

*QI program training draws big interest*

## UCH on the CUSP

*By Todd Neff*

First came pancreatic surgery, then esophageal surgery, and now the Surgical Intensive Care Unit is on esophageal's heels. Many more are on the cusp of going CUSP at University of Colorado Hospital.

**CUSP**, or Comprehensive Unit-Based Safety Program, a concept pioneered at Johns Hopkins University, has been widely confirmed as a great way to improve patient safety and care quality across a range of hospital settings.



At its essence, a CUSP is about bringing people from across a unit – or, in esophageal surgery's case, a multidisciplinary team within a larger unit – together to work toward a simple but ambitious goal. In its earliest iterations at Johns Hopkins, that goal was to eliminate central line-associated bloodstream infections.

On the wings of CUSP's early champions at UCH – University of Colorado Department of Surgery Chairman **Richard Schulick**, MD; and Tatyana Popkova, UCH's director of cross enterprise collaboration for surgical programs – CUSP has, since 2013, established a beachhead at the hospital.

The number of those versed in CUSP is poised to grow quickly. In early September, UCH President and CEO John Harney and CU School of Medicine Dean Richard Krugman, MD, sent out low-key

announcements about a new CUSP training program. In blurbs of their respective newsletters, Harney and Krugman requested that interested parties submit to Popkova "two paragraphs about your interdisciplinary team and how CUSP will aid in reaching improvement goals" and linked to a [two-page explainer](#) announcing the joint CU School of Medicine/UCH/University Physicians, Inc. initiative in a bit more detail. They also linked to the Agency for Healthcare Research and Quality's (AHRQ) [online toolkit](#). The goal, they said, was to provide the training and support to launch 10 new CUSP teams starting in the fall of 2014.

Popkova received pitches from 28 UCH units and groups. [Ebola preparations](#) and prep work for Joint Commission [certification](#) pushed back that timeline, Popkova said, but the hospital's Adult-Health Quality Committee is expected to make its choices sometime in January 2015, she said.

**Targeting variability.** Those chosen for training will join the pancreatic surgery program, which [pioneered](#) CUSP at UCH starting in early 2014, and the esophageal surgery program, which followed suit in September. Surgical oncologist **Martin McCarter**, MD, was involved in both efforts, and is spearheading the esophageal surgery CUSP with Lindsay McGuinness, RN, associate nurse manager for the General Surgery and Transplant units.

McCarter and McGuinness recognized that esophageal surgery, a relatively new program at UCH, lacked the coordination and standardization that CUSP and other quality improvement approaches have shown to be central to establishing and maintaining patient safety and high-quality care. They decided to focus first on what McCarter described as "the tremendous variability in how each of the surgeons took care of postoperative patients."

To that end, the esophageal surgery team applied for and was chosen to participate in the hospital's Institute for Healthcare

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Quality, Safety and Efficiency ([IHQSE](#)). The team was one of several taking part in the second iteration of a 12-month certificate training program, which involves 22 four-hour sessions focusing skills in leadership, change management, effective communication, teamwork, systems improvement, and innovative thinking. They started with the IHQSE in January; within a couple of months, McCarter said, the group had settled upon a common postoperative pathway.

But in the process of achieving the primary goal of standardizing care after esophageal surgery, a slew of other possible improvements cropped up, McCarter said, across the many realms of expertise that converge for the recovery of esophageal surgery patients: respiratory therapy, physical therapy, speech and swallowing, nutrition, radiology case management, and nursing, as well as care from residents and attending physicians.

To make serious inroads, they'd all have to work together and have equal input, McCarter and McGuinness realized. They decided that the right vehicle to take them to where they wanted to go – reducing the average length of stay for esophageal surgery by one day – was CUSP.

**Safety culture.** The CUSP method typically involves the involved group meeting monthly to analyze relevant data, consider progress toward the goal, identify barriers, and stake out the path forward. And when they meet the goal, CUSP simply sets its sights on new challenges. The approach becomes an anchor of a “safety culture,” as Popkova puts it.

“You’re creating an infrastructure in your unit or geographic location or clinical area – of a team that works together, improves communication, and reduces turnover,” Popkova said. “The results are amazing.”

Involvement of hospital administration is critical to the success of CUSPs – in esophageal surgery’s case, the reps are Schulick and Cathy Ehrenfeucht, RN, MS, the hospital’s associate chief nursing officer.

“A key part of CUSP is to get buy-in at all levels,” McCarter said. “You can have identified areas for improvement but have difficulty implementing them if you don’t have hospital administration on board.”

[Patrick Kneeland](#), MD, a UCH internal medicine hospitalist and

director of safety and patient experience for the UCH Hospital Medicine group, said the IHQSE’s certificate training program itself is now helping put more units on the path to CUSP. That’s no accident: Kneeland has mapped the AHRQ’s CUSP training module to the IHQSE curriculum, he said.

“We haven’t marketed it as CUSP per se, but we were doing CUSP,” Kneeland said. “And this year, we’ve actually said, ‘As part of this, you’re getting CUSP.’”

McCarter said the esophageal surgery program’s IHQSE and CUSP efforts are already paying dividends. A postoperative patient recently told a team member that “everybody who walks through that door seems to know what the next steps are going to be,” McCarter said.

“I think that’s a reflection of the organizational effort we’ve put into it,” he said.