus on the project □ Financial resources

□ Teamwork among team members □ Patient and family engagement

□ Communication among team members □ Number of physicians in your ICU

□ Competition with other patient safety initiatives

Current Infection Prevention and Safety Culture Practices – Central Lines

If not focusing on CLABSI, skip to question 13 for CAUTI-focused questions.

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

| Question | Yes | No | Used by staff |
| --- | --- | --- | --- |
| Is an all-inclusive central line insertion kit stocked in your unit? | O | O | O |
| Is alcohol-based waterless product stocked in your unit? | O | O | O |
| Are antiseptic soap and water stocked in your unit? | O | O | O |
| Are masks, caps, sterile gowns, and sterile gloves stocked in your unit? | O | O | O |
| Are full-body sterile drapes, large enough to cover the patient, stocked in your unit? | O | O | O |
| Is chlorhexidine antiseptic stocked in your unit? | O | O | O |
| Are central line dressing change kits stocked in your unit? | O | O | O |
| Are chlorhexidine-impregnated dressings or patches/discs stocked in your unit? | O | O | O |
| Are positive displacement needleless connector valves for central venous catheters stocked in your unit? | O | O | O |
| Are patient education handouts about CLABSI or CAUTI quality improvement efforts stocked in your unit? | O | O | O |
| Is a procedural checklist customized to your central line insertion protocol stocked in your unit? | O | O | O |
| Do staff use ultrasound scanners to guide internal jugular vein line placement as appropriate? | O | O | O |
| If a central line cart is used, is there a clear process for assembling and restocking the central line cart? | O | O | O |

1. Does your unit have a current policy and/or procedure for **insertion and maintenance** of

central lines that includes the following?\* (Note: An audit is defined as an assessment, typically by direct observation, either hospitalwide or ICU specific, of healthcare personnel compliance with facility policies.)

| Insertion or Maintenance Step | Yes | No | Don't Know |
| --- | --- | --- | --- |
| Use of central line insertion checklist | O | O | O |
| Routine use of chlorhexidine antiseptic prior to insertion | O | O | O |
| Use of chlorhexidine-impregnated dressing/patch or disc | O | O | O |
| Avoidance of the femoral site for central venous access | O | O | O |
| Empowerment of staff to stop a nonemergent central line insertion if proper procedures are not followed | O | O | O |
| Use of ultrasound for central line placement | O | O | O |
| Use of a vascular access team to insert a peripherally inserted central catheter (PICC) lines | O | O | O |
| Performance of hand hygiene prior to central venous catheter insertion or manipulation | O | O | O |
| Daily audits for central line necessity | O | O | O |
| Daily audits for central line removal | O | O | O |
| 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 | O | O | O |
| Changing of gauze dressings every two days or earlier if the dressing is soiled, loose, or damp | O | O | O |
| Use of a routine flushing and/or locking solution for central venous catheters | O | O | O |
| 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 | O | O | O |
| Prompt removal of central line if no longer necessary | O | O | O |

**\*** The CDC guidelines are evidence-based practices regarding infection control and prevention. Access at <https://www.cdc.gov/infectioncontrol/guidelines/bsi/index.html>.

1. For each statement below, please indicate whether your ICU conducts audits\* of the items at least quarterly.

| Procedure | Yes | No | Don't Know |
| --- | --- | --- | --- |
| Central line appropriateness | O | O | O |
| Central line insertion documentation that includes date of insertion | O | O | O |
| Central line removal documentation that includes date of removal | O | O | O |
| Adherence to proper aseptic technique during central line insertion | O | O | O |
| Adherence to appropriate port antisepsis prior to accessing central line | O | O | O |
| Adherence to proper central venous blood specimen collection technique | O | O | O |
| Adherence to proper central line maintenance procedures inclusive of discussions of central line necessity for each patient during patient rounds | O | O | O |
| 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 | O | O | O |
| Adherence to proper central line maintenance procedures inclusive of assessment of dressing integrity at each shift | O | O | O |
| Adherence to proper central line maintenance procedures inclusive of use of chlorhexidine for skin antisepsis | O | O | O |
| Adherence to proper central line maintenance procedures inclusive of central line tubing changes as indicated by protocol | O | O | O |
| Other central line maintenance procedures (describe below) | O | O | O |

\*An audit is defined as an assessment, typically by direct observation, either hospitalwide or ICU specific, of health care personnel compliance with facility policies.

* 1. Please describe other central line maintenance procedures audited:

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

| Statement | Yes | No | Don't  Know |
| --- | --- | --- | --- |
| Our ICU discusses/analyzes all central line-associated bloodstream infections. | O | O | O |
| Our ICU bathes patients daily with chlorhexidine. | O | O | O |
| Our ICU uses antiseptic or antibiotic-impregnated or coated central venous catheters. | O | O | O |

Current Infection Prevention and Safety Culture Practices – Indwelling Urinary Catheters

If not focusing on CAUTI skip to question 21 for general questions.

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

* Yes
* No

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

| Alternative | Yes | No | Don't Know | Used by staff |
| --- | --- | --- | --- | --- |
| Absorbent pads with scale to weigh urine output | O | O | O | O |
| External male catheters | O | O | O | O |
| Bedside commode | O | O | O | O |
| Scheduled toileting | O | O | O | O |
| Toileting rounds | O | O | O | O |
| Intermittent catheterization with periodic bladder scanning | O | O | O | O |
| Male urinal | O | O | O | O |
| Female urinal | O | O | O | O |
| Female external catheter | O | O | O | O |
| Other (please describe below) | O | O | O | O |

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

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

| Alternative | Yes | No | Don't Know |
| --- | --- | --- | --- |
| Absorbent pads with scale to weigh urine output | O | O | O |
| External male catheters | O | O | O |
| Bedside commode | O | O | O |
| Intermittent catheter kits | O | O | O |
| Bladder ultrasound | O | O | O |
| Male urinal | O | O | O |
| Female urinal | O | O | O |
| Female external catheter | O | O | O |
| Other (please describe below) | O | O | O |

* 1. Please describe other alternative products stocked in your unit:

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

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

1. The Centers for Disease Control and Prevention’s Healthcare Infection Control Practices Advisory Committee (CDC HICPAC) recommends [Guideline for Prevention of Catheter-associated Urinary Tract Infections, 2009](https://www.cdc.gov/hicpac/pdf/CAUTI/CAUTIguideline2009final.pdf), which are evidence-based practices regarding infection control and prevention. Does your unit have a policy and/or standardized procedure regarding **indications** for indwelling urinary catheters that incorporates at a minimum the following recommendations?

| Policy or Standardized Procedure | Yes | No | Don't Know |
| --- | --- | --- | --- |
| Inserting catheters only for appropriate indications | O | O | O |
| 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 | O | O | O |
| Avoiding use of indwelling urinary catheters in patients for management of incontinence | O | O | O |
| Using indwelling urinary catheters in operative patients only as necessary, rather than routinely | O | O | O |
| 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 | O | O | O |
| Considering the use of a portable ultrasound device in patients undergoing intermittent catheterization to assess urine volume and reduce unnecessary catheter insertions | O | O | O |
| When ultrasound bladder scanners are used, including a step to ensure that indications for use are clearly stated | O | O | O |
| When ultrasound bladder scanners are used, including a step to ensure that nursing staff are trained in the use of the device | O | O | O |
| When ultrasound bladder scanners are used, including a step to ensure that equipment is adequately cleaned and disinfected in between patients | O | O | O |

1. Does your unit have a policy and/or standardized procedure for **inserting** indwelling urinary catheters that includes the following recommendations from the CDC HICPAC [Guidelines for Prevention of Catheter-associated Urinary Tract Infections, 2009](https://www.cdc.gov/hicpac/pdf/CAUTI/CAUTIguideline2009final.pdf)?

| Policy or Standardized Procedure | Yes | No | Don't Know |
| --- | --- | --- | --- |
| Performing hand hygiene immediately before and after insertion or any manipulation of the catheter device or site | O | O | O |
| Ensuring that only properly trained staff who know the correct technique of aseptic catheter insertion are given this responsibility | O | O | O |
| Ensuring insertion of indwelling urinary catheters using an aseptic technique | O | O | O |
| Ensuring insertion of indwelling urinary catheters using sterile equipment | O | O | O |
| Ensuring proper securement of indwelling urinary catheters after insertion to prevent movement and urethral traction | O | O | O |
| Ensuring that unless otherwise clinically indicated, the smallest bore catheter possible is used, consistent with good drainage, to minimize bladder neck and urethral trauma | O | O | O |

1. Does your unit have a policy and/or standardized procedure for **maintenance** of indwelling urinary catheters that includes the following recommendations from the CDC HICPAC [Guidelines for Prevention of Catheter-Associated Urinary Tract Infections, 2009](https://www.cdc.gov/hicpac/pdf/CAUTI/CAUTIguideline2009final.pdf)?

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

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

| Statement | Yes | No | Don't Know |
| --- | --- | --- | --- |
| Indwelling urinary catheter appropriateness | O | O | O |
| Date of insertion | O | O | O |
| Date of removal | O | O | O |
| Adherence to proper aseptic technique during indwelling urinary catheter insertion | O | O | O |
| Adherence to proper indwelling urinary catheter maintenance procedures – maintaining a closed system | O | O | O |
| Adherence to proper indwelling urinary catheter maintenance procedures – maintaining unobstructed urine flow | O | O | O |
| Adherence to proper indwelling urinary catheter maintenance procedures – securing the catheter to avoid urethral trauma | O | O | O |
| Adherence to proper indwelling urinary catheter maintenance procedures – positioning the urine collection bag below the level of the patient’s bladder | O | O | O |
| Adherence to proper indwelling urinary catheter maintenance procedures – emptying the collecting bag regularly using a separate collecting container for each patient | O | O | O |

General Questions

Only answer questions related to the infection you are working to prevent. Infection-specific questions are highlighted with an \* and can be skipped if not applicable to your team’s focus. If you are working to prevent CLABSI and CAUTI, address all questions in this section.

1. A competency assessment as defined by [WHA fillable CAUTI TAP tool](http://www.whaqualitycenter.org/Portals/0/Partners%20for%20Patients/CAUTI/2015%20Workshop/3_Fillable%20TAP%20Response%20Form.docx) is a process of ensuring that healthcare personnel demonstrate the skills and knowledge to perform a procedure properly and according to facility standards and policies. This assessment may be done through direct observation by trained personnel who observe staff performing a simulated procedure on a mannequin or on a patient.
   1. Please select whether your ICU conducts competency assessments of the staff who perform the items listed below:

| Item | At Hire | Annually | No | Don't Know |
| --- | --- | --- | --- | --- |
| \*Insertion indwelling urinary catheters to ensure proper aseptic technique | O | O | O | O |
| \*Care for indwelling urinary catheters to ensure proper maintenance procedures | O | O | O | O |
| \*Insertion of intravascular catheters to ensure proper aseptic technique | O | O | O | O |
| \*Care for central venous catheters to ensure proper dressing change procedures | O | O | O | O |

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

* Yes
* No
* Don’t know

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

* Yes
* No
* Don’t know

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

| Procedure | Yes | No | Don't Know |
| --- | --- | --- | --- |
| Electronic alerts for removing unnecessary central lines and indwelling urinary catheters | O | O | O |
| Written reminders for removing unnecessary central lines or indwelling urinary catheters | O | O | O |
| A dedicated team that inserts, manages, and removes central lines and indwelling urinary catheters | O | O | O |
| Guidelines or algorithms for appropriate indwelling urinary catheter management | O | O | O |
| Multidisciplinary central line and indwelling urinary catheter “rounds” | O | O | O |
| Nurse-initiated discontinuance of indwelling urinary catheters | O | O | O |
| Automatic stop orders for indwelling urinary catheters | O | O | O |
| Routine process to review all CLABSI and CAUTIs with frontline staff, including root cause and possible solutions for prevention | O | O | O |

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

* Yes
* No

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

* Yes
* No
* Don’t know

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

What type of survey was given?

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

1. Please respond to the following statements about your ICU in general. Use input from your team to generalize feelings across the ICU staff in the last year.

| Statement | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| --- | --- | --- | --- | --- | --- |
| Staff members anecdotally report having too many quality improvement priorities | O | O | O | O | O |
| Staff members anecdotally report feeling positively recognized by their manager for their efforts to improve quality in the ICU | O | O | O | O | O |
| Staff members anecdotally feel supported by senior administration | O | O | O | O | O |
| Staff members anecdotally feel supported by the physicians practicing in the unit | O | O | O | O | O |
| Staff members anecdotally report feeling supported by other staff for their efforts to improve quality in the ICU | O | O | O | O | O |
| Our ICU worked as a team to improve processes and quality care for all patients | O | O | O | O | O |
| All ICU staff were held equally accountable for improving quality in our ICU | O | O | O | O | O |

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

* Yes
* No (→ proceed to question 31)
  1. (If Yes) Who is/are your CLABSI champion(s)? *Select all that apply.*
* Quality manager
* Infection preventionist
* Nurse
* Physician
* Unit leader
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* Yes
* No (→ proceed to question 31)
  1. (If Yes) Who is/are your CAUTI champion(s)? *Select all that apply.*
* Quality manager
* Infection preventionist
* Nurse
* Physician
* Unit leader
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your ICU utilize any of the below communication methods?

* Briefings
* Huddles
* Daily patient goals
* Multidisciplinary rounds
* Targeted Assessment for Prevention (TAP) Reports
* Scorecards
* Team Meetings
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

| Stakeholder | CLABSI only | CAUTI only | CLABSI and CAUTI | Neither |
| --- | --- | --- | --- | --- |
| Hospital board members | O | O | O | O |
| Senior leaders/executives | O | O | O | O |
| ICU managers | O | O | O | O |
| All ICU nursing staff | O | O | O | O |
| All physicians providing care to patients | O | O | O | O |
| Patients and family members | O | O | O | O |
| Other ICUs within your healthcare system | O | O | O | O |

1. In the past 30 days, has a senior leader/executive conducted patient safety rounds on the unit?

* Yes
* No
* Don’t know

1. Will your team be able to meet at least once a month to discuss progress towards CLABSI and/or CAUTI goals?

* Yes
* No
* Don’t know

1. Please list the name of the unit and individuals who collaborated in the completion of this form.

Unit name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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