Team Checkup Tool

**Purpose of the tool:** This tool helps assess unit strengths and opportunities for improving unit processes and upgrading unit safety culture.

**Who should use this tool?** Health care teams

**Directions:** Your team should collectively complete one Team Checkup Tool every month.

**State:**

**Hospital Name:**

**Date:**

|   | Knowledge/Skills | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Five randomly selected staff members (e.g., nurses, nurse-midwives, physicians) from our unit can list at least two interventions that are part of the Safety Program for Perinatal Care. |   |   |   |   |   |
| 2 | Unit staff members are confused about how to proceed with project activities to improve safety. |   |   |   |   |   |
| 3 | All staff members can communicate the project’s goals.  |   |   |   |   |   |
| 4 | All team members can list the number of days between incidents on the unit. |   |   |   |   |   |
| 5 | There are good systems in our unit to ensure we meet the goal of <Insert a safety measure here>. |   |   |   |   |   |
| 6 | There is a lack of quality improvement skills on our team.  |   |   |   |   |   |
| 7 | We perform a unit analysis for each incident using the Learning from Defects Tool. |   |   |   |   |   |

|   | Attitudes/Beliefs | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | StronglyAgree |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | We have had ownership from staff members on this unit. |   |   |   |   |   |
| 2 | We have had good ownership from physician staff on this unit. |   |   |   |   |   |
| 3 | We have had good ownership from nursing staff on this unit. |   |   |   |   |   |
| 4 | Staff members on this unit do not believe that perinatal safety is an issue for this unit.  |   |   |   |   |   |
| 5 | A junior staff member feels comfortable questioning a more senior staff member who is not using a unit-developed safety tool or following a unit- developed safety process or procedure |   |   |   |   |   |
| 6 | Our senior executive can state three safety concerns the staff have identified. |   |   |   |   |   |

|   | Resources | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | StronglyAgree |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Our team meets at least once a month. |   |   |   |   |   |
| 2 | There is not enough time to get our team’s work done. |   |   |   |   |   |
| 3 | Unit leadership (managers, physicians, opinion leaders) is stable (i.e., low turnover).  |   |   |   |   |   |
| 4 | Data collection has not been a burden. |   |   |   |   |   |
| 5 | Staff members do not have time to collect maintenance data. |   |   |   |   |   |

AHRQ Publication No. 17-0003-16-EF

May 2017