AHRQ Safety Program for HAI Prevention: CLABSI

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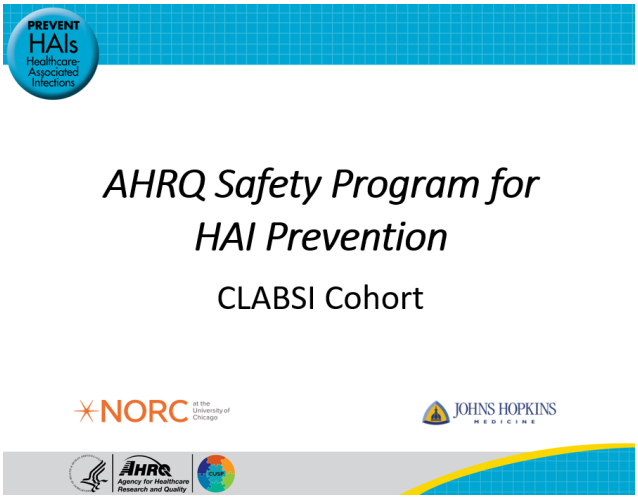
AHRQ Safety Program for HAI Prevention SAY: Hello. Welcome to this brief presentation on the upcoming AHRQ Safety Program for HAI (healthcare-associated infection) Prevention. This program is funded and guided by the Agency for Healthcare Research and Quality (AHRQ) and led by NORC at the University of Chicago and Johns Hopkins University. Intensive care units (ICUs) and non-ICUs interested in preventing central line-associated bloodstream infections, or CLABSI, are eligible and encouraged to participate in the program. CLABSI is a serious threat to patient safety, and many hospitals across the country have elevated CLABSI rates. This program is designed to provide technical assistance and support for CLABSI prevention, and we hope that you will consider joining the project to reduce CLABSI and protect patients.	**Slide 1** 
Presenter SAY: My name is Lisa Maragakis. I am an infectious disease physician and a professor of medicine and epidemiology at the Johns Hopkins University School of Medicine. I serve as the senior director of healthcare epidemiology and infection prevention for the Johns Hopkins Health System. I am one of the leaders, along with my colleagues at Johns Hopkins University and NORC at the University of Chicago, of this HAI Prevention project. We will provide a brief overview of the program today and welcome your questions. The Program's email address is safetyprogram4hai-prevention@norc.org.	**Slide 2** 

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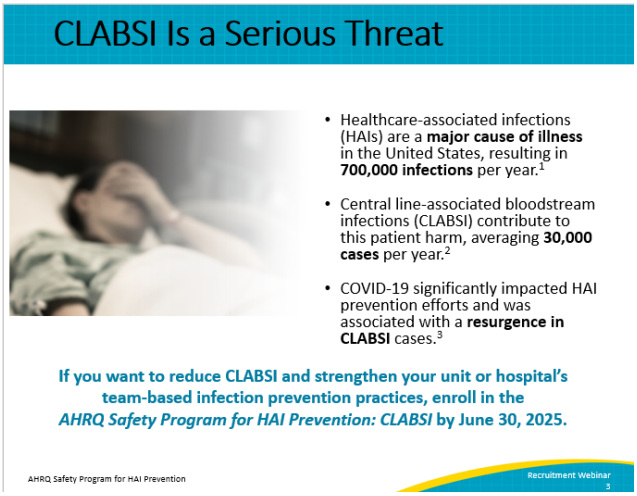
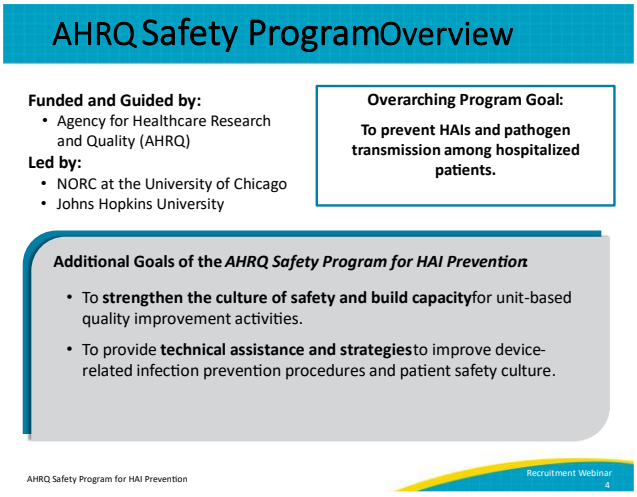
CLABSI Is a Serious Threat SAY: HAIs are a major cause of illness in the United States with approximately 700,000 infections per year. CLABSI contributes to this patient harm, averaging 30,000 cases per year. The COVID-19 pandemic significantly impacted HAI prevention efforts and was associated with a resurgence of CLABSI cases. Preventing CLABSI among hospitalized patients is a particularly important patient safety goal. We are seeking ICUs and non-ICUs motivated to prevent CLABSI to enroll in the AHRQ Safety Program for HAI Prevention. This is an opportunity to reduce CLABSI in your units and to strengthen team-based infection prevention practices while fostering a culture of safety. We urge you to consider enrolling in the program. The enrollment deadline is June 30, 2025, and implementation of the program begins in July 2025.	**Slide 3** 
AHRQ Safety Program Overview SAY: The overarching goal of this collaboration is to prevent **healthcare-associated infections and pathogen transmission among hospitalized patients**. Two additional goals of the program are to **strengthen the culture of safety and build capacity** for unit-based quality improvement activities; and to provide **technical assistance and strategies** for the implementation of evidence-based infection prevention practices that prevent CLABSI.	**Slide 4** 

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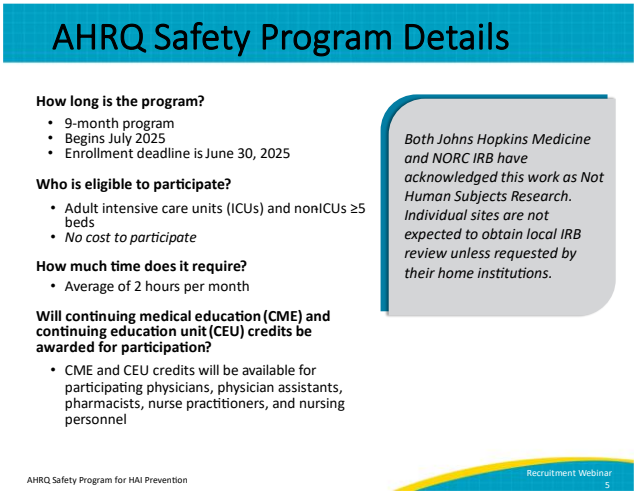
AHRQ Safety Program Details SAY: ICUs and non-ICUs that care for adult medical and surgical patients are eligible to participate in this *free*, 9-month program. We recommend this program for units who regularly use central lines or are interested in lowering their CLABSI rates. Participation will require an average of 2 hours per month for program activities. Continuing medical education (CME) activities and continuing education unit (CEU) credits will be available.	**Slide 5** 

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Benefits of Participating SAY: There are many benefits to participating in the program. Participants will have access to experts in infection prevention and patient safety culture. These experts will coach the units and help them troubleshoot issues as they set up and maintain a CLABSI prevention program on the participating unit. We will also provide support for building capacity and infrastructure for data collection, reporting, analysis, and feedback. This will help you gain a detailed picture of your CLABSI prevention performance and the effectiveness of implementation practices. You will also have access to Implementation Advisers and the opportunity to participate in monthly coaching calls and peer-to-peer learning with other participating hospitals to assist cross-learning from shared experiences. Interactive webinars will be held once per month, covering both adaptive and technical approaches to various aspects of CLABSI prevention. These webinars will be 30 minutes long, with time for presentation of educational information, as well as for questions and answers. They will be recorded and available on the program website for 24/7 access following each webinar series. The webinar reference materials, slides, and facilitator guides will also be available on the website for access. In addition to the webinars, you will also have access to a variety of tools on the program website to assist with developing and sustaining protocols and quality improvement for participating units. These tools include but are not limited to posters, one-page summary sheets, videos, and educational materials for patients and families. The program will also share benchmarking reports with participating units so units can compare their infection prevention data to similar participating units.	**Slide 6** Benefits of Participating • Expert coaching in CLABSI prevention and safety culture • Support for data collection, reporting, analysis, and feedback • Access to Implementation Advisers • Monthly educational webinars • Peer-to-peer learning with other participating facilities • Optional monthly coaching calls • Benchmarking reports • Earn free CEU/CME credits  AHRQ Safety Program for HAI Prevention Recruitment Webinar 6

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Anticipated Outcomes of Participation SAY: The anticipated outcomes of participation include— • Reduced CLABSI rates • Improved team-based infection prevention practices • Enhanced communication and teamwork regarding CLABSI prevention • Improved patient safety culture	**Slide 7** 

AHRQ Safety Program Structure

SAY:

The AHRQ Safety Program addresses two major domains of HAI CLABSI prevention strategies: adaptive or behavioral interventions and technical interventions.

Adaptive interventions focus on enhancing a culture of safety, guiding and supporting behavioral changes that prevent infections, fostering teamwork, and improving communication. Adaptive interventions are those that affect how we interact with each other to optimize those interactions and maximize patient safety. The core adaptive intervention framework that the Program will use is the Comprehensive Unified Safety Program or CUSP. Historically, the "U" in CUSP stood for "Unit-based." Recognizing that some CUSP teams are not based on a unit, we now use the term "Unified;" however, you may see the term "Unit-based" on various materials as we transition to using "Unified." The CUSP team will be the backbone of improvement efforts for the participating units. Members of each multidisciplinary team will lead HAI CLABSI prevention efforts on their unit and disperse the educational components of the program to others, including the frontline staff. Members of the team will also serve as master trainers for their unit's personnel.

The AHRQ Safety Program for HAI Prevention will help units establish and facilitate a unit-based multidisciplinary team, if they do not already have one, and will support units with the knowledge, strategies, and skills necessary to implement change and overcome barriers. The team will then harness this energy and knowledge to prevent HAI CLABSI infections using a set of technical interventions.

The technical interventions for HAI CLABSI prevention focus on evidence-based best practices to interrupt the chain of HAI transmission infection.

To break the chain of infection and meaningfully reduce CLABSI transmission and disease, technical interventions must use both horizontal approaches that prevent a wide array of organisms and infections and vertical infection prevention approaches that are specific to CLABSI.

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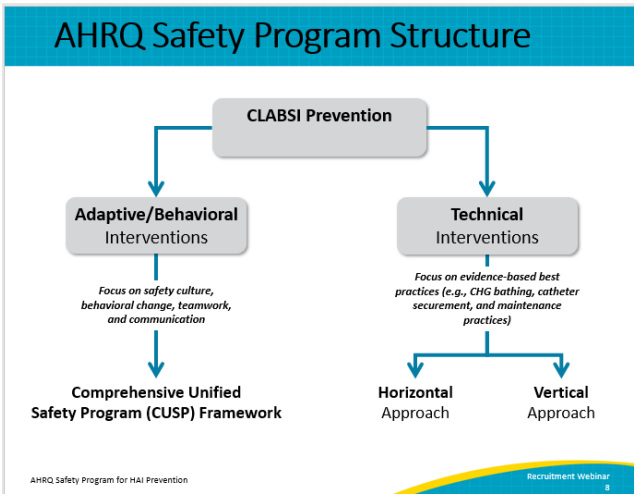

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Horizontal approaches prevent the transmission of all organisms and types of HAIs. Vertical approaches are tailored, based upon evidence, to target a specific pathogen or type of infection. The AHRQ Safety Program for HAI Prevention will provide tools to assist participating units to implement evidence-based HAI and CLABSI prevention practices. These practices will position participating units to take aim and target CLABSI and transmission.	
AHRQ Safety Program Participation Timeline SAY: The program will ask participating units to sign a letter of commitment prior to participation. Between July and August 2025, participating units will assemble a multidisciplinary CLABSI prevention team and ensure all team members have access to the program website. This team will include a team leader, such as a clinician or nursing unit leader, and another clinical staff member, such as an infection preventionist, to oversee the work in addition to the other frontline, multidisciplinary team members. Team members will also attend an onboarding webinar. Participating units will submit clinical outcomes data from the previous 12 months prior to the beginning of the program (July 2024–June 2025) and complete a baseline Gap Analysis survey and Hospital Survey on Patient Safety Culture, or HSOPS. From August 2025 to March 2026, participating units will attend monthly educational webinars and coaching calls, meet regularly with Implementation Advisers, meet and work with the unit team to implement and strengthen CLABSI prevention practices, and submit monthly Device Rounds and quarterly clinical outcomes data. At the conclusion of the program, participating units will submit their final quarterly clinical outcomes data, complete an endline Gap Analysis and HSOPS and participate in an optional semistructured interview.	**Slide 9** 

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Data Collection From Participating Units SAY: The program will ask participating units to submit data on a regular basis. At the beginning and end of the program, units will complete the HSOPS and Gap Analysis to assess the safety culture and status of prevention strategies, respectively. Participating units will assess evidence-based practices in CLABSI prevention by submitting monthly device round assessments. Once during pre-implementation and quarterly during implementation, participating units will submit clinical outcomes data—patient days, CLABSI device-associated infections, and device days—to assess changes in HAI rates. Hospitals will have the opportunity to confer NHSN data rights to the program to reduce data submission burden. The program team will offer flexibility around data collection dates and will work with you to assess what is feasible.	**Slide 10** Data Collection From Participating Units | Data Collection	Data Source	Purpose	Frequency | |---|---|---|---| | Clinical Outcomes | National Healthcare Safety Network (NHSN)/Electronic Health Record (EHR)* | Assess changes in units' HAI rates, including: • Patient days • Device-associated infections: CLABSI • Device days | Once (pre-implementation) /Quarterly (during implementation) | | Assessments | Gap Analysis | Assess units' infrastructure and capacity to implement HAI interventions and current status of implementation of prevention strategies Assess units' self-reported improvement in HAI prevention processes and HAI rates | Baseline, Endline Endline | | | Device Rounds | Assess whether units are following evidence-based best practices in HAI prevention | Monthly | | Surveys | Hospital Survey on Patient Safety Culture (HSOPS) | Assess perceptions of different cultural domains related to safety (e.g., teamwork, handoffs, response to error) | Baseline, Endline | | Interviews | Semi-structured interviews | Examine participants' experiences during *AHRQ Safety Program for HAI Prevention: CLABSI* | Endline | *Your hospital will have the opportunity to confer NHSN data rights to the *AHRQ Safety Program for HAI Prevention* for these data points. (Alternatively, hospitals can choose to collect these data from their EHR.) AHRQ Safety Program for HAI Prevention Recruitment Webinar 10

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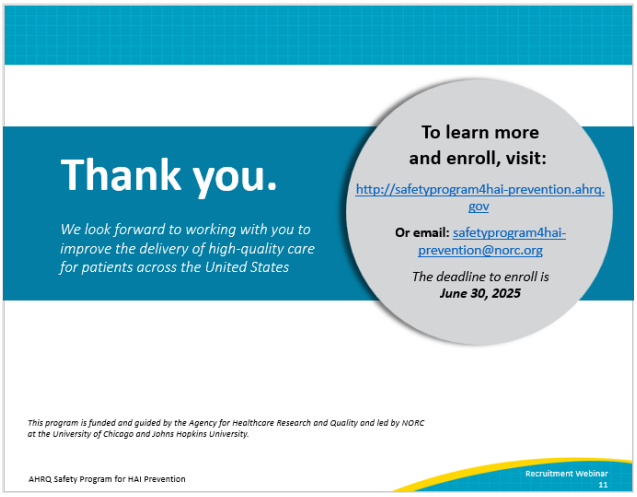
Thank you SAY: Thank you for your time today and for attending this webinar on the AHRQ Safety Program for HAI Prevention. As you know, HAIs are a serious threat to patient safety, causing thousands of infections and deaths each year in the United States. The AHRQ Safety Program for HAI Prevention can help you and your units redouble your efforts to combat HAI and CLABSI. We understand that committing to such a program may be a difficult choice. However, CLABSI cases rose during the COVID pandemic nationwide and represent significant patient harm. If you choose to join our program, we will ensure you have access to tools that will assist and support you and your teams in your CLABSI prevention implementation efforts. We hope that this presentation has convinced you of the value of this program and the importance of CLABSI prevention for patient safety. Please seriously consider joining. We look forward to working with you on improving the delivery of high-quality care for patients across the United States. To learn more and enroll, visit: https://safetyprogram4hai-prevention.ahrq.gov or email the program at safetyprogram4hai-prevention@norc.org. The deadline to enroll is June 30, 2025. Thank you. I will be happy to answer any questions you have at this time.	**Slide 11** 

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References	**Slide 12**

References

1. Magill SS, O'Leary E, Janelle SJ, et al. Changes in prevalence of health care-associated infections in U.S. hospitals. *N Engl J Med.* 2018;379(18):1732-44. doi:10.1056/NEJMoa1801550.
2. Centers for Disease Control and Prevention. *Current HAI Progress Report, 2021 National and State Healthcare-Associated Infections Progress Report, Data Table* .
3. Lastinger LM, Alvarez CR, Kofman A, et al. Continued increases in the incidence of healthcare-associated infection (HAI) during the second year of the coronavirus disease 2019 (COVID-19) pandemic. *Infect Control Hosp Epidemiol*. 2023;44(6):997-1001. doi:10.1017/ice.2022.116.