ARMSTRONG INSTITUTE FOR PATIENT SAFETY AND QUALITY

CUSP MANAGER/UNIT LEADER

CUSP FACILITATOR

CUSP COORDINATOR

Date/Time/Location:

CUSP Monthly Meeting Agenda

| Virtual Meeting Link: | |
|------------------------|------|
| MS Teams Link: | |
| Mission/Vision: | |
| CUSP Core Team: | |
| | |
| CUSP ROLE | Name |
| CUSP UNIT CO-CHAMPION | |
| CUSP UNIT CO-CHAMPION | |
| CUSP PROVIDER CHAMPION | |
| CUSP EXECUTIVE | |

| TOPIC: | TIME ALLOTTED: | Lead/DISCUSSION POINTS: |
|---|-------------------|--|
| New Introductions Review of previous meeting minutes Agenda Overview Announcements Old Business | 10 minutes | CUSP Champion: (Name) Relevant Stakeholder Role: (Name) |
| Stakeholder Report Out Safety Data: Event Reports, Patient Experience, RCAs, Safety Rounds | 10 minutes | Stakeholder Role: (Name) Safety Data Type: (Name) |



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| STATUS OF SAFETY EFFORTS Project Report Out Safety Culture Update | 5 minutes | Project Name: (Lead Name) Safety Culture Action Item: (Name) |
|---|------------|---|
| DIVING DEEPER INTO A DEFECT | 25 minutes | CUSP Champion/Designee: (Name) Defect/Problem Statement: Goal for the Team: Defect Investigation Tool: |
| PULSE CHECK What keeps you up at night? What about your work is difficult, different, dangerous, or doesn't make sense? | 5 minutes | Lead: (Name) Keeps You Up: Difficult: Different: Dangerous: Doesn't Make Sense: |
| ACTION ITEMS | 5 minutes | • Lead: (Name) |
| NEXT MEETING | | Date/Time: Location: |

