



# “Cookbook” to Collaboration

## Establishing HAI Prevention Collaboratives using ARRA Funds

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Draft - 12/14/09 --- Disclaimer: The findings and conclusions in this presentation are those of the authors and do not necessarily represent the views of the Centers for Disease Control and Prevention.



# Establishing HAI Prevention Collaboratives using ARRA Funds



**Planned State HAI Activities**

Prevention

Surveillance

Prevention  
Collaborative



# Definition from Merriam Webster

- **Main Entry:** col·lab·o·rate
- **Pronunciation:** \kə-la-bə-rāt\
- **Function:** *intransitive verb*
- **Inflected Form(s):** col·lab·o·rat·ed; col·lab·o·rat·ing
- **Etymology:** Late Latin *collaboratus*, past participle of *collaborare* to labor together, from Latin *com-* + *laborare* to labor
- **Date:** 1871
- **1** : to work jointly with others or together especially in an intellectual endeavor
- **2** : to cooperate with an agency or instrumentality with which one is not immediately connected



# “Collaboration” – What does it mean?



- “Coming together is a beginning. Keeping together is progress. Working together is success.”  
– Henry Ford.
- “Teamwork divides the task and multiplies the success.” - Author Unknown
- “Individual commitment to a group effort - that is what makes a team work, a company work, a society work, a civilization work.” - Vince Lombardi
- “Alone we can do so little; together we can do so much.” – Helen Keller
- “Teamwork is the ability to work together toward a common vision; the ability to direct individual accomplishment toward organizational objectives. It is the fuel that allows common people to attain uncommon results.” – Andrew Carnegie
- “Strength is derived from unity. The range of our collective vision is far greater when individual insights become one.” – Andrew Carnegie
- “Collaboration equals innovation.” - Michael Dell
- “The most important single ingredient in the formula of success is knowing how to get along with people.” – Theodore Roosevelt
- “In the long history of humankind (and animal kind, too) those who learned to collaborate most effectively have prevailed.” – Charles Darwin



# Presentation Outline



- Recipes\* for Success
  - Staffing: Where to begin
  - Multidisciplinary Advisory Group
  - Participating Healthcare Facilities (e.g., Hospitals)
  - Meetings
  - Measurement
  - Communication: How to sustain momentum
- Additional Resources & Readings

\*Note: “Season” to local taste



# Where to Begin?: Staffing



- Collaboration Metrics:
  - Project coordinator on staff
  - Infection control expertise available or on staff
  - Expertise in multicenter collaborative improvement projects available or on staff



# Staffing: Suggested Ingredients



- Project coordinator
  - Should be first person hired
  - Preferably an internal staffer (from Health Department) if possible (with previously established relationships)
  - Roles and Responsibilities: Full-time position - managing logistics; coordinating meetings, communications, tracking progress; overseeing day-to-day program operations; trouble-shooting



# Staffing: Suggested Ingredients



- Infection Control and Clinical Expertise
  - Available at Health Department or as a consultant
  - Review the literature from expert(s) in your state
  - Important to have experts who are passionate and committed to infection prevention, suitable for championing concepts
  - Contact local APIC (Association for Professionals in Infection Control and Epidemiology) chapters - <http://www.apic.org/>
  - Consult with academic partners at local hospitals and/or universities (i.e., Hospital Epidemiologists – SHEA members - <http://www.shea-online.org/>)
  - CDC SME expert (Prevention Liaisons)



# Staffing: Suggested Ingredients



- Infection Control and Clinical Expertise
  - Provide facilities with suggestions for performing tasks and assist with data validation
    - All facilities using same criteria and data elements
    - Training for hospital staff on data elements and criteria
  - Help guide facility information sharing sessions
    - Encourage discussion of what is working and what is not to improve prevention activities
    - Front line personnel working in the individual hospitals should be involved in finding solutions to problems



# Staffing: Suggested Ingredients



- Expertise in multicenter collaborative improvement projects (i.e., recruitment, training, communication):
  - Identify person(s) internally or externally
    - Consultation services are available from groups such as\*:
      - Institute for Healthcare Improvement (IHI)
        - » <http://www.ihl.org>
      - Fieldstone
        - » [http://www.fieldstonealliance.org/client/collaboration\\_assessment.cfm](http://www.fieldstonealliance.org/client/collaboration_assessment.cfm)

\*These links do not constitute an endorsement of these organizations or their programs by CDC or the federal government, and none should be inferred.



# Create and Convene a Multidisciplinary Advisory Group



- Collaboration Metrics:
  - Letters of commitment from steering group members
  - Face to face meetings
  - Selection of targets for prevention collaborative
  - Selection of specific prevention goal
  - Feedback of outcomes to steering group



# Multidisciplinary Advisory Group: Suggested Ingredients



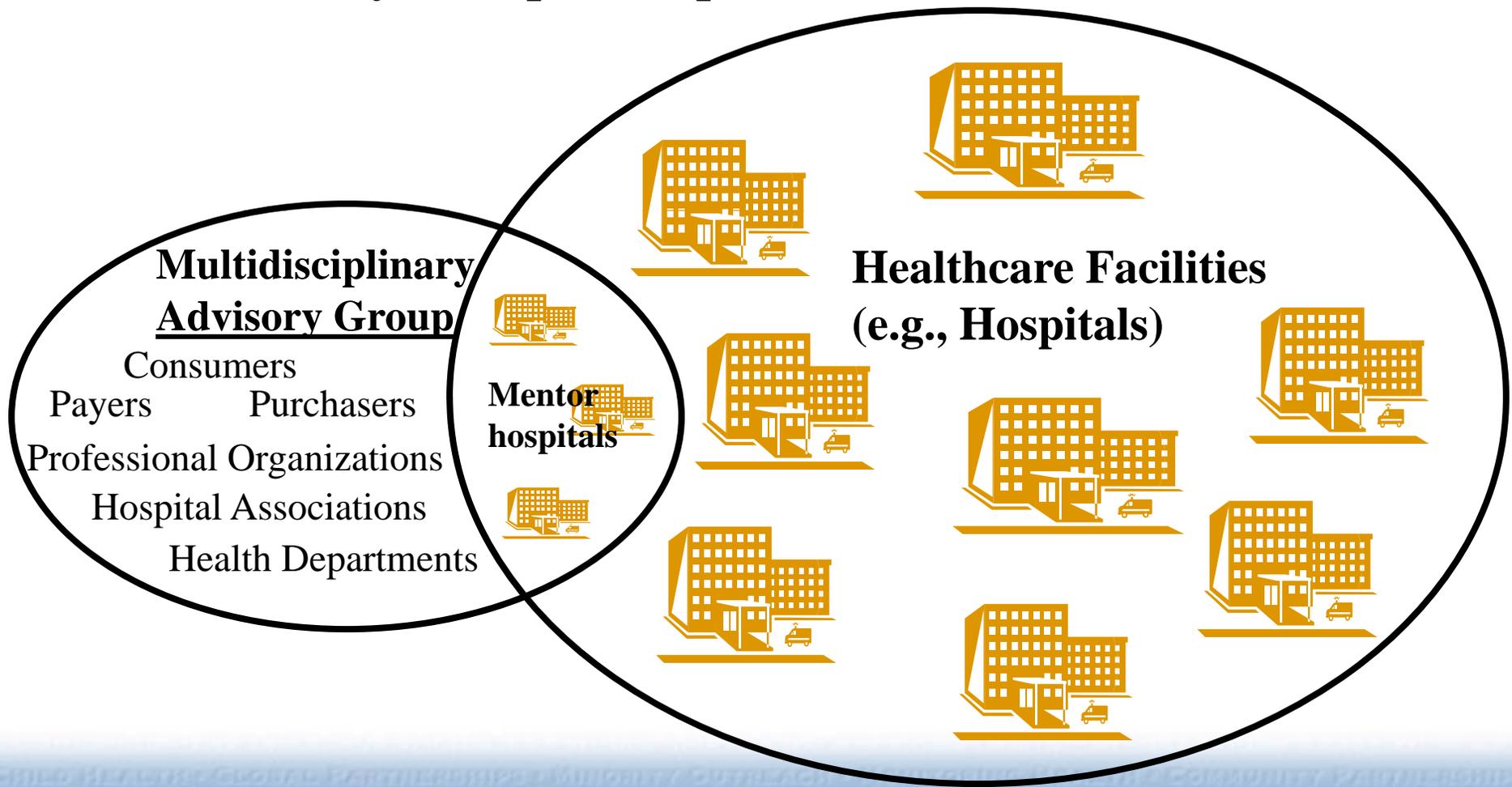
- Many different terms often used:
  - “Advisory Groups”
  - “Steering Groups”
  - “Advisory Council”
- In some States, the ‘State HAI Advisory Council’, ‘Prevention Working Group’, and ‘Multidisciplinary Advisory Group’ may function as one in the same
- Can consist of stakeholders at various levels – starting with a State Health Department Advisory Council to more regional representation – different prevention projects may require different stakeholders (need not be the same group of persons from surveillance/reporting)



# Multidisciplinary Advisory Group: Suggested Ingredients



**Advisory Group + Hospitals = COLLABORATION**





# Multidisciplinary Advisory Group: Suggested Ingredients



- Roles and Responsibilities of Advisory Group:
  - Overall project leadership, guidance, and oversight
  - Initial selection of HAI targets (focus, focus, focus)
  - Everyone should understand and agree to the purpose of the collaboration, the degree of commitment required, and the expectations of partners involved in the effort
  - Consider positions such as Chair and Co-Chair
    - Assist in creating aims, content, and measurement strategies
    - May delegate functions to working groups or sub-committees



# Multidisciplinary Advisory Group: Suggested Ingredients



- Composition (representation/diverse experts) – involve multiple stakeholders
  - E.g., Health Department, healthcare facilities (i.e., approximately 2-3 mentor hospitals), payors, purchasers, consumers, hospital associations, professional organizations
    - Not all hospitals participating in the Collaborative should be part of the Multidisciplinary Advisory Group – just the 2-3 mentor hospitals
  - Consider formalizing structure (i.e., a charter or a memorandum of understanding) – including leadership (Chair, Co-Chair), operating rules, other policies (e.g., conflicts of interest, financial relationships), etc.
  - Note: the more people involved, the greater the number of communications and coordination needed.



# Multidisciplinary Advisory Group: Suggested Ingredients



## Larger size\*

- More resources
- More knowledge
- More connections
- More ideas

## Smaller size\*

- Easier to manage
- Easier to reach consensus
- Less conflict

\*Size varies by function and opinions about best size diverge. It is recommended that the size should be large enough to provide sufficiently broad views but small enough to be manageable. Average size for Advisory Groups range from 8-12 members depending on the structure and resources available.



# Multidisciplinary Advisory Group: Suggested Ingredients



- Clearly defined purpose – i.e., decide on which infections to target
  - Determine the needs of the State/hospitals
  - Consult with CDC SME
  - Create a shared vision
  - Focus, focus, focus
- Important to define (in writing) what is expected from members & degree of commitment
  - Lay out the mission and purpose of collaboration
  - Discuss milestones and appropriate timelines
  - Review members' roles and contributions
  - Set norms for participation, communication, decision making, and meetings



# Multidisciplinary Advisory Group: Suggested Ingredients



- Get it in writing...
- Commitment letter templates:
  - (Insert organization name) is pleased to support (the XX Collaborative) in its mission to prevent healthcare-associated infections. We want the Collaborative to build on individual strengths, where all members may participate as appropriate, and where collective efforts knit together to achieve the desired outcomes. (Insert organization name) understands that this will take time, and we agree to support the planning and subsequent implementation activities needed to make the Collaborative successful.
  - (Insert name of person or office title) will serve as a representative to the (Collaborative, Interim Committee, Subcommittee, etc.). In this capacity, (insert name of person or office title) can devote (anticipated # of hours/month or % of time) to these activities. As the Collaborative representative, (insert name of person or office title) is authorized to act on behalf of (insert organization name) to (list areas of authority for making decisions, committing resources, etc. Note limits, if any).
  - As a collaborator, (insert organization name) also commits the following resources (include some or all of these listed – or others – as appropriate) to the success of this endeavor:
    - Connections/Networks
    - Expertise
    - Funds
    - Committee or project leadership
    - In-kind administrative support
    - In-kind technical support
  - (Insert organization name) looks forward to working with the Collaborative and our other colleagues in this important prevention effort.



# Multidisciplinary Advisory Group: Suggested Ingredients



- Identify, recruit, and enroll participating hospitals
  - Initial contact suggested: Administration/hospital leadership (i.e., CEO, CMO)
  - Obtaining Hospital Buy-in
    - Focus on the positives, such as:
      - The prevention of HAIs are best pursued and served through a collaboration rather than through individual efforts
      - Immediate and long-range consequences for the public, government, beneficiaries
      - The specific impact the hospital is likely to experience because of the collaboration effort
    - Think about what would want to make them join or barriers that may be in place – why is this mutually beneficial?



# Participating Healthcare Facilities: Suggested Ingredients



- Should be committed and enthusiastic about prevention and able to identify local champion(s)
- Encourage active support and engagement from hospital leadership (e.g., CEO, CMO, CNO, CQO)
- Also should encourage ideas from unexpected sources (e.g., housekeeping, transport)
- Willing to communicate and share ideas including a willingness to participate in measurement system and share data with central coordinator
- Get it in writing... letters of support and permission to use data



# Participating Healthcare Facilities: Suggested Ingredients



- Get it in writing... Letters of support:
  - We at ABC Hospital are pleased to register our support for the XX Collaborative. This Collaborative represents a key opportunity for prevention of healthcare-associated infections (specify infection target here) in our community. As a participating hospital, we agree to... X, Y, Z... Thank you for your active pursuit of these goals.
  - We at ABC Hospital agree to be active participants in the XX Collaborative... to learn from each other...to:
    - Designate a primary (and alternate) point of contact
    - Appoint/elect a clinical champion (passionate about XX infection target)
    - Obtain executive/leadership commitment
    - Devote necessary resources for participation
    - Help develop an intervention package to prevent (specify) infections and implement it in our facility
    - Identify setting-specific barriers and challenges to implementation
    - Identify workable and practical solutions to those barriers
    - Utilize the National Healthcare Safety Network (NHSN) to uniformly collect outcomes
    - Report (specify) infection rates and other data to NHSN
    - Participate in all learning activities of the Collaborative, including face to face meetings, regular conference calls and online discussions, and share experiences and questions about infection prevention



# Participating Healthcare Facilities: Suggested Ingredients



- Core Prevention Strategies
  - High levels of scientific evidence
  - Demonstrated feasibility
- Supplemental Prevention Strategies
  - Some scientific evidence
  - Variable levels of feasibility

\*The Collaborative should at a minimum include core prevention strategies. Supplemental prevention strategies also may be utilized. Hospitals should not be excluded from participation if they already have ongoing interventions using supplemental prevention strategies. Project coordinators should carefully track which prevention strategies are being utilized by participating facilities.



# Meetings: Suggested Ingredients



- Meetings
  - Purpose (clearly defined)
    - Decide on goals
    - Decision-making process that the group will use
    - Meeting measurement (i.e. agenda development, meeting facilitation, minutes, etc.)
    - Resources needed and who will provide them
  - Shared Learning/Communication and Feedback
    - Send out notice of meetings (with reminders a week as well as 24-hours in advance) – include agenda if possible
    - Record & distribute meeting notes shortly (within at most a week) after the meeting (including a review of action items, assignments, and due dates; times/schedule for next meeting, etc.)



# Meetings: Suggested Ingredients



- Meetings
  - Frequency (Weekly, monthly, quarterly, annual)
  - Format (face-to-face, web, teleconference – let form follow function)
    - Advisory Group
      - Quarterly meetings (more in the beginning to facilitate engagement and progress)
      - Face-to-face at first with alternating formats as appropriate/needed
    - Participating Healthcare Facilities (e.g., Hospitals)
      - Weekly/bi-weekly at first, monthly to follow; continue with bi-weekly meetings if group can commit time and resources
      - Face-to-face at first with alternating formats as appropriate/needed
      - Try to eliminate meeting overlap if possible



# Measurement



- Collaboration Metrics:
  - Select measurement system (NHSN preferred)
  - Demonstrate willingness of facilities to participate in measurement system and share data with central coordinator (i.e., letters of commitment)
  - Demonstrate regular feedback of outcome data to participating facilities, to include a comparison of their individual performance to aggregate performance of others



# Measurement: Suggested Ingredients



- Use NHSN
  - Consistency with NHSN definitions is required
- Evaluate prevention practices using core questions from CDC (infection toolkits)
  - Conduct surveys at designated time periods/intervals (i.e., baseline and 6-12 months into collaboration)
- Communicate and Feedback Results (Shared Learnings)





# Measurement: Suggested Ingredients



A-Z Index **A B C D E F G H I J K L M N O P Q R S T U V W X Y Z #**

## National Healthcare Safety Network (NHSN)

The National Healthcare Safety Network (NHSN) is a voluntary, secure, internet-based surveillance system that integrates and expands legacy patient and healthcare personnel safety surveillance systems managed by the Division of Healthcare Quality Promotion (DHQP) at CDC. NHSN also includes a new component for hospitals to monitor adverse reactions and incidents associated with receipt of blood and blood products. Enrollment is open to all types of healthcare facilities in the United States, including acute care hospitals, long term acute care hospitals, psychiatric hospitals, rehabilitation hospitals, outpatient dialysis centers, ambulatory surgery centers, and long term care facilities. For more information, click on the topics below.



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To receive email updates about NHSN, enter your email address:

[What's this?](#)

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**Contact NHSN:**

Centers for Disease Control and Prevention  
National Healthcare Safety Network  
MS-A24  
1600 Clifton Rd  
Atlanta, GA 30333

[nhsn@cdc.gov](mailto:nhsn@cdc.gov)

[More contact info >>](#)

### Topics

<b>About NHSN</b> Overview, Confidentiality, How data is used...	<b>Patient Safety Component</b> Procedure, Device (Dialysis Event), Medication-associated, MDRO, & HRIIV Modules
<b>Enrollment Requirements</b> Eligibility, How to enroll, Training, System Requirements, Security...	<b>Healthcare Personnel Safety Component</b> Overview, Blood/Body Fluids Exposure; & Influenza Vaccination
<b>Resource Library</b> Reports, Manuals, Newsletters, Forms...	<b>Biovigilance Component</b> Overview, Hemovigilance Module Publications...
<b>Data Collection Forms</b> Forms provided for routine data collection including customizable forms to meet specific needs...	<b>NHSN Training</b> Training webcast, corresponding slidesets, and materials...

### Data & Statistics

**States with Facilities Using NHSN (total=2186)**



CDC currently supports more than 2000 hospitals that are using NHSN and 19 states require hospitals to report HAI's using NHSN.

[More Data & Statistics >>](#)

<http://www.cdc.gov/NHSN>





# Measurement: Suggested Ingredients Goals, Objectives, and Action Steps



- “The goal is where you want to be. The objectives are the steps needed to get there.”
- Be “**SMART**”: **S**pecific – **M**easurable – **A**ttainable – **R**elevant – **T**imely
- Evaluate using standardized questions and tools (i.e., NHSN and CDC toolkits)
  - If possible, begin by conducting a needs assessment as a tool for planning



## Measurement: Suggested Ingredients



- Identify goals and targets
- Define the “who”, “what”, “when”, “why”, and “how”
- Evaluate both process and outcome measures
  - Process: how have specific prevention measures been implemented (i.e., compliance with hand hygiene, insertion practices – available in NHSN)
  - Outcome: what was the impact of the program and what were the program effects (i.e., a reduction in infection rates using NHSN)
- Communicate and Feedback Results (Shared Learnings) – project coordinators also should keep track of Participating Hospitals progress (i.e., changes in policies/procedures)



# Communication Strategy: How to sustain momentum



- Collaboration Metrics:
  - Demonstrate face to face meetings
  - Demonstrate regularly scheduled teleconferences between face to face meetings
  - Demonstrate other supportive communication infrastructure for regular sharing between participants



## Communication: Suggested Ingredients



- Multimodal communication is best and information can be provided by a variety of means
  - E-mail
  - Instant messaging/group chats
  - Listservs
  - Web (i.e., centrally managed site/bulletin boards)
  - Newsletters
  - Meeting minutes
  - Memos/letters/faxes
  - Teleconference/Videoconference
  - Face-to-face meetings



# Communication: Suggested Ingredients



- Successful prevention collaboratives are dependent upon mechanisms to facilitate sharing of information and data among participating facilities
- Realtime communication via multiple channels is recommended
- Feedback of data/results as soon as available
- Many options for feedback using NHSN as standardized tool



# Communication: Suggested Ingredients



- Successful prevention collaboratives have standardized and uniform outcome measures that allow sharing of progress among participants and tracking aggregate group progress
- Demonstrate regular feedback of outcome data to participating facilities, to include a comparison of their individual performance to aggregate performance of others
- Using NHSN, data can be exported to various other programs for review, analysis, and sharing

The screenshot shows the NHSN web interface. At the top, it displays the CDC logo and the text "Department of Health and Human Services Centers for Disease Control and Prevention". Below this, it says "NHSN - National Healthcare Safety Network" and "Logged into Cathy's test group (ID 14220) as CATHY. All Facilities Selected." The main content area is titled "Export Output Options" and prompts the user to "Exporting data set CLAB\_Events: Select data export format". A dropdown menu is open, showing the following options: Microsoft Access table (\*.mdb), Microsoft Access table (\*.mdb), Microsoft Access 97 table (\*.mdb), delimited file (comma-separated values) (\*.csv), delimited file (tab-delimited values) (\*.txt), Excel spreadsheet (\*.xls), Excel 5.0 or 7.0 (95) spreadsheet (\*.xls), dBASE 5.0, IV, III+, III, and II files (\*.dbf), and SAS for Windows V7/8/9 (\*.sas7bdat). The "dBASE 5.0, IV, III+, III, and II files (\*.dbf)" option is currently selected. There are "Export" and "Back" buttons to the right of the dropdown.

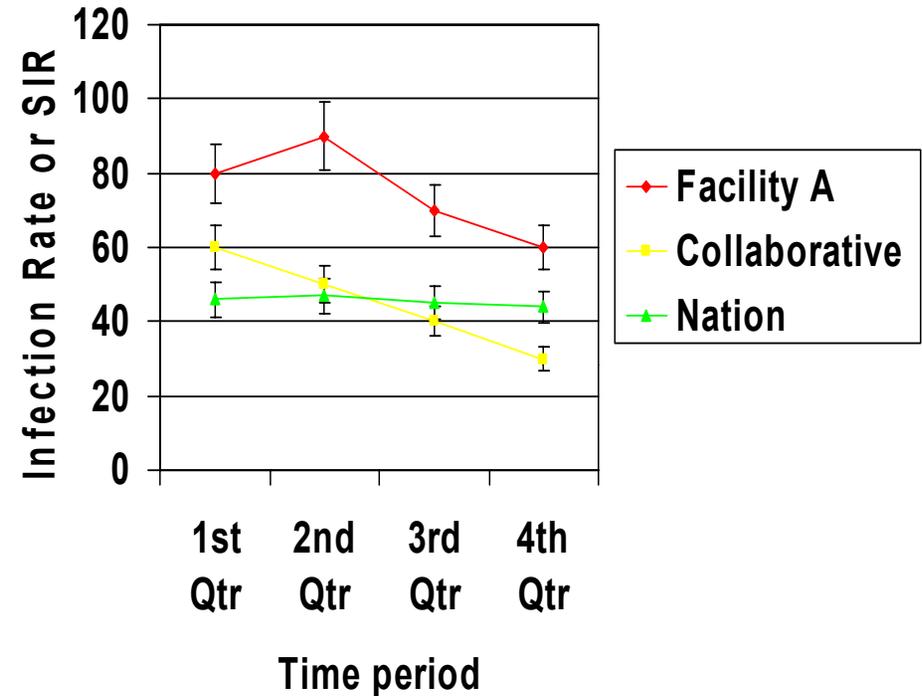


# Communication: Suggested Ingredients



Monthly pooled mean rates or SIR (depending upon availability)

Hospital	Collaborative (minus hospital)	Nation (minus collaborative) *
Unit A rate or SIR	Pooled mean or SIR	Pooled mean or SIR
Unit B rate or SIR	Pooled mean or SIR	Pooled mean or SIR
Overall facility rate or SIR	Pooled mean or SIR	Pooled mean or SIR



**Question:** What is the shortest word in the English language that contains the letters: abcdef?

**Answer:** FEEDBACK

**\*Don't forget that feedback is one of the essential ingredients of good communication.**





# Key Elements in Quality Improvement Collaboratives\*



- Don't recreate the wheel!
- Measure, measure, measure
- Measure over time
- Test on a small scale, multiple times, multiple ways before implementing
- Transparency
- Keep it simple and sensible
- Aim high

\*From IHI - <http://www.ihl.org/IHI/>



# Twenty Factors Influencing Collaboration Success\*



## Factors Related to the ENVIRONMENT

1. History of collaboration or cooperation in the community
2. Collaborative group seen as a legitimate leader in the community
3. Favorable political and social climate

## Factors Related to MEMBERSHIP CHARACTERISTICS

4. Mutual respect, understanding, and trust
5. Appropriate cross section of members
6. Members see collaboration as in their self-interest
7. Ability to compromise

## Factors Related to PROCESS and STRUCTURE

8. Members share a stake in both process and outcome
9. Multiple layers of participation
10. Flexibility
11. Development of clear roles and policy guidelines
12. Adaptability
13. Appropriate pace of development

## Factors Related to COMMUNICATION

14. Open and frequent communication
15. Established informal relationships and communication links

## Factors Related to PURPOSE

16. Concrete, attainable goals and objectives
17. Shared vision
18. Unique purpose

## Factors Related to RESOURCES

19. Sufficient funds, staff, materials, and time
20. Skilled leadership

*\*From [Collaboration: What Makes It Work](#), by Paul Mattessich, PhD, Marta Murray-Close, BA, & Barbara Monsey, MPH. - [http://www.fieldstonealliance.org/client/articles/Article-4\\_Key\\_Collab\\_Success.cfm](http://www.fieldstonealliance.org/client/articles/Article-4_Key_Collab_Success.cfm)*



# Additional Resources:

## Quality Improvement Collaboratives Are Popular

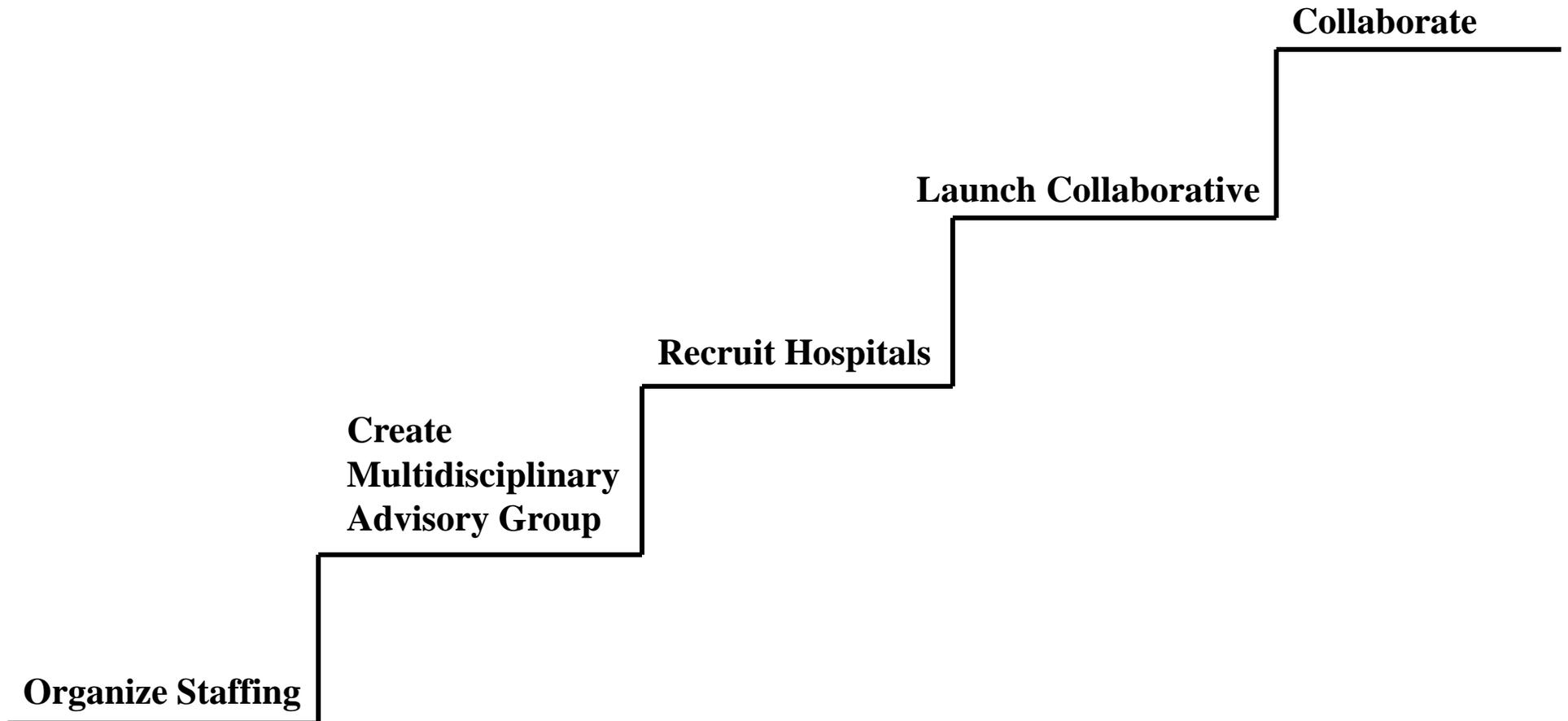
“There's no need to re-create the wheel.”



- Health Disparities Collaborative (HRSA)
  - <http://www.healthdisparities.net/hdc/html/collaborativesOverview.aspx>
- Institute for Clinical Systems Improvement
  - <http://www.icsi.org/>
- Institute for Healthcare Improvement Breakthrough Collaboratives
  - <http://www.ihl.org/IHI/>
- Michigan Keystone
  - <http://www.mhakeystonecenter.org/>
- Northern New England Cardiovascular Disease Study Group
  - <http://www.nnecdsg.org/>
- Pittsburgh Regional Healthcare Initiative
  - <http://www.prhi.org/>
- Rochester Health Commission
  - <http://www.grrhio.org/>
- Vermont-Oxford Neonatal Network
  - <http://www.vtoxford.org/>
- Veteran's Health Affairs
  - [http://www.pittsburgh.va.gov/MRSA/MRSA\\_Prevention\\_Initiative.asp](http://www.pittsburgh.va.gov/MRSA/MRSA_Prevention_Initiative.asp)
- Wisconsin Collaborative on Healthcare Quality
  - <http://www.wchq.org/>



# Steps for Success





# Summary



- The “Cookbook” is a framework for collaboration – focus and flexibility are key
- Important to note local variation – “season to taste”
  - Not every State/hospital is going to do the same thing -- the more you can harmonize the Collaboration, the richer the shared learnings
  - States should learn from one another and share their experiences
- For more information:
  - <http://www.cdc.gov/hai/recoveryact/>
  - E-mail: [DHQPHAIARRA@cdc.gov](mailto:DHQPHAIARRA@cdc.gov) (“Activity C – Cookbook for Collaboration” in Subject Line)