

FACILITY EVALUATION TOOL FOR CUSP READINESS IN FACILITY

QIO FACILITY CUSP READINESS CHECKLIST	Yes	No	Needs work	Assigned To
Basic Readiness				
1. Evidence of current hand hygiene staff education				
2. Full-barrier precautions during central venous catheter insertion				
3. Use of Chlorhexidine for skin cleaning prior to venous catheter insertion				
4. Policy of avoiding the femoral site if possible during central venous catheter insertion				
5. Practice of removing unnecessary catheters				
Adherence Strategies				
1. Documentation of clinician education on safety practices for Central Line insertion				
2. A central-line cart with necessary supplies in any unit where central lines are inserted				
3. Consistent use of a checklist to ensure adherence to infection-control practices during central venous catheter insertion				
4. Policy empowering nursing to stop providers in the presence of non compliance with infection control practices during central line insertion				
5. Daily rounds to address central line catheter removal				
6. Evidence of Constant feedback regarding infection statistics.				
Pre Cusp Work				
1. Unit Safety Teams in place on each unit inserting or caring for central lines				
2. Each unit has designated unit, nursing and physician champion.				
3. A safety culture base line has been established				
4. Senior executive partners designated for each unit				
Five Steps for CUSP				
1. All staff educated regarding safety practices				
2. Defect identification has begun				
3. Executive partner rounds made at least monthly				
4. Evidence of learning from defects, what is the defect, why did it happen, what action was taken, was it effective?				
5. Teamwork tools are initiated				

CUSP Manuals and Tool kits: <http://www.onthecuspstophai.org/stop-bsi/manuals-and-toolkits/>

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