



## The UP Campaign Implementation –Self Assessment

The UP Campaign consists of four crosscutting interventions: Wake UP: Prevent Over Sedation, Get UP: Mobilize Patients, Soap UP: Hardwire Hand Hygiene and Script Up: Optimize Medications.

This UP Campaign Implementation Self-Assessment Tool is designed to assist your organization's implementation efforts to simplify safe care and streamline interventions to improve care. This tool serves as a gap analysis to understand where your organization/unit is with regards to each of the UP campaign components.

How to use this tool:

- Answer the questions with your UP Campaign team,
- You may want to complete the tool from more than one perspective (unit specific and hospital-wide)
- Consider your responses to determine the next steps
  - Create an AIM statement
  - Identify your priorities for implementation
  - Brainstorm and select Tests of Change for each UP

<b>UP Campaign Implementation – Self-Assessment</b>	<b>Not thinking about it</b>	<b>Just starting to plan</b>	<b>Testing on one unit</b>	<b>Spread to multiple units</b>
<b>WAKE UP Prevent Over-Sedation</b>				
Are you using the Pasero Opioid-induced Sedation Scale (POSS) prior to and after opioid administration?				
Do you offer multimodal pain management; both pharmacologic and non-pharmacologic modalities?				
Are you setting pain management expectations ("0" is not the goal) prior to admission?				
Are you asking about comfort level in addition to pain score?				
Are you using Teach-Back methods with patients and families to enhance their knowledge and assist in setting pain management expectations?				
<b>GET UP Mobilize Patients</b>				
Do you have a mobility team?				
Do you have a mobility protocol?				
Have you clearly identified staff that have the capacity to ambulate patients daily?				
Do your nurses or rehabilitation/physical therapists evaluate each patient’s mobility status upon admission?				
Do you have safe patient handling and movement training for nursing and assistive staff?				
Is mobility equipment readily available for nurses and patients to access? (canes, walkers, lifting and safe patient handling devices, gait belts)				
Do you have a way to document and monitor daily mobility?				
<b>SOAP UP Hardwire Hand Hygiene</b>				
Do you display hand hygiene (HH) compliance results in highly visible places at the department/unit level?				
Have you implemented scripting to remind other team members to perform HH when it is not observed?				
Do you have a system in place that holds all team members accountable to the HH expectations?				
<b>SCRIPT UP Optimize Medications</b>				
Have you implemented a “time out” after 24-48 hours of antibiotic therapy to re-assess and optimize therapy?				
Do the staff, providers, and pharmacists have ready access to reminders and alerts to avoid medications on the Beers list for patients over 65 years old?				
Is there a specific number of medications on a patient’s medication list (e.g., 10) that will trigger a review by a pharmacist?				

