

1. ON THE CUSP: STOP BSI - ASSESSMENT OF PREVIOUS EXPOSURE

Survey to Assess Previous Exposure to Elements of the Intervention
Complete one survey per ICU

Please complete each item for YOUR ICU or clinical area.

1. What state are you located in?

North Carolina

Washington

Colorado

Pennsylvania

Massachusetts

Florida

Ohio

Texas

Nebraska

California

2. Hospital name and city:

3. How many ICUs are there in this hospital?

4. Type/designation of this ICU

Burn ICU

Coronary ICU

Surgical cardiothoracic ICU

Medical ICU

Medical/surgical ICU - major teaching

Medical/surgical ICU - all others

Pediatric medical/surgical ICU

Neurosurgical ICU

Surgical ICU

Trauma ICU

Other (specify)

5. Number of beds in this ICU:

6. Who may we contact with follow-up questions on the content of these responses (primary respondent)?

7. Contact Title:

8. Contact Phone Number:

9. Which of the following initiatives or programs has your ICU participated in to prevent central line infections? Select all that apply.

- IHI 5 Million Lives Campaign
- Premier
- VHA
- Association for Professionals in Infection Control
- State program
- Hospital/System program
- None

Other (please specify)

10. What is your average nurse to patient ratio?

- Ratio 1:1
- Ratio 1:2
- Ratio 1:3
- Ratio 1:4
- Don't Know

Other (please specify)

11. Are your central line infection rates regularly (i.e. monthly, quarterly) reported to hospital senior executives?

- Yes
- No
- Don't Know

12. Do you know your ICU central line infection rate?

Yes

No

Please indicate the degree to which each of the following has taken place in your ICU by placing a checkmark in the button that reflects the experience in your ICU.

13. Participation in any organized multi-site effort to reduce bloodstream infections

Not implemented and no plans to do so outside of the On the CUSP Stop BSI Project.

Currently planning for implementation outside of the On the CUSP: STOP BSI project.

Fully implemented outside of the On the CUSP: STOP BSI project.

14. Having all staff view the Josie King video

Not implemented and no plans to do so outside of the On the CUSP: Stop BSI Project..

Currently planning for implementation outside of On the CUSP: STOP BSI project.

Fully implemented outside of the On the CUSP: STOP BSI project.

15. "Partnership" with an ICU by a Senior Executive for patient safety

Not implemented and no plans to do so outside of the On the CUSP: Stop BSI project.

Currently planning for implementation outside of the On the CUSP: STOP BSI project.

Fully implemented outside of the On the CUSP: STOP BSI project.

16. Systematic analysis and proactive learning from harmful events or events with the potential for harm as raised by front-line staff (other than M&Ms and official RCA)

Not implemented and no plans to do so outside of the On the CUSP: Stop BSI project.

Currently planning for implementation outside of the On the CUSP: STOP BSI project.

Fully implemented outside of the On the CUSP: STOP BSI project.

17. Setting daily goals for each patient based on a standard tool

Not implemented and no plans to do so outside of the On the CUSP: Stop BSI project.

Currently planning for implementation outside of the On the CUSP: STOP BSI project.

Fully implemented outside of the On the CUSP: STOP BSI project.

18. Educating staff on the "Science of Safety"

- Not implemented and no plans to do so outside of the On the CUSP: Stop BSI project.
- Currently planning for implementation outside of the On the CUSP: STOP BSI project.
- Fully implemented outside of the On the CUSP: STOP BSI project.

19. Use of an independent line cart or kit, stocked with essentials for placing a central-line catheter

- Not implemented and no plans to do so outside of the On the CUSP: Stop BSI project.
- Currently planning for implementation outside of the On the CUSP: STOP BSI project.
- Fully implemented outside of the On the CUSP: STOP BSI project.

20. Inclusion of chlorhexidine in central line kit

- Not implemented and no plans to do so outside of the On the CUSP: Stop BSI project.
- Currently planning for implementation outside of the On the CUSP: STOP BSI project.
- Fully implemented outside of the On the CUSP: STOP BSI project.

21. Routine use of chlorhexidine for dressing changes

- Not implemented and no plans to do so outside of the On the CUSP: Stop BSI project.
- Currently planning for implementation outside of the On the CUSP: STOP BSI project.
- Fully implemented outside of the On the CUSP: STOP BSI project.

22. Use of a standard protocol for dressing changes

- Not implemented and no plans to do so outside of the On the CUSP: Stop BSI project.
- Currently planning for implementation outside of the On the CUSP: STOP BSI project.
- Fully implemented outside of the On the CUSP: STOP BSI project.

23. Use of a line-insertion checklist to ensure compliance with evidence-based practices

- Not implemented and no plans to do so outside of the On the CUSP: Stop BSI project.
- Currently planning for implementation outside of the On the CUSP: STOP BSI project.
- Fully implemented outside of the On the CUSP: STOP BSI project.

24. Reporting to the Center for Disease Control's (CDC) National Healthcare Safety Network (NHSN)

Not implemented and no plans to do so outside of the On the CUSP: Stop BSI project.

Currently planning for implementation outside of On the CUSP: STOP BSI project.

Fully implemented outside of the On the CUSP: STOP BSI project.

25. Any unit-wide assessment of teamwork and safety culture (e.g., Safety Attitude Questionnaire, Hospital Survey on Patient Safety)

Not implemented and no plans to do so outside of the On the CUSP: Stop BSI project.

Currently planning for implementation outside of the On the CUSP: STOP BSI project.

Fully implemented outside of the On the CUSP: STOP BSI project.

26. If yes to question 19, when did you last complete the unit-wide assessment of teamwork and safety culture?

27. If yes to question 19, which survey instrument did you use?

Safety Attitude Questionnaire

Hospital Survey on Patient Safety (AHRQ survey)

Hospital Survey on Patient Safety through Press Ganey

Other (please specify)

28. If you used the Hospital Survey on Patient Safety, did the version that was used allow for identification of the ICU(s)?

29. Do you have the ability to distribute the survey electronically to your physicians and staff?

Yes

No

**On the CUSP: Stop BSI [or your state's project name]
Hospital Project Team**

(Submit a completed form for each ICU team)

Hospital Name: _____ ICU: _____

The project team will work to develop, evaluate and improve a process. It is important to involve those that are directly working with the process. Include unit leaders, educators and direct care providers who routinely work in the area. It is recommended to involve different disciplines (physician, nurse, etc.). Choose individuals who are respected by their peers. Consider it a workgroup.

Name (Include Credentials)	Title/Position	Role	Email Address	Direct Number
		Project Team Leader/Primary Contact		
		Physician Champion		
		Nurse Manager Champion		
		Data Collector		
		Data Entry Contact (If different from collector)		
		Hospital Executive Champion		
		Infection Control Representative		
		Team Member		
		Team Member		
		Team Member		

Email completed form to [insert State Hospital Association staff member] by [insert date], 2009.

Adapted from the North Carolina Center for Hospital Quality and Patient Safety Collaborative documents

TEAM CHECKUP TOOL

ICU ID:

Month/year for which data provided:

Please answer the following questions with respect to the last month only:

1. Please indicate the CUSP activities in which your team participated by checking all that apply:
- a. Science of Safety video No Yes
 - b. AM Briefing No Yes
 - c. Daily Goals No Yes
 - d. Culture Debriefing No Yes
 - e. Observing Rounds No Yes
 - f. Staff Safety Assessment No Yes
- i. If yes to 1.f., were safety issues grouped and prioritized?
2. Approximately what portion of staff on the unit has viewed the Science of Safety video? Few Some Most All
- a. Was the Science of Safety video included as part of orientation for new staff members? No Yes N/A, No new staff members this month
3. What portion of staff on the unit consistently uses the following?
- a. Appropriate hand hygiene Few Some Most All
 - b. Chlorhexidine skin preparation Few Some Most All
 - c. Full-barrier precautions during line insertion (maintaining a sterile field) Few Some Most All
 - d. Avoid femoral site for placement Few Some Most All
 - e. Removing unnecessary lines Few Some Most All
4. Which of the following did your team undertake to teach others on the unit how to prevent bloodstream infections (check all that apply)?
- Internal seminar
 - Infection Control visit/ talk
 - In-services/ demos
 - New written policy
 - Posted the steps
 - Put the protocols on all clipboards
5. How many times did your team meet (please enter number)? _____
6. How often did your senior executive partner meet with your team regarding the ICU project (please enter number)? _____
7. Please indicate the type of data shared with your senior executive partner this month by checking all that apply:
- ICU infection rates
 - Findings from the Staff Safety Assessment
 - Data from the ICU culture assessment
8. Did the senior executive partner:
- a. Participate in safety rounds? No Yes
 - b. Participate in the prioritization of safety issues? No Yes
9. Did your team have a chance to present your unit's ICU performance data to other senior hospital/health system leaders? No Yes
10. Did your team have a chance to present your unit's ICU performance data to the hospital/health system Board? No Yes
11. How often did your team review your performance data (please enter number)? _____
12. How often did your team share your performance results broadly with _____

ICU staff (please enter number)?

13. If data were shared with ICU staff, please indicate how feedback was provided by checking all that apply:
- Verbal Report Poster
 Written Report Staff meeting

14. Did the team identify a patient safety defect?
- No Yes
- a. If yes, did the team work through a process to learn from the defect?
- No Yes
- i. If yes, did the team share findings with others?
- No Yes, it was shared within the unit Yes, it was shared outside the unit
- 15.a. Did anyone on your quality improvement team permanently leave?
- The hospital The unit The team
- b. Check here if you ADDED anyone to the team.
16. Did your team or unit attempt to/ were you asked to share information or detailed advice about this project with...?
- Another ICU, same hospital; Non-ICU, same hospital; Outside hospital
17. Has there been any event in your unit that has distracted staff from this work?
- No Yes, What? _____
- 18. In the past month, did any of the following slow your team's progress?**
- a. Insufficient knowledge of evidence supporting interventions No To Some Extent Yes
- b. Lack of team member consensus regarding goals No To Some Extent Yes
- c. Not enough time No To Some Extent Yes
- d. Lack of quality improvement skills No To Some Extent Yes
- e. Not enough buy-in from other staff members in your area No To Some Extent Yes
- f. Not enough buy-in from other physician staff in your area No To Some Extent Yes
- g. Not enough buy-in from other nursing staff in your area No To Some Extent Yes
- h. Staff turnover No To Some Extent Yes
- i. Confusion about how to proceed with CUSP activities No To Some Extent Yes
- j. Burden of data collection No To Some Extent Yes
- k. Not enough leadership support from executives No To Some Extent Yes
- l. Not enough leadership support from physicians No To Some Extent Yes
- m. Not enough leadership support from nurses No To Some Extent Yes
- n. Insufficient autonomy/authority No To Some Extent Yes
- o. Inability of team members to work together No To Some Extent Yes
- If response to 18o is To Some Extent or Yes, did any of the following contribute:**
- o.1. Insufficient participation of one or more team members No To Some Extent Yes
- o.2. Some members do not value the contributions of other team members No To Some Extent Yes
- o.3. Low or no feeling of being a team No To Some Extent Yes
- o.4. Personality conflicts No To Some Extent Yes
- o.5. Poor conflict resolution skills No To Some Extent Yes

5/09

MHA Care Counts Registration Form

Please complete the following questions so that your hospital/unit can be added into the MHA Care Counts webtool.

Hospital Information

Please complete the following information so that we may register your hospital and participating clinical area(s) in the on-line, Michigan Care Counts, data tool. We will set up 1 user for each participating hospital and clinical area. Please provide the requested information for one user. This user will be assigned rights to view all information for this hospital/clinical area.

Hospital Information

1. Is your hospital part of an integrated health system? Yes No

2. If you answered Yes to number 1, what is the name of the integrated health system? _____

3. Hospital Name: _____

4. Hospital Address: _____ City: _____ State: _____ Zip: _____

5. Hospital Bed Size: _____

User Information

6. User Name (first name, last name): _____

7. User E-mail Address (required): _____

Clinical Area Information

Please provide the requested information separately for EACH participating clinical area. Space is provided to register up to 2 clinical areas per hospital. If more than 2 clinical areas are participating, please copy and paste the clinical area information block as needed.

Clinical Area Number 1

8. Unit Name (name of unit you would like to have added): _____

9. Unit Type (check unit you would like to have added):

- Emergency Department ICU Med-Surg Medicine (Non-Surgical)
Neuro/Neuro Surgery Obstetrics Orthopedics PACU Pediatrics
Pre-Op Psychiatry/Mental Health Rehabilitation Surgery
Telemetry

10. ICU Type (If applicable):

- Burn Coronary Medical
Medical/Surgical All Others Medical/Surgical Major Teaching
Neurologic Neurosurgical Pediatric Medical
Pediatric Medical/Surgical Surgical Surgical Cardiothoracic
Trauma

11. Average Staffed Beds: _____

Clinical Area Number 2

8. Unit Name (name of unit you would like to have added): _____

9. Unit Type (check unit you would like to have added):

- Emergency Department ICU Med-Surg Medicine (Non-Surgical)
Neuro/Neuro Surgery Obstetrics Orthopedics PACU Pediatrics
Pre-Op Psychiatry/Mental Health Rehabilitation Surgery
Telemetry

10. ICU Type (If applicable):

Burn Coronary Medical

Medical/Surgical All Others Medical/Surgical Major Teaching

Neurologic Neurosurgical Pediatric Medical

Pediatric Medical/Surgical Surgical Surgical Cardiothoracic

Trauma

11. Average Staffed Beds: _____
