ICU Assessment Response Guide

This guide is intended to be used to respond to and evaluate the intensive care unit (ICU) team's responses to the ICU assessment. The guide offers an explanation of the value of each question and what the team might do with the responses collected. The response guide and the evaluation the team makes of its responses will support the creation of the action plan. Use both the ICU Assessment and the Action Plan Template in conjunction with this guide.

This guide is organized so that every question from the ICU assessment is followed up with a rationale for consideration with any associated resources that could be helpful to consider. One note: there are not resources for every question, but they are available when applicable. The guide follows the same format as the ICU assessment, with identical labeling of sections for ease of use by teams.

About Your Unit

1. Who was involved in the decision for your ICU to focus on central line-associated bloodstream infection (CLABSI) and/or catheter-associated urinary tract infection (CAUTI) prevention-focused activities?

   Rationale: It is vital for the ICU's Comprehensive Unit-based Safety Program (CUSP) team to know who was involved in making that decision while working to lower infections in the unit. The team can consider engaging others as needed to help address barriers and provide needed resources through the course of the work to lower infections. It also will be extremely important to keep this person/these people informed of program status and progress in lowering CLABSI and/or CAUTI. Be sure the CUSP team engages with this person/these people in some way to assure open lines of communication.

   Resources:

   - CUSP Module – Building an Engaged Team
     - This module offers strategies to build a successful CUSP team

   - Video – Increasing Ownership and Engagement at Multiple Levels To Prevent Infections in ICUs (6:31 minutes)
     - This video shares a number of general and effective strategies to increase ownership and engagement among all hospital roles to support sustainable infection prevention efforts while also accounting for your unit's unique culture.
   - Audio interview with Anne Donovan – How To Increase Ownership and Engagement at Multiple Levels To Prevent Infections in ICUs (17:25 minutes)
     - This interview explores practical strategies to encourage a collaborative interprofessional environment throughout the entire ICU.

2. Why has your team decided now is the time to complete this assessment? (Note that this reason could help to inform your action plan.)

   Rationale: Understanding factors or events that lead the team to focus on CLABSI and/or CAUTI may be helpful to focus actions within the action plan.

   Resources:

   - [Action Plan Template](#) – Use the template to set up actionable steps to address unit gaps.

3. How many quality improvement initiatives is your ICU currently working on?

   Rationale: The higher the number, the more priorities the unit has, which can dilute resources and be a barrier to success. In looking at this question, it will be important to consider mitigation strategies such as combining projects or aspects of such projects, deploying staff so all projects are not assigned to the same people, prioritizing the work and ensuring staff understand those priorities, etc. Grouping actions to address multiple patient safety efforts will support sustainability. For example, a core team could review all main safety efforts and decide to prioritize smaller, more focused efforts to address various patient harms. This focus allows a finite amount of resources to be prioritized to areas of need.

4. Does your ICU anticipate any resource limitations that will impact your ability to complete these quality improvement initiatives (including other quality improvement projects)?

   Rationale: Resource limitations can be a barrier to the unit's success in any program. Therefore, resources need to be identified and evaluated in order to address them in the ICU's action plan. It is important to discuss such limitations transparently with the ICU's executive leader and the CUSP Team in order to help plan mitigation strategies. This is also something to monitor as Plan-Do-Study-Act (PDSA) cycles are done, to understand any impact such limitations and/or related mitigation strategies may have.[1-2]

5. What is your unit's usual registered nurse–patient ratio?

   Rationale: This information helps to evaluate human resources in each ICU and drive questions such as, is staffing adequate and is the unit able to operate safely according to the unit's staffing plan and requirements? This risk assessment will help the CUSP team develop effective interventions with frontline staff input to the greatest degree possible. The CUSP team also will want to evaluate the use of temporary, per diem, and float pool staff due to potential impact on healthcare-associated infection (HAI) rates. In addition, guidelines recommend that senior management assure adequate staffing of departments that play a key role in HAI prevention. Orientation and oversight of float pool/temporary staff are essential to ensure they are practicing within the standard of care on the unit and understand how to prevent infections. The CUSP team also may want to discuss the staffing of environmental services, given the department's importance in HAI prevention.[3-5]

6. During the last 12 months, what was the average length of stay for patients in your unit?

Rationale: Knowing the average unit length of stay can help the CUSP team develop interventions and adapt to the time patients spend in the unit. This information may also assist in identifying other units/personnel who need to be involved.

Resources:

- [CLABSI Event Reporting Tool](#)
    - The Event Reporting Tools, when completed, produce data related to an event analysis. These data can include some of the things noted around length of stay, specifically personnel involved in the event that would provide insight into "why" this particular infection occurred.

- [CAUTI Event Reporting Tool](#)
    - The Event Reporting Tools, when completed, produce data related to an event analysis. These data can include some of the things noted around length of stay, specifically personnel involved in the event that would provide insight into "why" this particular infection occurred.

7. From the statements below, what would you anticipate will be the top three strengths of implementing this quality improvement initiative in your ICU?

Rationale: The responses to these statements are designed to give CUSP teams insight into strengths that can be leveraged to support and drive success in your unit's efforts to reduce CLABSI and/or CAUTI, as well as any improvement work. Building upon strengths a unit already helps the unit achieve success and encourages staff to move forward.

8. From the statements below, what would you anticipate will be the top three barriers to implementing this quality improvement initiative in your ICU?

Rationale: Based on what your ICU staff identifies as your top barriers, the CUSP team will want to explore what is driving those barriers and design interventions to help address and mitigate them.

Current Infection Prevention and Safety Culture Practices – Central Lines

9. For each question below, select the appropriate response.

Rationale: There are 13 practices described in this list, 12 recommended as best practices. It is important for CUSP teams to evaluate whether the recommended 12 practices are reliably implemented in their ICU.

Important Note: The practice described around stocking positive displacement needleless connector valves for central lines bears additional scrutiny, as it may not be a best practice:

A "Yes" response does not mean this practice is favorable (i.e., should occur, since positive displacement, needleless connector valve use is not necessarily best practice, and in fact, some

guidelines discourage the use of positive displacement connectors, citing risk of increased CLABSI with their use). However, more recent research required by the U.S. Food and Drug Administration on these devices has yielded more information. In addition, needleless connector valves have other properties that can increase infection risk, such as how the port is designed and how it interfaces with a syringe, that must be considered.

Your CUSP team needs to determine what type of needleless connectors their ICU uses and if it is the right one for the team's patient population based on the science behind it and the team's experience using it. Multiple types of such devices are currently available, but the optimal design of such devices for preventing infections is unresolved in the Society for Healthcare Epidemiology of America's (SHEA) guidelines.[6]

10. Does your unit have a current policy for **insertion and maintenance** of central lines that includes the following?

   Rationale: This list of best practices is designed to stimulate discussion in your CUSP team to ensure the current policy for insertion and maintenance of central lines is evidence based. The team should go beyond determining if such a policy is written and evaluate education and compliance associated with it.

   Resources:

   - [Playbook for Preventing CLABSI and CAUTI in ICU Setting](#)

     o The Playbook demonstrates how CUSP can be integrated in the CLABSI and CAUTI tiered interventions that support the prevention practices, policies, and procedures that occur in ICUs every day.

11. For each statement below, please indicate whether your ICU conducts audits of the items at least monthly. Note: An audit is defined as an assessment, typically by direct observation, either hospitalwide or ICU specific, of healthcare personnel compliance with facility policies.

   Rationale: This question helps the CUSP team determine what is being audited related to CLABSI prevention and determines the potential need to assess other key practices.[7]

12. Please select the appropriate response for each statement below.

   Rationale: These are three additional practices for CUSP teams to assess.

   1) Huddles or discussion with ICU leaders, frontline staff, and infection prevention/quality partners are generally recommended after CLABSI and CAUTI events in order to learn. A rapid, somewhat less intense approach to this is introduced in CUSP, Learn From Defects, considered a best practice.

   2) Daily bathing with chlorhexidine gluconate is considered a basic CLABSI prevention intervention recommended for all ICU patients older than 2 months and carries a high level of scientific support in the guidelines (SHEA/IDSA Practice Guidelines, 2014 Update).

   3) Use of antimicrobial impregnated or coated catheters is recommended in certain populations when other, basic interventions have not been successful (SHEA/IDSA Practice Guidelines, 2014 Update). Therefore, if a unit's response to the practice of using antimicrobial catheters is a "No," that does not mean it is necessarily an

unfavorable response. These types of catheters may not be indicated for that ICU's population, but should be considered if indicated per guideline parameters. The ICU's CUSP team should discuss its response and consider the evidence in the context of that ICU's patient population.

Resources:

- [Making It Work – Chlorhexidine Bathing and Perineal Cleaning](#)
  - o This tool offers tangible strategies related to the bathing and perineal cleaning of patients as an infection reduction strategy
- [CUSP Module – Engaging the Team and Applying CUSP in the ICU Setting](#)
  - o This module explores key aspects of safety culture and principles of safe systems design while guiding teams to use identifying defects as a tool
- Learn From Defects Tool. Agency for Healthcare Research and Quality. http://www.ahrq.gov/professionals/education/curriculum-tools/cusptoolkit/toolkit/learndefects.html.

Current Infection Prevention and Safety Culture Practices – Indwelling Urinary Catheters

13. Are staff in your unit aware of alternatives to indwelling urinary catheters?

Rationale: If staff are not aware of alternatives and CAUTI is the ICU's focus HAI, refer to the resources listed here to further explore this topic. Providing high-quality alternatives that staff know about and feel comfortable using is extremely important in reducing use of indwelling urinary catheters.

Resources:

- CAUTI Prevention Module – [Alternatives to Indwelling Urinary Catheters: Avoiding Placement and Determining Appropriateness](#)
  - o This module reviews when alternatives to indwelling urinary catheters are appropriate in the ICU setting

14. Do staff in your unit use the following alternatives to indwelling urinary catheters?

Rationale: The ICU's CUSP team should evaluate what alternatives are indicated for its patient population, what are available, and what are used by staff. If they are available and not used, more information is needed about why staff do not use alternative(s).

Important note: The ICU Assessment responses summary may show a "No" response to some of the alternatives in this item. This could be interpreted as a negative, suggesting an ICU should be using that alternative. However, it is important to ensure each CUSP team is examining why the alternative is not being used. There may be excellent clinical reasons certain alternatives are not indicated for their patient population or specific patients. For example, toileting rounds may not be safe for ICU patients who are hemodynamically unstable. Your team has to decide whether the intervention is safe and has merit for your patient population.

15. Are the following alternative products to indwelling urinary catheters stocked in your unit?

Rationale: The CUSP team should evaluate what alternatives are indicated for their population, what are available, and what are used by staff. If alternatives are available and not used, more information is needed about why staff do not use them. These data also can be used to determine products that no longer need to be made available for patient needs. An evaluation of the rationale behind usage is important to determine answers to these questions.

Important note: The ICU Assessment responses summary may show a "No" response to some of the alternatives in this item. This could be interpreted as a negative, suggesting an ICU should be using that alternative. However, it is important to ensure each CUSP team is examining why the alternative is not being used. There may be excellent clinical reasons certain alternatives are not possible for their patient population. For example, toileting rounds may not be safe for ICU patients who are hemodynamically unstable. Your team has to decide whether the intervention is safe and has merit for your patient population.

16. Are the following urinary catheter insertion and/or maintenance products stocked and used in your unit?

Rationale: This list of products represents the basic materials and resources to support best practices around insertion and maintenance of indwelling urinary catheters. If the products are not provided on the unit, the CUSP team should discuss the reasons why and address the reasons if indicated. In addition, just because they are stocked does not mean they are being used to insert indwelling urinary catheters, so a "reality check" may be indicated. Some staff may not use such kits, thinking they are saving the unit and the patient money. They may not realize they are exposing the patient to higher risk if they assemble the needed supplies individually. Kits are designed to drive aseptic, safe insertions, and without them, significant variation often occurs, exposing the patients to increased risk. The CUSP team should make it a practice to check assumptions about what is being used and how.[8]

Resources:

- CAUTI Prevention Module – Indwelling Urinary Catheter Insertion Bundle
  - Ensuring Aseptic Placement

17. The Centers for Disease Control and Prevention's Healthcare Infection Control Practices Advisory Committee (CDC HICPAC) recommends [Guideline for Prevention of Catheter-Associated Urinary Tract Infections, 2009,](#) which are evidence-based practices regarding infection control and prevention. Does your unit have a policy and/or procedure regarding **<u>indications</u>** for indwelling urinary catheters that incorporates at a minimum the following recommendations?

Rationale: It is vital for CUSP teams to assess whether their current policy/protocol regarding insertions for an indwelling urinary catheter is based on current recommendations, and if not, address that gap. Please refer to the references provided to identify the most current guidance on insertion criteria. In addition, CUSP teams need to consider where in the hospital indwelling urinary catheters are placed in their patients. Many ICU patients have such devices placed in the emergency department and/or operating room. Are those departments inserting urinary catheters using the most updated evidence? If not, CUSP teams need to consider sharing this evidence with those departments and engaging them in CAUTI prevention.

18. Does your unit have a policy and/or procedure for **<u>inserting</u>** indwelling urinary catheters that includes the following recommendations from the CDC HICPAC [Guideline for Prevention of Catheter-Associated Urinary Tract Infections, 2009](#)?

Rationale: See question 17

19. Does your unit have a policy and/or procedure for **<u>maintenance</u>** of indwelling urinary catheters that includes the following recommendations from the CDC HICPAC [Guideline for Prevention of Catheter-Associated Urinary Tract Infections, 2009](#)?

Rationale: See question 17

20. For each statement below, please indicate whether your ICU conducts audits of the items at least monthly.

Rationale: This question assists the CUSP team in determining what is being audited related to CAUTI prevention and determines the potential need to assess other key practices. The point is to evaluate auditing processes and determine how and when such monitoring might be accomplished to determine compliance. Teams should constantly challenge themselves to verify practices because even though policies/protocols may be in place, the verification does assure adherence. Teams need to understand if there is noncompliance and explore the reasons.

Resources:

- CUSP Module - [Using a Tiered Approach With CUSP Principles](#)

  o Introduces the tiered interventions and connects them to CUSP. Introductory resource that can be expanded with the [Playbook](#).

- [Playbook for Preventing CLABSI and CAUTI in ICU Setting](#)

  o The Playbook demonstrates how CUSP can be integrated in the CLABSI and CAUTI tiered interventions that support the prevention practices, policies, and procedures that occur in ICUs every day.

- Audio interview with Sam Watson – [How To Create Team Buy-In and Motivation To Get to Zero Infections](#) (19:07 minutes)
  - This interview presents clear examples of how to effectively communicate around unit data and goals to keep your team motivated to improve patient safety with ICU teams, peer champions and hospital leadership.

- Video – [Addressing Attitudes and Beliefs About Preventing Infections in ICUs](#) (5:45 minutes)
  - This video teaches how to take first steps in addressing these attitudes and beliefs to create a stronger culture of safety.

General Questions

21. A competency assessment is defined as a process of ensuring that healthcare personnel demonstrate the skills and knowledge to perform a procedure properly and according to facility standards and policies. This assessment may be done through direct observation by trained observers of personnel, performing a simulated procedure on a mannequin, or performing an actual procedure on a patient.

    Rationale: Competencies may be evaluated during the orientation period and ongoing competency assessment can be used to validate "high-risk, low-frequency" knowledge and skills or to ensure that new knowledge and skills meet the required standard. Ongoing, routine competency assessments are important to ensure drift has not occurred, particularly for high-risk procedures or high-risk, low-volume procedures. In many cases, periodic competency assessment is mandated by regulatory bodies. As new personnel, including temporary staff, are onboarded, it is essential to know they have the skills to function at the expected standard. Annual competency assessments help embed best practice, ensure basic standards are reinforced, and avoid drift.

    Resources:

    - [CLABSI Prevention Modules](#)
      - The CLABSI Prevention modules provide information on how to disrupt the lifecycle of a catheter device using tier 1 and tier 2 interventions that are evidenced-based recommendations for action.

    - [CAUTI Prevention Modules](#)
      - The CAUTI Prevention modules provide information on how to disrupt the lifecycle of a catheter device using tier 1 and tier 2 interventions that are evidenced-based recommendations for action.

22. Nursing staff feel comfortable questioning colleagues who are not following appropriate procedures for **indwelling urinary catheter** insertion and maintenance

    Rationale: Hesitancy to speak up can be an important contributing factor to communication errors that result in harm to patients. Therefore, it is essential that the CUSP team be aware of the unit staff's willingness to speak up and communicate effectively when an individual observes a breach in best practice. This is hard to do for everyone, but using effective strategies will support staff developing the skills to do so. Just Culture principles support best practices to avoid punitive responses when someone speaks up about a breach.

Resources:

- Video – [Empowering Nurses To Implement a Protocol for Urinary Catheter Removal](#) (5:06 minutes)
  - This video introduces strategies for implementing nurse-driven protocols to effectively decrease catheter days and decrease infection rates.
- Audio interview with Pat Posa – [How To Empower Nurses To Effectively Implement a Nurse-Driven Protocol for Removing Urinary Catheters, Including How To Obtain Buy-in From Physicians](#) (16:01 minutes)
  - This interview provides practical steps for implementing an effective nurse-driven protocols to effectively decrease catheter days and decrease infection rates.

23. Nursing staff feel comfortable questioning colleagues who are not following appropriate procedures for **central line insertion** and maintenance

    Rationale: Hesitancy to speak up can be an important contributing factor to communication errors that result in harm to patients. Therefore, it is essential that the CUSP team be aware of the unit staff's willingness to speak up and communicate effectively when they observe a breach in best practice. This is hard to do for everyone, but using effective strategies will support staff developing the skills to do so. In addition, it is critical that the culture support staff when they do speak up. Just Culture principles support best practices to avoid punitive responses when someone speaks up about a breach.

    Resources:

    - Video – [Speaking Up During Central Line Insertion To Prevent Infections](#) (4:21 minutes)
      - This video offers practical approaches to help ICU staff feel empowered to speak up.
    - Audio interview with Anne Donovan – [How To Empower Staff To Speak Up To Stop a Central Line Insertion if They See a Breach in Aseptic Technique, Including How To Obtain Buy-in From Physicians](#) (15:04 minutes)
      - This interview explores practical strategies to encourage a collaborative interprofessional environment throughout the entire ICU.

24. Please indicate whether your ICU currently uses any of the following:

    Rationale: This is a list of prevention strategies for CLABSI and/or CAUTI that have been reported as having success in different units. It serves to help the CUSP team think about possibly new, or different, strategies that could be adapted and used in their ICU for greater success.

25. Does your unit have an active antibiotic stewardship program/process in place?

    Rationale: Antimicrobial stewardship is an important, foundational element to all infection prevention efforts that prevents multidrug resistance and potentially drives some types of infections, such as fungal CLABSI. A successful antimicrobial stewardship program

includes structural efforts as well as the actions of individual providers. Therefore, understanding what type of antimicrobial stewardship process is in place in an ICU is important – for example, by asking what structural processes are in place to support individual providers execution of the antimicrobial stewardship program within the hospital. As teams investigate CLABSIs and CAUTIs in their ICU, they will want to include a clinical pharmacist and laboratory clinician to help understand the potential impact of antimicrobial use in their unit. These staff have expertise in deciphering the hospital's antibiogram and may potentially be able to provide a unit-specific antibiogram. They can also help educate and support practitioners who order antimicrobials in the ICU to lessen antimicrobial pressures and maximize impact of the antibiotics that are used.[9-10]

26. Staff correctly perform hand hygiene greater than 95 percent of the time based on direct observations. Note that the 95 percent goal for hand hygiene is based on an subject matter experts recommendation.

    Rationale: Hand hygiene is a critical foundational strategy to prevent HAIs. Its compliance with best practices should be assessed and addressed if found lacking. This compliance is interwoven with competencies and willingness to speak up when breaches are observed.[11]

27. When was the last safety culture survey in your unit? MM/DD/YYY

    Rationale: The safety culture of a unit is the product of individual and group values, attitudes, perceptions, competencies, and patterns of behavior that determine the commitment to, and the style and proficiency of, a unit's health and safety management. Units with a positive safety culture are characterized by communication founded on mutual trust, with shared perceptions of the importance of safety, including confidence in the efficacy of preventive measures. Knowing what type of patient safety culture survey is conducted in an ICU is important so the team can understand how to interpret and apply what is learned from it. These surveys are designed to assess patient safety culture at various levels and are usually aggregated at the unit and hospital levels. If an ICU has not seen their unit's results, they will need to request them. They should check with their chain of command to access results.

    Typically, such surveys are considered useful if done within the previous 12 months, unless there has been significant staff turnover. Also, it is generally advisable to have at least a 60 percent response rate to better ensure results are representative of the whole unit, versus just a few staff. If a unit's survey was done more than 12 months previously or had less than a 60 percent response rate, or there has been significant staff turnover since the last time it was conducted, the ICU may want to consider resurveying their unit during the time of this program. Most safety culture surveys, such as the AHRQ Hospital Survey on Patient Safety (HSOPS), take about 10 minutes to complete and can be done manually or electronically. HSOPS is a validated survey tool and is the most common one used in the United States.[12-13]

Resources:

- Video – [Creating Team Buy-In To Work Toward Zero Preventable Infections in ICUs](#) (4:24 minutes)
  - o This video explores practical ways to engage your team in regular, open, and patient-centered discussion of unit data and goals to keep your team motivated to improve patient safety.
- Audio interview with Sam Watson – [How To Create Team Buy-In and Motivation To Get to Zero Infections](#) (19:07 minutes)
  - o This interview presents clear examples of how to effectively communicate around unit data and goals to keep your team motivated to improve patient safety with ICU teams, peer champions and hospital leadership.

28. Please respond to the following statements about your ICU in general. Use input from your team to generalize feelings across the ICU staff in the last year.

Rationale: These questions provide insight into how staff perceive the levels of support they receive to improve quality in their ICU. Your CUSP team will need to review and discuss these areas and consider them when developing their action plan. Sometimes, cultural barriers need to be addressed before quality improvement efforts can move forward.[12-13]

Resources:

- Video – [Having Difficult Conversations About Preventing Infections in the ICU](#) (5:41 minutes)
  - o This video provides examples of how to engage the entire team so people feel both safe and compelled to speak up to change the culture in an ICU.
- Audio interview with Pat Posa – [How To Have Difficult Conversations With Colleagues Around Infection Prevention Practices](#) (17:56 minutes)
  - o This interview provides examples of how to engage the entire team so people feel both safe and compelled to speak up to change the culture in an ICU.

29. Do you have a quality improvement champion(s) for CLABSI within your unit? Note: a champion is an individual staff member who will support these quality improvement initiatives.

Rationale: Communicating information about patient safety is an important responsibility that should not fall to managers alone. It is often better to have a staff member in the role of a quality champion, if they have the time and influence in a unit, in order to drive a program. Having a designated CLABSI safety champion in an ICU demonstrates a commitment to safety and may make other staff members feel more comfortable about sharing information and asking questions. Champions are typically chosen because they are opinion leaders and have influence with staff. Likewise, having a physician champion to promote communication with physicians can be very effective in engaging physicians in the work. Such champions need to be good communicators and willing to participate in the efforts. The CUSP team will need to consider any training and support the champion(s) may need.[15-19]

30. Do you have a quality improvement champion(s) for CAUTI within your unit? Note: A champion is an individual staff member who will support these quality improvement initiatives.[20]

Rationale: Same as question 29.

31. Does your ICU utilize any of the communication methods listed?

Rationale: Communication is one of the key defining features of successful clinical teams. It is particularly valuable within the healthcare context, because no single medical specialty or discipline can meet all of a patient's needs, thus, necessitating that team members communicate with one another. Communication is one of the most important factors for enhancing clinical effectiveness (i.e., lack of communication creates situations where medical errors can occur). Leveraging the communication tools provided by an AHRQ tool, TeamSTEPPS®, enhances communication, as well as other fundamental team processes and states, such as team structure, leadership, situation monitoring, and mutual support. Research has demonstrated that using the communication tools and strategies provided by TeamSTEPPS® has repeatedly improved both teamwork and relevant outcomes. CUSP teams need to ask, "Does our unit have a structured communication process in which all team members are educated and participate?" [21]

Resources:

- Video – Creating Team Buy-In To Work Toward Zero Preventable Infections in ICUs (4:24 minutes)
  - o This video explores practical ways to engage your team in regular, open, and patient-centered discussion of unit data and goals to keep your team motivated to improve patient safety.
- Audio interview with Sam Watson – How To Create Team Buy-In and Motivation To Get to Zero Infections (19:07 minutes)
  - o This interview presents clear examples of how to effectively communicate around unit data and goals to keep your team motivated to improve patient safety with ICU teams, peer champions and hospital leadership

32. With whom do you share your CLABSI and/or CAUTI surveillance data?

Rationale: Sharing CLABSI and CAUTI data at all levels of the organization, and especially to frontline staff, is important as it keeps everyone aware of how they are doing in the fight against HAIs. Outcome and process data are important to share in meaningful ways for staff. It is important for your CUSP team to assess how you are currently sharing data, with whom, and if that can be improved.

Resources:

- CUSP Module – Using Data To Drive Change and Improve Patient Safety

  - o This module takes a deep dive into using data to drive toward zero infections

33. In the past 30 days, has a senior leader has conducted patient safety rounds on the unit?

Rationale: Patient safety rounds are defined as a core group of senior executives walking through the hospital on a routine (i.e., weekly) basis, during which members of the group observe work and ask questions to frontline workers about near misses, adverse events, and system issues contributing to these events. Then, there is followup to ensure verified gaps are addressed and there is staff feedback. A formalized method, Patient Safety Leadership WalkRounds™, has been shown to improve the safety culture of hospitals. Your CUSP team needs to identify whether such rounds are conducted and what impact they are having. If rounds are conducted, can they share what they have learned with the CUSP team to help develop the ICU's action plan? If rounds are not currently conducted in a structured way, the CUSP team may consider implementing this intervention.[22-24]

34. Will your team be able to meet at least once a month to discuss progress toward CLABSI and/or CAUTI goals?

Rationale: Ensuring the CUSP team is meeting regularly, at least monthly, to drive the program and oversee activities, is critical to ensuring the program continues to move forward and communicate needs, barriers, and progress successfully.[25]

35. Please list the individuals who collaborated in the completion of this form.

Rationale: To interpret the assessment results appropriately, it is important to understand how it was conducted. Having multiple people, including frontline staff, provide input into the responses for the ICU Assessment is critical. Otherwise, the assessment will be skewed to that person's or a small number of people's perspectives.

References

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