

On the CUSP: Stop CLBSI Commitment Letter- ICU Team

(Submit a completed form for each ICU team)

Multiple ICUs from the same Hospital - If there are multiple intensive care units in one hospital that are participating in the collaborative, each team will need to register an independent team.

Multidisciplinary Improvement Team - This team's membership should be based in the ICU where they work. The Project Team form should be completed and submitted by February 28, 2010. The following members should be on the team:

- Project Team Leader (Typically a Nurse) – This person will be the ICU Team primary contact. He/She will organize the team, articulate clear goals, make decisions through collective input of members, and actively promote and facilitate good teamwork. This person receives all communication from the collaborative leadership team and promptly disseminates information to the team members.
- Physician Champion (Unit Director or Physician who provides care in the ICU) - This person will typically advocate and support the initiative. He/She will assist in process development, adding input in areas within his/her role. He/She will assist with educating and communicating with peers. (4 – 8 hours/week)
- Nurse Manager/Director/Champion (if not the Project Leader) - This person will need to educate and communicate the initiative to the unit staff. He/She will assist with resource allocation ensuring team members can participate in collaborative activities. He/She will also assist with communication and implementation of new processes. (8 – 16 hours/week)
- Data Collector & Submitter – This person will collect and assure that monthly data is submitted. He/She will also make sure that the AHRQ Hospital Survey on Patient Safety Culture is completed in the beginning of the collaborative and 18 months later. The Data Collector also maintains communication with the collaborative leadership team and conveys relevant information to their project improvement team.
- Hospital Executive Champion (Project Sponsor) - The sponsor is the executive leader who partners with the ICU and is responsible and accountable to his/her organization for the performance and results of the project improvement team. He/She ensures that the project remains an organizational priority.
- Infection Control Practitioner/Epidemiologist – Provide Infection Control expertise to the project team and collect CLA-BSI rate.
- Team (Collaborative) Participation Requirements** – The participating ICU Teams are expected to attend all collaborative activities including teleconferences and in-person meetings.
- Participate in two collaborative teleconference calls a month. The first call is a content call; the second call focuses on coaching and peer learning.
- Attend two in-state face-to-face meetings in 2010, and one in-state face-to-face meeting in 2011.

Expectations of Collaborative Hospital ICU Teams

ICU Team Participation Requirements - The participating ICU team will hold monthly meetings to review progress and plan implementation of improvement tools, including the Comprehensive Unit Based Safety Program (CUSP) tools.

- Plan and implement the collaborative improvement tools.
- Review data and Team Checkup results and apply CUSP improvement tools, e.g., Learn from a Defect.

Data Requirements – Each team is required to submit data monthly. California data will be shared among California project participants and the leadership team partners for benchmarking purposes to promote improvement. California aggregate data will be shared with the other states participating in the national initiative.

The data elements include:

1. Submit baseline and monthly CLBSI data through MHA Care Counts.
2. Submit monthly one-page Team Check-up Tool form filled out by each ICU team (information about patient safety and teamwork)
3. Complete the AHRQ culture survey, Hospital Survey on Patient Safety Culture, at the program onset and approximately 18 months later, with at least a 60% response rate from each unit

Sharing Knowledge and Tools – The benefit of a collaborative is the sharing of information, best practices, tools, etc. among teams. Participating hospital ICU teams are expected to share with one another throughout the collaborative.

Acknowledgement of Understanding of the Expectations by Team Members (suggested)

| Team Role | Name Printed | Title | Signature | Date |
|----------------------------------|--------------|-------|-----------|------|
| Project Team Leader | | | | |
| Physician Champion | | | | |
| Nurse Manager Champion | | | | |
| Data Collector | | | | |
| Hospital Executive Champion | | | | |
| Infection Control Representative | | | | |
| Other | | | | |