CUSP Tip Sheet:   
Engaging Physicians in MRSA Prevention

ICU & Non-ICU

## Issue1-5

Physicians play crucial roles in quality and safety, as leaders, champions, committee members, and participants in planning and executing change. Each role is vital in the success of any undertaking to improve quality and patient safety. Common challenges to their participation in these efforts include limited time to devote to such efforts, lack of formal training in quality improvement processes, and sometimes, a lack of awareness about broader patient safety initiatives occurring in the unit. Specific strategies can help support physicians committed to evidence-based care and safe patient outcomes to fully participate in methicillin-resistant *Staphylococcus aureus* (MRSA) prevention efforts.

## Suggested Strategies1-5

* When a new resident or physician joins the unit, have Comprehensive Unit-based Safety Program (CUSP) team members, perhaps the nurse manager or the clinical nurse specialist/educator, meet with them to introduce current patient safety initiatives and share MRSA prevention protocols and communication strategies.
* Advocate for physician leaders to provide protected time for physicians to engage in quality improvement and patient safety initiatives and participate in meetings, projects, and committees.
* Keep unit physicians regularly updated and informed on the importance and purpose of current initiatives and their important role in MRSA prevention.
* Periodically seek physicians’ input to identify opportunities for improvement and gather feedback on implemented changes. Adjust the project as needed.
* Recognize and reward physicians who actively support MRSA prevention. This could include earning “credit” on performance criteria or toward recredentialing, giving public recognition at meetings or in hospital newsletters, or incentives such as gift cards.
* Stay curious and seek understanding if an individual is reluctant to make changes to their practice. Listen carefully for root causes of reluctance to change. Explore their thoughts and concerns with an open mind. It may help to share individual-level data, evidence-based practices, and literature, if applicable. Disseminate data on MRSA prevention efforts (e.g., infection rates and days since last infection) periodically, such as quarterly or monthly. This can also be done at an individual level to show gaps and improvements in performance.
* Involve the unit physicians in the [**Learning From Defects**](https://www.ahrq.gov/sites/default/files/wysiwyg/hai/tools/mrsa/114-mrsa-prevention-learning-from-defects.docx) process when an infection occurs. Discuss results at staff meetings or morbidity and mortality conferences.
* Share patient stories to illustrate the impact that infection has on patients and families. Make it personal for them.
* If an unprofessional interaction occurs, identify a peer (e.g., attending to attending, resident to resident) to have an informal 3- to 5-minute “cup of coffee” conversation with the physician to support behavior change, discuss communication and/or compliance with best practices to improve patient safety.4

## Conversation Starters

To engage physicians in MRSA prevention efforts, gather all the pertinent facts (i.e., who, what, when, where, why, and how), identify an appropriate time to approach the physician, and use SBAR (Situation-Background-Assessment-Recommendation/Request) to prepare for the conversation. A sample script could include the following:

* **Situation:** Dr. Martinez, I observed Dr. Smith showing frustration toward Nurse Kara for removing Mrs. Grant’s central line. When Kara explained she removed the line according to protocol, Dr. Smith very sternly said, “It’s my job to decide when the line should be removed, not yours.”
* **Background:** As you know, we implemented this central line removal protocol in this unit in January. Overall, we’ve seen a decrease in total central-line days and a reduction in CLABSI. Unit physicians helped design the protocol and are supportive of it.
* **Assessment:** I am concerned about how Dr. Smith spoke to Nurse Kara, and that he undermined her efforts to follow a protocol we have made significant strides in implementing.
* **Recommendation/Request:** Would you please have a “cup of coffee” conversation with Dr. Smith to discuss this incident and see how we can address Dr. Smith’s concerns and obtain his support for our MRSA prevention efforts?

## Resources and Tools

* [How to Integrate a CUSP Approach](https://www.ahrq.gov/hai/tools/mrsa-prevention/toolkit/integrate-cusp-approach.html)
* [What Are The 4 Es?](https://www.ahrq.gov/hai/tools/mrsa-prevention/toolkit/what-are-4e.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: [Physician Engagement](https://www.ahrq.gov/professionals/education/curriculum-tools/cusptoolkit/videos/02e_phys_engagement/index.html)
* Video: [About CUSP: A Doctor's Perspective](http://www.ahrq.gov/professionals/education/curriculum-tools/cusptoolkit/videos/00_doctor/index.html)

## References

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5. The Joint Commission. Sentinel Event Alert. Behaviors That Undermine a Culture of Safety. June 18, 2021. <https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea-40-intimidating-disruptive-behaviors-final2.pdf>. Accessed July 5, 2024.

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