

## On the CUSP: Stop CLBSI Fact Sheet



### Overview

The Agency for Healthcare Research & Quality (AHRQ) is supporting a patient safety in-service training initiative to improve teamwork and patient safety culture in the ICU, and to reduce central-line associated blood stream infections in ICUs throughout the nation. In providing support to Health Research and Educational Trust (HRET) and their partners—the Johns Hopkins University Quality & Safety Research Group (JHU) and the Keystone Center for Patient Safety and Quality of the Michigan Health & Hospital Association (MHA)—AHRQ seeks to replicate the success of Michigan ICUs in dramatically reducing central-line blood stream infections (CLBSI) and improving teamwork throughout the nation. Through the use of the Comprehensive Unit Based Safety Program (CUSP) developed by Peter Pronovost, MD, PhD, and others at Johns Hopkins University (JHU), and through the use of CLSBI-reduction protocols, Michigan ICUs have saved lives and significantly reduced costs. The program leaders are John Combes, MD, principal investigator, and Peter Pronovost, MD, PhD, co-principal investigator.

### Benefits to Participating ICUs

Every ICU will benefit from participating in the evidence-based CUSP and CLBSI reduction program. Each participating hospital ICU will learn how to apply the CUSP program and CLBSI-reduction tools. This will include access to expert faculty over the course of two years. The California Hospital Association, California Hospital Patient Safety Organization and the HRET-JHU-MHA program team will work with each participating California hospital's ICU(s) to replicate the success of Michigan hospitals.

This program is a quality improvement, in-service education program not subject to IRB requirements.

Specifically, each participating ICU will be provided with:

- CUSP and CLBSI reduction tools and training, including tools for multidisciplinary rounding, and use of daily goal sheets
- Ongoing support through two calls each month: one call devoted to educational content and one focused on Q&A and team coaching; starting in March 2010,
- A total of 3 educational conferences, the first in early 2010.
- Tools for measuring CLBSI and safety culture in ICUs.
- Expert faculty for conference calls and educational conferences.
- Detailed ICU operations manual.

Even if you have achieved your goals in CLBSI reduction, this program could provide significant benefit to your ICUs. Successful teams have experienced marked improvement in effective teamwork and patient safety culture; and an additional benefit has been substantial reduction in average length of stay and improvements in patient management.

### Overview of the Six Elements of CUSP

- Evaluate safety culture using AHRQ's Hospital Survey on Patient Safety (HSOPS) Culture.
- Educate staff on the science of safety.
- Identify defects in care.

- Commit to executive partnership.
- Learn from one defect per month and implement one culture improvement tool.
- Re-measure culture annually using HSOPS and submit all culture data to AHRQ benchmarking database.

### **Overview of the Five Interventions for CLBSI**

- Educate staff on evidence-based practices to reduce CLBSI.
- Implement a checklist to ensure compliance with these practices.
- Empower nurses to ensure compliance with the checklist.
- Provide feedback on infection rates to hospitals and at the unit level.
- Implement monthly team meetings to assess progress.

### **Requirements for Participating ICUs**

There will be no charge to hospitals for the in-service programs, including consultation and coaching by an expert faculty.

As part of the program, participating ICUs will commit to the following:

- Participating hospital provides a commitment letter from the hospital CEO to the California Hospital Patient Safety Organization
- ICU identifies a project team leader, typically nurse manager
- ICU identifies a project team that includes, at a minimum:
  - Physician champion (10% effort)
  - Nurse manager/champion, if not the project leader (10-20% effort)
  - Data collector
  - Hospital executive champion
- ICU submits baseline and monthly CLBSI data through MHA Care Counts.
- California ICU CLBSI data will be shared among California collaborative participants for benchmarking purposes and to promote improvement. However, individual California hospital data will not be shared with other state participants and only blinded data will be provided.
- ICU submits monthly one-page Team Check-up Tool (information about patient safety and teamwork)
- ICU team members complete the AHRQ culture survey, Hospital Survey on Patient Safety Culture, at program onset and approximately 18 months later, with at least a 60% response rate from each unit
- ICU team participates in two project conference calls a month (the first call is on content; the second focuses on coaching and peer learning)
- ICU team attends two in-state face-to-face meetings in 2010, and one in-state face-to-face meeting in 2011
- ICU team implements the improvement tools that are part of the project
- ICU team shares improvement tools with collaborative hospitals
- ICU team holds monthly meetings to review data results and apply CUSP improvement tools, e.g., Learn from a Defect and review Team Checkup results.

### **Contact**

All hospitals interested in participating should contact **Rory Jaffe** ([rjaffe@calhospital.org](mailto:rjaffe@calhospital.org)).