

On the CUSP: Stop BSI Data Requirements

Kansas Cohort 5 Kick-off Meeting
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Overview Goals

- What data is required for this project
- How/where data is submitted
- Resources for data entry



Importance of “Good” Data

- We must ensure that the data we collect are accurate, complete and in the required format.
- The data we collect and enter are the ultimate proof of our success
- De-identified, aggregated data will be shared broadly (i.e., they will influence care and policy).



Roles of Data

- **Baseline Data** – Tells us where we are at the start.
- **On-going Data Collection** – Tells us whether and how we are changing our daily activities to improve outcomes.
- **Overall Outcome Data**– Tells us what impact the project initiatives have on the 2 goals of implementing CUSP and reducing CLABSIs.



Confidentiality

- All information is confidential
- Blinded comparisons will be available:
 - within your state
 - with other states in the national project



What is Care Counts?

- Care Counts is the MHA Project Database available on-line
- Usernames and Passwords will be provided to each participating hospital/unit
- MHA has tools to help you:
 - enter monthly CLABSI and MTCT data
 - generate monthly reports on CLABSI rates, team activities/barriers, and data submission



CUSP & CLABSI Interventions

Project Goals: Two objectives

OBJECTIVE #1

Create a Culture of Safety: CUSP

STEPS:

1. Educate on the science of safety
2. Identify defects
3. Assign executive to adopt unit
4. Learn from Defects
5. Implement teamwork & communication tools

OBJECTIVE #2

Reduce CLABSI

STEPS:

1. Educate Staff
2. Create a Central Line Cart
3. Implement a Central Line Checklist
4. Empower Staff to stop procedure
5. Remove Unnecessary Lines

*ON THE CUSP:
STOP HAI*

Adaptive and Technical Measures of Team Progress CUSP & CLABSI Interventions

Create a Culture of Safety: CUSP Adaptive

- Hospital Survey on Patient Safety (HSOPS)
---completed twice
(baseline and at 15 months)
- Monthly team checkup tool (MTCT)
---completed monthly
---evaluates team activities and barriers to progress

Reduce Central Line Associated Bloodstream Infections (CLABSI) Technical

- CLABSI Rate Submission
--- submitted at baseline

--- submitted monthly

--- measures continued progress toward CLABSI elimination



Technical Measures: for CLABSI

- **Baseline CLABSI Rate**
 - July 2009-June 2010
 - #CLABSI/# Central Line Days by month
 - Use NHSN definitions
- **Prospective CLABSI Rate**
 - Beginning August 2010
 - #CLABSI/# Central Line Days by month
 - Due by 15th of the following month (exceptions can be made for those who need more time)



Sources of CLABSI data

- Often these data are available from the infectious disease control practitioners in your hospital.
- Team leader needs to obtain the data from infection control for the baseline period, and monthly thereafter.
- Need to establish a pathway and process for resolving problems, questions with data.



Where to find the Unit ID

Infection Control - CLABSI

[Return](#)

Find:

Host

DS Sponsor

Hosp 1

ICU 1

[Host](#) > [DS Sponsor](#) > [Hosp 1](#) > [ICU 1 3340](#)



3340 is the Unit ID for this unit. This will be used for the Technology and Exposure Assessment

2010

Data Collection Status

January	Incomplete	Edit Data
February	Incomplete	Edit Data
March	Incomplete	Edit Data

CLABSI Data Entry Screen

Welcome Chris GeorgeHOST | [Logout](#)

Infection Control CLABSI [Help](#)

Beaumont Hospital Royal Oak > SICU 5ET

February 2010

[Return](#)

Data Validation Checks

- Must enter last month
- Verify if denominator is same as last month
- Verify if numerator is >2SD from last 3-12 months

Data Not Collected for this period.

How many central line-associated blood stream infections (NHSN definition) were ascribed to this unit during

What do you use as the denominator for blood stream infection rates ?

NHSN Defined

*This value is determined by the Team Leader. Please see the Team Leader if this value is incorrect.

Total number of central line days (NHSN definition)

www.mhacarecounts.org

Data entry method

ManualEnterd

Save

Cancel

Adaptive Measures: for CUSP

Culture of Safety Survey

(AHRQ Hospital Survey on Patient Safety)

- Complete baseline (January 2011) and 15 months after baseline (April 2012)
- Care Counts electronic survey or we can use your results if in specified format (contact MHA for more information)
- Multidisciplinary
- Response Rate >60% for representative data



Monthly Team Check-up Tool

A Critical Tool to Gauge Progress

Measures BOTH Adaptive and Technical Change

- Helps to monitor progress of CUSP steps and CLABSI reduction steps
- Identifies specific behaviors of team leaders that drive performance
- Helps identify barriers in teamwork and communication to guide corrective action



Monthly Team Check-up Tool

Process:

- Completed by the team leader monthly
 - requires 10-15 minutes/per month
 - begin data entry for December 2010
- Answers to MTCT questions are based on previous month's experience
- Use a separate MTCT for each unit participating in the hospital



Additional Data: Technology and Exposure Survey

- Technology and Exposure Survey
 - Asks about your current practices, related activities/projects, infrastructure, demographics
 - Completed once at beginning of project by the team leader
 - [https://www.surveymonkey.com/s/Technology Exposure Survey](https://www.surveymonkey.com/s/TechnologyExposureSurvey)

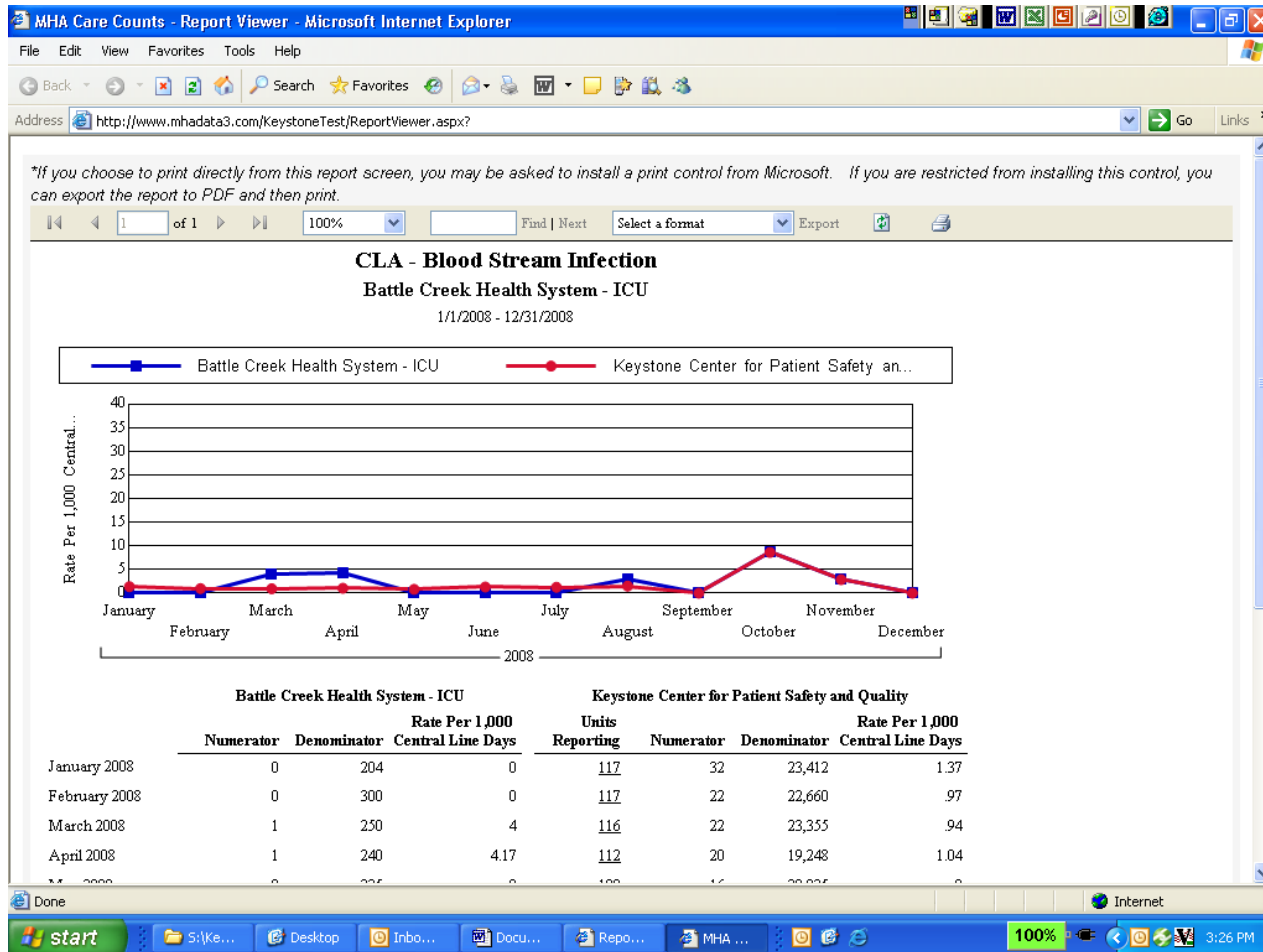
Summary: Project Data Collection

Measure / Form	Frequency of Completion	How to submit	Reports generated
Exposure & technology assessment	Once per unit	Survey Monkey www.surveymonkey.com/s/Technology Exposure Survey	Descriptive
Culture of Safety Survey (AHRQ Hospital Survey on Patient Safety)	Baseline and 15months (goal is >60% response rate)	HSOPS administered via MHA Care Counts**	Unit reports and comparative reports from MHA
CLABSI rate <i>Numerator = # of cases</i> <i>Denominator = # of C.L. Days</i>	* Monthly	www.mhacarecounts.org	Comparative Reports from MHA Care Counts
Team Check-Up Form	* Monthly (once per month)	www.mhacarecounts.org	Team Activities

*Due by the 15th of the Month following data collection. (Ex: January is due by February 15)

** Website managed by Michigan Health & Hospital Association's (MHA) Keystone Center for Patient Safety & Quality

Sample: CLABSI Rate Report



What are Next Steps

- ***Care Counts Registration*** if not done
- ***HSOPS:***
 - Identify HSOPS Survey Coordinator
 - Listen to training for HSOPS and data entry
- ***Technology and Exposure Survey***
 - Complete and submit
- ***Baseline CLABSI data*** gathered/submitted



What are Next Steps

ESTABLISH YOUR UNIT'S DATA SUBMISSION PLAN:

- ***CLABSI data submission***

- Who will gather your # of CLABSI's and central line days?

- Who will enter data into Care Counts?

- ***Monthly TCT submission***

- What is your process to complete the tool?

- Who will enter the data into Care Counts ?



Important Dates

- **CLABSI/Monthly Team Checkup Tool Data Entry Training:**

11/1/10-11/12/10: One hour webinar

At least 1 person from each unit must attend

- **HSOPS Culture Survey Training:**

11/29/10-12/10/10: One hour webinar

At least 1 person from each unit must attend



Important Dates

- **Administer the HSOPS Culture of Safety Survey** on your unit between the following dates:

1/4/2011-1/28/2011

- Need at least a 60% response rate from your unit members for validity



Ongoing Resources for Data

- MHA Resources for data questions:
 - Nicole Smith (nsmith@mha.org)
(for Care Counts issues)
- National Project Website:
 - www.onthecuspstophai.org
 - click on “stop bsi”, then “manuals and toolkits” tabs for assistance with data issues

