

CUSP Tool: Who's on Your CUSP Team?

Please indicate persons designated as CUSP team members (fill in as applicable). Your team may not have people in all of these categories.

ROLE	NAME & TITLE	PHONE & EMAIL ADDRESS
CUSP Coordinator		
CUSP Facilitator		
CUSP Champion		
Unit Manager		
Provider Champion		
Senior Executive		
Physicians/Providers on team (list all)		
Nurses on team (list all)		
Infection Control Practitioner or equivalent role		
Nurse Educator		
Pharmacist		

ROLE	NAME & TITLE	PHONE & EMAIL ADDRESS
Hospital Patient Safety Officer or Chief Quality Officer		
Staff from Safety, Quality or Risk Management Office		
Respiratory Therapist		
Physical Therapist		
Social Work, Support Staff (e.g., technicians, ward clerks, nurse's aides)		
Other Roles? (Fill In below)		