Comprehensive Unit-based Safety Program (CUSP) Guide
Disclaimer
This presentation is not intended to replace comprehensive CUSP training.

Credits
• Johns Hopkins Armstrong Institute for Patient Safety and Quality
• Agency for Healthcare Research and Quality
What is CUSP?

• Comprehensive Unit-based Safety Program:
  ▪ Safety culture
  ▪ Empowers staff
  ▪ Creates partnerships
  ▪ Provides tools

• Open and honest communication among all unit members is the key to success.

Culture is local
Strong Patient Safety Culture

• An organization where staff:
  ▪ Believe preventable harm is not acceptable
  ▪ Speak up and raise concerns
  ▪ Listen when others have a concern
  ▪ Recognize and address personal and organizational hazards
  ▪ Design and improve systems that support the delivery of safe, quality care
  ▪ Work as a team
  ▪ Engage patients and family members
Critical Elements of Safety Culture

• Leadership
• Teamwork
• Evidence-based practices
• Communication
• Learning
• Just culture
• Patient-centered care
High-reliability Organizations

• Consistent performance at high levels of safety over long periods of time
• Possess “collective mindfulness”
• Eliminate deficiencies in safety processes
• Create a culture that focuses on safety

Chassin & Loeb, Health Affairs, April 2011
The “4Es”

Engage
Win the hearts & minds of your team(s)

Educate
Teach your team(s) about your intervention

Execute
Implement your plan with purposeful team participation

Evaluate
Determine how well your effort has improved care processes & outcomes

Senior executives

Team leaders

Frontline staff
The “4Es”

1. Engage
   - How will this make the world a better place?

2. Educate
   - How will we do this?

3. Evaluate
   - How will we know we made a difference?

4. Execute
   - What do I need to do?
CUSP Phaseline

- Pre-CUSP
- Implementation of CUSP
- Sustaining CUSP
Pre-CUSP

• Learn about CUSP
  ▪ Attend CUSP workshop
• Assemble the Team
  ▪ Identify a CUSP team
  ▪ Develop meeting schedule
  ▪ Assess safety culture
• Senior executive orientation
Assembling a CUSP Team

- CUSP coordinator
- CUSP facilitator
- CUSP champion
- Unit manager
- Provider champion
- Senior executive

- Additional team members
  - Infection preventionist
  - Patient safety officer
  - Medical director
  - Pharmacist
  - Nurse educator
  - Patient/family advisory board
  - Clinical technician
  - Other – project lead
Structure for Success

• Meeting logistics
• Communication
• Decision-making
• Participation
• Expectations
Implementation of CUSP

1. Educate staff on the science of safety
2. Identify defects
3. Meet with executive and entire CUSP team
4. Learn from defects
5. Improve teamwork and communication
Swiss Cheese Model

- Workaround error
- Defect
- Potential defect
- Error

Adverse event reaches patient
## Technical vs. Adaptive Change

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<thead>
<tr>
<th>Technical Work</th>
<th>Adaptive Work</th>
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<tbody>
<tr>
<td>Premise: There is knowledge to implement a solution</td>
<td>Premise: Addressed through changes in attitudes, values, beliefs and behaviors</td>
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<tr>
<td>A focus on tasks</td>
<td>A focus on unit and organizational change</td>
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Adaptive and Technical Problems

Technical Work

- Evidence-based interventions

Adaptive Work

- Local culture

Sweet Spot
Sustaining CUSP

• Continue to identify and learn from defects
• Maintain regular meeting schedule and share stories
• Assess safety culture regularly and complete scorecards
• Orient new staff to CUSP and reinvigorate teams
# Additional Information

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<thead>
<tr>
<th>Resource</th>
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<tbody>
<tr>
<td>MHA Community Website</td>
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<td><a href="#">Click Here</a></td>
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