



2009 IHA Patient Safety Collaborative

“Stop Blood Stream Infections”

Program Code 1-019.09

An exciting opportunity for Illinois hospitals

Central line associated blood stream infections (CLABSI) are under intense scrutiny by patients, legislative and regulatory bodies, and the media. A 2008 congressional report encouraged all states to implement the successful strategies used in Michigan as a way to prevent avoidable deaths and reduce avoidable costs. The 2009 IHA Patient Safety Collaborative (PSC) is a formal partnership with Johns Hopkins University (JHU) to implement strategies proven to reduce CLABSI during the Michigan Keystone ICU Project. **Distance-based learning** is a key feature of the 2009 PSC.

During this two year program, participants will work with nationally-recognized leaders to develop strategies specific to their organization and resolve barriers to the sustained reduction of blood stream infections. **All Illinois hospitals** - with and without ICUs - should consider participation in the Collaborative as a visible demonstration to their community, payers, and legislators of their commitment to the delivery of safe, effective care and the prevention of hospital acquired infections.

There is no cap on the number of hospitals that can enroll!

Online registration will begin March 15th at <https://ihref.ihatoday.org>

A \$500 deposit will be requested at time of registration

Hospitals with ICUs

Up to 75 hospitals \$2,500 per hospital

76 to 125 hospitals \$2,000 per hospital

126 or more hospitals \$1,500 per hospital

Hospitals without ICUs

\$ 500 per hospital



A \$500 deposit is requested at time of registration—an invoice will be sent upon close of registration

TO REGISTER ON-LINE: <https://ihref.ihatoday.org>, e-mail address & credit card are required.

TO REGISTER by MAIL: Complete Registration Form Below

PLEASE PRINT CLEARLY.

Name: _____

Title: _____

E-Mail (required): _____

Hospital/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

PHONE REGISTRATIONS ARE NOT ACCEPTED.

Charge \$_____ to my:

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Account #: _____

Expiration Date: _____

Print name as it appears on card: _____

Authorized Signature: _____

MAIL FORM WITH PAYMENT TO:

IHA, 37092 Eagle Way, Chicago, IL 60678-1370

(Registration forms will not be accepted without \$500 deposit.)

MAKE CHECK PAYABLE TO: IHA (Illinois Hospital Association), please remember to allow 5 mailing days.

FAX FORM WITH CREDIT CARD INFORMATION TO:

IHA: 630-276-5509

