



Question 1: Do you currently have a well-functioning team (or work group) focusing on MRSA prevention?

“For the change effort to be successful, a powerful group must lead the change; and members of that group must work together as a team. Key characteristics that must be represented on the team include power, leadership skills, credibility, communications ability, expertise, authority, analytical skills, and a sense of urgency.” (From TeamSTEPPS; TeamSTEPPS® 2.0. Content last reviewed September 2016.

Agency for Healthcare Research and Quality, Rockville, MD.

<https://www.ahrq.gov/teamstepps/index.html>)

You indicated that either you don't have a team or work group or the one you have does not function well. A key aspect of implementing a MRSA prevention initiative is to identify an implementation team at your site. This team plays a critical role in developing the initiative and assisting with implementation. Key responsibilities of this team are education, data collection and evaluation. Individuals can fill more than one role and some may be short term and others, longer term.

A. Suggested Team Membership

Team composition can be crucial to the success of the team. Individuals with different clinical expertise and levels of experience can provide unique perspective and insight, enhancing initiative implementation. The following are suggested members to include on the team:

- **Team Leader:** The team leader is responsible for coordinating MRSA prevention efforts and integrating MRSA prevention practices into daily workflow and collaborating with the various prevention champions. When selecting a team leader, consider someone with leadership and management skills and previous successes in leading performance improvement initiatives. These attributes are more important than the job title or content expertise. [For more information click here.](#)
- **Nurse Champion:** The nurse champion is responsible for engaging nursing staff in MRSA prevention efforts and working to integrate practices into daily nursing workflow. When selecting a nurse champion, consider someone who is well respected and in a position to obtain support from the other nurses. [For more information click here.](#)
- **Physician Champion:** The physician champion is responsible for engaging physicians in MRSA prevention efforts and coordinating MRSA prevention efforts that require physician support. When selecting a physician champion, consider someone who is highly regarded by their peers, even if they are only able to lend their name to the initiative. [For more information click here.](#)
- **Performance Improvement Leader:** The performance improvement leader is responsible for providing expertise to the team on systematic formal approaches of performance improvement. Select someone in your organization with training and expertise in performance improvement strategies, data collection strategies, and sampling methods and who knows where key data in your organization resides, such as billing or coding data.

- **Data Champion:** The data champion is a vital member of the team, so this person must be committed to the initiative. Collecting and monitoring the data is a crucial component of preventing MRSA infections. This person will work closely with the performance improvement leader, the infection preventionist and others to oversee and manage data collection, aggregation and reporting.
- **Infection Preventionist:** This person will provide content expertise, collaborate with other team champions and be heavily involved in developing prevention strategies, an educational plan and a monitoring plan.
- **Environmental Services Champion:** Effective environmental cleaning is an important part of preventing MRSA transmission. The environmental services champion will garner buy-in and help integrate MRSA prevention strategies into the environmental services daily workflow. Engaging an environmental services champion early will help bolster this partnership and coordinate environmental services and infection prevention efforts.
- **Assistive personnel:** Nonlicensed personnel who provide patient care, e.g. patient care assistant, patient transporters, will help provide the frontline staff perspective and garner buy-in.
- **Other Persons to Consider Including:** A senior leader, nurse educator, infectious diseases physician, clinical pharmacist, respiratory care professional, physical therapist, finance expert, and a patient who has had a MRSA infection or their family member.

This list is by no means exhaustive but provides the minimum recommended members. You should consider adding other individuals based on the culture of your institution. In addition, some team members may assume more than one role. For example, the performance improvement leader may also be the team leader. Dedicated time for the initiative for each member is ideal; however, if this is not possible, then consider having co-champions to lighten the workload and provide mutual support.

B. Team Expectations

- The team must take ownership of MRSA prevention.
- The team must meet on a regular basis; every other week is recommended in the beginning.
- The team must implement the initiative, which will involve educating various health care staff, auditing practices and providing feedback to staff and leadership on implementation.
- The team must collect data on a regular basis and feed it back to staff.

Tools, Resources and Further Reading

- STRIVE Content:
 - [Strategies for Preventing Healthcare Associated Infections](#) (SP 101)
- TeamSTEPS Fundamentals Course: Module 2. Team Structure. Content last reviewed March 2014. Agency for Healthcare Research and Quality, Rockville, MD. Available at <https://www.ahrq.gov/teamsteps/instructor/fundamentals/module2/igteamstruct.html>.
- [AHRQ Team Assessment Tool](#).

- Damschroder LJ, Banaszak-Holl J, Kowalski CP, Forman J, Saint S, Krein SL. The role of the champion in infection prevention: Results from a multisite qualitative study. *Qual Saf Health Care*. 2009; 18(6):434–40.
- Kendall-Gallagher D, Reeves S, Alexanian JA, Kitto S. A nursing perspective of interprofessional work in critical care: Findings from a secondary analysis. *J Crit Care*. 2017; 38:20-26.
- Jain M, Miller L, Belt D, King D, Berwick DM. Decline in ICU adverse events, nosocomial infections and cost through a quality improvement initiative focusing on teamwork and culture change. *Qual Saf Health Care*. 2006; 15(4):235-9.