

10 Southeast Comprehensive Unit Based Safety Program (CUSP) Staff Champions



Lead to Improved Patient Safety and Quality Outcomes

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BACKGROUND:

- Comprehensive Unit Based Safety Programs, better known as CUSP, were created through collaboration with the Agency for Healthcare Research and Quality as well as state and national level innovators in patient safety.
- The Agency for Healthcare Research and Quality defines CUSP as a method that can help clinical teams make care safer by combining improved teamwork, clinical best practices, and the science of safety. The Core CUSP toolkit gives clinical teams the training resources and tools to apply the CUSP method and build their capacity to address safety issues.
- Each nursing unit at WVU Medicine has established a CUSP team that meets monthly to review quality data, patient and staff safety events, and opportunities for improvement.

CUSP CHAMPIONS :

- Champions are dedicated and high performing employees (RN and CAs) who volunteered or were selected by unit leadership
- Each member of the CUSP champion team mainly focuses on one quality indicator or patient safety topic
- Monthly audits on Pressure Injury Prevention, Patient falls, and CLABSI/BSI data
- Opportunity for Improvement (OFI) forms are completed for CAUTIs, CLABIs, Contaminated Blood Cultures, and HAPIs when they occur by the champions
 - Staff complete a formal chart audit on all OFI
- Champion meetings completed monthly to brainstorm ideas for patient, staff, and visitor safety and process improvement
- Champions create presentations for monthly unit meetings
- Champions lead monthly CUSP meetings

LESSONS LEARNT:

- Empowered and engaged staff improves patient safety and quality outcomes

REFERENCES

<https://www.ahrq.gov/hai/cusp/index.html>

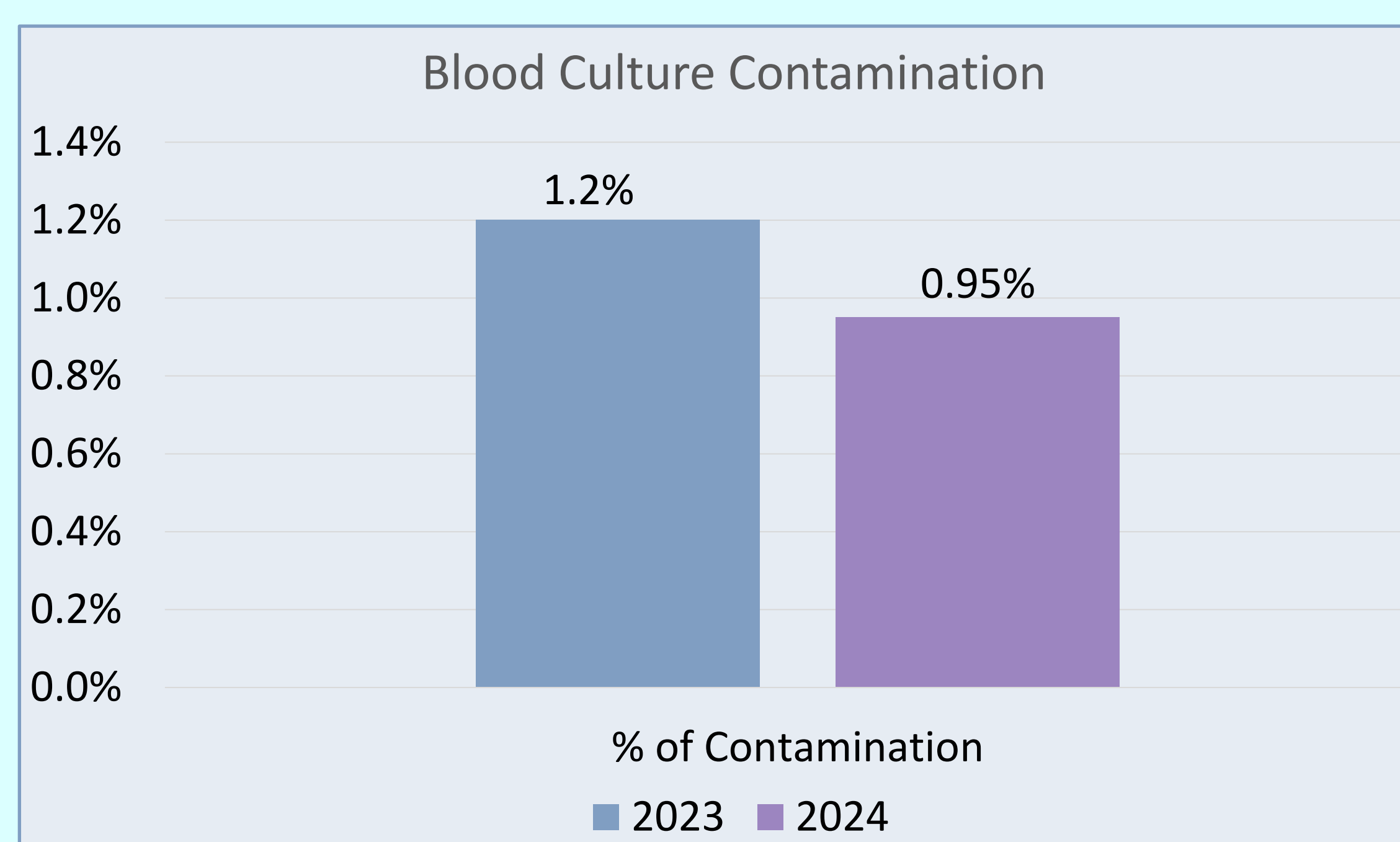
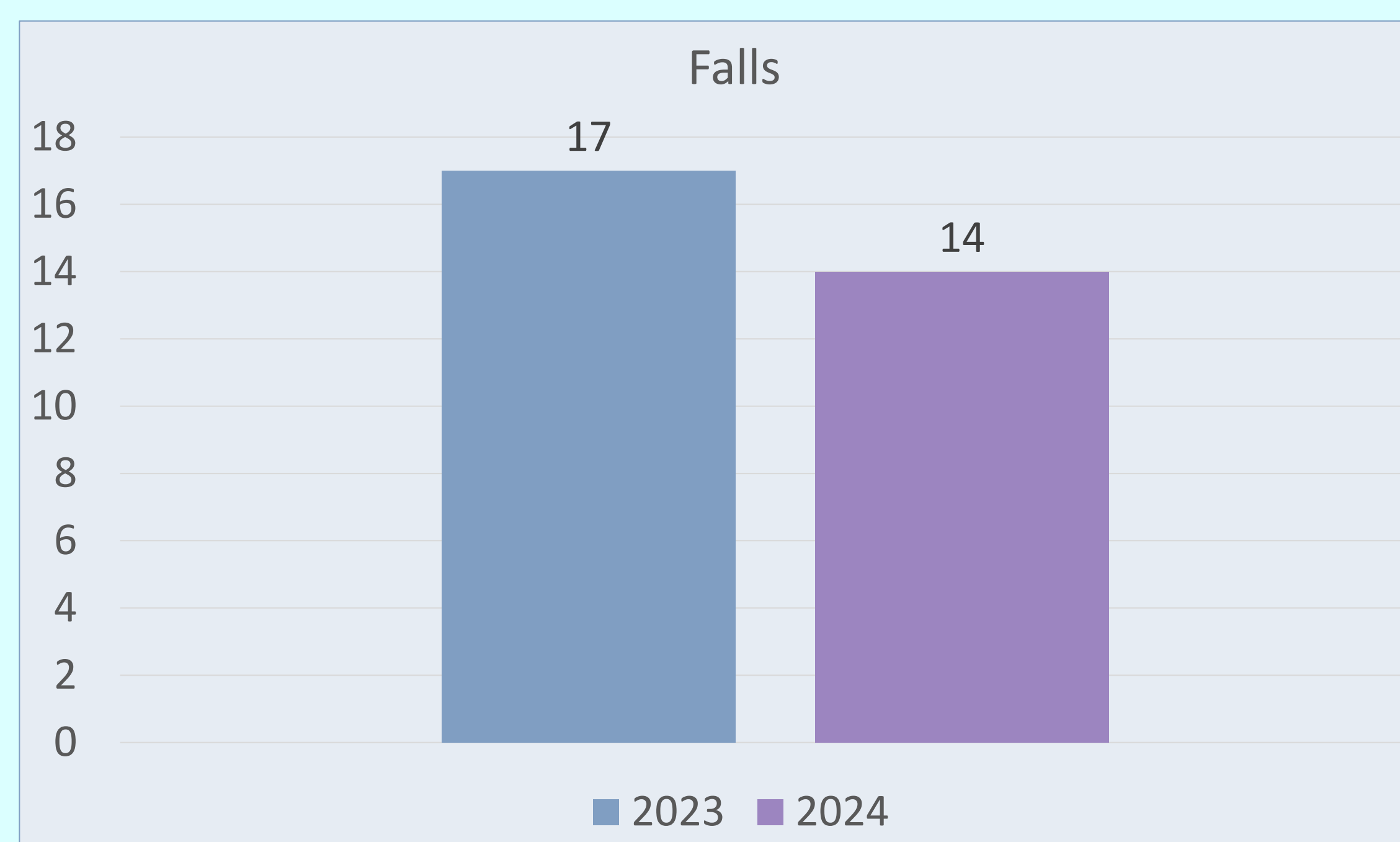
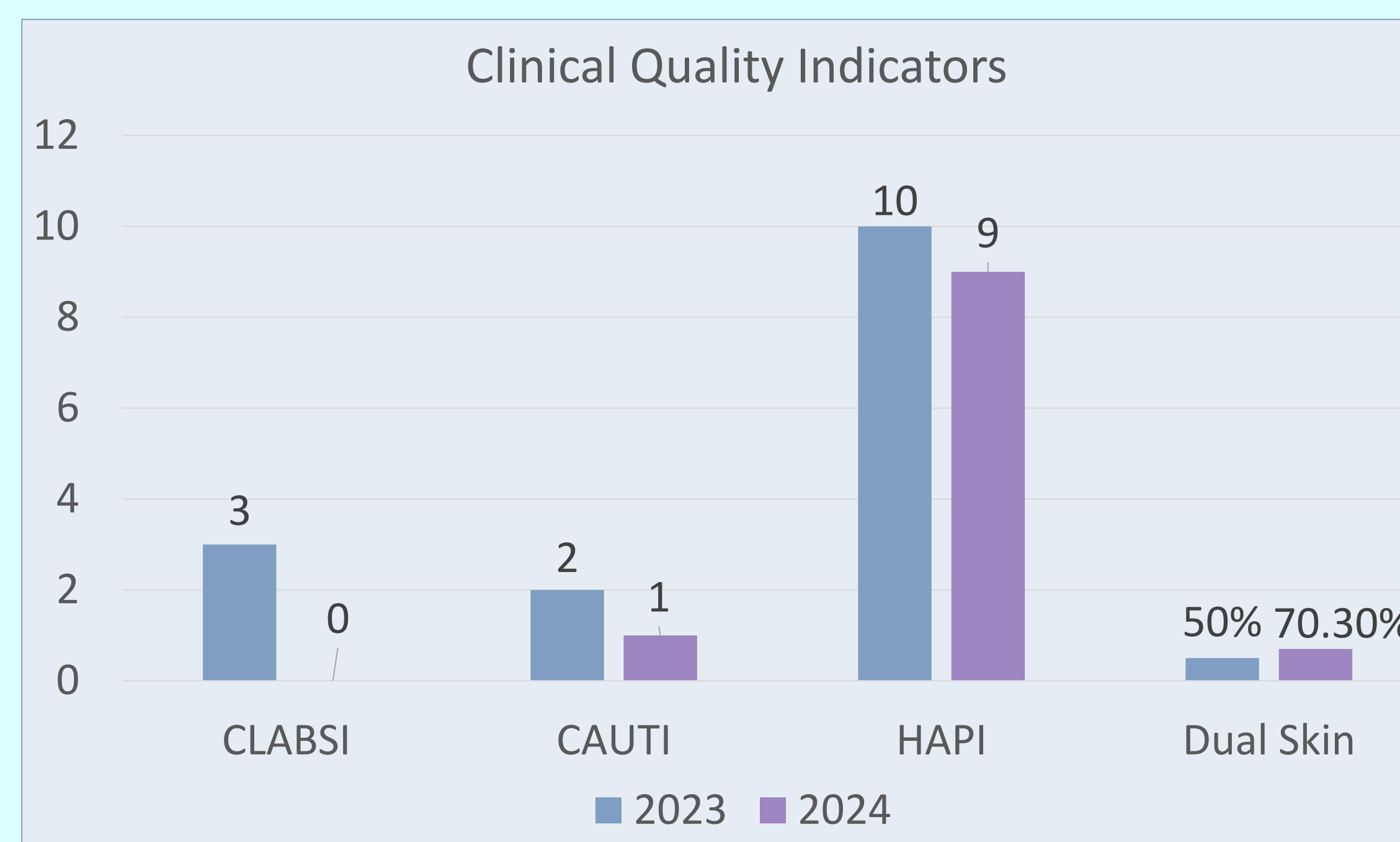
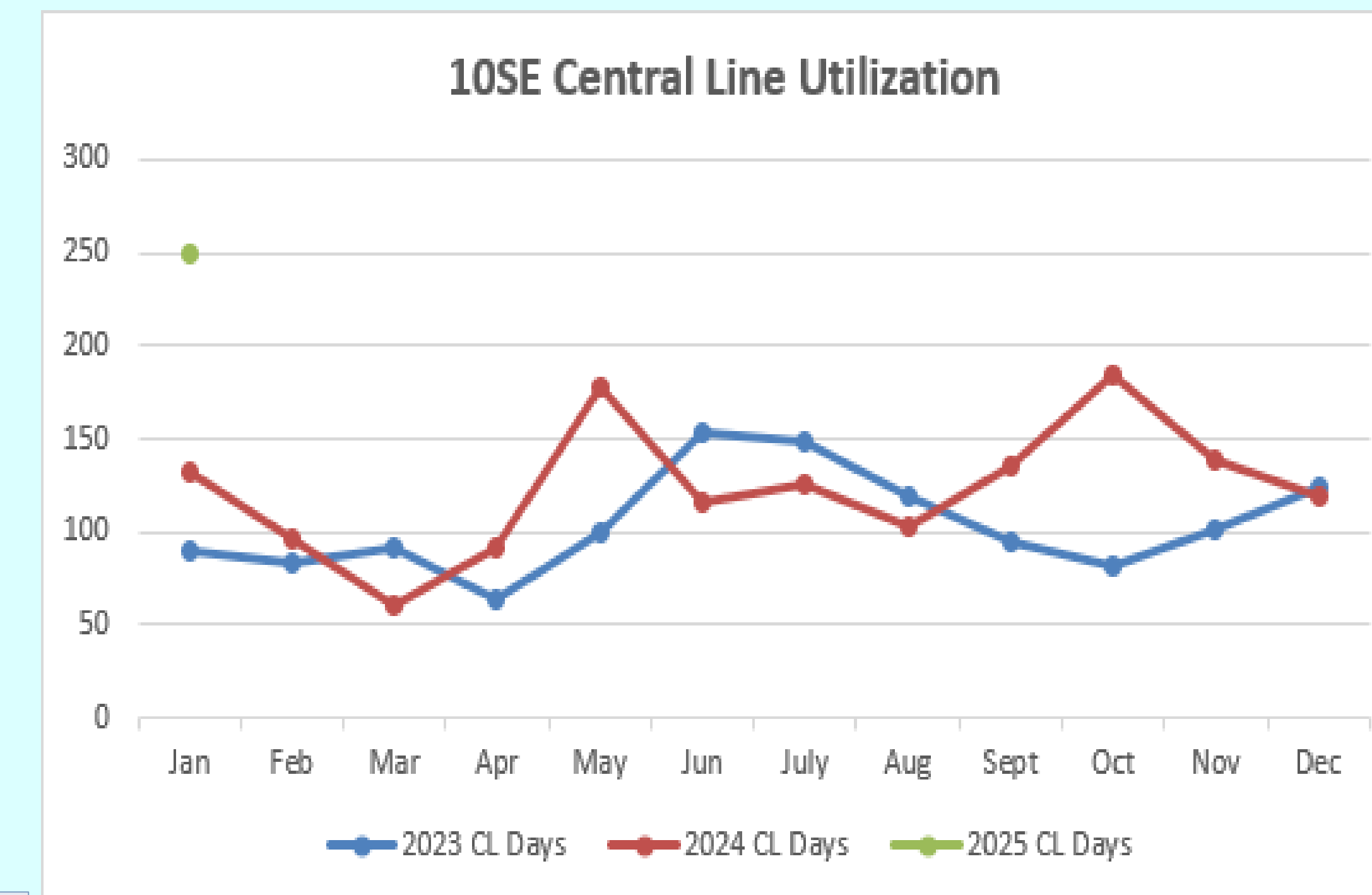
IMPROVEMENT ACTION PLAN WITH ACTIONS

TAKEN

- Hospital Acquired Pressure Injuries (HAPIs)**
 - Monthly Auditing by the Skin Integrity Champions
 - Monthly audits reviewed at CUSP meetings
 - Strengths and Opportunities for improvement emailed to RNs and Clinical Associates (CAs)
 - Implemented Dual Skin Assessments
 - All admissions, transfers, and patients at testing or procedures \geq two hours
 - Weekly data reviewed at unit safety huddles
- Patient Falls**
 - Fall Debriefing form completed by involved staff with a patient safety report submitted
 - Quarterly fall data analyzed in the following categories and assessed for trends
 - Age, gender, diagnosis, location in unit, cause, fall risk score, level of consciousness, constant observer, video monitoring, procedure, patient injury, witnessed vs unwitnessed, new medications, patient mobility, bed closures, charge nurse in vs out of staffing, number of clinical associates, and time of fall
- Contaminated Blood Cultures**
 - Assessed contamination rate, literature review completed, and evidence-based practices reviewed
 - May 2021 an initial core RN group identified, and training provided by; computer-based modules utilized with hands on teaching, teach back, and buddy system initiated.
 - April 2024 all unit RNs trained in blood culture collects
- Central Line Associated Blood Stream Infection (CLABSI) and Catheter Associated Urinary Tract Infections (CAUTI)**
 - Champion completes monthly unit audits
 - Champion attends hospital-wide CLABSI/CAUTI meeting to review data
 - Champion reviews data, strengths and weaknesses at monthly CUSP meetings
 - Unit Manager, Supervisor, and Clinical Preceptor round daily to ensure compliance of dressing changes and daily CHG treatments
 - Infection control nurse rounds weekly to complete audits
 - Infection control nurse attends all CUSP meetings

RESULTS:

- 2024 results compared to the 2023 results showed that there was:
 - 10% decrease in HAPIs,
 - 100% decrease in CLABSIs
 - 50% decrease in CAUTIs
 - 20.3% increase in Dual skin assessment compliance
 - 22.2% decrease in patient falls
 - 29% decrease in unit collected blood culture contamination



SCALE UP PLAN:

- Each inpatient unit has a CUSP team
- Quality Project manager holds classes for CUSP champions
- Leadership from other inpatient units have requested to attend 10SE CUSP meeting to observe practices
- Each 10SE employee has CUSP meeting attendance requirements

SUSTAINABILITY PLAN:

- Continue action plans
- Continue to empower staff to be accountable and engaged
- Adjust action plan as needed for data improvement
- New Champions attend classes and receive mentorship from experienced champions

SMARTER OBJECTIVE:

- Increase staff engagement in the improvement of clinical quality indicators and patient outcomes
- Decrease HAPIs, Falls, CLABSIs, CAUTIs, and blood culture contamination rates annually per hospital performance improvement plan
- Data reviewed with staff weekly to show progress
- Champions meet monthly to determine what is and what is not working and how to improve
- Adjust strategies based on staff feedback to achieve goals and continue to monitor data