



## ABCDEF Improvement Collaborative: A project of ICU LIBERATION Campaign

Funded by Gordon and Betty Moore Foundation  
Collaborative Hospital Participation: Frequently Asked Questions (FAQs)

### What do I need to apply?

Before you apply, please gather the following information:

- Name and contact information (credentials, title, email, and phone number) for your CEO, CNO, and ICU Medical and Nursing Directors
- Name and contact information (credentials, title, email, and phone number) for the physician, RN (clinical nurse specialist or ICU educator) and other team member
- Type of hospital and number of beds
- An idea of how you would rate your team's use of the elements of the ABCDEF bundle on a Likert scale
- A statement indicating why you should be a member of this collaborative project
- Four commitment letters provided by SCCM

#### 1. **What is the Society of Critical Care Medicine (SCCM)?**

SCCM is the largest multiprofessional critical care association in the world. Located in Mount Prospect Illinois, just outside of Chicago, the Society's mission is to secure the highest quality of care for all critically ill and injured patients. SCCM maintains that the Right Care, Right Now™ is best provided by an integrated team of dedicated experts directed by a trained and present physician credentialed in critical care medicine. Team members include nurses, physicians, pharmacists, respiratory therapists, nutrition professionals, rehabilitation therapists (i.e., physical and occupational therapists), clergy, and other professionals who provide care for the critically ill and injured across the world.

#### 2. **What is the ICU Liberation Campaign?**

The ICU Liberation Campaign is an SCCM initiative and outgrowth of its publication of the 2013 [Clinical Practice Guidelines for the Management of Pain, Agitation, and Delirium in Adult Patients in the Intensive Care Unit](#) (*Crit Care Med.* 2013;41:263-306). Similar to the international Surviving Sepsis Campaign, the ICU Liberation Campaign aims to improve the care of critically ill and injured patients through improved assessment, prevention and management of commonly experienced conditions using an integrated ,interprofessional, team-based and bundled approach to care.



### 3. What is the aim of the ICU Liberation Campaign?

The aim of the ICU Liberation Campaign is to create lean, sustainable and highly functioning interprofessional teams that partner with patients and families to create a safe and comfortable intensive care unit environment by implementing SCCM's pain, agitation and delirium (PAD) guidelines utilizing the newly modified ABCDEF bundle where:

A = Assess, Prevent and Manage Pain

B = Both Spontaneous Awakening Trials and Spontaneous Breathing Trials

C = Choice of Sedation

D = Delirium: Assess, Prevent and Manage

E = Early Mobility and Exercise

F = Family Engagement and Empowerment

### 4. What is the ABCDEF Improvement Collaborative?

SCCM has received a grant from the Gordon and Betty Moore Foundation to support the ICU Liberation Campaign by funding an 18-month improvement collaborative for up to 60 hospitals in the United States. The ICU Liberation ABCDEF Improvement Collaborative is a ground-breaking and focused opportunity for hospitals to:

- Improve outcomes for patients and their families by reliably implementing the new ABCDEF bundle
- Reduce length of stay in the ICU
- Reduce time on mechanical ventilation
- Engage families to participate in the care and healing of their loved ones
- Validate compliance and improvement through use of an online data collection tool
- Enhance teamwork through implementation of evidence-based care
- Engage with many leading experts who have demonstrated improved patient outcomes using the ABCDEF bundle of care
- Create partnerships with other institutions doing the same improvement work across the United States

### 5. Who is leading this effort?

A team of leading national and regional experts (nurses, physicians, pharmacists, respiratory therapists, rehabilitation specialists [physical and occupational therapists]) and others will be providing education and coaching support for this initiative. The principal investigator is:

E. Wesley Ely, MD, FCCM  
Professor of Medicine and Critical Care  
Associate Director of Aging Research, Tennessee Veterans Hospital  
Vanderbilt University Medical Center  
Nashville, Tennessee

The Project Manager (and primary contact for more information) is:

Diane Byrum, RN, MSN, CCNS, CCRN, FCCM  
Manager, Quality Implementation  
Society of Critical Care Medicine  
[dbyrum@sccm.org](mailto:dbyrum@sccm.org)  
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## 6. What hospitals should apply to participate?

Hospitals of any size may join. No experience with implementing the ABCDEF bundle is required although if a hospital has started this work at early levels, the teams are welcome to join to further push their performance forward. All types of hospitals may apply, academic medical centers through community hospitals of any size. Hospitals will need to indicate the collaborative region closest to their facility on the application to best facilitate the ease and cost of travel.

## 7. How many hospitals will be selected?

Twenty hospitals will be invited to join in each of the regional sites. Hospitals do not have to be located in the following regions; however, the costs associated with travel for the in-person meetings should be considered before applying. The regions are:

- Southeast (20 hospitals to be accepted)
- West Coast (20 hospitals to be accepted)
- Midwest (20 hospitals to be accepted)

## 8. Are there direct costs associated with participation in the ABCDEF Improvement Collaborative?

There are no registration fees or hospital payments required to benefit from this grant-funded collaborative activity; however, each hospital will be responsible for travel costs, including hotel and/or airfare if necessary for the three to four in-person meetings to be held in the Midwest, Southeast or on the West Coast. Hospital staff time associated with participation—including in-person meetings, conference/coaching calls, on-site implementation/ongoing process improvement activities, and dedicated data collection personnel—will be the responsibility of the institution. This financial commitment is important to consider since hospital team members will need to participate fully in the collaborative activities.

## 9. What is the value of participation?

First and foremost, the intention of this collaborative is to improve outcomes for patients and their families. The collaborative seeks to reduce long-term consequences of ICU stays as these post-ICU conditions can be devastating for the patient and their loved ones.

Institutions will be contributing to informing the greater critical care community that this work is possible, is meaningful and is effective. Importantly, the work can demonstrate that hospitals of any size and all ICU types can make a difference by implementing the ABCDEF bundle.

The return on investment (ROI) for institutions can be calculated by tracking ICU throughput, ICU length of stay and ventilator length of stay. This grant has been procured specifically so that SCCM can provide participating hospitals with the necessary tools and instruction for success. This support includes expert faculty, project management, in-person meeting costs, curriculum development and delivery, database with benchmarking opportunities, team training, culture shift strategies, and other direct benefits.

The following will be paid for by the grant:

- Three (possibly four) in-person meetings: audiovisual, Internet, materials, food and beverage
- Free online database for data collection and benchmarking



- Interprofessional experts in ABCDEF bundle implementation serving as faculty and coaches throughout the collaborative activities
- Simulation activities and teaching materials to use in participating hospitals (simulation labs not necessary)
- Web events and coaching calls monthly with the exception of the periods for in-person meetings
- e-Community for collaboration with hospital, both within and external to the collaborative
- Selected grand rounds opportunities

**10. How will my hospital integrate teachings in our everyday care of the patients and their families?**

Each selected facility will identify a three-person implementation team to include an MD, RN (prefer RN with clinical/ educational process experience, a clinical nurse specialist, or unit educator) and one other team member (e.g., respiratory therapist, rehabilitation therapist, PharmD, or other). An RN team member with educational program experience will be invaluable to the success of program implementation. This implementation team will be required to attend a two-day, regional launch training course, to be scheduled in early Fall 2015. The team will subsequently coordinate and provide training to all of their ICU care colleagues, including quality/data experts. A manual with all required educational components and tools will be provided at the learning session to assist the team.

**11. Are there any additional requirements?**

Team progress will be monitored via individual team reports focusing on successes and barriers. These interactive opportunities allow for sharing and dialogue among hospitals doing this important work. One or two 1-hour education and coaching calls or webinars will be held each month in each region. The first will be an online or audio event at the beginning of the month, and the second will be scheduled at the end of the month for individual teams/units to present, on a rotating basis, their successes, opportunities for improvement and barriers. These events will be offered on a set time and day each month. Additional training will be offered in a Web-based format.

**12. What is the time frame for this project?**

The project will begin in September 2015 and end in March 2017.

**13. Will data collection be required for this project?**

Yes. A Web-based data collection tool will require data points to be entered monthly. Sites will be able to see their own data when accessing the tool. Before the first in-person meetings, a webinar will be conducted to provide all teams with instruction on the collection of baseline data. As stated earlier, a dedicated data collection staff resource is needed to participate in this activity. This is not a full-time position, but hospitals must make this commitment to be accepted into the collaborative.



**14. Are other assessments required?**

All 60 ICU teams will be required to complete select assessment tools, such as but not limited to: the AACN Healthy Work Environment Survey and a teamwork and communication survey. These surveys will be completed prior to each region's initial collaborative launch course and may be completed at intervals during the project. They are not time consuming but important.

**15. What other resources are needed?**

SCCM requires that hospitals name a senior administrative sponsor who will verify that the hospital will provide the resources necessary for this work to be successful.

**16. How does my facility apply to be a member of the regional collaborative?**

The application will be posted on the ICU Liberation website in early spring. Along with the rollout of the application, SCCM will hold informational sessions to answer questions and provide advice on engagement strategies. In order to participate, the selected sites will be asked for a commitment letter from both the director of the ICU and a senior administrator affirming that the hospital is committed to full completion of the project. Commitment letters can be emailed to the project manager listed above.

