

Enrollment Form for CUSP/CLABSI Project Due June 30, 2010

Please complete and return this commitment form, along with the Team Member Commitment Form to Rosemary Blackmon, Alabama Hospital Association, 500 North East Blvd., Montgomery, AL, 36117. You may also fax (334-270-9527) or e-mail a scanned copy, rblackmon@alaha.org. If you don't have all team members selected, please forward what you have by June 30, so we can ensure your hospital is included in subsequent correspondence.

- Yes, our hospital would like to participate. We understand the expectations outlined below and will do our best to fully participate in the program.
- No, our hospital will not be participating at this time.

Hospital name: _____

CEO name: _____ CEO signature: _____

Hospital Unit Team Participation Requirements - The participating unit team will hold monthly meetings to review progress and plan implementation of improvement tools, including the Comprehensive Unit-Based Safety Program (CUSP) tools.

- Plan and implement the collaborative improvement tools.
- Review data and Team Checkup results and apply CUSP improvement tools, e.g., Learn from a Defect.
- Attend all collaborative activities including teleconferences and in-person meetings and be prepared to share lessons learned with peers.
- Participate in initial immersion calls to learn about the project (Project overview – July 8; Science of Safety – July 15; CLABSI elimination – July 22; CUSP – July 29; Team building – August 5; Physician engagement – August 12)
- Participate in one of the following data training Webinars: Aug. 16, 19, 23 and 26.
- Participate in one of the following Hospital Survey of Patient Safety Culture (HSOPSC) Webinars: Aug. 30, Aug. 31, Sept. 9 and Sept. 10.
- Participate in collaborative teleconference each month focusing on content and best-practice sharing.
- Attend two in-state face-to-face meetings in the first year of implementation, and one in-state face-to-face meeting in the second (and last) years. We will try to hold these in conjunction with the AlaHA Quality Forum.

Data Requirements – Each team is required to submit data monthly. Aggregate data will be shared among Alabama project participants and the leadership team partners for benchmarking

purposes to promote improvement. Alabama aggregate data will also be shared with the other states participating in the national initiative.

The data elements include:

1. Submit baseline and monthly CLABSI data through MHA Care Counts (Once all Alabama hospitals are submitting data through NHSN, AlaHA will take this information and submit to MHA, thus eliminating this step).
2. Submit monthly one-page Team Check-up Tool form filled out by each unit team (information about patient safety and teamwork)
3. Complete the AHRQ culture survey, Hospital Survey on Patient Safety Culture, at the program onset and approximately 18 months later, with at least a 60% response rate from participating unit(s).

Selecting a Unit – Each hospital should select at least one unit and corresponding team based on the team descriptions below. If you decide to focus on more than one unit, please have each unit complete the Team Commitment form separately. If your hospital does not have an ICU, you can select a unit such as your nursing unit or your emergency department.

Multidisciplinary Improvement Team - The team's membership should be based in the unit where they work and include the following types of members:

- Project Team Leader (Typically a Nurse) – This person will be the unit team primary contact. He/She will organize the team, articulate clear goals, make decisions through collective input of members, and actively promote and facilitate good teamwork. This person receives all communication from the collaborative leadership team and promptly disseminates information to the team members.
- Physician Champion (Unit Director or Physician who provides care in the unit) - This person will typically advocate and support the initiative. He/She will assist in process development, adding input in areas within his/her role. He/She will assist with educating and communicating with peers.
- Nurse Manager/Director/Champion (if not the Project Leader) - This person will need to educate and communicate the initiative to the unit staff. He/She will assist with resource allocation ensuring team members can participate in collaborative activities. He/She will also assist with communication and implementation of new processes.
- Data Collector & Submitter – This person will collect and assure that monthly data is submitted. He/She will also make sure that the AHRQ Hospital Survey on Patient Safety Culture is completed in the beginning of the collaborative and 18 months later. The Data Collector also maintains communication with the collaborative leadership team and conveys relevant information to their project improvement team.
- Hospital Executive Champion (Project Sponsor) - The sponsor is the executive leader who partners with the unit and is responsible and accountable to his/her organization for the performance and results of the project improvement team. He/She ensures that the project remains an organizational priority.

- Infection Prevention Practitioner/Epidemiologist – Provide Infection Control expertise to the project team and collect CLABSI rate.