CUSP Tip Sheet:
Assembling the CUSP Team

ICU & Non-ICU

## Purpose

Teamwork and interprofessional collaboration are important to high-quality patient care. A culture of teamwork and learning from mistakes helps improve patient safety. The **Comprehensive Unit-based Safety Program (CUSP)** focuses on utilizing unit-based teams to identify system errors and empower unit teams to make the changes necessary to continually improve patient care delivery processes to reduce and prevent harm. When assembling the team, it is important to identify key stakeholders who understand their critical role in preventing infections such as methicillin-resistant *Staphylococcus aureus* (MRSA).

## Issue

Assembling and engaging the CUSP team may present challenges. Therefore, having the right individuals on the team is essential for success. The recruitment and engagement of team members and their willingness to be active participants is crucial.

## Barriers

* **Time Commitment:** Finding time away from patient care can be a challenge. Be creative with communication strategies and advocate for team members to be allowed to participate in this important work.
* **Deference to Authority (e.g., physician knows best):** Ensure input from all personnel who are directly engaged in the work. Set an expectation of respectful dialog and that all voices are important.
* **Groupthink:** Participants deferring to the opinions of the group can stifle new ideas and ways of doing things. Encouraging new ideas and differing views can help move away from groupthink.
* **Burnout:** Encouraging and sharing skills for resiliency can help to manage burnout. Celebrate successes and highlight the importance of the patient safety and infection prevention work.
* **Multiple Priorities:** This barrier perpetuates the idea that there is not enough time. Support the team by creating a strong foundation of CUSP. Identify ways to incorporate MRSA prevention activities into the daily workflow.

## Suggested Strategies

* Ensure appropriate team composition. The team should be composed of engaged frontline personnel who take ownership of their role in patient safety. At the least, the team roster should include a physician champion (intensivist or other), a senior leader, nurses, infection preventionists, environmental care personnel, frontline staff members, support staff including a nursing technician, and caregivers with different levels of experience. Staff with other roles may be included as well.
* Consider providing personnel with small incentives for joining the CUSP team or for their ongoing participation on the CUSP team.
	+ Potential incentives may include time off, a small gift card for coffee/tea, or outward recognition.
* Seek senior leader support to provide allocated time to meet as a CUSP team.
* Hold a kickoff meeting for the CUSP team during which an effort is made to:
	+ Engage the team in conversation about their observations regarding MRSA prevention, infection prevention practices, central line catheter care, and environmental cleaning. Ask them to identify where they see the gaps.
	+ Start a dialogue. Ask each member to describe their role in MRSA prevention and why this is personally important to them. Try to understand the “What’s in it for me?” answer for individual team members.
* Use briefs, debriefs, and huddles to analyze MRSA events.

## Conversation Starters

Below are a few examples of conversations starters that may be used at the CUSP team kickoff meeting:

* “Thank you for joining the CUSP team. You are so important in our ongoing efforts to prevent infections. I would like to ask each of you to describe how you view your role in preventing MRSA. How does what you do impact our prevention efforts?”
* “Thanks for being here today. Let’s hear from each of you: Have you identified any patient safety issues related to the care of the patient who recently had a MRSA infection? What did you identify? What actions did you take, or would you recommend to prevent MRSA in the future?”
* “Mrs. Jones had a MRSA infection last week. Do you think protocols were followed properly? If not, what barriers do you see in our protocols or prevention efforts?

## Resources and Tools

* [How to Integrate a CUSP Approach](https://www.ahrq.gov/hai/tools/mrsa-prevention/toolkit/integrate-cusp-approach.html)
* [”Assemble The CUSP Team” Module](https://www.ahrq.gov/hai/cusp/modules/assemble/index.html) (AHRQ Core CUSP Toolkit)
* [”Implement Teamwork and Communication” Module](https://www.ahrq.gov/hai/cusp/modules/implement/teamwork.html) (AHRQ Core CUSP Toolkit)
* Video: [Creating Team Buy-In to Work Towards Zero Preventable Infections in ICUs](https://www.youtube.com/watch?v=y8M9jqLxMJ0)
* Video: [Increasing Ownership and Engagement at Multiple Levels to Prevent Infections in ICUs](https://youtu.be/A3YKRa6Qxh8)
* [Core CUSP Roles & Responsibilities Tool](https://www.ahrq.gov/sites/default/files/wysiwyg/hai/tools/mrsa/147-cusp-roles-responsibilities-tool.docx)
* [CUSP Monthly Meeting Pre-Work](https://www.ahrq.gov/sites/default/files/wysiwyg/hai/tools/mrsa/164-cusp-meeting-pre-work.docx)
* [CUSP Monthly Meeting Agenda Template](https://www.ahrq.gov/sites/default/files/wysiwyg/hai/tools/mrsa/165-cusp-monthly-meeting-agenda.docx)

## References

1. Agency for Healthcare Research and Quality. Assembling the CUSP Team. [https://www.ahrq.gov/hai/cusp/modules/assemble/index.html.](https://www.ahrq.gov/hai/cusp/modules/assemble/index.html) Accessed July 3, 2024.
2. Agency for Healthcare Research and Quality. Implement Teamwork and Communication. [https://www.ahrq.gov/hai/cusp/modules/implement/teamwork.html.](https://www.ahrq.gov/hai/cusp/modules/implement/teamwork.html) Accessed July 3, 2024.

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