**Occlusion:**

**Step 2: Validation – Device Factors**

You uploaded your hospital's policy, protocol, or order set containing MAGIC or another validated decision tool.

What date was this tool implemented at your facility?

Is a vascular access decision tool (MAGIC or INS guidelines) currently incorporated into your electronic order set for PICCs?

* Yes
* No - No plans to incorporate
* No - Plans to incorporate

If your hospital currently has a vascular access decision tool incorporated into your electronic order set, when did the order set go into effect?

If your hospital plans to incorporate a decision tool into your electronic order set, when is this currently scheduled to go into effect?

If your hospital does not plan to incorporate a decision tool into your electronic order set, please detail why and what barriers you have encountered?

#### Have you shared the MAGIC app with your providers or inserters?

* Yes
* No

If you have shared the MAGIC app with your providers or inserters, please detail how you shared it, with whom the app was shared, and approximately how many of your providers and/or inserters are using the app.

If you have not shared the MAGIC app with your providers or inserters, please share the barriers you have encountered to sharing the app.

#### You uploaded your hospital's criteria for multi-lumen PICCs. When did these criteria begin to be used at your facility?

#### Who did you educate about your hospital's multi-lumen PICC criteria? How and when was this education given?

#### Does your electronic order set for PICCs default to single lumen devices?

* Yes
* No - No change planned
* No - Change approved, waiting on IT/next upgrade
* No - PICC order does not include number of lumens

#### Who evaluated the appropriateness of the group(s) determining PICC/vascular access device appropriateness and number of lumens at your hospital? Please list the roles of those who were involved.

#### What group(s) were determined to be the most appropriate to evaluate PICC appropriateness and number of lumens at your hospital?

#### Have you implemented any of the following related to vascular access and/or occlusion prevention since you began this step?

* New or Changed Process
* New or Changed Policy
* New Product
* Education
* Other
* None

For each of the changes you made, please provide specifics about what you did and when.