



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

Making It Work Tip Sheet Assembling the CUSP Team

This “Making It Work” tip sheet provides additional information to help intensive care unit (ICU) team leaders implement effective strategies and achieve goals to reduce central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) and improve safety culture at the unit level.

Purpose

Teamwork and interprofessional collaboration are important to high-quality patient care. A culture of teamwork and learning from mistakes helps to 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 in order to reduce and prevent harm. When assembling the team, it is important to identify key stakeholders who understand their important role in preventing infections such as CLABSI and CAUTI.

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.
- **Deference to Authority (physician knows best)** – Ensure input from all staff who are directly engaged in the work. Set an expectation that all voices are important.
- **Groupthink** – Participants deferring to the opinions of the group can stifle new ways of doing things. Encouraging new ideas and differing views can help move away from groupthink.
- **Burnout** – Encouraging resiliency can help to manage burnout. Celebrate successes and highlight the importance of the 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 CLABSI and CAUTI prevention activities into the daily workflow.



Suggested Strategies

- Ensure appropriate team composition. The team should be composed of engaged frontline providers who take ownership of patient safety. At the least, the team roster should include a physician champion (intensivist or other), frontline staff members, support staff including a nursing technician, a senior leader, nurses, and caregivers with different levels of experience and an infection preventionist. Staff with other roles may be included as well.
- Consider providing staff 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 simply 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 central line and urinary catheter care. Ask them to identify where they see the gaps.
 - Start a dialogue. Ask each member to describe their role in CLABSI and CAUTI 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 CAUTI or CLABSI events.

Conversation Starters

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

“Thanks 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 CLABSI and CAUTI. 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 with a central line or urinary catheter? What did you identify, and what actions did you take or do you recommend?”

“Mrs. Jones had a CAUTI last week. In looking at her chart, it looks like she should have had her urinary catheter removed sooner. We did not follow the nurse-driven protocol for removal. Do you think if we had, we could have prevented the infection? What barriers do you see in removing the catheter?”

Case Studies, Tools, and Resources

The following materials reinforce material to improve how unit-based teams can work together to make care safer.

- [Assembling the CUSP Team module¹](#)
- [Implement Teamwork and Communication module²](#)
- [Team Roster Template](#)
- ICU Team Training Videos and Audio Interviews:

- Video – [Creating Team Buy-In to Work Toward Zero Preventable Infections in ICUs](#)
- Audio interview with Sam Watson – [How To Create Team Buy-In and Motivation To Get to Zero Infections](#)
- Video – [Increasing Ownership and Engagement at Multiple Levels To Prevent Infections in ICUs](#)
- Audio interview with Anne Donovan – [How To Increase Ownership and Engagement at Multiple Levels To Prevent Infections in ICUs](#)

References

1. Agency for Healthcare Research and Quality. Assembling the CUSP Team. <https://www.ahrq.gov/hai/cusp/modules/assemble/index.html>. Accessed November 29, 2021.
2. Agency for Healthcare Research and Quality. Implement Teamwork and Communication. <https://www.ahrq.gov/hai/cusp/modules/implement/teamwork.html>. Accessed November 29, 2021.

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