

An Initiative to Improve Patient Safety and Eliminate Central Line-Associated Bloodstream Infections



TEXAS CENTER FOR
QUALITY & PATIENT SAFETY

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Today's Goals

- Why *On The CUSP: Stop BSI* is important
- How it works (generally)
- What it requires from hospitals

Why the Initiative Is Important

- Preventing Harm
 - CLABSIs kill 31,000 people each year
 - CLABSIs are not inevitable – *we can* get to ZERO
 - These reductions have been achieved using the processes at the core of *On the CUSP: Stop BSI*

Why the Initiative Is Important

- External Environment
 - Driven by the belief that hospital care can and should be safer, more efficient and cheaper:
 - Key point of HHS Secretary Kathleen Sebelius' initiative to reduce hospital-acquired infections (HAIs)
 - CMS not reimbursing for HAIs
 - Public reporting in 2011
 - AHRQ funding program in 50 states, DC and PR

The Program Works

- In the initial Michigan/Johns Hopkins University collaborative, results were sustained over time:
 - From 2.7 to 7.7 infections /1,000 catheter days at baseline to
 - 0 - 1.2 at months 12-18
 - 0 - 1.1 at months 34-36

Pronovost, Goeschel, Colantuoni, Watson et al. BMJ 2010;340:c309.

How the Initiative Works

- Leadership is Key:
 - Health Research & Educational Trust of the American Hospital Association (John Combes, M.D.)
 - Johns Hopkins University Quality & Safety Research Group (Peter Pronovost, M.D., Ph.D.)
 - Michigan Health & Hospital Association Keystone Center for Patient Safety & Quality (Spencer Johnson/Sam Watson)
 - Texas Hospital Association (Dan Stultz, M.D.)

How the Initiative Works

- The Goals:
 - Reduce BSIs to <1 per 1,000 catheter days
 - Include both ICUs and other units with CLABSI risks
 - Include Critical Access Hospitals
 - Improve safety culture



CUSP & CLABSI Interventions

Project Goals: Two Objectives

Objective #1: Create a Culture of Safety: CUSP

Steps

1. Educate on the science of safety
2. Identify defects
3. Assign executive to adopt unit
4. Learn from defects
5. Implement teamwork & communication tools

Objective #2: Eliminate CLABSI

Steps

1. Educate staff
2. Create a central line cart
3. Remove unnecessary lines
4. Implement a central line checklist
5. Empower staff to stop procedure

Why *On the CUSP: Stop BSI Works*

Four Key Ingredients

1. Emphasis on culture change: without a culture of safety, infection reductions will be less achievable and unsustainable
 - Evaluate safety culture
 - Educate staff on science of safety
 - Identify defects in care
 - Commit to executive partnership
 - Re-measure culture every 12-18 months

Why *On the CUSP: Stop BSI Works* Four Key Ingredients

2. Use of proven strategies for reducing CLABSIs

- Educate staff on evidence-based practice to eliminate CLABSI
- Implement checklist to ensure compliance with these practices
- Empower nurses to ensure doctors comply with checklist
- Utilize monthly team meetings to assess progress

Why *On the CUSP: Stop BSI Works*

Four Key Ingredients

3. Use of data to demonstrate need, document progress and validate investment
 - Collection of infection data using simple numerators and denominators
 - Assessment of safety culture using AHRQ's Safety Culture Survey
 - Simple monthly progress data submitted on Team Checkup Tool
 - Reports produced centrally and shared with participants
 - Collection and reporting is essential; public sharing of data is not expected or encouraged

Why *On the CUSP: Stop BSI* Works

Four Key Ingredients

4. Exceptionally qualified leadership and faculty
 - Peter Pronovost's team at Johns Hopkins commands respect and creates enthusiasm
 - HRET and AHA are focused exclusively on making the project work for both hospitals and hospital associations

Why CUSP Works

- Care at the bedside is transformed
- CUSP model applicable to other HAIs, virtually all other patient safety issues
- Incorporates existing teamwork and communication tools
- Other benefits:
 - Lowers nursing turnover, LOS, increases employee satisfaction, cost savings

What Participation Requires from the Hospital Unit

Hospital units must:

- Participate formally for 18-24 months
- Assemble a team
- Assign team leader
- Engage a physician champion
- Hold monthly patient safety meetings
- Listen to monthly content and coaching calls

What Participation Requires from the Hospital Unit

- Submit monthly CLABSI data if not already submitting to NSHN
- Assess monthly teamwork and communication
- Take the AHRQ Hospital Survey on Patient Safety Culture
- Attend two face-to-face meetings and monthly calls over the time frame of the project

Current State

- Initial program:
 - More than 25 hospitals, comprised of 40 units, are participating in the first cohort of the Texas *On the CUSP: Stop BSI* project
 - First face-to-face launch meeting occurred in May 2010
 - Hospitals are demonstrating culture changes and prevention
- Second program:
 - 8 to 12 hospitals will participate in a second cohort, based on support from DSHS
 - Training will begin in November 2010



Questions?



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