

AHRQ Safety Program for Intensive Care Units: Preventing CLABSI and CAUTI



Beyond the CLABSI and CAUTI Bundles

How to Get to Zero When Change Is Hard



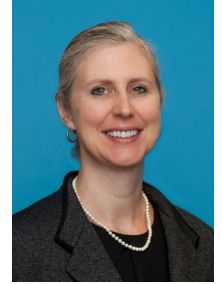
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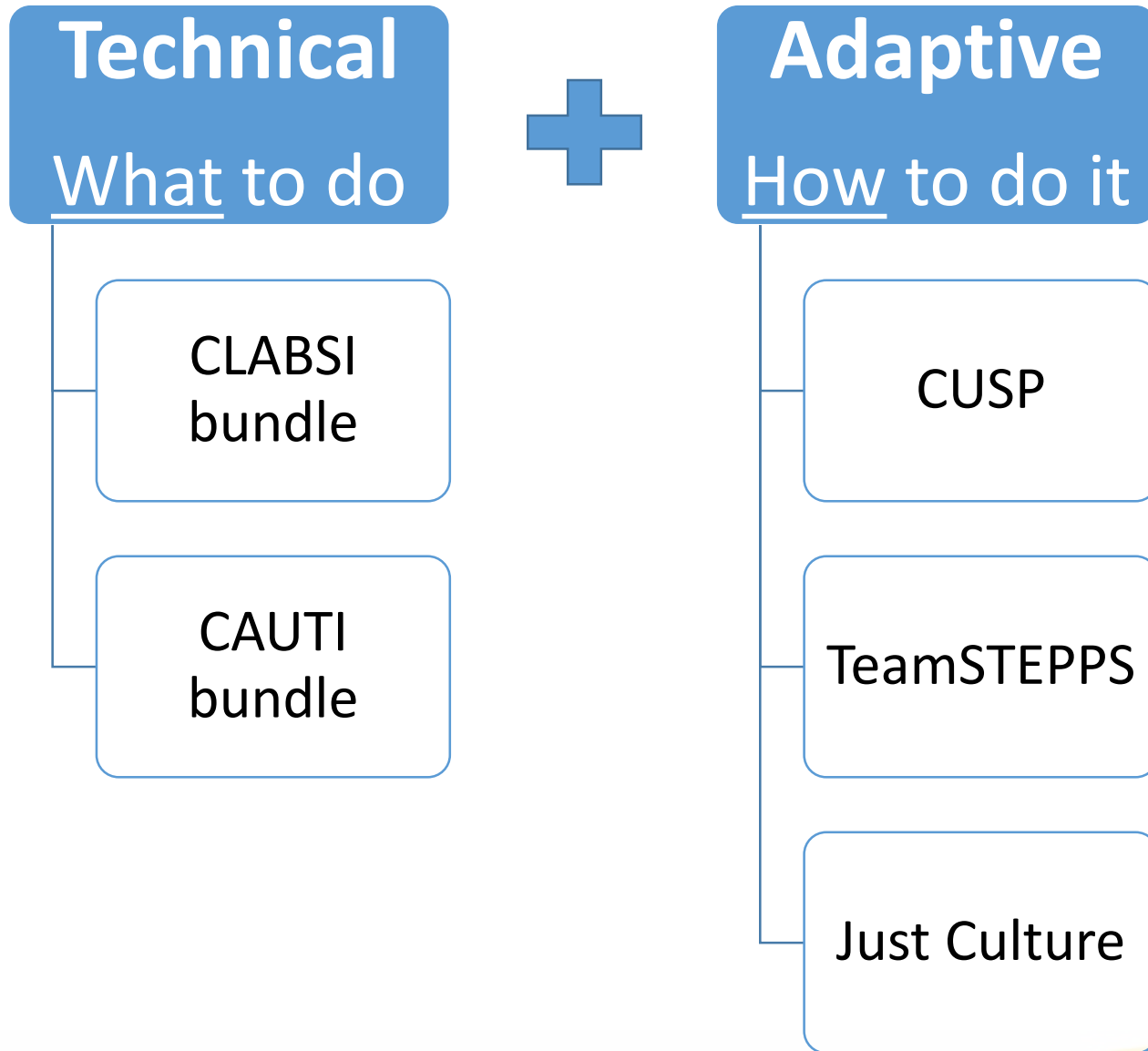
Disclosures

- Kathleen Vollman: Sage Products, now a part of Stryker Eloquest Healthcare

Learning Objectives

- Summarize ICU implementation strategies for comprehensive unit-based safety programs (CUSPs)
- Analyze how CUSPs, Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS), and Just Culture reduce persistently elevated ICU catheter-associated urinary tract infection (CAUTI) and central line-associated bloodstream infection (CLABSI) rates
- Verify factors that subvert successful elimination of device-related ICU infections
- Distinguish among contributing factors common to ICUs that reduce high reliability in prevention of CAUTIs and CLABSIs

Two Types of Interventions



5 CUSP Steps

1. Engage leadership for support and collaboration
2. Understand the science of safety
3. Assemble the team/Improve teamwork and communication
4. Recognize current practices that may lead to patient harm (identify defects)
5. Develop system-based solutions to improve patient safety (learn from defects)

4 E's Model

Engage
(Adaptive) How does this help us care for our patients?



Educate
(Technical) What do we need to know?



Execute
(Adaptive) What do we need to do?
What can we do with our resources and culture?



Evaluate
(Technical) How do we know we improved safety?

Open Discussion

What CLABSI/CAUTI challenge do you have?

Interested in joining?

Adult ICUs with CLABSI and/or CAUTI rates that may need improvement (i.e., [positive CAD in the TAP report](#)) are eligible to participate.

The program will be recruiting in Fall 2019.

Email icusafety@aha.org to learn more.