# Infection Prevention Implementation: AHRQ's Perspective on Translating Evidence into Practice

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# The Research Continuum: Discovery to Implementation

Research → Testing & Demonstration → Implementation

# HAI Prevention:
# From Research to Implementation

- Support **research** to develop improved methods for preventing HAIs: **what to do**

- Support **research** to develop effective **implementation** strategies for HAI prevention (implementation science): **how to do it**

- Translate research findings into tools for **implementing** HAI prevention

- Promote **implementation** of HAI prevention with effective methods, strategies, and tools

# Implementation Tools for Preventing Transmission

- Enhanced Protocol for Universal Decolonization
  - ► Based on REDUCE-MRSA trial
  - ► Combining study protocol and QI elements into clinician-friendly tools

- CRE Control and Prevention Toolkit
  - ► Combining CDC guidelines with QI approaches

Comprehensive Unit-based Safety Program (CUSP) Elements

- Improvement in:
  - ▶ Safety culture
  - ▶ Teamwork
  - ▶ Communication

- Checklist of proven practices

# CUSP Implementation Impact

- CUSP for CLABSI: 41% ↓ in CLABSI rate

- CUSP for CAUTI in hospitals:
  - ▶ 701 non-ICUs: 30% ↓ in CAUTI rate
  - ▶ 509 ICUs: no significant ↓
  - ▶ Follow-up project: CUSP for ICUs with persistently elevated rates

- CUSP for CAUTI in LTC
  - ▶ Significant ↓ in CAUTI rate

- Toolkits

# CUSP Implementation

Further Expansion of CUSP:

- CUSP for Safe Surgery – Inpatient

- CUSP for Safe Surgery – Ambulatory

- CUSP for Mechanically Ventilated Patients

- CUSP for Persistently Elevated CLABSI and CAUTI Rates in ICUs

- CUSP for Enhanced Recovery After Surgery

- CUSP for Antibiotic Stewardship

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