



On the CUSP: Stop CAUTI **Fact Sheet for Maryland's Hospitals**

Maryland's National Opportunity

The Agency for Healthcare Research and Quality is funding the national implementation of a patient safety initiative aimed at reducing catheter-associated urinary tract infections (CAUTI) using evidence-based interventions and the Comprehensive Unit-based Safety Program (CUSP). Support has been provided to the American Hospital Association's Health Research & Educational Trust (HRET) to administer *On the CUSP: Stop CAUTI*.

The national goals of this project are to:

- 1) reduce mean CAUTI rates in participating clinical units by 25 percent
- 2) improve the safety culture by disseminating CUSP methodology to improve teamwork and communication.

The Maryland Hospital Association (MHA), the Maryland Patient Safety Center (MPSC), and the Delmarva Foundation for Medical Care, are urging Maryland's hospital leaders to join this national initiative and intensify our efforts to eliminate CAUTIs in Maryland. Maryland will be part of the national initiative's Cohort 3, along with seven other states.

There is **no registration or materials charge** for hospitals to participate in the program; consultation and coaching by expert national and local quality improvement faculty are included.

Key Interventions

CUSP:

- 1) Educate on the science of safety
- 2) Identify defects
- 3) Assign executive to adopt unit
- 4) Learn from defects
- 5) Use teamwork and communication tools

CAUTI Prevention:

- 1) Placement Interventions--determine appropriateness and sterile placement
- 2) Care and removal interventions--remove unnecessary catheters and care properly for appropriate catheters

Types of Units That Qualify to Participate

Participation starts with at least one unit per hospital. The types of units that qualify are ICUs and inpatient medical-surgical units. Units such as emergency departments and operating rooms do not qualify.

What Participating Hospital Units Receive

- CUSP and CAUTI reduction tools and training
- Ongoing support and access to expert faculty through content and coaching calls
- Local opportunities to gather in person with other Maryland hospitals that are pursuing the goal
- Tools and training for measuring and monitoring CAUTI and safety culture in units

- Expert national faculty, local coordinators, and experienced project staff available for any questions that arise between calls
- Site visits for technical assistance
- A dedicated Web site (www.onthecuspstophai.org) with resources, manuals, and much more
- Data reports to trend and track unit progress compared to state and national trends

Participating Unit Requirements (18-month initiative):

The following structure affords the opportunity to integrate the work of this project with your current unit quality programming:

- Assemble a team with a project leader
- Implement CUSP model/tools to improve care
- Participate in six weekly immersion calls
- Comply with data collection and submission requirements (see below)
- Hold monthly safety meetings to review CAUTI data and CUSP improvement
- Have at least one person from the unit team attend webinars, content calls and coaching calls
- Ensure team attendance at face-to-face meetings, including physicians, the executive sponsor, and other unit participants
- Administer the Hospital Survey on Patient Safety Culture (HSOPS) two times (baseline and follow-up) and use unit HSOPS results to improve culture (can submit a recently-completed comparable safety culture survey)
- Share lessons with others

Data Submission Requirements:

Each team will submit the data elements outlined below according to the schedule determined by the national project team. Data reports are available in the Michigan Health & Hospital Association's *Care Counts* database for each team to monitor progress and to inform performance improvement. Aggregate, blinded process and outcome data will be shared among the state's project participants, the national project team and AHRQ. The data your participating units will provide are:

- CAUTI Readiness Assessment (once)
- CAUTI Outcome (rate) data
 - Number of Symptomatic CAUTI's attributable to your unit for that month
 - Number of urinary catheter days per month
 - Number of patient days per month
- CAUTI Process (urinary catheter prevalence and appropriateness) data
 - Assess each patient on the unit for the presence of a urinary catheter
 - Record the reason for the catheter
- Team Check-up Tool (quarterly)
- AHRQ culture survey, Hospital Survey on Patient Safety Culture (HSOPS), completed twice (baseline and follow-up)

For More Information:

For questions or more information contact Jeanne DeCosmo at MHA: jdecosmo@mhaonline.org or (410) 379-6200. For general information about the national initiative, please visit the project's Web site, www.onthecuspstophai.org.

Hospitals interested in participating should complete and submit the commitment form by October 21 to: Dorothy Patrickson at dpatrickson@mhaonline.org or by fax at (410) 379-8239.