

Executive/Senior Leader Checklist		
Comprehensive Unit Based Safety Program “CUSP”	Leader Responsible	Date Initiated
1. Ensure science of safety training for all current and new employees (www.safercare.net)		
2. Assign leader (CEO or another leader) as an active member of each CUSP team; meet with the team on the unit at least monthly		
3. Create a policy for unit level accountability: document learning from at least one defect per month		
4. Foster organizational learning: disseminate learning from defect lessons with expectations for local adaptation		
5. Require use of a patient specific daily goals checklist		
6. Codify interdisciplinary rounds as an organization-level standard of practice; support local interpretation based on unit characteristics		
7. Acknowledge work of teams: celebrate success through stories in hospital newsletter, opportunities for teams to share with management and other teams		
Central Line-Associated Bloodstream Infection “CLABSI”		
1. Make elimination of CLABSI an organization-wide goal; include in strategic plan		
2. Develop a coordinated plan for CLABSI reduction throughout the organization		
3. Provide protected time for CLABSI reduction team leaders: doctor, nurse, data collector (approx. 10% each)		
4. Monitor hand hygiene no less than quarterly and report performance to all employees and the Board		
5. Ensure chlorhexidine is available in central line insertion kits		
6. Provide line carts to hold all central line insertion supplies in one place, or pack supplies in complete kits		
7. Empower nurse to stop line placement if there is a breach in protocol during insertions that are not life-threatening emergencies.		
8. Require that Infection Control produce a weekly report of harm (Report the number of people infected each week) Disseminate to the entire senior leadership team and board; create a process to investigate each infection and close the loop)		
9. Review CLABSI rates at least quarterly at board meetings		

Board Checklist

Comprehensive Unit-Based Safety Program “CUSP”	Leader Responsible	Date Initiated
1. Set organization aim to assess annually safety and teamwork climate annually and improve it using valid measures. (Culture of Safety)		
2. Set expectation for UNIT-level culture assessment, and at least 60% participation rate by doctors and nurses. (Hospital-level culture scores do not allow targeted improvement.) Culture is local.		
3. Review Culture Assessment data regularly (The Joint Commission requirement), and explore relationship between culture and clinical outcomes		
4. Hold Executive team accountable for explicit action plan to improve safety and teamwork climate. Review progress monthly.		
5. Establish policy that requires science of safety training for all current and new employees and board members (www.safercare.net).		
6. Set expectation that a senior leader is an active member of each CLABSI team and meets with the team on the unit at least monthly.		
7. Hear at least one patient-level Story of Harm from infection at each Board meeting.		
8. Work with CEO and CMO to establish interdisciplinary patient rounds as an organization standard of practice.		
9. Review a summary report of staff patient safety assessments* no less than annually. (* “how is the next patient likely to be harmed on my unit? What might we do to prevent that harm?”)		
Central Line-Associated Bloodstream Infection “CLABSI”		
1. Define organization goal of 75% CLABSI reduction over 3 years. Target is a mean CLABSI rate of <1 infection per 1000 central line days and a median of zero.		
2. Review unit level CLABSI rates at least quarterly at full Board meeting.		
3. Establish accountability process to investigate each infection, close the loop, and report back to the board.		
4. Require CFO to provide quarterly review of CLABSI cases subject to CMS pay for performance and the financial impact per case.		
5. Establish audit mechanism to assure adherence with rigorous data quality standards. Review audit reports quarterly.		
6. Hold CEO and Executive team accountable for CLABSI reduction through performance-based compensation		
7. Require a monthly report of harm that includes the number of people infected each month, use of catheter insertion checklist, and hand hygiene compliance		
8. Assure that the board reviews all infection-related sentinel events, liability claims, medical staff disciplinary actions, and patient complaints.		
9. Make hospital and unit-level CLABSI data transparent.		

SAFETY ISSUES WORKSHEET FOR SENIOR EXECUTIVE PARTNERSHIP - CUSP

Date of Safety Rounds:

Unit:

Attendees:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

(use back of form for additional attendees)

Identified Issue	Potential/Recommended Solution	Resources	
		Needed	Not Needed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Copy form if more than 9 safety issues are identified.
Please return this form to your project leader