

OHIO TEAM CHECKUP TOOL

UnitID:

Month/year for which data provided:

Please answer the following questions with respect to the last month only:

1. Please indicate the CUSP activities in which your team participated by checking all that apply:
- a. Science of Safety video No Yes
 - b. AM Briefing No Yes
 - c. Daily Goals No Yes
 - d. Culture Debriefing No Yes
 - e. Observing Rounds No Yes
 - f. Staff Safety Assessment No Yes
- i. If yes to 1.f., were safety issues grouped and prioritized?
2. Approximately what portion of staff on the unit has viewed the Science of Safety video? Few Some Most All
- a. Was the Science of Safety video included as part of orientation for new staff members? No Yes N/A, No new staff members this month
3. What portion of staff on the unit consistently uses the following?
- a. Appropriate hand hygiene Few Some Most All
 - b. Chlorhexidine skin preparation Few Some Most All
 - c. Full-barrier precautions during line insertion (maintaining a sterile field) Few Some Most All
 - d. Avoid femoral site for placement Few Some Most All
 - e. Removing unnecessary lines Few Some Most All
4. Which of the following did your team undertake to teach others on the unit how to prevent bloodstream infections (check all that apply)?
- Internal seminar
 - Infection Control visit/ talk
 - In-services/ demos
 - New written policy
 - Posted the steps
 - Put the protocols on all clipboards
5. How many times did your team meet (please enter number)? _____
6. How often did your senior executive partner meet with your team regarding the Unit project (please enter number)? _____
7. Please indicate the type of data shared with your senior executive partner this month by checking all that apply:
- Unit infection rates
 - Findings from the Staff Safety Assessment
 - Data from the Unit culture assessment
8. Did the senior executive partner:
- a. Participate in safety rounds? No Yes
 - b. Participate in the prioritization of safety issues? No Yes
9. Did your team have a chance to present your unit's performance data to other senior hospital/health system leaders? No Yes
10. Did your team have a chance to present your unit's performance data to the hospital/health system Board? No Yes
11. How often did your team review your performance data (please enter number)? _____

12. How often did your team share your performance results broadly with Unit staff (please enter number)? _____

13. If data were shared with staff, please indicate how feedback was provided by checking all that apply:

Verbal Report Poster
 Written Report Staff meeting

14. Did the team identify a patient safety defect?

No Yes

a. If yes, did the team work through a process to learn from the defect? No Yes

i. If yes, did the team share findings with others?

No Yes, it was shared within the unit
 Yes, it was shared outside the unit

15.a. Did anyone on your quality improvement team permanently leave? The hospital The unit The team

b. Check here if you ADDED anyone to the team.

16. Did your team or unit attempt to/ were you asked to share information or detailed advice about this project with...?

Another ICU, same hospital; Non-ICU, same hospital; Outside hospital

17. Has there been any event in your unit that has distracted staff from this work? No Yes, What? _____

18. In the past month, did any of the following slow your team's progress?

a. Insufficient knowledge of evidence supporting interventions No To Some Extent Yes

b. Lack of team member consensus regarding goals No To Some Extent Yes

c. Not enough time No To Some Extent Yes

d. Lack of quality improvement skills No To Some Extent Yes

e. Not enough buy-in from other staff members in your area No To Some Extent Yes

f. Not enough buy-in from other physician staff in your area No To Some Extent Yes

g. Not enough buy-in from other nursing staff in your area No To Some Extent Yes

h. Staff turnover No To Some Extent Yes

i. Confusion about how to proceed with CUSP activities No To Some Extent Yes

j. Burden of data collection No To Some Extent Yes

k. Not enough leadership support from executives No To Some Extent Yes

l. Not enough leadership support from physicians No To Some Extent Yes

m. Not enough leadership support from nurses No To Some Extent Yes

n. Insufficient autonomy/authority No To Some Extent Yes

o. Inability of team members to work together No To Some Extent Yes

If response to 18o is To Some Extent or Yes, did any of the following contribute:

o.1. Insufficient participation of one or more team members No To Some Extent Yes

o.2. Some members do not value the contributions of other team members No To Some Extent Yes

o.3. Low or no feeling of being a team No To Some Extent Yes

o.4. Personality conflicts No To Some Extent Yes

o.5. Poor conflict resolution skills No To Some Extent Yes