Strengthening Our Shared Culture of Teamwork and Safety at UCH: Comprehensive Unit-Based Safety Program (CUSP)

Our shared priority is to always ensure our patients are safe – it’s our culture... And culture matters because research has linked teamwork and a climate of safety to higher performing organizations.

In healthcare, this translates into significantly better clinical outcomes, higher patient, staff and provider satisfaction, and an overall increase in efficiency in health care delivery. For all of us caring for patients at University of Colorado Hospital, we know we can continually reinforce our culture of safety.

One tool to accomplish this is to learn as a team how to implement a Comprehensive Unit-Based Safety Program (CUSP).

Our goal: establish ten new CUSP teams across our enterprise during the Fall, 2014, and provide the training and support needed to get started. But first, we need to know who wants to take this on.

For you and your colleagues to join us, all you have to do is:

- Write 1-2 paragraphs about your interdisciplinary team, why you want to be part of this inaugural CUSP training at UCH and how this can help you reach your improvement goals
- By September 22nd, email this to Tatyana Popkova at Tatyana.Popkova@uchealth.org
- The Adult-Health Quality Committee will review all team summaries, develop the training plan based on team interest and notify you of next steps.

Tell me more about CUSP...

CUSP is a structured framework developed within academic medical centers with support from AHRQ (http://www.ahrq.gov/professionals/quality-patient-safety/cusp). It’s a proven model that enables safety and operational improvement by integrating communication, teamwork and leadership at the local level to create and support a culture of patient safety and prevention of harm.

Why is CUSP different from other approaches to quality improvement?

First, CUSP can improve patient safety and safety culture through integrating safety practices into daily work that is implemented at the unit level. All culture is local and actionable value can be measured, assessed and changed at the local level more readily than attempting to find broad, common solutions. CUSP engages frontline providers in improvement to learn together, develop “universal bundles” to streamline care, all the while creating and strengthening a community to share and continue learning.

Second, CUSP utilizes cyclical improvement processes and sets the expectation that improvements are not linear or one-time events. The cycles are expected to be short to help teams move faster through analysis and into action.
Additionally, CUSP is evidence-based, addressing both adaptive changes needed for sustainable improvements as well as technical changes by utilizing the TRiP (Translating Evidence into Practice) method.

Can you describe an example of where this has worked here at UCH?

One local example is the Pancreas CUSP at UCH, which began its work in 2013 by surveying their clinical team with a simple “Two Question Survey”:

1. How will the next Pancreas patient be harmed?
2. How can we prevent that harm?

After stratifying answers from all who identified themselves as taking care of Pancreas patients 60% of their time or more, the Pancreas CUSP team identified their first project was to tackle the lack of a standard nutrition order set for their patients. They first worked to get all surgeons, anesthesiologists, endocrinologists and the glucose team to be in agreement on the order set definition. The EPIC team was then engaged to build this order set into the system. Development and roll-out of education on the new order set to Nutrition, Pharmacy, Nursing and housestaff came before the order set went live.

The result was an evidence-based, provider-driven and aligned solution that was easy to use because of the automation through EPIC. Once implemented, the team effectively reduced variations in post-operative management of pancreas UCH patients and are now measuring the longitudinal benefits to both patients and the hospital.

For more detailed information, go to the AHRQ website at:

Interested in being part of a new CUSP team?
Contact Tatyana Popkova at Tatyana.Popkova@uchealth.org