CUSP Tip Sheet:   
Engaging Unit Personnel in MRSA Prevention

ICU & Non-ICU

## Purpose

Unit-based teams are the cornerstone for Comprehensive Unit-based Safety Program (CUSP) work. However, to be successful, CUSP team members and leaders must actively raise awareness, motivate, engage, and mobilize all the unit personnel, even those who are not members of the CUSP team. Engaging healthcare personnel, from physicians and nurses to ancillary staff such as lab technicians and environmental services personnel, is essential for cultivating a supportive unit culture and sustaining positive patient outcomes.

## Issue1

Unit personnel who are not part of the CUSP team may be hesitant to become involved in methicillin-resistant *Staphylococcus aureus* (MRSA) prevention and other patient safety initiatives due to various barriers, including insufficient time, lack of knowledge or understanding of quality improvement, high staff turnover, and negative staff perceptions.

## Barriers1

* **Lack of Background in Quality Improvement:** Many staff may not fully grasp the importance of frontline personnel being involved in quality improvement Initiatives. Familiarizing them with the goals of MRSA prevention, the plans to achieve those goals, and their specific role in supporting program implementation and sustainability can provide a clearer understanding of the work and foster their engagement and enthusiastic involvement in the project.
* **Groupthink:** Individual staff deferring to the prevailing opinions of the group can hinder the adoption of new approaches. Encouraging expression of new ideas and diverse perspectives can help counteract groupthink.
* **“Flavor of the Month”:** Personnel outside of the CUSP team may perceive this initiative as a temporary focus that won’t matter or be sustained in the long run. Emphasize leadership support, alignment with unit culture, and long-term plans for sustainability to ensure personnel see these efforts as ongoing and integral goals for the unit.
* **Multiple Priorities:** Competing priorities and limited time can hamper engagement. Support the team by creating a strong foundation of CUSP to assist various team efforts and priorities simultaneously. Identify ways to incorporate activities into daily workflows.

## Suggested Strategies2

* When a new nurse, physician, or other healthcare provider starts in the unit, have the Unit Champion, Physician Champion, or Nurse Manager meet with them to share current patient safety and quality improvement initiatives.
* Invite personnel who are not on the CUSP team to attend CUSP meetings.
* Include MRSA prevention work in individual healthcare providers’ clinical ladder or performance evaluation.
* Encourage nurses, physicians, or residents to present relevant case studies or lessons learned at conferences and meetings to personnel at unit meetings.
* Identify interested staff members who may not be part of the CUSP team and help them submit their ideas and CUSP and MRSA prevention-related abstracts for oral presentations or posters at local or national meetings.
* Keep all personnel informed about the MRSA prevention initiatives and explain how they can be involved.
* Reach out to all personnel to encourage and obtain their feedback on the unit’s progress.
* Identify the “What’s In It For Me?” for unit personnel. Whether it is improved workflow, professional pride, organizational reputation, or better patient outcomes, all staff have certain values that motivate them. Use these motivators to engage and motivate personnel.
* Identify “low-hanging fruit” to achieve some early wins.
* Seek understanding if an individual is reluctant to make changes to practice. Actively listen to fully understand their concerns and summarize what you hear them say to make sure there is mutual understanding before offering suggestions.
* Share data on MRSA infection rates and post it in visible areas, such as Performance Management Boards.
* Round with the senior executive, part of the CUSP team, and identify additional individuals not part of it to share their ideas and observations with senior leaders.
* Encourage staff to share their patient stories and the impact that MRSA and healthcare-associated infections had on them, their patients, and patients’ families.
* Be transparent, give useful and timely feedback, and be open to suggestions and ideas.

## Conversation Starters

Active listening to engage other team members is a skill. One method to create a dialogue with staff members is to use the SBAR technique: Situation, Background, Assessment, and Recommendations. A sample script could include the following:

* **Situation**: Sara, I understand that you are not comfortable with the fluorescent gel monitoring system to assess environmental cleaning.
* **Background:** Before we started this initiative, our MRSA infection rate was higher than the national average. Our CUSP team suggested that we establish a new fluorescent gel monitoring program to assess how well we clean surfaces that can harbor MRSA. In the last 10 months, we have seen MRSA infection rates drop significantly.
* **Assessment:** Our evaluation indicates there were gaps in training for environmental services (EVS) personnel. I recall that you recommended we share information regarding the fluorescent gel monitoring system and its importance and use in the clinical setting with the EVS team.
* **Recommendation:** I would like you to come with me to see the evaluation of the presence or absence of fluorescent gel with ultraviolet light in real time. In addition, I would like to invite you to our next CUSP meeting on Thursday at noon. I will arrange personnel coverage so you can attend the meeting. The team is going to present their recent findings. I’d love to share these positive patient outcomes with you so that you can hear their excitement and enthusiasm with the progress we have made. I hope you can help us with new initiatives in the future.

## Resources And Tools

* [How to Integrate a CUSP Approach](https://www.ahrq.gov/hai/tools/mrsa-prevention/toolkit/integrate-cusp-approach.html)
* [What Are The 4 E’s?](https://www.ahrq.gov/hai/tools/mrsa-prevention/toolkit/what-are-4e.html)
* [”Assemble The CUSP Team” Module](https://www.ahrq.gov/hai/cusp/modules/assemble/index.html) (AHRQ Core CUSP Toolkit)
* [”Implement Teamwork and Communication” Module](https://www.ahrq.gov/hai/cusp/modules/implement/teamwork.html) (AHRQ Core CUSP Toolkit)
* Video: [Creating Team Buy-In to Work Toward Zero Preventable Infections in ICUs](https://youtu.be/y8M9jqLxMJ0)
* Video: [Increasing Ownership and Engagement at Multiple Levels to Prevent Infections in ICUs](https://www.youtube.com/watch?v=A3YKRa6Qxh8)
* SBAR Tool: [Institute for Healthcare Improvement’s SBAR Tool: Situation-Background-Assessment Recommendation](https://www.ihi.org/resources/tools/sbar-tool-situation-background-assessment-recommendation)

## References

1. Agency for Healthcare Research and Quality. Assembling the CUSP Team. [https://www.ahrq.gov/hai/cusp/modules/assemble/index.html.](https://www.ahrq.gov/hai/cusp/modules/assemble/index.html) Accessed July 3, 2024.
2. Agency for Healthcare Research and Quality. Implement Teamwork and Communication. [https://www.ahrq.gov/hai/cusp/modules/implement/teamwork.html.](https://www.ahrq.gov/hai/cusp/modules/implement/teamwork.html) Accessed July 3, 2024.

AHRQ Pub. No. 25-0007

October 2024