Making It Work Tip Sheet
Engaging Staff Beyond 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

Unit-based teams form the foundation for Comprehensive Unit-based Safety Program (CUSP) work as they strive to improve and achieve CLABSI and CAUTI reduction goals. However, in order to be successful, the CUSP team members and leaders must raise awareness, motivate, engage, and harness the knowledge and wisdom of all staff who work with ICU patients, even those who are not members of the CUSP team. Engaging other healthcare workers, from physicians and nurses to other ancillary staff such as lab technicians and environmental services personnel, is critical to ensure a healthy unit culture and sustained positive patient outcomes.

Issue

ICU staff who are not part of the CUSP team may be hesitant to become involved in CLABSI or CAUTI initiatives for several reasons as explained in the barriers section below. Insufficient time, lack of knowledge or understanding of quality improvement and the value of frontline engagement, staff turnover, and staff perceptions are all examples of barriers that can create hesitancy among staff and create challenges around engagement.

Barriers

- **Lack of Understanding of Quality Improvement (QI)** – Staff may not understand the role that frontline staff play in quality improvement. Familiarizing them with the aim, plans to reduce CLABSI and CAUTI rates, and their specific role in supporting program implementation and sustainability can provide staff with a clear understanding of the work at hand and thus foster their engagement.
- **Groupthink** – Participants deferring to the opinions of the group can stifle new ways of doing things. Encouraging new ideas and differing views can help staff move away from groupthink.
- **"Flavor of the Month"** – Staff outside of the CUSP team may perceive CLABSI and CAUTI initiatives as a temporary focus for the unit that is not long term. When educating staff on the aim of your CAUTI and CLABSI efforts, emphasize leadership support, alignment with unit culture, and plans for sustainability over time.

- **Multiple Priorities** – This barrier perpetuates the challenge of not having enough time. Support the team by creating a strong foundation of CUSP to assist various team efforts. This will allow work to support various priorities simultaneously. Identify ways to incorporate activities into the daily workflow.

Suggested Strategies

- When a new nurse, physician, or other healthcare provider starts in the ICU, the Unit Champion, Physician Champion, or Nurse Manager may meet with them to share CLABSI and CAUTI initiatives.
- Invite ICU staff who are not on the CUSP team to attend a CUSP meeting.
- Include CLABSI and CAUTI work in the individual healthcare provider's clinical ladder or performance evaluation.
- Encourage nurses, physicians, or residents to present relevant case studies or lessons learned at conferences and meetings.
- Identify interested staff members who may not be part of the CUSP team and assist them in submitting CUSP and/or CLABSI/CAUTI-related abstracts for oral presentations or posters at local or national meetings.
- Keep all staff informed with the CLABSI/CAUTI initiatives and explain how they can be involved.
- Reach out to all staff to obtain their feedback on how the unit is progressing towards its goals.
- Identify the "What's in it for Me" (WIIFMs). Whether it is improved workflow, professional pride, organizational reputation, or improved patient outcomes, all staff have certain values that motivate them. Identifying the WIIFMs can help CUSP leaders to engage and motivate staff.
- Identify the "low-hanging fruit" and initiate some "early wins."
- Seek understanding if an individual is reluctant to make changes to practice. Actively listen to fully understand their issues. Summarize their concerns before offering suggestions.
- Share data on infection rates and post in areas that are visible for all such as on Performance Management Boards.
- Round with the senior executive, who is part of the CUSP team, and identify additional individuals who are not part of the CUSP team to share their ideas and observations with senior leaders.
- Encourage staff to share their patient stories and what impact a healthcare-associated CLABSI or CAUTI infection had on them, their patient, or the patient's family.
- Be transparent, readily give feedback, and discuss the feasibility of suggestions and ideas.

Conversation Starters

Active listening to engage other team members is a skill. One method to create a dialogue with staff members is to use the SBAR technique: Situation, Background, Assessment, and Recommendations.

Situation: Sara (ICU Nurse), I understand that you are not comfortable with using the female external catheter in an ICU setting. In reviewing the data, I see that none of your eligible patients had an external catheter.

Background: Before we started this initiative, our indwelling urinary catheter utilization was statistically higher than the national data. We also identified a number of CAUTIs that were potentially preventable. Our CUSP team suggested that we establish criteria and situations in which the female external catheter might be used in an ICU setting. In the last 10 months, we have seen both CAUTIs and device utilization drop significantly.

Assessment: Our evaluation indicates that the external catheter is not the right choice for every patient, but in select patient groups, it has proved to be a valuable alternative to the urinary catheter. I recall that you expressed that ICU patients are different and need their urinary catheters to ensure accurate intake and outputs as well as to keep the patients as comfortable as possible.

Recommendation: I would like you to come with me to see Mrs. Smith, a patient who has just moved out to our step-down unit. She has had CAUTIs in the past, is immobile, and really appreciated the fact that she had an external catheter and did not need an indwelling urinary catheter this admission. In addition, I would like to invite you to our next CUSP meeting on Thursday at noon. I will arrange relief so you can attend. The team is going to present their recent findings. I'd love to share these positive patient outcomes with you so that you can hear their excitement and enthusiasm with the progress we have made. I am hoping that you can help us with some new initiatives in the future.

Case Studies, Tools and Resources

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

- AHRQ 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](#)
- AHRQ Toolkit for Reducing CAUTI in Hospitals: [A Module for Sustaining and Spreading Safety Interventions Guide](#)
- AHRQ CUSP Toolkit: [Implement Teamwork and Communication Module](#)
- [Institute for Healthcare Improvement's SBAR Tool: Situation-Background-Assessment Recommendation](#)

References

1. Agency for Healthcare Research and Quality. AHRQ Safety Program for Intensive Care Units: Preventing CLABSI and CAUTI. https://www.ahrq.gov/hai/tools/preventing/index.html. Accessed October 25, 2021.

2. Agency for Healthcare Research and Quality. A Model for Sustaining and Spreading Safety Interventions. https://www.ahrq.gov/hai/cauti-tools/guides/sustainability-guide.html. Accessed October 25, 2021.

3. Agency for Healthcare Research and Quality. Implement Teamwork and Communication. https://www.ahrq.gov/hai/cusp/modules/implement/teamwork-notes.html. Accessed October 25, 2021.