Society of Critical Care Medicine
The Intensive Care Professionals

DISCOVERY
The Critical Care Research Network

Frequently Asked Questions

STOP-VIRUS ICU Learning Collaborative
Structured **T**eam-based **O**ptimal **P**atient-centered care for **VIRUS** COVID-19
(Viral Infection and Respiratory Illness Universal Study)

Q: What is the focus of the STOP-VIRUS ICU Learning Collaborative?

A: Collaborative participants will evaluate and apply interventions aimed at reducing marked variations in the outcome of critically ill patients unexplained by demographics, comorbidities, and severity of illness. Participating ICUs will work together to share barriers and apply improvement tactics to address unnecessary variations in well accepted, best processes of care that may contribute to these varied patient outcomes.

Q: What are the entrance criteria?

A:

- Applicants **must be current participants in the SCCM VIRUS data registry** and have entered at least 3 to 6 months of data in the system.
- Only ICUs in the United States and territories, serving adult patients (those 18 years or older), may apply.
- A commitment to collect an additional 3 to 6 months of data in the VIRUS registry after the collaborative is completed is also required.
- Applicants must have sponsorship or permissions from a senior hospital official to participate for the length of the project.

Q: How many ICUs can participate and how can we apply?

A: Twenty ICUs will be included in the planned collaborative. Interested and qualified teams should submit an application online via the link sent in the email distributed to VIRUS Registry participants.

Q: When does the collaborative start and end?

A: An anticipated start date of mid to late February 2021 is planned. It is anticipated that the collaborative will end in late September 2021 (an extension is possible if needed).

Q: Which leaders or/influencers from our ICU should participate and what is the time commitment?

A: Applicants will identify a participating ICU team to include a nursing leader, a physician leader, a pharmacist, and a respiratory therapist who are able to consistently join regularly scheduled one-hour video calls for structured opportunities to collaborate in learning and discussion. These calls are currently scheduled for Wednesdays from 1:00 p.m. to 2:00 p.m. Central Time.

Q: Will we need a new IRB or new data use agreement to participate?

A: Sites should amend their current VIRUS Registry IRB to include this collaborative. The Mayo Clinic IRB has also been amended to include this work. The collaborative is a learning network so no identifiable patient data will be a component of this work. No additional data use agreements are required since this collaborative is related to the existing VIRUS Registry project.

Q: What platforms and tools will be used for information gathering, interaction and shared learning?

A:

- Mayo Clinic's online CERTAIN (Checklist for Early Recognition and Treatment of Acute Illness and Injury) Program will be the primary instructional site. Participants will access this platform and be asked to complete the online modules within the first 30 days of starting this collaborative.
- Sites will be encouraged to use a COVID-specific ICU checklist to consistently employ well-accepted best practices and reduce errors of omission.
- Sites will utilize a safety culture survey to better understand the ICU teamwork and culture within each participating institution.
- Qualitative surveys of members of each site's ICU healthcare team will be performed by an implementation scientist.
- All collaborative learning and weekly discussions will be conducted using Zoom (or a similar video conferencing service, based on institutional requirements).
- A secure, private group will also be created on an electronic platform with a chat function to facilitate continuous sharing of information and ideas.

Q: What are the learning objectives of the CERTAIN Program?

A:

- Discuss the importance of managing acutely ill and injured patients using a standardized, systematic, and structured approach.
- Implement the CERTAIN approach (admission checklist) to manage the admission/resuscitation of acutely ill and injured patients.
- Use the CERTAIN approach (rounding checklist) during daily rounding activities and the delivery of ongoing care for acutely ill and injured patients.
- Employ the CERTAIN approach (patient- and family-shared decision-making tools, strategies) to humanize the critical care environment and ensure consistent, patient-centered decision making throughout the continuum of critical illness.

Q: How is the collaborative funded and are there fees associated with participation?

A: There are no fees associated with this collaborative activity. The collaborative is funded in part by a cooperative agreement with the Centers for Disease Control and Prevention (grant number 1 NU50CK000566-01-00). The Centers for Disease Control and Prevention is an agency within the Department of Health and Human Services (HHS). The contents of the collaborative do not necessarily represent the policy of CDC or HHS, and should not be considered an endorsement by the Federal Government. Additional volunteer time and grant funding has been paired to facilitate this activity.

Q: Who will lead this collaborative and serve as instructors and subject matter experts?

A: In accordance with the leadership of the VIRUS registry through SCCM's Discovery Research Network, primary leaders for this collaborative include the following subject matter experts and project managers. Other expert subject matter experts will be added for special topics and coaching:

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Boston University School of Medicine
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Additional Experts
To be Determined

Q: Who should our team contact for questions?

A: Address your questions to Lori Harmon (lharmon@sccm.org) and she will forward the query to the correct collaborative leader for a response.