Maryland’s National Opportunity
The Agency for Healthcare Research and Quality is funding the national implementation of a patient safety initiative modeled after the success of Michigan’s Keystone ICU Project in dramatically reducing central-line associated bloodstream infections (CLABSIs). Support has been provided to the American Hospital Association’s Health Research & Educational Trust (HRET) to administer On the CUSP: Stop BSI.

The project involves two components: the Comprehensive Unit-based Safety Program (CUSP) to improve safety culture, and the use of evidence-based CLABSI elimination tools. MHA and the Maryland Patient Safety Center (MPSC), in the spirit of Maryland hospitals’ collective goal of eliminating CLABSIs, are urging Maryland’s hospital leaders to join this national initiative and redouble our efforts to eliminate CLABSIs in Maryland.

The Maryland Story on CLABSI: A Call to Action
The MPSC’s 2005-2006 Intensive Care Unit (ICU) Safety and Culture Collaborative brought together teams from 38 Maryland hospitals, representing nearly 90 percent of the state’s ICU beds. Participating hospitals saw improvements in ventilator-associated pneumonia (VAP) and BSI rates. Lives were saved, the cost of care was reduced, and some hospitals achieved a zero infection rate. However, we did not have consistent statewide data reporting and, with the end of the formal collaborative, performance and data tracking were not sustained.

For the past two years, the Maryland Health Care Commission (MHCC) has required all hospitals to report CLABSIs using the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN). To increase transparency and accountability, in the next few months the MHCC will publicly report infection rates of individual Maryland hospitals on its hospital performance evaluation guide.

In May the CDC released the first state-specific healthcare-associated infections summary data report, highlighting CLABSI data available from NHSN at the national and state levels. Of the 17 states with a legislative mandate to report CLABSIs, Maryland had the highest infection rate. The CDC report reaffirms the need to maintain and strengthen our collective efforts to prevent infections.

How Does Maryland’s Experience Position Us for Success?
- Many hospitals have maintained and expanded their ICU Collaborative teams to continue working on CLABSI. In addition, a number of the measurement and CLABSI checklist tools are consistent with what was used during the original ICU Collaborative.
- The key measurement strategy for the national program is consistent with what Maryland hospitals are required to submit to the MHCC. With this MHCC data, we are better informed about how we are doing and where we need to improve.
• The focus on patient safety culture in the national initiative includes:
  ➢ Access to the Hospital Survey on Patient Safety Culture, used in all MPSC collaboratives
  ➢ A teamwork and communication focus, consistent with TeamSTEPPS, a program available at no charge to Maryland hospitals through MPSC

**What is On the CUSP?**

*On the CUSP* is a groundbreaking patient safety program to eliminate CLABSIs using CUSP, which is transforming care and patient safety in hospital units by improving patient safety culture and practices. Project goals are to eliminate or at least reduce CLABSI rates to no more than one infection per 1,000 catheter days at the end of two years, and to improve safety culture on hospital units. Through the use of the CUSP model and the CLABSI elimination protocols, Michigan hospitals have saved an estimated 1,200 lives per year and reduced costs by $175 million annually.

**Overview of the Five Elements of CUSP**

• Educate staff on the science of safety
• Identify defects in care
• Engage executives
• Learn from one defect per month and implement one culture improvement tool
• Implement teamwork tools

**Overview of the Five Interventions for CLABSI Elimination**

• 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

**How Does On the CUSP Build on Maryland’s ICU Collaborative?**

In many respects, *On the CUSP* will seem much like the original ICU Collaborative from the perspective of your facility, with the added support of national experts, national data benchmarks, and access to a network of states working toward the same goal. The national program allows for state-level flexibility. Because of Maryland’s past experience with the ICU Collaborative, Maryland facilities already have many of the systems, teams, and processes in place. Some examples:

• If you still have an active ICU Collaborative team working on CLABSI, you can engage that team and consider expanding it. This will be an opportunity for a refreshed focus on CLABSI and an introduction to some innovative culture tools.

• If you still have an active ICU Collaborative team working on CLABSI on one unit, this initiative provides the option of expanding to others (both ICU and beyond – see the section below on types of units that qualify for participation). This will be an opportunity
to apply knowledge to a new unit, encourage a refreshed focus on CLABSI, and adopt some innovative culture tools.

- If your ICU Collaborative team is no longer active or if you were not in the original ICU Collaborative, this is a perfect opportunity to identify a team and a unit.

In terms of local coordination, this initiative will be supported through a collaboration involving MHA and MPSC.

**Types of Units That Qualify for Participation**
Participation starts with at least one unit per hospital, and hospitals are encouraged to start small. The types of units that qualify are ICUs and bedded, non-ICU units such as medical-surgical units. Non-bedded units such as emergency departments and operating rooms do not qualify.

**Benefits to Participating Clinical Units**
- Access to the CUSP approach, an evidence-based model for unit-level patient safety culture and practice transformation. Through exposure to the intensive training and coaching on the CUSP model, even hospital units with very low CLABSI rates will greatly benefit from participation.
- Regular CLABSI elimination training and coaching provided by expert faculty and coordinated through MHA and MPSC. Each participating hospital clinical unit will learn how to apply the CLABSI prevention tools.
- This program is a quality improvement, in-service education program, and is not subject to IRB requirements.

**What Participating Hospital Units Receive**
- Free CUSP and CLABSI reduction tools and training
- For the two years of the initiative, ongoing support and access to expert faculty through two calls each month: one national call devoted to educational content, and one state-level call focused on Q&A and team coaching
- Two or three local opportunities to gather in person with other Maryland hospitals pursuing this goal
- Free tools and training for measuring and monitoring CLABSI and safety culture in units
- Expert national faculty, local coordinators, and experienced Michigan/Keystone project staff available for any questions that arise between calls
- Site visits for technical assistance
- Dedicated and continually updated Web site ([www.onthecuspstophai.org](http://www.onthecuspstophai.org)) with resources, manuals, toolkits, recordings of learning sessions, central line FAQs, notifications of training opportunities, links to other useful Web sites, and much more
- Trend data over time to help track your progress at the state and national levels
**Participating Unit Requirements**

There will be no charge for hospitals to participate in the program, including consultation and coaching by expert national faculty.

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

- Providing a commitment letter from the hospital CEO to MHA
- Identifying a project team leader, typically a nurse manager, who can devote approximately 10 percent time to this effort
- Forming a project team (can be from an existing CLABSI team, if applicable) that includes, at a minimum:
  - Physician champion
  - Nurse manager/champion if not the project leader
  - Data coordinator
  - Hospital executive champion
- Submitting baseline and monthly CLABSI data through NHSN (the existing tool for reporting to MHCC). Blinded data will be provided to all participants for benchmarking purposes
- Submitting brief Team Check-up Tool completed by one person to indicate successes/barriers related to teamwork and communication
- Completing the AHRQ culture survey, *Hospital Survey on Patient Safety Culture*, at the program’s onset and approximately 18 months later. Flexibility is provided if the unit has previously completed a survey within six months
- Participating in weekly immersion calls during the first six weeks
- Participating in one or two project conference calls a month (the first multi-state call is on content; the second focuses on state-specific coaching and peer learning), which are recorded for those team members unable to attend the live calls
- Participating in two or three in-state face-to-face meetings over the course of the two-year project
- Implementing the improvement tools that are part of the project
- Holding monthly meetings to review data results and apply CUSP improvement tools

**For More Information**

For questions or more information contact Beverly Miller at MHA: bmiller@mhaonline.org or (410) 379-6200. Hospitals interested in participating should complete and submit the commitment form, by August 15, to: Dorothy Patrickson at dpatrickson@mhaonline.org or by fax at (410) 379-8239.

For general information about the national initiative, please visit the project’s Web site, www.onthecuspstophai.org.