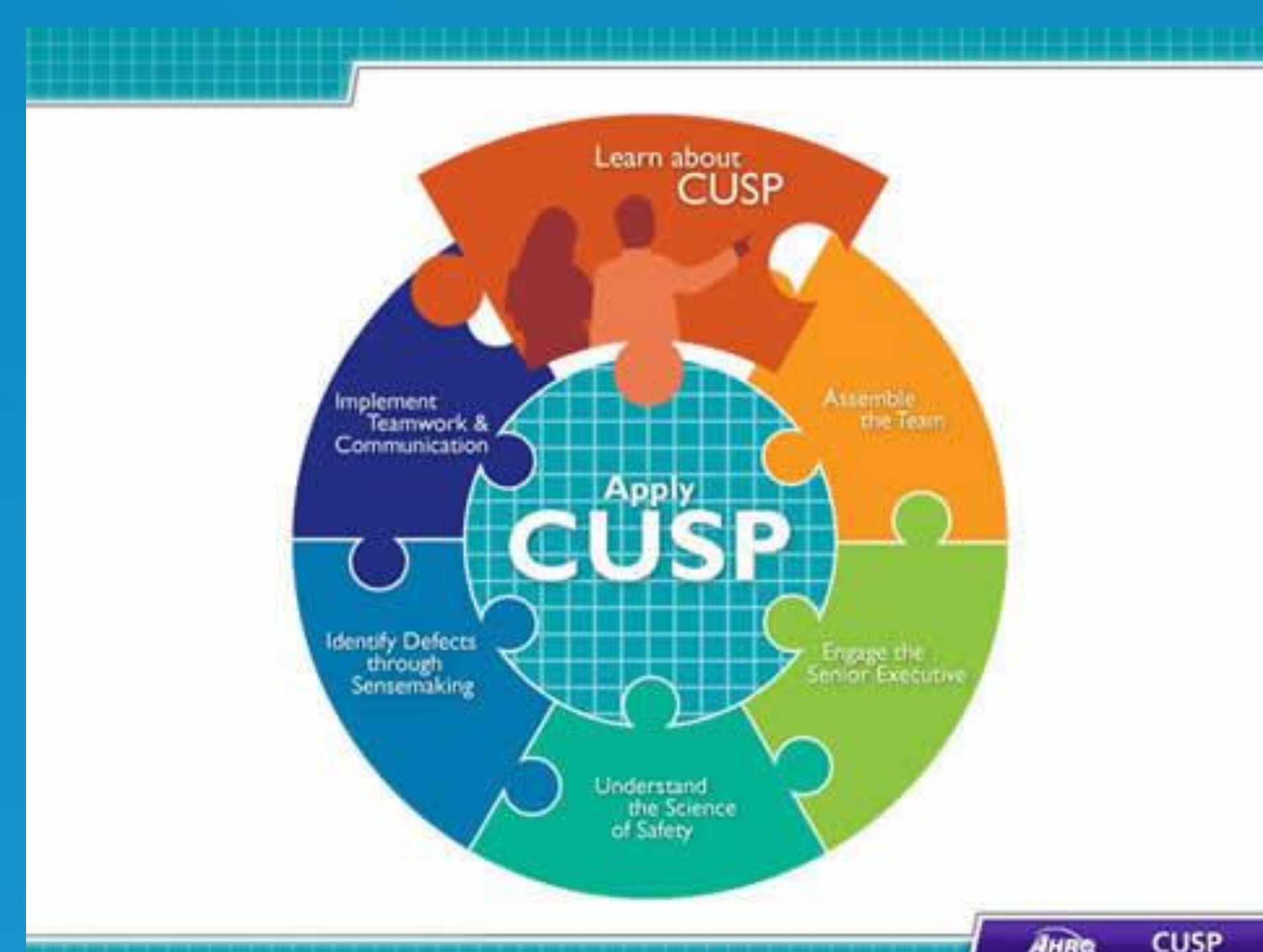# Implementing CUSP on the Johns Hopkins Bayview Medical Center Progressive Care Unit

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Science of Safety Survey Results

Pie chart: Falls 48%, Communication 27%, Triage 16%, Telemetry 9%

1 Background

The Progressive Care Unit (PCU) at Bayview Medical Center is a step down unit integral to providing intermediate care to patients with a variety of pulmonary and cardiac conditions. In conjunction with the Patient Safety Department, the PCU initiated a Comprehensive Unit Based Safety Program (CUSP). The CUSP provides an infrastructure that uses problem solving techniques to address patient safety concerns and learning from mistakes while developing a strong culture of safety and teamwork on the unit (Timmel, Kent, Holzmueller, Paine, Schulick, &Pronovost, 2010). The PCU CUSP project would serve the purpose of helping the unit to refine its standard of patient quality and improvement. It would serve the additional purpose of meeting the hospital's own goal of implementing CUSP on at least 2 units each year.

CUSP Process:

1. Minimum of 80% staff completion of the specially designed Science of Safety module on Learn Share and adaptation of the AHRQ Science of Safety Video featuring CUSP and application style quiz questions.

2. Staff participation in a two-question survey to determine which harms the unit staff thought were most imminent and how best those harms could be prevented.

3. Next, the team will meet with the staff and executive sponsor

4. Then address the staff's priority safety concern using the Learning from Defects tool.

5. Periodic safety meetings will continue

4 Conclusions

The Pre-CUSP work and a solid foundation for continuation of the CUSP Process have been successfully achieved. Completion of the first CUSP safety rounds meeting and implementation of the Learning from Defects and other tools for improvement are in progress.

5 Future Directions

The PCU CUSP is one of 5 other successful CUSP programs at Johns Hopkins Bayview Medical Center. In the months to come the safety team and unit will continue the process of developing a culture of safety, identifying potential harm, implementing strategies for change, and evaluating the success of the system and the culture of the team.

6 References

Hopkins Medicine. (2013). *CUSP framework.* Retrieved April 17, 2013 from http://www.hopkinsmedicine.org/innovation_quality_patient_care/areas_expertise/improve_patient_safety/cusp/five_steps_cusp.html Change the

Timmel, J., Kent, P., Holzmueller, C., Paine, L., Schulick, R., Pronovost, P., (2010). Impact of the Comprehensive Unit-based Safety Program (CUSP) on safety culture in a surgical inpatient unit. *Jt Comm J Qual Patient Saf, 36(6):252-60. Retrieved April 17, 2013 from http://docserver.ingentaconnect.com.ezproxy.welch.jhmi.edu/deliver/connect/jcaho/15537250/v36n6/s2.pdf?expires=1366246941&id=73827459&titleid=11231&accname=Welch+Medical+Library&checksum=B920AFF586326F5387D07C1139448A85*
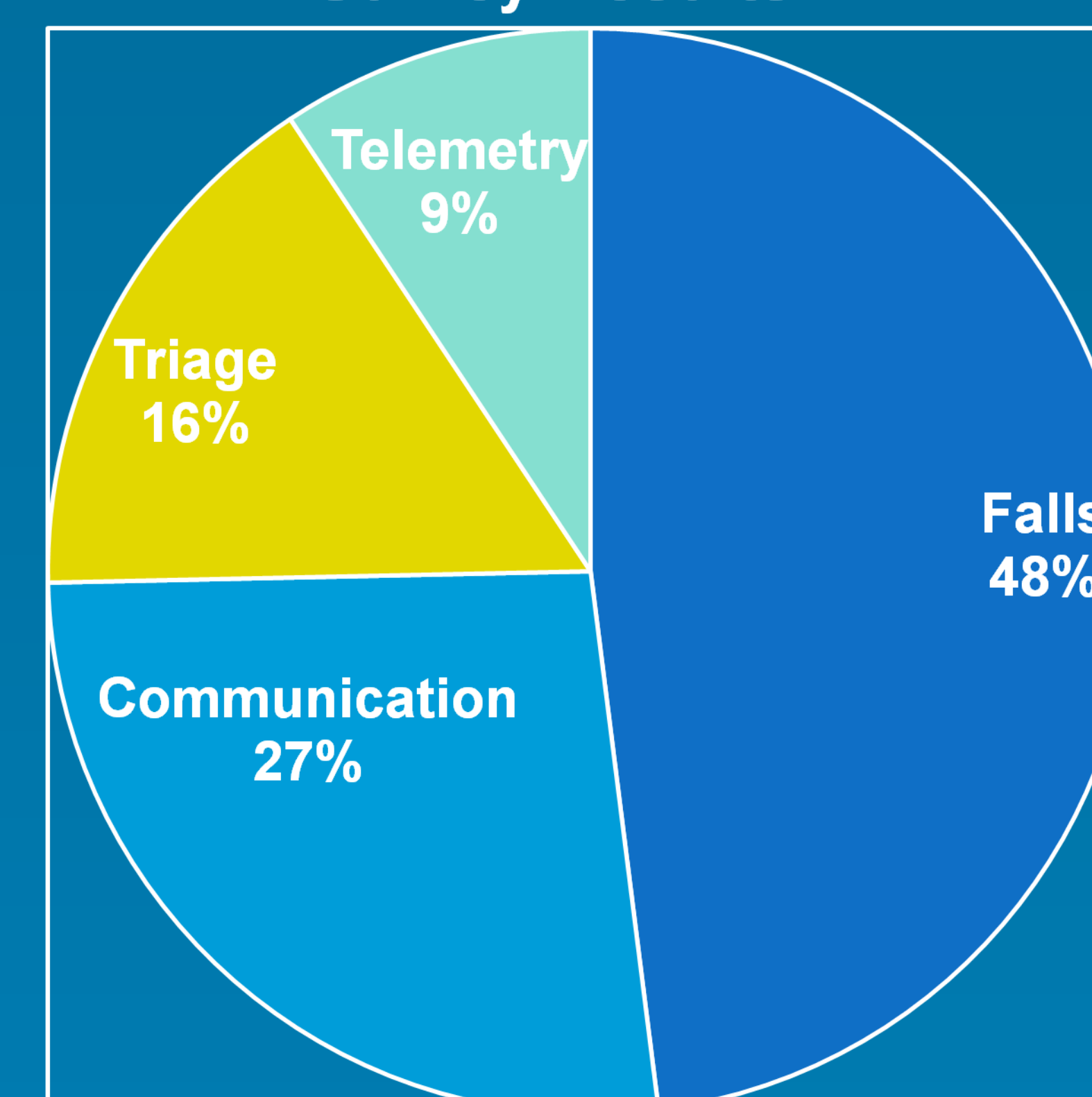
3 Results

Pre-CUSP

1. Two PCU CUSP Champions were selected and trained through the Johns Hopkins Armstrong Institute, an executive sponsor and the other members of the interdisciplinary team were recruited.

2. Unit culture and unit-specific safety data was successfully collected, including PSN reports and staff reporting.

CUSP Process

1. Staff Science of Safety Training and completion of the 2- question survey achieved 91% and 80% participation respectively.

2. Data analysis of the two question survey identified falls, communication, poor triage, and telemetry as the four areas of highest safety concern.

2 Methods

The CUSP was implemented in 2 main phases: Pre-CUSP, consisting of 4 steps, and the CUSP Process, consisting of 5 steps (Hopkins Medicine, 2013; Timmel et al., 2010).

Pre –CUSP:

1. Assembling an interdisciplinary safety team

2. Partnering with a senior executive,

3. Conducting a safety culture survey,

4. Collecting unit data

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