

CUSP Tool: Staff Safety Assessment

PURPOSE OF THIS FORM:

The purpose of this form is to tap into your knowledge and experiences at the frontlines of patient care to find out what risks are present on your unit that have or could jeopardize patient safety.

Who should complete this form: All health care providers.

How to complete this form: Provide as much detail as possible when answering the 2 questions. Drop off your completed safety assessment form in the location designated by the CUSP improvement team with your job category, date and unit in the top box (name is optional).

When to complete this form: Assessing safety should be considered an iterative process with no defined end (like a moving bicycle wheel). Thus, it can be filled out by any health care provider at any time. At the very least, all health care providers should complete this form semiannually.

Name	Date
Job Category	Unit

Please describe how you think the next patient in your unit/clinical area will be harmed.

Please describe what you think can be done to prevent or minimize this harm.

THANK YOU FOR HELPING IMPROVE SAFETY IN YOUR WORKPLACE!