

**PREVENT**  
**HAI**  
Healthcare-  
Associated  
Infections

# *AHRQ Safety Program for HAI Prevention*

## CLABSI Cohort



# Presenter

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# CLABSI Is a Serious Threat



- Healthcare-associated infections (HAIs) are a **major cause of illness** in the United States, resulting in **700,000 infections** per year.<sup>1</sup>
- Centralline-associated bloodstream infections (CLABSI) contribute to this patient harm, averaging **30,000 cases** per year.<sup>2</sup>
- COVID-19 significantly impacted HAI prevention efforts and was associated with a **resurgence in CLABSI** cases.<sup>3</sup>

**If you want to reduce CLABSI and strengthen your unit or hospital's team-based infection prevention practices, enroll in the *AHRQ Safety Program for HAI Prevention: CLABSI* by June 30, 2025.**

# AHRQ Safety Program Overview

## Funded and Guided by:

- Agency for Healthcare Research and Quality (AHRQ)

## Led by:

- NORC at the University of Chicago
- Johns Hopkins University

**Overarching Program Goal:**  
**To prevent HAIs and pathogen transmission among hospitalized patients.**

## **Additional Goals of the *AHRQ Safety Program for HAI Prevention*:**

- To **strengthen the culture of safety and build capacity** for unit-based quality improvement activities.
- To provide **technical assistance and strategies** to improve device-related infection prevention procedures and patient safety culture.

# AHRQ Safety Program Details

## How long is the program?

- 9-month program
- Begins July 2025
- Enrollment deadline is June 30, 2025

## Who is eligible to participate?

- Adult intensive care units (ICUs) and non-ICUs  $\geq 5$  beds
- *No cost to participate*

## How much time does it require?

- Average of 2 hours per month

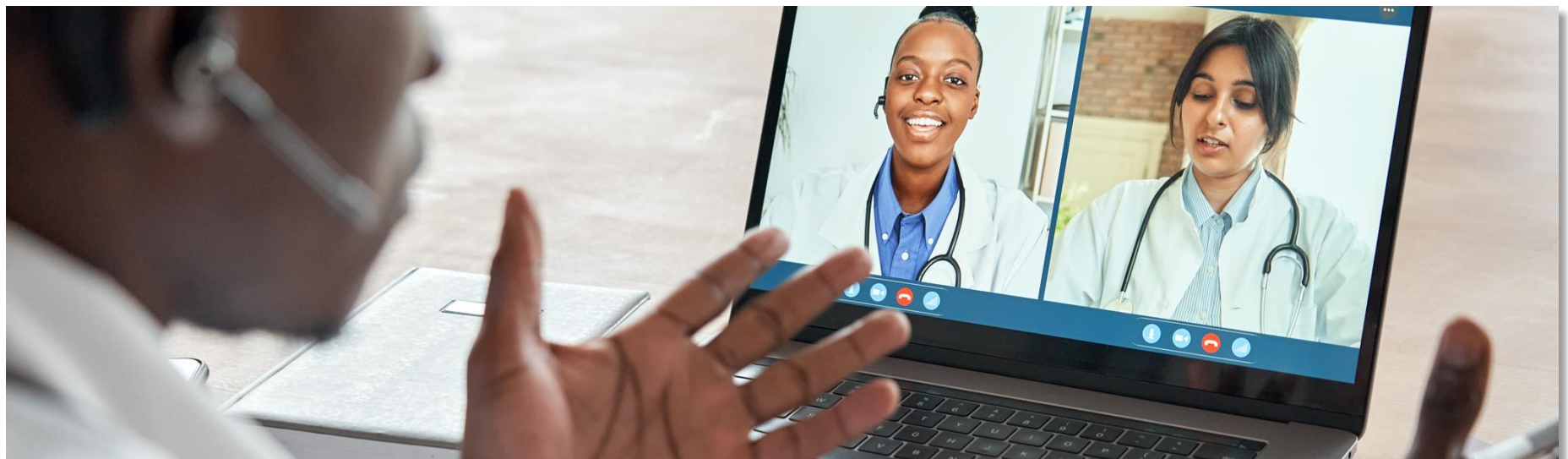
## Will continuing medical education (CME) and continuing education unit (CEU) credits be awarded for participation?

- CME and CEU credits will be available for participating physicians, physician assistants, pharmacists, nurse practitioners, and nursing personnel

*Both Johns Hopkins Medicine and NORC IRB have acknowledged this work as Not Human Subjects Research. Individual sites are not expected to obtain local IRB review unless requested by their home institutions.*

# 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



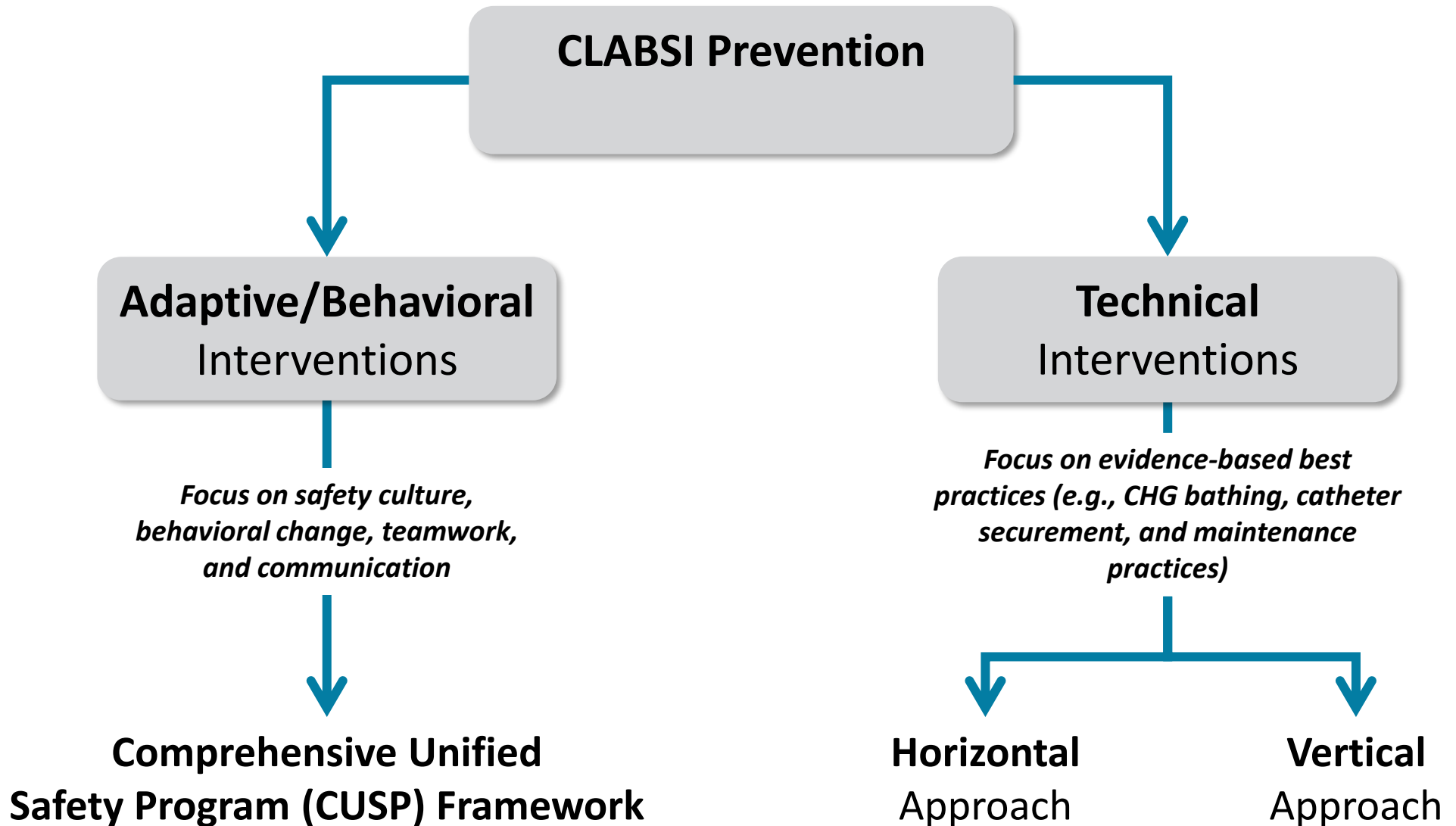


# Anticipated Outcomes of Participation

- Reduced CLABSI rates
- Improved team-based infection prevention practices
- Enhanced communication and teamwork regarding CLABSI prevention
- Improved patient safety culture



# AHRQ Safety Program Structure





# AHRQ Safety Program Participation Timeline

**July 2025 –  
August 2025**

- Assemble a multidisciplinary CLABSI prevention team
- Ensure team members have access to the program website
- Attend onboarding webinar
- Submit clinical outcomes data for the past 12 months (July 2024–June 2025)
- Complete Baseline Gap Analysis survey and Hospital Survey on Patient Safety Culture (HSOPS)

**August 2025 –  
March 2026**

- Participate in educational programs, including monthly educational webinars and optional coaching calls
- Meet regularly with Implementation Advisers and team to implement evidence-based practices
- Submit monthly Device Rounds
- Submit quarterly clinical outcomes data

**March 2026 –  
April 2026**

- Submit final quarterly clinical outcomes data
- Complete Endline Gap Analysis survey and HSOPS
- Participate in semi-structured interview (optional)

# 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: <ul style="list-style-type: none"> <li>• Patient days</li> <li>• Device-associated infections: CLABSI</li> <li>• Device days</li> </ul>	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 <i>AHRQ Safety Program for HAI Prevention: CLABSI</i>	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.)

# Thank you.

*We look forward to working with you to improve the delivery of high-quality care for patients across the United States*

**To learn more  
and enroll, visit:**

<http://safetyprogram4hai-prevention.ahrq.gov>

**Or email:** [safetyprogram4hai-prevention@norc.org](mailto:safetyprogram4hai-prevention@norc.org)

*The deadline to enroll is  
**June 30, 2025***

*This program is funded and guided by the Agency for Healthcare Research and Quality and led by NORC at the University of Chicago and Johns Hopkins University.*

# 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.