



## NC Safer ICUs: Eliminating CLABSI Collaborative

### 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 to prevent central-line associated blood stream infections in ICUs throughout the nation. In providing support to 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 associated blood stream infections (CLABSI) 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 CLASBI-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 individual hospital ICUs will benefit from participating in the evidence-based CUSP and CLABSI reduction program. Each participating hospital ICU will learn how to apply the CUSP program and CLABSI-reduction tools. This will include access to expert faculty *over the course of two years*. The North Carolina Center for Hospital Quality and Patient Safety (NC Quality Center) and the HRET-JHU-MHA program team will work with each NC hospital's ICU(s) to replicate the success of Michigan hospitals.

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

Specifically, each participating ICU will be provided with:

- CUSP and CLABSI 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 2009**
- **A total of 3 educational conferences, the first in June 2009**
- Tools for measuring CLABSI and safety culture in ICUs
- Expert faculty for conference calls and **educational conferences**
- Detailed ICU operations manual
- Feedback reports for benchmarking that include collaborative-wide, multi-state CLABSI rates

**Even if you have achieved your goals in CLABSI 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 (at baseline, end of year one and end of year two)
- 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 CLABSI**

- Educate staff on evidence-based practices to reduce CLABSI
- Implement a checklist to ensure compliance with these practices
- Empower nurses to ensure that doctors comply 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 NC Quality Center
- 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 CLABSI data through [the NC Quality Center's](#) NC System of Hospital Infection Measurement (NC SHIM). This data will be securely transferred to the collaborative's national database at MHA.
- NC ICU CLABSI data will be shared among NC collaborative participants for benchmarking purposes and to promote improvement. However, individual NC 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 forms filled out by each ICU team member (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 the first year of implementation, and one in-state face-to-face meeting in the second (and last) year
- 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 Latoshua LeGrant as soon as possible at either [lgrant@ncha.org](mailto:lgrant@ncha.org) or 919.677.4134.