The Agency for Healthcare Research and Quality (AHRQ) is funding this national project to reduce surgical site infections (SSI).

**National Project Goals**

- Reduce surgical site infections and other sources of surgical harm
- Improve perioperative safety culture

**Benefits:**

This program will provide hospitals with tools and resources to improve patient safety culture and decrease healthcare related infections:

- Track valid performance measures
- Engage frontline clinicians and hospital leaders to implement evidence-based therapies and improve patient care
- Develop infrastructure to improve teamwork and learn from mistakes
- Use your NSQIP or NHSN data to improve your patient outcomes

**Project Sponsor and National Project Team**

The National Project team includes world-renowned experts from:

- AHRQ
- The Johns Hopkins Medicine Armstrong Institute for Patient Safety and Quality, led by Dr. Peter Pronovost
- The American College of Surgeons, led by Dr. Clifford Ko, Dr. Charles Bosk and his team from The University of Pennsylvania

**What is Involved?**

- Commit to the project for 24 months
- Assemble a multidisciplinary team to include pre-anesthesia, surgery, and post-anesthesia units
- Engage a senior level executive as part of your team
- Implement CUSP for Safe Surgery to improve perioperative teamwork, communication and safety culture
- Regularly meet as a team to implement interventions and monitor performance
- Submit a minimal set of standardized surgical outcome data monthly
- Share what you are learning with other participating sites

**Who Can Participate**

NSQIP-participating hospitals and hospitals reporting SSIs to NHSN are eligible to participate in SUSP. Participants in cohorts 1 through 3 were limited to reporting SSI for colorectal surgeries. Beginning with cohort 4, all interested hospitals, whether previously enrolled in or new to SUSP, may enroll teams focused on any procedure for which there is a NSQIP or NHSN surveillance definition of SSI.

**Are You Interested?**

Next cohort begins Fall 2013.

Sign up now. Contact Dr. Lisa Lubomski: lluboms1@jhmi.edu
### CUSP for Safe Surgery (SUSP) Cohort 4 Timeline

<table>
<thead>
<tr>
<th>Phase</th>
<th>Duration</th>
<th>SUSP Team Tasks</th>
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</table>
| Onboarding Phase    | (0-3 months)     | - Form SUSP team  
- Conduct project planning  
- Attend biweekly ‘project calls’ that deliver core content |
| Active Phase I      | (4-12 months)    | - Surface hazards and assess patient safety and teamwork culture  
- Audit processes to understand hazards  
- Develop improvement interventions  
- Evaluate interventions  
- Track progress of intervention using your surgical site infection (SSI) rates  
- Attend biweekly project calls that deliver content and help hospital teams track their progress |
| Active Phase II     | (13-18 months)   | - Continue tracking progress of interventions using your surgical site infection (SSI) rates  
- Repeat assessment of patient safety and teamwork culture  
- Attend biweekly project calls that present SUSP team case studies and encourage hospitals to share experiences |
| Sustainability Phase| (19-24 months)   | - Continue tracking progress of interventions using your surgical site infection (SSI) rates  
- Attend monthly project calls that provide coaching and sustainability strategies |

#### Draft - Project Calls Biweekly

- **Call #1:** Science of Safety/Identifying Defects  
- **Call #2:** Building a Bundle  
- **Call #3:** Surgical Site Infection (SSI) Content  
- **Call #4:** Integrating SSI and Local Defects  
- **Call #5:** Assessing Patient Safety Culture

- **Call #1:** Give them Vision; Give them Voice  
- **Call #2:** Auditing Tools  
- **Call #3:** Emerging Evidence  
- **Call #4:** Hospital Survey of Patient Safety (HSOPS) Debriefing  
- **Call #5:** Executive Partnership  
- **Call #6:** Learning From Defects  
- **Call #7:** Briefings and Debriefings  
- **Call #8:** Optional CUSP Tools

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**Key Dates:**

- **10/14/2013** - SUSP Kickoff Webinar
- **10/1/2015** - SUSP Study Completion
- **12/13/2014** - Active Phase II
- **10/14/2013 - 1/26/2014** - Onboarding Phase
- **5/28/2015 - 10/14/2015** - Sustainability Phase
This form is for project team leaders to obtain the commitment of those unit team members who will play a key role in participating in the CUSP for Safe Surgery (SUSP) project. The unit team leader should identify the key players and obtain their signature to indicate their commitment to this important work. The Project Team Leader should submit this form to [Staff name] via email [add email] or fax [Add fax number] by ____________.

The SUSP Team:

- Assemble an interdisciplinary team including a project team leader, physician champion, nursing champion and other frontline care providers in the perioperative setting in partnership with local infection control experts. Other leaders including managers, quality and safety officers will be encouraged to participate. These efforts need to be led by clinicians and supported by hospital leadership.

The roles listed below are recommended and may vary according to the structure of the perioperative care team. Key functions such as survey coordination may be performed by people in other roles, but must be clearly assigned. Team membership should include staff and leaders from the preoperative, operative, and postoperative areas.

**Project Team Leader** This Project Team Leader will be the team primary contact, and will play a key role in the initiative’s success. S/he holds staff accountable to the processes that are being implemented and facilitates assignment of necessary resources. S/he will organize the team, articulate clear goals, make decisions through collective input of members, and actively promote and facilitate good teamwork. This person receives all communication from the collaborative leadership team and promptly disseminates information to the team members.

**Physician Champion** (medical director or physician who provides care in the perioperative setting) This physician will advocate and support the initiative and is typically a surgeon and/or an anesthesiologist. S/he will assist in process development, adding input in areas within his/her role. S/he will assist with educating and communicating with peers.

**Culture survey (HSOPS) coordinator** S/he will also make sure that the AHRQ Hospital Survey on Patient Safety Culture is completed in the beginning of the collaborative and at a specified follow up date. S/he is responsible for HSOPS registration and distribution of survey to staff in the perioperative setting. This role could be fulfilled by one of the team members described above.

**Hospital Executive or Senior Management Champion** This individual is the project sponsor who partners with the unit, meets at least monthly with the SUSP team and is responsible and accountable to his/her organization for the performance and results of the project improvement team. S/he ensures that the project remains an organizational priority.

**Infection Preventionist/Epidemiologist** The infection preventionist or epidemiologist provides valuable infection prevention expertise to the project team and should attend monthly safety meetings with the SUSP team. Often times, this person is also responsible for collecting monthly outcome data such as SSI and providing it to the team.
Expectations of Hospital Unit Teams

The above roles are recommended and may vary according to the structure of the unit. Key functions such as survey coordination may be performed by people in other roles, but must be clearly assigned.

The participating SUSP team will hold regular safety meetings (we strongly suggest monthly) to review SSI outcome and teamwork and communication data;
- We strongly encourage SUSP teams to dedicate 2-4 hr/week for a nurse, surgeon, anesthesia, team leader, and infection preventionist to lead these efforts;
- Participate in five (5) introductory “on-boarding” calls;
- Participate in approximately two (2) content and coaching teleconferences per month for the remaining 24 months;
- Comply with data collection and submission requirements;
- Learn and implement the collaborative improvement tools;
- Hold regular safety meetings to review SSI outcome and teamwork and communication data; and
- Use monthly SSI outcome data, and annual HSOPS data to improve performance.

Data Requirements

The collection, reporting, and broad sharing of data are crucial to project success. Team member and frontline staff knowledge of team progress in meeting project goals reinforces adherence to evidence-based practice and performance improvement. Through utilizing reports in the AI SUSP platform, teams can track their SSI outcome rates to drive unit based improvement activities. The data elements to be submitted include: AHRQ Hospital Survey on Patient Safety Culture (HSOPS), SSI numerator and denominator. Please refer to the more detailed information on page 4 of this form. If data are already collected/available through a national database such as NSQIP or NHSN we will work with participating teams and CEs to import data into the SUSP database.

Sharing Knowledge and Tools – The benefit of a collaborative is the sharing of information, best practices, tools, etc. among teams. Participating hospital unit teams are expected to share with one another throughout the state collaborative on project calls, webinars and in-person meetings.
**Acknowledgement of Understanding of the Expectations by Team Members**

Each member of the SUSP: Improving Surgical Care through TRIP and CUSP team should sign this form. The Project Team Leader should send this page to her or his Coordinating Entity Lead by DATE.

<table>
<thead>
<tr>
<th>Hospital Name:</th>
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<table>
<thead>
<tr>
<th>Team Role</th>
<th>Name (printed)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Project Team Leader</td>
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<td>Physician Champion</td>
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<tr>
<td>Nurse Champion</td>
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<td>Hospital Executive Champion</td>
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<tr>
<td>Infection Preventionist or Epidemiologist</td>
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<tr>
<td>Other</td>
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# SUSP DATA COLLECTION SCHEDULE

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>DATA ENTRY LOCATION</th>
<th>DATES</th>
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<tbody>
<tr>
<td><strong>SSI Rates (Outcome)</strong></td>
<td></td>
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<tr>
<td>• Superficial surgical site infection (includes primary and secondary site)</td>
<td>AI SUSP Platform or via NSQIP, HEN, State Hospital Association through NHSN</td>
<td>Baseline: 3 Months Implementation: Monthly</td>
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<tr>
<td>• Deep surgical site infection</td>
<td></td>
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<tr>
<td>• Organ space surgical site infection</td>
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<tr>
<td>• Population at risk for surgical site infection</td>
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<tr>
<td><strong>Quarterly Interview Assessment of Implementation Fidelity</strong></td>
<td>Telephone Interview with interviewer from SUSP National Leadership</td>
<td>Quarterly</td>
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<tr>
<td>• Evaluate how the unit-team is implementing CUSP and SSI activities</td>
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</table>
| **Hospital Survey on Patient Safety (HSOPS)** | AI SUSP Platform | Two Times:  
Start of Project  
12+ Months |
| • Assess cultural (CUSP) components | | |
Introduction and Overview

Recruitment for cohort 4 of the CUSP for Safe Surgery (SUSP) project is now open. New coordinating entities (state hospital associations, HENS, other affinity groups) and their hospitals are invited to enroll, as are new hospitals and teams in existing coordinating entities. The project is organized as a large-scale collaborative. Participation in the project is available to any hospital in any state, as well as hospitals in the District of Columbia and Puerto Rico. Participating hospitals are expected to actively participate in SUSP for a minimum of 24 months. The fourth cohort of SUSP teams begins October 2013.

SUSP is funded by The US Agency for Healthcare Research & Quality (AHRQ). The project builds on the successful implementation of the Comprehensive Unit-based Safety Program (CUSP), which led to significant reductions in catheter-related blood stream infections in ICUs and other clinical areas, both within and outside the United States.

The goals of the SUSP project are:

1. To achieve significant reductions in surgical site infections (SSI) rates and surgical complications; and,
2. Improve safety culture, as measured by a valid survey instrument, through adaption of CUSP for the surgical arena.

Participation in the earlier cohorts of the SUSP project was limited to one team from a hospital’s colorectal surgery service. With cohort 4, the project is open to perioperative teams organized around any surgical procedure in acute care hospitals. Hospitals currently participating in SUSP may enroll teams from new surgical services in Cohort 4 if they wish. Hospitals submitting SSI rate data to either NQSIP or NHSN have the opportunity to have their data transferred into the SUSP project database.

National Project Team

The national project team is a partnership of world-renowned experts with proven track records in improving the quality of care in the ICU and surgery: AHRQ, The Johns Hopkins Medicine Armstrong Institute for Patient Safety and Quality (AI) led by Dr. Peter Pronovost, The American College of Surgeons/National Surgical Quality Improvement Project (NSQIP) led by (Dr. Clifford Ko), The University of Pennsylvania (Dr. Charles Bosk), and the World Health Organization Patient Safety Program.

Project Support

AHRQ’s project support includes the development of training materials, standardized reports, and national networking across the project teams. No funding is available to support the efforts of coordinating entities or individual hospitals. The Centers for Medicare and Medicaid Innovation (CMMI) Hospital Engagement Network (HENS) are eligible to use participation in this project to reduce preventable harm from SSI.
Potential Benefits of Participation

National effort led by clinicians: We will work together to implement the Comprehensive Unit-based Safety Program (CUSP) and reduce SSIs and other surgical complications. SUSP is envisioned as a learning community where teams share their experience and we learn from each other.

Advancing the science together: Despite significant interest and numerous projects, little is truly known about how to improve teamwork and communication in the surgical setting. Clinical teams that include representatives from preoperative; intraoperative; postoperative and the general surgical care unit will build relationships in the surgical community that will last beyond their participation in SUSP. The project materials include cutting edge resources including implementation tools, a secure social networking site, monthly contact with the national project team and, for a voluntary sample of sites, observations by a team of trained social scientists from the University of Pennsylvania, by Charles Bosk, who is one of the leaders of the national project team. Their aim will be to help the national team understand what interventions work and what barriers teams face so that we can optimize the interventions and the tools we provide for local use and adaptation.

Improve patient outcomes: Central collection of SSI data allows teams to track their progress and benchmark performance.

Unique approach to sharing expertise of all participants: Clinical unit teams will have access to national project faculty and data collection and monitoring support throughout their participation in the project. Our data platform links data collection, reporting, and training with a social network for all sites to improve communication and sharing.

Requirements for Coordinating Entities

Active participation and leadership from the coordinating entities (CE) is crucial to project success. For this reason, coordinating entities will commit to the following for the 24-month project period:

- Appoint a CE staff member to serve as the CE Lead who will be responsible for coordinating the project in his/her region, state or affinity group and who will work closely with AI and other members of the national project team.

- The CE will:
  - Recruit at least 10 hospitals that will commit to participate in SUSP. (The forms and associated recruitment materials for interested hospitals are included among the documents in this packet. Please review the documents, make changes in the areas highlighted in yellow, and send the Hospital CEO, Hospital Team, and SUSP Flyer to your potentially interested hospitals.)
  - Involve other key stakeholders who are also working on the elimination of SSI and surgical complications by forming or involving pre-existing consortia that include organizations such as the QIO, PSO, state health departments, and insurers to participate in SUSP educational events and calls.
  - Train with national project team and expert faculty on SSI prevention tools and strategies by participating on five (5) introductory “on-boarding” calls.
o Participate on monthly project calls and webinars with AI and participating hospital teams.

o Coach the hospitals in the implementation of CUSP and SSI reduction interventions through coaching calls, in-person visits, one-on-one discussions and in-person meetings.

o Assist with data transfer from the National Healthcare Safety Network (NHSN) to the SUSP project database for each hospital team that submits data to the NHSN.

o Monitor all SUSP team data submission and performance improvement: Submission of SSI numerator and denominator and other project-related data is crucial to the success of the SUSP project. CE leads are encouraged to generate monthly data reports from the project web-based database for each of their participating SUSP teams and review those reports monthly with their teams.

o Contact and document discussions with SUSP teams that do not comply with data requirements: As partners in the SUSP project, CE Leads are encouraged to contact any participating hospitals that are not complying with the data submission requirements, to understand barriers to timely data submission.

o Provide regular feedback to the national project team on project progress and on ways the national project team can best serve the participating CEs and hospitals.

**Informational Webinars**

Please join the SUSP project team for an informational call about participation in the AHRQ-funded SUSP project. Two calls have been scheduled. The calls are for interested leaders from state hospital associations, hospital engagement networks, QIOs, other affinity groups, and interested hospitals.

**Call #1, Tuesday, August 27, 2013**  
Time: 10-11am, Eastern

**Call #2, Wednesday, September 11, 2013**  
Time: 4-5pm, Eastern

Both calls will use the same conference line and Webinar URL:  
Conference Line: 1-800-311-9401  
Passcode: 83762  
URL Link for Webinar: [https://connect.johnshopkins.edu/susp_fridaymeeting/](https://connect.johnshopkins.edu/susp_fridaymeeting/)

If your organization is a new coordinating entity that would like to join the SUSP project in Cohort 4, please complete the form (below) and return your completed form to Dr. Lisa Lubomski (lluboms1@jhmi.edu) OR 410-637-4380 by **Tuesday, September 3, 2013**. If your organization currently participates in the SUSP project, and you will add new teams in Cohort 4, you do not need to complete another form. Please send me an email to let me know that you will be adding teams.
Commitment

We accept the invitation to participate in the SUSP: Improving Surgical Care through TRIP and CUSP project and commit to complying with the requirements stated above.

<table>
<thead>
<tr>
<th>Coordinating Entity Name:</th>
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<tbody>
<tr>
<td>President/CEO’s name:</td>
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<tr>
<td>President/CEO’s signature:</td>
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<td>Date:</td>
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</table>

Coordinating Entity Project Lead’s name, phone and email address:

Please return the signed document to Dr. Lisa Lubomski at lluboms1@jhmi.edu or by fax to 410-637-4380 by COB Tuesday, September 3, 2013.
Date: Please Enter Today’s Date
To: Please Enter Name of SUSP Coordinating Entity Lead
From: Please enter name of Recruited Hospital CEO Name
Re: CEO Hospital Commitment Letter to Participate in CUSP for Safe Surgery (SUSP)

We have received the information you provided about the SUSP initiative. We are supportive of the unique opportunity for hospitals to collaborate to reduce surgical site infections and other surgical complications and to improve safety culture through implementation of the Comprehensive Unit-based Safety Program (CUSP) model and tools. We understand there is no charge for hospital teams to participate in this AHRQ funded initiative, which is under the coordination of the [Insert name of Coordinating Entity], and conducted in partnership with the Johns Hopkins Medicine Armstrong Institute for Patient Safety and Quality, American College of Surgeons, the University of Pennsylvania, and World Health Organization.

We would like to be included as a participant in this 24-month collaborative project. We understand that work of this nature will not be successful without dedicated effort and resources. As the hospital CEO I will commit to meeting with my participating teams or assigning a member of my executive administrative staff to do so at least monthly to review progress and barriers and my participating teams will comply with SUSP team requirements. These include:

- Assemble an interdisciplinary team including a project team leader, physician champion, nursing champion and other frontline care providers in the perioperative setting in partnership with local infection control experts. Other leaders including managers, quality and safety officers will be encouraged to participate. These efforts need to be led by clinicians and supported by hospital leadership.
- We strongly encourage SUSP teams to dedicate 2-4 hr/week for a nurse, surgeon, anesthesia, team leader, and infection preventionist to lead these efforts.
- Participate in five (5) introductory “on-boarding calls”;
- Participate in approximately two (2) content and coaching teleconferences per month for the remaining 22 months;
- Comply with data collection and submission requirements;
- Learn and implement relevant tools provided by the national team;
- Participate in collaborative learning opportunities across the national network of participating hospitals; and
• Hold regular safety meetings to review SSI outcome and teamwork and communication data.

**Data Requirements** – I understand that the timely and accurate submission of process and outcome data is critical to the success of this initiative. Each team will submit the data elements outlined below according to the schedule outlined by the national project team. Data reports are available in the AI SUSB platform for each team to monitor progress and to inform performance improvement. Aggregate, blinded process and outcome data will be shared among the coordinating entity’s project participants, the national project team and the project funder, AHRQ. I further understand that the data my participating units will provide are:

1. SSI monthly outcome data, quarterly implementation assessment, future data collection may include other complications as defined by NSQIP including pneumonia, venous thromboembolism, readmissions; and
2. AHRQ culture survey, Hospital Survey on Patient Safety Culture (HSOPS), completed annually.

**Sharing Knowledge and Tools** – The benefit of a collaborative is the sharing of information, best practices, tools, etc. among teams. I will encourage my hospital’s participating unit team members to share lessons with one another and throughout the state collaborative.

**Informational Webinars**

Please join the SUSP project team for an informational call about participation in the AHRQ-funded SUSP project. Two calls have been scheduled. The calls are for interested leaders from state hospital associations, hospital engagement networks, QIOs, other affinity groups, and interested hospitals.

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Hospital Name:__________________________________________________

Does Your Hospital Participate in ACS/NSQIP? _____ Yes _____ No

Address:
City:
State:
Zip Code:

Project Team Contact Name:
Title:
Email Address:
Phone Number:

Sincerely,

_______________________________________
Typed or printed Name of Authorizing Hospital Executive

_______________________________
Signature of Authorizing Hospital Executive:

PLEASE RETURN by DATE to

[Name of Coordinating Entity],

TO: [Staff name and email] or FAX: [Add fax number.]