The Joint Commission

Big Book of Checklists

2nd Edition

ASSESSMENT

DECISION

EVALUATION

PROCEDURE

TO-DO

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INTRODUCTION

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Every day we use tools and resources to manage our lives, both personally and professionally. As a health care professional, you are committed to providing safe quality health care to all individuals. The checklists in this book are designed to help you succeed in that effort.

You may be a first-time reader who has not had the opportunity to put these tools to the test, or you could be a returning reader interested in what new checklists you can use. In either instance, if you're reading this book, then you are searching for tools to help your health care organization navigate the increasing complexities of providing quality health care and maintaining the physical environment where health care is delivered.

Checklists Are Commonplace for Good Reasons

How can something as simple as a checklist truly help your organization become more reliable? After all, using a checklist is hardly a new idea, and you've probably already been using them all your life. You might write to-do lists (a type of checklist) to help with routine tasks when you're busy and could forget something you need to do. Another example you may use in your day-to-day life is a procedure-type checklist. Think about your favorite recipe; those instructions are, in fact, a checklist. They are providing a set of tasks that must be done in a certain order to ensure your culinary success. Whichever checklists you employ, it is important to remember that checklists are commonplace for good reasons. Consider the following:

- ***Efficiency.*** Checklists can help you become more efficient and systematic when completing routine tasks. This frees up a little brain energy and allows you to focus more attentively on other tasks that require more flexible thinking, such as critical thinking and problem solving.[1,3]
- ***Standardization.*** Checklists can help you standardize the way tasks should be completed.[1–4] This can help improve outcomes by ensuring that every task is performed accurately and appropriately each and every time.
- ***Teamwork and communication.*** Checklists can help you foster effective teamwork and guide communication.[1,5] This is critically important in health care since every member of a team needs to know specifically what his or her role is in a process or a series of processes, including when to share information and what information to share, to provide safe, quality, and timely patient care.
- ***Error reduction.*** Checklists can help you prevent or decrease human error under stressful conditions.[1,3,6] Just knowing you have a checklist available for certain tasks or processes can relieve the anxiety that can contribute to job dissatisfaction and adverse health issues as well as undue patient care complications.

Using Checklists in Health Care

Many industries, such as aviation and nuclear power, use checklists for the reasons previously outlined.[5] Health care has embraced checklists as well, most notably to help ensure safe surgery[1,7,8] and the sterile insertion of central line (venous) catheters.[9] Atul Gawande, MD, a surgeon at Brigham and Women's Hospital in Boston and author of *The Checklist Manifesto*,[1] worked with the World Health Organization (WHO) to pilot the WHO Surgical Safety Checklist.[10] That checklist complements requirements outlined in The Joint Commission's Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery.™ Additionally, Peter Pronovost, MD, an anesthesiologist and critical care physician at Johns Hopkins University School of Medicine in Baltimore, introduced the widely used central line checklist. A study on the use of that checklist in the intensive care unit (ICU), known as the Keystone ICU study, proved to the health care industry that central line–associated bloodstream infections (CLABSIs) can be reduced to zero or near-zero levels with the standardized checklist approach.[9]

More Proof

In a field focused on zero harm, the proof is often in the study results—in this case, in the results of studies associated with checklist usage. What has been proven is this: When health care organizations consistently and correctly follow well-developed checklists, those checklists

help to ensure that every patient receives safe care based on evidence-based practice.[1,7,8,11–14] Such standardization leads to highly reliable care[2] and fewer episodes of patient harm.[7,8,13,14] It's equally important to know this: In all the studies conducted on the use of checklists in health care, there has not yet been one study to show that a checklist contributed to an adverse event.[6]

Endless Applications

What we know now is that using checklists doesn't and shouldn't stop in the surgical suite or the ICU. The applications of checklists in health care are ongoing and evidently beneficial wherever they are used—including the following few new areas of concern:

- ***Reduce patient complications.*** Health care organizations are using checklists to reduce patient complications and deaths by reminding clinicians to use antibiotics judiciously or prescribe treatments to prevent deep vein thrombosis (DVT).[5]
- ***Ensure improved transitions of care.*** Health care organizations are using checklists to ensure better transitions of care by prompting caregivers to be more thorough during hand-off communications.[15–17]
- ***Improve communication.*** Health care organizations are using checklists to improve communication and patient/family satisfaction by helping surgical residents to conduct difficult conversations after a patient's traumatic injury.[18]

Checklists: Defined and Described

The increased use of checklists in health care has led many to question when, where, why, and how checklists should be used. It's also led many to ask, "What exactly is a checklist?" The term checklist has been broadly applied to many types of tools. In the most common application, a checklist can be defined as follows:

> *A visual, supportive, cognitive tool consisting of a list of actions to perform, with the goal of incorporating every critical action, to complete a given task.[4,6,19] The action items, or check points, are arranged in a logical and functional or sequential order and are "checked off" as they are completed.[6,19]*

In health care settings, checklists defined in this way are most often used for clinical procedures or for caring for patients with particular diseases. These procedures broken down in checklist format are typically areas in the process where there is high risk of failures or slips caused by distractions, a chaotic and stressful environment, or fatigue.[4] In other words, clinicians know what to do, but they might forget to do it or forget to do an important part of it (such as administering antibiotics 60 minutes before surgery)—especially when they are trying to complete tasks while responding to family or caregiver questions or tending to various patient needs.

Additionally, there are many nonclinical processes in health care organizations that can benefit from checklists. Evaluating the effectiveness and completeness of a policy, deciding on the next piece of technology to acquire, and assessing and evaluating the physical environment are all important aspects of health care facility management that help to ensure health care staff can provide safe, quality care.

In short, studies show that checklists if followed properly can help to prevent errors and other patient complications. Checklists do this by reminding health care organizations to complete critical steps in a particular process/procedure or by supporting and standardizing communication.

The following section summarizes the various types and uses of the checklists included in this book.

Assessment Checklists

The intent of assessment checklists is to figure out whether something or someone is meeting a defined level or status. If not, either an individual or a team of individuals or the thing being assessed needs to change. Basically, these checklists ask, "Is this okay or not?" For example, the Patient Medication Understanding Assessment Checklist (*see* Section 8) can be used to confirm that a patient understands the medications he or she is taking. If the checklist shows there are gaps in the understanding, you can address them on the spot for that patient. When using a checklist such as this consistently, you may discover that your patients may not be understanding as much as you assumed, and this could prompt your organization to look for better ways to improve patient education on medications in general or on specific medications.

Decision Checklists

When you have to make a decision based on information you need to gather, a decision checklist can help. These checklists include important questions to ask when making a specific—and often difficult—decision. Such checklists are intended to prevent you from forgetting details in the heat of the moment. Or they can give you guidance if you have no experience making the particular decision. They ask, "Have I asked all the questions I need to?" For example, you can use a Proposed Performance Improvement Projects Decision Checklist (*see* Section 9) if you need to make sure you're choosing the best project for a performance improvement (PI) initiative or the New Technology Decision Checklist (*see* Section 4) when your organization is selecting new medical technology.

Evaluation Checklists

When you evaluate something, you're using a list of criteria to determine its quality, value, or merit.[6,19] An evaluation checklist guides you to collect relevant evidence to make that judgment. A good evaluation checklist includes criteria for evaluating something specific, prompts you not to forget the most important criteria, and makes the evaluation as objective, credible, and reproducible as possible.[19] It asks, "Does *this* have *that*, like it should?" For example, you may want to use the Discharge Summary Evaluation Checklist (*see* Section 1) to make sure your discharge summaries are complete or the Health Information Policy Evaluation Checklist (*see* Section 4) to evaluate the quality of your health information policy.

Procedure Checklists

Procedure checklists are the most common checklists used in the health care setting and they follow the definition of a checklist as previously noted. The sequential list of actions can be phrased as directions, or as questions that ask if the actions were completed or not. In essence, these checklists say, "Do *this* and *then* that." Scoring or space for comments typically is not included since users are simply identifying whether a task is or is not complete. For example, using the Surgical Safety Procedure Checklist (*see* Section 1), the surgical team takes time to confirm that all the necessary steps have been completed, in order, to prepare for surgery or to end the surgery. Some procedure checklists, such as the Daily Patient Room Cleaning Procedure Checklist (*see* Section 5), may include tasks that need to be performed, but with some leeway for the actual order in which they are performed.

To-Do Checklists

The to-do checklists are your well-known laundry lists of things to do or things to collect or things to think about.[20] Even though they're common, don't dismiss them as unimportant. For example, using the Required Written Policies Checklist (*see* Section 2), a list of policies required by The Joint Commission, will save you time on survey day by ensuring all required written policies are accounted for and help your organization make sure it's meeting standards that help to ensure quality care. These checklists basically ask, "Do I have everything?" or "Have I done all this?" Medical equipment checklists to prepare for particular procedures or standardized order sets for patient admissions, specific disease processes, or postprocedural care are to-do checklists you may be familiar with already.[6] Another example is the Point-of-Care Medical Record Checklist (*see* Section 4), an audit of what should be in your medical records.

What Makes a Good Checklist?

No matter what type of checklist you're using or what its purpose is, you and your team must design it carefully if it's going to be effective. And finding a standardized, proven method for developing and designing checklists isn't easy.[6] Most people agree that a well-designed checklist takes into account not only what needs to be done but also who will be doing it and under what conditions, all while being mindful of the increasing complexities of providing safe, quality care. The following four sections list the features necessary when designing effective checklists.[19,21,22] You can also use the Evaluation of Checklist Effectiveness, a checklist for determining the quality, merit, and value of a proposed checklist; it's provided at the end of this Introduction and incorporates the points in this section (*see* page xviii).

Checklist Components

Effective checklists should include the following components[19,21–23]:

- ***Purpose.*** Tells what the checklist is for and/or the ways it can be used.
- ***Subtasks.*** Breaks down a complex task into subtasks or steps (that may be questions to answer).
- ***Critical steps.*** Focuses on critical steps or commonly forgotten ones.
- ***Identification of unnecessary steps.*** Eliminates steps checked in other ways.
- ***Role definitions.*** Defines who will perform each step, if that's important to specify.
- ***Identification of conflicts.*** Identifies conflicting demands in a step.
- ***Preference for sequential order.*** Makes it clear if the steps need to be in order.
- ***Value/status outcomes.*** Specifies task outcomes that need to be recorded as values as opposed to a mark for completion.
- ***Focus.*** Describes one step per checkpoint.
- ***Reality based.*** Reflects how the task is actually performed.

Checklist End Users

Checklist developers should put the end user, or person who will actually be using the checklist, at the forefront when creating a checklist by considering the following[1,21,22]:

- ***Experience.*** Does it address potential wide variation in the end users' experience with a task?*
- ***Intended use.*** Does it make clear whether the steps are "read-do" or "do-confirm"?*
- ***Pause points.*** Does it include any natural breaks (or pause points) in the workflow (giving no more than 5 to 9 steps between them)?
- ***Communication.*** Does use of its steps trigger communication as well as cooperation and collaboration?

* This may be done by providing "read-do" checklists (read each step and then do it) for end users with limited experience or "do-confirm" checklists (do the steps by memory and then check the steps) for those more familiar with the task. Specific steps in a checklist may be "read-do" or "do-confirm" as well.

- ***Accountability.*** Does it say who is responsible for each step, if that's important to specify?
- ***Time frame.*** Can the task be completed with the checklist in about the same time as without the checklist?
- ***Currency.*** Does it indicate its date of creation or revision?

Checklist Usability

Every checklist should aim to follow basic usability guidelines such as the following[1,19,21–23]:

- ***Title.*** Reflect the checklist objectives or purpose in the title.
- ***Phrasing.*** Use a simple sentence structure and the active voice, with minimal description. Sometimes a simple question, prompting a "yes" or "no" answer, works best.
- ***Readability.*** Use a large, readable font and avoid all-caps.
- ***Format.*** Present the steps in a clear and uncluttered format, ideally on one page, using color only as necessary.
- ***Language.*** Use basic language or the common language of end-users, avoiding jargon.
- ***Angle.*** Write in terms of what should be done (instead of what should *not* be done).

Checklist Testing

Once you develop a checklist (using the previously listed criteria), you need to test it, paying particular attention to the following during testing[6,22]:

- ***Real-world conditions.*** Is the testing conducted under real-world conditions?
- ***Workflow.*** How does the checklist fall into the end users' workflow?
- ***Time frame.*** How long does it take to complete the checklist?
- ***Error detection.*** Does the checklist allow end users to detect errors in time to prevent them?
- ***Feedback.*** Does it allow end users to provide feedback that can be incorporated?

Simulations. Ideally, the checklist should be tested in the real world under conditions where end users are multitasking and dealing with regular distractions.[1,21,22] But don't dismiss simulation for checklist testing: A simulated environment may work just as well and may even be safer than testing in the real world. For example, Arriaga and colleagues chose to conduct high-fidelity simulation testing for a surgical-crisis checklist and discovered that teams responded better to surgical crises if they had checklists available to them.[7]

End users' feedback. Feedback from the end users is a crucial necessity to determine the effectiveness of a checklist as well as offering end users a chance to participate in process improvement. End users who tested the checklist may provide feedback by either written or verbal methods. For example, end users can mark up the actual checklist with suggestions for changes.[19] Or you can verbally ask the end users what you need to know—for example, whether they had enough time to complete the checklist without delaying patient care, or whether they felt the checklist improved patient safety.[6] Whether the feedback end users provide is helpful or unclear, you may want to follow up in person or by phone to learn more about their recommendations.[19] Most importantly, you'll want to consider how to incorporate their suggestions and revise the checklist while keeping the overarching goal and purpose of the checklist in mind.[19] Testing gives users a chance to contribute to the checklist development process. Encouraging staff input creates buy-in for the checklist when it's eventually implemented.

Checklist Successes and Failures

Like many complex endeavors, developing effective checklists is both a science and an art—and there's no guarantee that your checklists will be as effective as you hope they'll be, despite their being well designed. Even the most famous health care checklists have faced scrutiny over their effectiveness: At first, Gawande's surgical checklist and Pronovot's central line checklists led to dramatic improvements in patient safety in many health care organizations. Soon everyone started developing and using checklists. But in recent years, there have been criticisms of checklists because some of those early successes weren't sustained or replicated at other organizations.[24] For example, researchers found that 101 hospitals in Ontario, Canada that were mandated to publicly report compliance with a surgical checklist showed no significant improvement in surgical mortality or complications even after using the checklist for three months and performing more than 100,000 surgeries.[25] Shortly thereafter, hospitals in Michigan reported that they didn't find any association between the surgical checklist and decreased mortality or surgical complication rates after using the checklist for two years.[26]

Checklist Use Barriers

Although these failures are caused by multiple factors, one factor may be that the checklists aren't used the way they're intended to be used.[25–29] Why? The answer to that question is being studied by implementation scientists. Implementation science is a new field of science aimed at finding out why certain innovations with great results during the research phase can't be replicated in real-world settings.[24] Implementation scientists hope to better understand how to translate evidence into practice more quickly.[24]

Of course, the barriers to checklist use may be myriad—and are often rooted in systems issues and/or human behavior. One barrier is active resistance—end users simply refuse to

use the checklist or consciously don't use it regularly or consistently.

Active resistance as a barrier. Active resistance from end users to checklists has been found to occur under the following conditions[1,4,24,27–29]:

- When end users are forced to use checklists without buy-in or input
- When checklists are poorly worded
- When checklists are based on current evidence
- When checklists are not designed well or customized to the particular organization's needs
- When checklists seem more time consuming than helpful
- When checklists are perceived as inappropriate for a task or create duplication of work
- When leadership isn't engaged in promoting the use of checklists

That last point is critical: Leadership has to come out in strong support of the use of checklists and monitor implementation of the checklist using change management in a culture of safety.

Designing around core values. In overcoming active resistance, a philosophical mindset is also an important factor worth noting. According to Gawande's *The Checklist Manifesto*, "Pilots turn to their checklists for two reasons. First, they are trained to do so. They learned from the beginning of flight school that their memory and judgment are flawed and that lives depend on their recognizing that fact. Second, the checklists have proved their worth. They work."[1(p.121)] It's significant that pilots are taught that their memory is faulty from the beginning of flight school. In this way, humility is instilled from the minute they enter the profession. Another insight from Gawande's *The Checklist Manifesto* reinforces two other core values needed to make checklists successful: "Just ticking boxes is not the ultimate goal here. Embracing a culture of teamwork and discipline is."[1(p.160)] For these reasons, the WHO Surgical Safety Checklist (which Gawande worked on) was designed around three core values[1,30]:

1. ***Humility.*** Recognizing that any of us can fail no matter how experienced or smart we are
2. ***Discipline.*** Doing things the same way every time reduces the chance of failure
3. ***Teamwork.*** Being able to function together enhances the surgical team members ability to execute a complex surgery

Encouraging these core values can increase the possibility of a successful creation and implementation of any checklist in any setting. In addition to accounting for these human values, however, checklist design has to account for human behavior and other human factors.

Incorporating Human Factors Engineering

Despite active resistance to the use of checklists, numerous health care checklists have proven successful and have saved lives. These successes are due in large part because the checklist design took into account human factors engineering—the study of how people perform tasks.[4] We all understand that people do some things automatically (without really thinking about them) and other things with more focused attention (such as problem solving or critical thinking). Checklists can prevent errors (or slips) as a result of these autopilot actions—the most common cause of errors.[4] However, checklists cannot prevent errors (or mistakes) that result from poor critical thinking skills.[4] Such slips are usually caused by fatigue, distraction, or chaotic environments as opposed to mistakes due to lack of experience or training.[4] That's why some of the most useful checklists are those that standardize the autopilot behaviors of clinical procedures.

Implementing Checklists in Your Organization

An understanding of the features that make a good checklist and an expectation to resistance are part of the prep work for implementing checklists in your organization. So, what's next? Can you just start using any existing checklist—like the ones in this book, or the ones perfected by Gawande and Pronovost? If they're tested and proven valid, why not just tell your staff to start using them? Because a few months later, you may be surprised to see that the results in your organization don't match those in the research. You need that implementation phase.

Researchers who studied the lack of success with the surgical checklist in the Michigan and Ontario studies both stated that there could have been issues with implementation that caused the failures with the checklist.[25,26] In other words, it may not be that the checklist itself was the problem—only the way it was implemented. For example, surgical teams may say that they've completed the checklist, but in reality they've only checked off two-thirds of the boxes on the checklist or they didn't really pay attention while using it because they didn't believe it could actually improve patient care.[24] Furthermore, the Michigan researchers stated that there was no method to provide outcomes feedback to the end users of the surgical checklist, so they had no idea of how they were progressing or where they needed to improve.[26] These study results suggest that a more systematic approach to implementing checklists is in order. As usual, training and leadership are critical to that approach.

Thorough Training

First, when implementing a new checklist, your leaders must provide a rationale for adopting it and support appropriate training for how it's expected to be used.[6,28] Leaders can't simply e-mail a checklist to a group of physicians, nurses,

or the patient safety officer and tell them to start using it—not if they want the implementation of the checklist to be effective.[24,27–29] Instead, they should do the following:

- ***Explanations and expectations.*** Explain why the checklist is being adopted and the expected end result(s).[6,28]
- ***Demonstrations and observations.*** Show how to use the checklist and watch staff and providers using it in real time.
- ***Feedback give and take.*** Give feedback to end users based on observations and accept feedback from them on how the checklist might be improved to better fit the organization's specific needs.

Engaged Leadership

Clearly, effective leadership is key to checklist success—as it is to the success of most of what goes on in an organization. Some say effective leadership is really engaged leadership; others call it courageous leadership or committed leadership. No matter what you call it, leadership has to be integrally involved if successful change is going to take place within an organization. An important point to note when evaluating the success of Pronovost's Keystone ICU project, which netted a 66% sustained reduction in CLABSIs, was that leadership introduced a comprehensive unit-based safety program† (CUSP) as well as the central line checklist.[9] CUSP not only helped improve the safety culture in the Keystone ICUs, but it also required that an executive leader adopt an ICU, attend regular meetings, find out why the checklist was or wasn't working, and help provide more resources to make sure the checklist was successful.[9,31] Thus, leadership engagement was built into the Keystone ICU study, and this leadership was not on the periphery but in the trenches with the staff. That could be one reason why they experienced such impressive success with the central line checklist.

Local Adaption

Just as important as training and leadership when implementing checklists in your organization is the nature of your organization itself. When the WHO Safe Surgical Checklist was designed, it was meant to be used around the world. In practice, some organizations that implemented the checklist had fewer resources than expected.[1] For example, an African hospital didn't have antibiotics or pulse oximetry monitoring readily available, so those checkpoints on the checklist were meaningless.[24] The advice from Gawande and WHO: customize, customize, customize.[1,24,27–29] If organizations were going to make the surgical checklist meaningful and useful to their practice, then they had to adapt it to their particular circumstances and needs.

† A comprehensive unit-based safety program is a method that can help clinical teams make care safer by combining improved teamwork, clinical best practices, and the science of safety.

The same principle applied with Pronovost's central line checklist: When it was implemented for the study in 103 Michigan ICUs, he encouraged the ICUs to adapt the Johns Hopkins central line checklist to their unit's specific needs.[9,28] By the end of the study, Pronovost said that every ICU team thought their checklist was better than the next, but it was definitely perfect for their unit's particular needs and culture.[28] Part of that success was letting the end users customize the checklist and have a say in how it was implemented—that is, user buy-in.

User Buy-in

If the clinicians who use a checklist day in and day out don't see the value in that checklist and don't think it improves patient care, they won't use the checklist the way it was originally intended or they won't use the checklist at all.[1,24,27–29] The same can be said for anybody using a checklist in a health care setting. For instance, anyone can check off boxes in a list without really thinking about the purpose and intent of those boxes. A nurse can check off the box indicating that everyone in the room washed their hands prior to starting a procedure to insert a central line, but if that same nurse doesn't speak up to make sure those people actually wash their hands, the checklist is useless.

Accepting the need. Buy-in is particularly difficult to get when a checklist is required and pushed on a health care team as opposed to organically initiated within the group. For example, the surgical checklist was mandated for Ontario hospitals, and those researchers found that the checklist didn't improve mortality rates or reduce surgical complications.[25] Perhaps when the checklist is forced upon clinicians, they can never truly embrace the spirit of the checklist. Even if the checklist use comes down from leadership, the team has to accept the need for the checklist.

Applying peer pressure. Others may lack the humility to be receptive to the checklist; after all, the checklist is a tool designed to find shortcomings and errors.[1] For example, some organizations have found that surgeons are the biggest barriers to an operating room's adopting the WHO Safe Surgical Checklist.[27] To break down this barrier, organizations fostering a culture of safety that supports staff who find and share opportunities for improving care—even when it means identifying an individual's own shortcomings—may help staff reluctant to use a checklist because they know it will encourage an open dialog for improved patient safety and care. For example, outcomes data can be collected and reported back to various units or teams. Then units or teams can judge definitively the impact of the checklist by seeing which group is having success with a checklist and meeting patient safety goals, and identifying which group is struggling with the implementation. Clinicians and other health care

staff may be more willing to adopt a checklist when they see their outcomes are lagging behind the early adopters.[27]

Allowing for judgment. Some people may just hate the idea of rigidly following a "mindless" checklist and not thinking for themselves. But a checklist requiring this kind of thinking isn't a good checklist! Gawande says that a good checklist "gets the dumb stuff out of the way—the routines your brain shouldn't have to occupy itself with . . . Did the patient get her antibiotics on time? . . . Is everyone on the same page here? And lets it rise above to focus on the hard stuff."[1(p.177)] Thus, the checklist gives your brain the freedom to focus on the bigger issues and to problem solve without getting bogged down or distracted by the details—one of those primary reasons given above for the usefulness of checklists. And, of course, leadership must make it clear that they don't want staff to mindlessly follow checklists. Rather, they should encourage clinicians to mindfully engage in the checklist and give them the autonomy to use their clinical judgment whenever necessary.[6]

Checklists: Summing It Up

The potential benefits of carefully designed, rigorously tested, and thoughtfully implemented checklists in health care settings are seemingly endless. Under these circumstances, patients, clinicians, and leaders can expect checklists to aid them in the following[1–17]:

- Increase diligence following evidence-based practices
- Improve teamwork, communication, and coordination of care
- Improve patient safety and reduce medical errors
- Reduce mortality
- Reduce patient complications, including infections

Although the successes checklists have recently achieved in the health care setting have been questioned, as described, the issues really do seem to lie more with poor implementation of checklists.[24–29] Any benefit of a validated and rigorously tested checklist can be thwarted by poor leadership engagement, lack of customization to the organization, and a failure to obtain buy-in from staff who ultimately use the checklist.[24–29] Rather than turn against checklists altogether based on a few studies, health care organizations need to scrutinize why the experience with the checklist failed and try to learn from those mistakes. Other highly reliable industries, such as aviation and nuclear power, fully endorsed the use of checklists; thus, it's hard to ignore the potential positive impact checklists can have in health care.

Clearly there is more to learn when it comes to checklists, but this book is a good starting point for health care organizations—primarily by providing various types of checklists for various purposes that you can adapt to the individualized needs of your health care organization.

Each type of checklist provides you an opportunity to capitalize on standardizing patient safety and care, increasing efficiency, and becoming highly reliable caregivers.

This Second Edition

When this book was originally published in 2016, it was greeted enthusiastically. Checklists were already popular with health professionals. To get checklists from The Joint Commission on a wide range of topics that apply to most health care settings accredited by The Joint Commission also appealed to health care professionals. These checklists are not only ready-made, they are fully customizable to fit your health care organization's needs. The popularity of this title and continued requests for more checklists drove the need for Joint Commission Resources to release this second edition of *The Joint Commission Big Book of Checklists*.

Requirements, Guidelines, and the Checklists

While these checklists can be used as tools to help your organization maintain survey readiness, this book was developed with the daily challenges of providing safe, quality health care in mind. The checklists connect the requirements of The Joint Commission with accepted best practice guidelines. However, if you are not sure if a task or question listed in one of the checklists applies to your organization, The Joint Commission encourages you to review your program-specific requirements on E-dition®—accessed through your organization's secure *Joint Commission Connect*® extranet site—or in the *Comprehensive Accreditation Manual*.

Creating This New Edition

The first edition was thoroughly reviewed, reassessed, and updated. Existing checklists were vetted and updated to ensure content reflects any changes to Joint Commission requirements, emergent research, and current best practice guidelines. Gaps in content and the need for new checklists were also identified since the first edition. Therefore, new checklists (identified by the NEW icon in the table of contents) were developed to address newly identified challenges as a result of trends and/or new Joint Commission requirements. Thirty new checklists have been added to this second edition.

In addition to the new and revised checklists, this edition includes two new sections—Emergency Management, and Medical Equipment and Utilities Management—to highlight these important topics and distinguish them from the Physical Environment checklists.

While this is a "big book of checklists," please keep in mind it is not comprehensive. If your organization is facing a challenge not covered in this edition, use a blank template to create a checklist that suits your needs.

About This Big Book

Beyond the research and the rationale for the use of checklists is the practical reality of using them. The *Joint Commission Big Book of Checklists* strives to help you succeed in providing safe, quality care by offering customizable tools—checklists that cover a wide range of health care concerns. You have purchased this book either as an e-book only or as part of a bundle—receiving both a single-use e-book and a soft-cover print copy. All the checklists (and their blank templates) are available electronically and can be downloaded for customization; in addition, these checklists—whether they are modified or not—may be copied and distributed for internal use.

Topics of Checklists in This Book

The checklists developed for this book have been organized into eleven sections; the following is a brief description of each section:

1. ***Care of the Patient.*** Checklists in this section focus on the basics of patient care—from care planning to pain management to patient education to patient rights and responsibilities to discharge summary forms. They prompt you to evaluate your forms and ensure communication of vital information. A modified version of the WHO Safe Surgery Checklist is included as well.
2. ***Continuous Compliance.*** The cornerstone of receiving and retaining Joint Commission accreditation is continuous compliance with their standards. Checklists in this section help health care organizations establish and maintain daily compliance and survey readiness, as well as help to make sure your organization has in place all the policies you need to guide your work.
3. ***Emergency Management.*** Checklists in this section focus on emergency management. This topic is often grouped together with the environment of care, or the physical environment.
4. ***Health Information and Technology.*** Protecting health information and addressing new and emerging technology are two areas health care organizations must consistently evaluate to ensure threats are avoided or well managed. This section includes checklists that health care organizations can use to prepare for the persistent threats to protected health information (PHI), including theft as well as loss from system issues or damage in disasters. In addition, checklists addressing the decisions for purchasing new technologies and auditing medical record content are also included.
5. ***Infection Prevention and Control.*** Infection prevention and control (IC) lends itself particularly well to checklist use. This section includes checklists that you can use to evaluate and assess particular parts of your organization's IC program.
6. ***Leadership.*** Checklists in this section focus on leadership, including evaluating the organization's safety culture policies and suggesting actions that support safety culture, assessing risks with patient flow, evaluating contracted services, and ensuring governing bodies receive required reports.
7. ***Medical Equipment and Utilities Management.*** Medical equipment and utilities management are topics that also are often grouped together with the environment of care, or the physical environment.
8. ***Medication Management.*** This section includes checklists related to various activities in the medication management process, including responding to medication errors, labeling of medications on and off the sterile field, medication storage and security, patients' understanding of medications, and emergency medications.
9. ***Performance Improvement.*** Performance improvement is an ongoing challenge for all health care organizations. This section provides checklists that will help your organization collect data and performance improvement (PI) documents, evaluate measurements and comprehensive systematic analysis efforts, and check for risks related to certain sentinel events, as well as workflows and possible factors in problematic systems and processes. Checklists in this section will also help you make decisions about proposed PI projects and follow standardized steps in a root cause analysis, one type of comprehensive systematic analysis.
10. ***The Physical Environment.*** One of the most challenging areas in health care is the physical environment, also known as the environment of care. Checklists for this area simplify many of the activities involved in maintaining a safe environment of care and ensuring fire protection and life safety. This section includes a variety of checklist types that will help your organization assess and evaluate many areas of environmental risks.
11. ***Staffing and Medical Staff.*** This section includes checklists related to the complex process of focused professional practice evaluations, and a suggested competency assessment checklist for nurses during orientation, as well as checklists to assist when selecting staffing firms and a list of required Joint Commission education and training, according to the 2019 standards at the time of this printing.

Putting These Checklists to Work

It might seem as if you could just start using the checklists in this book, but as previously noted, thorough implementation with training and leadership engagement is recommended for successful checklist use. Customizing the checklists for your organization is also an integral part of what makes them work!

Logistics and legalities. As far as the logistics of using these checklists, you can print them out, photocopy them, modify them, post them, and store them on your internal server. You do need to retain the copyright notice for The Joint Commission, but if you make substantial changes and/or update them over the years, simply cite this book as the source.

Accreditation programs/settings. The checklists are designed for use across many different accreditation programs/settings. For that reason, the items in the checklists are keyed to the various settings. The following is a key to those program/setting codes:

AHC = Ambulatory Health Care

BHC = Behavioral Health Care

CAH = Critical Access Hospital

HAP = Hospital

LAB = Laboratory

NCC = Nursing Care Centers

OBS = Office-Based Surgery Practices

OME = Home Care

When you're ready to implement the checklists in this book, feel free to delete the program/setting references that don't apply to your setting.

Program-specific terms. These checklists were created to encompass as many health care settings as possible. In our efforts to do this, certain terms and phrases are used that may not fit with your health care organization. The term patient is a commonly used descriptor in health care, but this can include any individual who receives care, treatment, or services in any health care setting. Terms and phrases used in these checklists is not meant to exclude any health care setting accredited by The Joint Commission. You are strongly encouraged to revise these checklists to fit your organization—and that includes changing terms common to The Joint Commission that differs in your organization (e.g., environment of care vs. the physical environment.

Checklist items and Joint Commission standards. The setting references reflect appropriate application of the checklist items in those settings. They do not necessarily indicate that Joint Commission standards require compliance with the checklist items in those settings. When a checklist focuses on Joint Commission requirements, it is noted as part of the title and/or description of the checklist. And of course, the checklist items should be completed according to your organization's relevant policies and procedures. If you have any concerns regarding standards compliance, see the *Comprehensive Accreditation Manual* your organization is accredited by or visit E-dition on your organization's secure *Joint Commission Connect*® extranet site.

Evaluating the Effectiveness of Your Checklist

This book is full of checklists that span a wide range of topics. However, your organization may want to create your own checklist based on high-risk situations or processes specific to your organization or that are not covered in this book. The Evaluation of Checklist Effectiveness found on page xviii, is a helpful tool that actually combines several types of checklists and includes criteria to evaluate checklists. It will help you to create effective checklists yourself and check any checklists you modify from those provided in this book to make sure they meet the criteria for a good checklist.

The Checklist Templates

Each checklist in this book was built using one of five types of checklists. Templates of these five types of checklists are provided electronically for creating your own checklists. You can remember the types of checklists in this book with the mnemonic device of ADEPT:

Assessment

Decision

Evaluation

Procedure

To-Do

- ***Assessment Checklist.*** A list of questions asked to check a defined level or status of something to determine if changes need to be made ("Is this okay or not?")
- ***Decision Checklist.*** A list of questions to ask when making a specific—and often difficult—decision so you don't forget to ask them ("Have I asked all the questions I need to?")
- ***Evaluation Checklist.*** A list of criteria, usually in the form of questions, used to determine the quality, value, or merit of something ("Does the thing have everything it should have?")
- ***Procedure Checklist.*** A sequential list of steps in a task, used to make sure the task is done consistently and correctly ("Do this and then that")
- ***To-Do Checklist.*** A list of things to do, collect, or consider, in no particular order, so you don't forget them ("Do I have everything?" or "Have I done all this?")

Using a standardized format for particular types of checklists can help your health care organization with both the

development and the implementation of new checklists you may discover you want to create. In time, your health care organization can become skilled at creating and implementing standardized checklists. Remember: Standardization is one of the hallmarks of a checklist—and one of the ways to help ensure a highly reliable organization.

It makes sense to find solutions that simplify complex tasks. However, when we make such simplifications, it must be done in a way that also ensures the integrity of quality patient care. Carefully and thoughtfully designed checklists can provide invaluable help. A good checklist provides a standardized approach to simplifying complex tasks. As a representative of a health care organization working to ensure it is providing safe, quality care, it may interest you to know: Standardization is one of the main tenants of highly reliable organizations—organizations that have extremely low patient harm rates and get patient care right 100% of the time.[2]

Checklists are simple tools, but created well they are strong and steadfast tools, as well. Engage leadership, include end users, and customize the tool to fit your health care organization's specific needs: These are the pieces that will make your checklists a success!

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APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Evaluation of Checklist Effectiveness

This checklist identifies the criteria for an effective checklist. You can use it to determine the quality, merit, or value of a checklist you're using or planning to use. You can also use it as a guide when creating your own checklists.

To ensure your checklist is effective, answers to most questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any identified follow-up action(s). Unless otherwise noted, this checklist is applicable to* **all** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

NAME OF CHECKLIST: _____ SOURCE OF CHECKLIST: _____

QUESTIONS	Y	N	NA	COMMENTS
CHECKLIST COMPONENTS				
Purpose: Does the checklist tell what it's for and/or the ways it can be used?				
Subtasks: Does the checklist break down a complex task into subtasks or steps (that may be questions to answer)?				
Critical steps: Does the checklist focus on critical steps or commonly forgotten ones?				
Identification of unnecessary steps: Does the checklist eliminate unnecessary steps or steps checked in other ways?				
Role definitions: Does the checklist define who will perform each step, if that's important to specify?				
Identification of conflicts: Does the checklist identify conflicting demands in a step, if there are any?				
Preference for sequential order: Does the checklist make it clear if the steps need to be done in order?				
Value/status outcomes: Does the checklist specify task outcomes that need to be recorded as values as opposed to a mark for completion?				
Focus: Does the checklist describe one step per checkpoint?				
Reality based: Does the checklist reflect how the task is actually performed?				
CHECKLIST END USERS				
Experience: Does the checklist address potential wide variation in the end users' experience with a task?				
Intended use: Does the checklist make it clear if the steps are "read–do" or "do–confirm"?				

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Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 00 01 Evaluation Checklist Effectiveness

APPLICABLE PROGRAM(S)
☒ **AHC** ☒ **BHC** ☒ **CAH** ☒ **HAP**
☒ **LAB** ☒ **NCC** ☒ **OBS** ☒ **OME**

QUESTIONS	Y	N	NA	COMMENTS
Pause points: Does the checklist include any natural breaks (or pause points) in the workflow (giving no more than 5 to 9 steps between them)?				
Communication: Does the checklist use steps to trigger communication as well as cooperation and collaboration?				
Accountability: Does the checklist say who is responsible for each step, if that's important to specify?				
Time frame: Can the task be completed with the checklist in about the same time as without the checklist?				
Currency: Does the checklist indicate the date(s) of creation or revision?				
CHECKLIST USABILITY				
Title: Does the title reflect the checklist objectives or purpose?				
Phrasing: Does the checklist use simple sentence structure and active voice, with minimal description?				
Readability: Does the checklist use a large, readable font and avoid all-caps?				
Format: Does the checklist present the steps in a clear and uncluttered format, ideally on one to two pages, using color only as necessary?				
Language: Does the checklist use basic language or the common language of end users, avoiding or defining jargon and acronyms?				
Approach: Is the checklist written in terms of what *should* be done (instead of what should *not* be done)?				
CHECKLIST TESTING				
Real-world conditions: Is the checklist tested under real-world conditions?				
Workflow: Does the testing take into account how the checklist falls into the end users' workflow?				
Time frame: Is the time to complete the checklist recorded during testing?				
Error detection: Does the checklist test whether it allows end users to detect errors in time to prevent them?				
Feedback: Is there a point in the testing that allows end users to provide feedback on the checklist that can be incorporated?				

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SECTION 1

CARE OF THE PATIENT

ASSESSMENT

DECISION

EVALUATION

PROCEDURE

TO-DO

DOWNLOAD CHECKLIST

Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 01 01 Evaluation Discharge Summary

APPLICABLE PROGRAM(S)
☒ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

Discharge Summary Evaluation Checklist

This checklist lists elements that should be present in a discharge summary. You can use it to evaluate the completeness and quality of any or every discharge summary issued or to evaluate your organization's discharge summary form.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **ambulatory health care**, **critical access hospital**, **hospital**, **nursing care center**, **office-based surgery**, *and* **home care** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

PATIENT MEDICAL RECORD #: _____ DATE OF DISCHARGE: _____

PERSON COMPLETING DISCHARGE SUMMARY: _____

QUESTIONS	Y	N	NA	COMMENTS
ELEMENTS OF THE DISCHARGE SUMMARY				
Does the summary include primary and secondary diagnoses? [AHC, CAH, HAP, NCC, OBS]				
Does the summary include the discharge diagnosis?				
Does the summary include the reason for the patient's discharge? [AHC, CAH, HAP, NCC, OBS]				
Does the summary include all medical history, physical findings, and psychosocial status? [AHC, CAH, HAP, NCC, OBS]				
Does the summary include surgery and/or other invasive procedures performed, including the dates on which they occurred? [AHC, CAH, HAP, NCC, OBS]				
Does the summary list all procedures and services provided? [AHC, CAH, HAP, NCC, OBS]				
Does the summary include all test and/or procedure results performed prior to discharge? [AHC, CAH, HAP, NCC, OBS]				
Does the summary provide recommendations for consultants? [AHC, CAH, HAP, NCC, OBS]				

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Applicable Program(s)			
☒ AHC	☐ BHC	☒ CAH	☒ HAP
☐ LAB	☒ NCC	☒ OBS	☒ OME

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File Name: 01 01 Evaluation Discharge Summary

Questions	Y	N	NA	Comments
Does the summary describe the patient's condition and functional status at discharge?				
Does the summary detail the patient's progress toward any goals identified during his or her stay?				
Does the summary detail information given to the patient and family upon discharge?				
Does the summary include all medication information (times of last doses, prescriptions, discontinued medications, potential side effects)?				
Does the summary include a follow-up care plan that incorporates the continuing care preferences of the patient and family?				
Does the summary include a follow-up care plan and the providers who will continue care with the patient and/or family, including providers' contact information?				
Process and Format of the Discharge Summary				
Is the summary written,* not verbal?				
Is the written summary complete, including the course of treatment for the patient?				
Was the discharge planning process begun early in the patient's care, treatment, or services? [AHC, CAH, HAP, NCC, OBS]				
Was the discharge planning process multidisciplinary?				
Were the patient and family involved in the discharge planning process?				
Were the patient and family educated on how to obtain any identified continuing care, treatment, or services?				
Was a translator available to the patient and/or family, if necessary?				

* Written discharge summaries can be handwritten or provided via electronic documentation.

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Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 01 01 Evaluation Discharge Summary

APPLICABLE PROGRAM(S)
☒ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

QUESTIONS	Y	N	NA	COMMENTS
Was the use of support by the translator during the discharge process documented?				
Has the patient been given a copy of the discharge instructions in their preferred language and/or in a format that accommodates a patient's differences in ability, for example, an audio recording if a patient is visually impaired or illiterate?				
Is there documentation of the patient's/family's acknowledgement of discharge?				
Has any information in the discharge summary been delivered to the next primary care provider preceding delivery of the formal, written discharge summary?				

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Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 01 02 Evaluation Interdisciplinary Care Plan

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

Interdisciplinary Care Plan Evaluation Checklist

This checklist cites elements that should be present in an effective interdisciplinary care plan. You can use it to determine the completeness and quality of any or every interdisciplinary care plan you write or to evaluate your organization's care plan form.

Answers to all questions should ideally be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **ambulatory health care**, **behavioral health care**, **critical access hospital**, **hospital**, **nursing care center**, **office-based surgery**, *and* **home care** *program settings.*

Organization: _____ **Department/Unit:** _____

Date of Review: _____ **Reviewer(s):** _____

Patient Medical Record #: _____ **Date of Discharge:** _____

Questions	Y	N	NA	Comments
The Care Plan				
Is the patient's name, age, admission date, and code status in the plan?				
Is the patient's pertinent medical history included?				
Are the chief complaint/admission diagnosis as well as current problems included?				
Are all patient care providers* listed in the care plan?				
Are the goals and identified needs of care individualized to the patient?				
Are interventions that are required to meet the goals and identified needs listed?				
Are time frames defined to meet the goals and identified needs of care?				
Is there a discharge date with needs described?				
The Care Planning Process				
Do all team members have access to documentation provided by other team members?				

* This list should contain all team members involved in the patient's care, including but not limited to physicians, nurse practitioners, physician assistants, advanced practice nurses, nurses, therapists, dieticians, pharmacists, and social workers.

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File Name: 01 02 Evaluation Interdisciplinary Care Plan

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

QUESTIONS	Y	N	NA	COMMENTS
Does the team have established communication pathways and regular interdisciplinary meetings?				
Is a method of communication established to share information with all team members, including the patient and/or family?				
Does each member of the team, including the patient and family, understand his or her role in the patient's care?				
Are different treatment options discussed with the patient and family, allowing them to choose, along with clinicians, the right treatment plan for them?				
Is the care plan developed with a multidisciplinary team?				
Does the multidisciplinary team develop the care plan with the patient and/or family, when appropriate?				
Do you use an interdisciplinary team care plan?				
Do you use an electronic interdisciplinary care plan?				
Do all members of the team have access to the interdisciplinary care plan?				
Are all members of the team allowed to modify the care plan?				
Is a procedure in place that notifies all team members when changes are made to the care plan?				
Is the planning process conducted in accordance with organization policies and procedures?				

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Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 01 03 Procedure OR Count Discrepancy

APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☒ OBS ☐ OME

Operating Room Count Discrepancy Procedure Checklist

This checklist provides the steps to take in an operating room after a surgical item count discrepancy. Certain steps may have to be repeated until the missing surgical item(s) are found. If the patient's condition will not tolerate some or all of these steps, **NA** *for* **Not Applicable** *should be checked. Unless otherwise noted, this checklist is applicable to* **critical access hospital**, **hospital**, *and* **office-based surgery** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

PATIENT MEDICAL RECORD #: _____

STEP	ACTION	✓	NA
NOTIFICATION AND DISCUSSION OF MISSING ITEM(S)			
1.	**OR Team Member:** Notify the surgeon and OR team of the count discrepancy.		
2.	**Surgeon:** Give verbal acknowledgement of the count discrepancy.		
3.	**Surgeon:** Suspend the procedure, if the patient's condition permits.		
4.	**OR Team:** Discuss how many items are missing and what they are. Refer to the interoperative record for counts of soft goods/sponges, sharps/needles, instruments, and miscellaneous items.		
SEARCH FOR MISSING ITEM(S)			
5.	**Surgeon and Scrub Person:** Inspect the operative site, searching all potential cavities that could hold a retained object. Also search the mayo stand and back table.		
6.	**RN Circulator:** Ask for help to search the room. Visually inspect the entire operating room (including the floor, tables, kick buckets, linen bags, and trash containers). Nothing should leave the room until the patient leaves the room.		
IF THE MISSING ITEM IS NOT FOUND			
7.	**Surgeon:** Order an intraoperative x-ray. Explain the reason to the radiologist.		
8.	**Surgeon and Radiologist:** Review the x-ray together before the patient leaves the OR, if the patient's condition permits. Verify that the entire surgical site is captured in the image. Consider other imaging modes if necessary, such as MRI and CT.		
DOCUMENTATION AND FOLLOW-UP			
9.	**Surgeon:** Complete the procedure.		
10.	**Surgeon:** Consult with the patient and patient representative if the item was still not found.		
11.	**RN Circulator:** Document in the patient's medical record all measures taken to find the object.		
12.	**RN Circulator:** Report the incident in the organization's reporting system.		

OR, operating room; RN, registered nurse; MRI, magnetic resonance imaging; CT, computed tomography.

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File Name: 01 04 To-Do Required OME Education and Info

APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☐ CAH ☐ HAP
☐ LAB ☐ NCC ☐ OBS ☒ OME

Required Education and Information Checklist for Home Care Patients

This checklist itemizes the education and information patients in home care (OME) settings should receive during their treatment period, in accordance with Joint Commission requirements. You can use it to make sure that staff is providing, and patients/family are receiving, the appropriate materials. This checklist is applicable to **home care** *program settings only.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

PATIENT MEDICAL RECORD #: _____

INDIVIDUALIZED PATIENT EDUCATION

✓ NA

Information provided to the patient and/or caregiver(s)

☐ ☐ Plan of care, treatment, or service

☐ ☐ Basic health practices and safety

☐ ☐ Safe and effective use of medications

☐ ☐ Nutrition interventions and modified diets

☐ ☐ Pain assessment and effective pain management

☐ ☐ Importance of and methods for oral health

☐ ☐ Safe and effective use of medical equipment and supplies provided by the organization

☐ ☐ Rehabilitation techniques for maximum independence

☐ ☐ Procedures to follow care, treatment, or services if disrupted by a natural disaster or emergency

☐ ☐ Importance of and methods for personal hygiene and grooming

☐ ☐ Importance of and methods for hand and respiratory hygiene practices

☐ ☐ Basic physical and structural home safety

☐ ☐ Storage, handling, and access to medical gases and supplies

☐ ☐ Use of restraint

☐ ☐ Financial obligations

☐ ☐ Safe handling of oxygen

☐ ☐ Results and recommendations of home oxygen safety assessment

☐ ☐ Identification, handling, and safe disposal of hazardous medications and infectious wastes

☐ ☐ How to share concerns about any patient safety issues before, during, and after care

EVALUATION

✓ NA

☐ ☐ Evaluation of the patient's understanding of the education and training is conducted.

☐ ☐ Documentation in the medical record confirms that education was/is indicated for the individual patient.
[OPTIONAL]

EQUIPMENT SUPPLIES

✓ NA

Information provided to the patient and/or caregiver(s)

☐ ☐ Information regarding use, maintenance, and potential hazards and safety considerations related to equipment, supplies, or services provided

☐ ☐ Information regarding setup (including preparation of formulas), features, routine use, troubleshooting, cleaning, and maintenance of equipment or supplies the home care organization provides (or coordinates the provision of this information)

☐ ☐ Infection control issues related to the equipment and supplies the home care organization provides

Staff verifies

☐ ☐ Patient received training and written instructions with the initial delivery of mail order supplies or equipment.

FOR DMEPOS SUPPLIERS SERVING MEDICARE BENEFICIARIES

✓ NA

☐ ☐ Education and training are provided on respiratory equipment, supplies, and services to patients and caregivers.

☐ ☐ Training is consistent with current American Association for Respiratory Care Practice Guidelines for the following:

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File Name: 01 04 To-Do Required OME Education and Info

Applicable Program(s)
☐ AHC ☐ BHC ☐ CAH ☐ HAP
☐ LAB ☐ NCC ☐ OBS ☒ OME

For DMEPOS Suppliers Serving Medicare Beneficiaries

✓ NA

✓ NA

- ☐ ☐ Long Term Invasive Mechanical Ventilation in the Home
- ☐ ☐ Oxygen Therapy in the Home or Extended Care Facility
- ☐ ☐ Intermittent Positive Pressure Breathing
- ☐ ☐ Providing Patient and Caregiver Training
- ☐ ☐ Suctioning of the Patient in the Home

For Custom Orthotics and Prosthetics Services

✓ NA

Information provided to the patient and/or caregiver(s)

- ☐ ☐ Use, cleaning, and maintenance of the item
- ☐ ☐ Procedure for repairing, replacing, or adjusting the item (including any risks and estimated time frame)
- ☐ ☐ Donning, doffing, and adjusting closures
- ☐ ☐ Inspecting skin for injury, such as irritation or edema
- ☐ ☐ How and when to use an interface (stockinettes, gloves, etc.)
- ☐ ☐ How to report problems with the item
- ☐ ☐ Supplies needed to attach, maintain, and clean the items
- ☐ ☐ How to order/receive additional supplies

New Medications

✓ NA

Information provided to the patient and/or caregiver(s)

- ☐ ☐ Potential adverse drug reactions to new medication
- ☐ ☐ Other concerns regarding administration of new medication

New Medications

✓ NA

- ☐ ☐ Documentation in the medical record confirms that that the patient received education on the new medication.
  [OPTIONAL]

Fall Precautions

✓ NA

- ☐ ☐ Staff explains educational components of the Fall Prevention Program.
- ☐ ☐ Patient/family are educated on fall interventions based on identified risks.
- ☐ ☐ Patient/family are aware of precautions to reduce risk of falls.

Follow-Up Care After Discharge or Transfer

✓ NA

Information provided to the patient and/or caregiver(s)

- ☐ ☐ When a discharge or transfer is needed
- ☐ ☐ Reason for discharge or transfer
- ☐ ☐ Type of continuing care that will be needed
- ☐ ☐ How to get any continuing care

Information provided to other service providers

- ☐ ☐ Reason for the patient's discharge or transfer
- ☐ ☐ Summary of the patient's care
- ☐ ☐ Patient's progress toward goals
- ☐ ☐ Community resources or referrals given to the patient

Information provided to patient's physician

- ☐ ☐ Written discharge summary, in accordance with law and regulation

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File Name: 01 05 To-Do Required BHC Education and Info

APPLICABLE PROGRAM(S)
☐ AHC ☒ BHC ☐ CAH ☐ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

Required Education and Information Checklist for Individuals Served in Behavioral Health Care Settings

This checklist itemizes the education and information each individual served should receive during a treatment period in a behavioral health care (BHC) setting, in accordance with Joint Commission requirements. You can use it to make sure that staff is providing and individuals/family are receiving the appropriate materials. This checklist is applicable to **behavioral health care** *program settings only.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER: _____

INDIVIDUAL SERVED CLINICAL RECORD #: _____

ACADEMIC EDUCATION FOR CHILDREN OR YOUTH

✓ NA

Information provided to the individual served and/or caregiver(s)

☐ ☐ Individual education plan developed for any child or youth whose care causes them to be absent for a significant amount of time

INDIVIDUALIZED EDUCATION

✓ NA

Information provided to the individual served (based on that individual's needs and ability to understand)

☐ ☐ Plan of care, treatment, or service

☐ ☐ Basic health practices and safety

☐ ☐ Safe and effective use of medications

☐ ☐ Nutrition interventions, modified diets, and oral health

☐ ☐ Rehabilitation techniques for maximum independence

☐ ☐ Evaluation of the individual's understanding of this information is conducted

☐ ☐ Documentation in the clinical record confirms education as indicated for the individual served [OPTIONAL]

NEW MEDICATIONS

✓ NA

☐ ☐ Staff explains potential adverse drug reactions to new medication.

☐ ☐ Staff explains other concerns about administration of new medication.

☐ ☐ Individual served receives education about the new medication.

☐ ☐ Staff documents in the clinical record that the individual served received education about the new medication.

FOR RESPITE CARE

✓ NA

Information provided to the respite caregiver(s)

☐ ☐ Needs, strengths, and preferences of the individual served

☐ ☐ Medication(s) for the individual served

☐ ☐ First aid

☐ ☐ Safety

☐ ☐ Provision of emergency medical care

☐ ☐ Specific health conditions of the individual served

FOR FOSTER CARE

✓ NA

Information provided to each foster parent in a preservice orientation

☐ ☐ Agency philosophy and practices

☐ ☐ Role of the foster parent

☐ ☐ Agency policies about discipline

☐ ☐ Role of the agency in helping the foster parents serve the individuals in their care

Information provided to each foster parent

☐ ☐ Specific health conditions and behavioral problems of the individual

☐ ☐ Community resources

☐ ☐ First aid

☐ ☐ Safety

☐ ☐ Medications needed by the individual served

☐ ☐ Infection prevention and control

☐ ☐ Health risks of passive smoking

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File Name: 01 05 To-Do Required BHC Education and Info

APPLICABLE PROGRAM(S)
☐ AHC ☒ BHC ☐ CAH ☐ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

FOR FOSTER CARE

✓ NA

- ☐ ☐ Provision of emergency medical and mental health services
- ☐ ☐ Agency policies about visitation and event scheduling
- ☐ ☐ Sitter policies
- ☐ ☐ Foster parent participation in any required agency-approved education

FOR OPIOID TREATMENT PROGRAMS

✓ NA

Orientation and ongoing education for the individual served

- ☐ ☐ Nature of addictive disorders
- ☐ ☐ Benefits of treatment
- ☐ ☐ Nature of the recovery process, including phases of treatment
- ☐ ☐ Toxicology testing procedures
- ☐ ☐ Dispensing medication
- ☐ ☐ Potential drug interactions
- ☐ ☐ Any necessary agreements to exchange appropriate information within the network of consultants and referral agencies
- ☐ ☐ Availability of 12-step or other mutual healing group that is accepting of medication-assisted treatment and benefits of peer support
- ☐ ☐ Product inserts and information sheets on methadone (for pregnant patients)
- ☐ ☐ Basic prenatal instruction on maternal, physical, and dietary care is provided and documented (for pregnant patients who refuse prenatal care or when prenatal care is unavailable)
- ☐ ☐ Parenting skills or referrals to parenting skills programs (for individuals served who are parents)
- ☐ ☐ Reproductive health education and referrals to contraceptive services

FOR OPIOID TREATMENT PROGRAMS

✓ NA

- ☐ ☐ Preventing HIV infection and other prevalent infectious diseases, such as hepatitis, sexually transmitted infections, and tuberculosis

Orientation and ongoing education on HIV/AIDS for the individual served

- ☐ ☐ Testing procedures
- ☐ ☐ Confidentiality
- ☐ ☐ Reporting
- ☐ ☐ Follow-up care
- ☐ ☐ Counseling
- ☐ ☐ Safer sex
- ☐ ☐ Social responsibilities
- ☐ ☐ Universal precautions
- ☐ ☐ Sharing of intravenous injection equipment

Orientation and ongoing education on viral hepatitis for the individual served

- ☐ ☐ Effects on physical and mental health
- ☐ ☐ Prevention
- ☐ ☐ Treatment
- ☐ ☐ Effects of treatment on dosage levels of opioid medications

FOR FAMILY SUPPORT SERVICES

✓ NA

Information provided to the family members

- ☐ ☐ Roles and responsibilities of family members
- ☐ ☐ Crisis recognition
- ☐ ☐ Available community resources that can respond in a crisis

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File Name: 01 06 To-Do Required Patient Education and Info

APPLICABLE PROGRAM(S)
☒ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☐ OME

Required Education and Information Checklist for Patients and Caregivers

This checklist itemizes the education and information patients should receive during a treatment period, in accordance with Joint Commission requirements. You can use it to make sure that staff is providing and patients/families are receiving the appropriate materials. Program settings are listed with each topic and are applicable to the listed settings unless otherwise noted.

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

PATIENT MEDICAL RECORD #: _____

ACADEMIC EDUCATION FOR CHILDREN OR YOUTH

APPLICABLE PROGRAM(S): HAP, NCC (PEDIATRICS ONLY)

✓ NA

Information provided to the patient and/or caregiver(s)

☐ ☐ Process for providing education to a child experiencing a prolonged absence from school
[OPTIONAL FOR HAP; AS NEEDED FOR NCC]

☐ ☐ Medical record has a specified area to document academic education.
[OPTIONAL]

INDIVIDUALIZED PATIENT EDUCATION

APPLICABLE PROGRAM(S): AHC, CAH, HAP, NCC, OBS, OR AS INDICATED

✓ NA

Information provided to the patient and/or caregiver(s)

☐ ☐ Plan of care, treatment, and service

☐ ☐ Explanation of patient's role in his or her own care

☐ ☐ Basic health practices and safety

☐ ☐ Hand and respiratory hygiene practices

☐ ☐ Safe and effective use of medications

☐ ☐ Nutrition interventions and modified diets

☐ ☐ Pain assessment and effective pain management

☐ ☐ Importance of and methods for oral health

☐ ☐ Safe and effective use of medical equipment and supplies provided by the organization*

☐ ☐ Rehabilitation techniques for maximum independence

☐ ☐ Patient's illness
[NCC]

☐ ☐ Physical risks in the environment of care
[NCC]

☐ ☐ Fall reduction strategies
[CAH, HAP, NCC]

INDIVIDUALIZED PATIENT EDUCATION

APPLICABLE PROGRAM(S): AHC, CAH, HAP, NCC, OBS, OR AS INDICATED

✓ NA

☐ ☐ Documentation in the medical record confirms that education is given as indicated for the individual patient.
[OPTIONAL]

NEW MEDICATIONS

APPLICABLE PROGRAM(S): AHC, CAH, HAP, NCC

✓ NA

Information provided to the patient and/or caregiver(s)

☐ ☐ Potential adverse drug reactions to new medication

☐ ☐ Other concerns about administration of new medication

☐ ☐ Safe and accurate self-administration instructions

☐ ☐ Documentation in the medical record confirms that the patient received education on the new medication.

PRIOR TO OPERATIVE/HIGH-RISK PROCEDURES/MODERATE OR DEEP ANESTHESIA

APPLICABLE PROGRAM(S): AHC, CAH, HAP, OBS

✓ NA

Information provided to the patient and/or caregiver(s)

☐ ☐ Appropriate preprocedural education

☐ ☐ Methods of preventing surgical-site infections

☐ ☐ Documentation in the medical record confirms of the patient's understanding.

ORGAN DONATION

APPLICABLE PROGRAM(S): CAH, HAP

✓ NA

☐ ☐ Staff explain the process for notifying the family of potential organ, tissue, or eye donors.

* This includes nonmedical equipment and supplies for nursing care centers.

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File Name: 01 06 To-Do Required Patient Education and Info

APPLICABLE PROGRAM(S)
☒ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☐ OME

ORGAN DONATION

APPLICABLE PROGRAM(S): CAH, HAP

✓ NA

☐ ☐ Primary or charge nurse informs the OPO

☐ ☐ OPO informs family and obtains authorization

OPO, organ procurement organization.

ANTICOAGULATION THERAPY

APPLICABLE PROGRAM(S): AHC, CAH, HAP, NCC, OBS, OR AS INDICATED

✓ NA

Information provided to the patient and/or caregiver(s)

☐ ☐ Patient education material on the topic

☐ ☐ Importance of medication compliance

☐ ☐ Follow-up monitoring/appointments

☐ ☐ Dietary restrictions, drug-food interactions

☐ ☐ Potential adverse drug reactions and interactions [OBS]

☐ ☐ Other necessary precautions [OBS]

☐ ☐ Patient education on these factors is documented in the medical record

☐ ☐ Patient's understanding is documented [OBS]

MULTIDRUG-RESISTANT ORGANISMS

APPLICABLE PROGRAM(S): CAH, HAP

✓ NA

☐ ☐ Patients infected with an MDRO are educated about infection prevention and control strategies

☐ ☐ Patient/family is aware of infection prevention and control strategies for MDROs

MDRO, multidrug-resistant organisms.

FOLLOW-UP CARE AFTER DISCHARGE OR TRANSFER

APPLICABLE PROGRAM(S): AHC, CAH, HAP, NCC, OBS

✓ NA

Information provided to the patient and/or caregiver(s)

☐ ☐ Unanticipated outcomes of care, treatment, or services

☐ ☐ When a discharge or transfer is needed

☐ ☐ Reason for discharge or transfer

☐ ☐ Type of continuing care that will be needed

☐ ☐ How to get any continuing care

☐ ☐ Importance of managing medication information

Information provided to other service providers

☐ ☐ Reason for the patient's discharge or transfer

☐ ☐ Summary of the patient's care is sent to primary care provider and other service providers who will provide care

☐ ☐ Patient's progress toward goals

☐ ☐ Community resources or referrals given to the patient

Information provided to patient's physician

☐ ☐ Written discharge summary, in accordance with law and regulation

FALL PRECAUTIONS

APPLICABLE PROGRAM(S): HAP, NCC

✓ NA

☐ ☐ Staff explains educational components of the health care facility's fall prevention program

☐ ☐ Patient/family is aware of precautions to reduce risk of falls

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DOWNLOAD CHECKLIST

Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 01 07 To-Do Required Rights and Responsibilities

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

Required Patient Rights and Responsibilities Checklist

This checklist itemizes what patients and staff need to know about patient rights and responsibilities, in accordance with Joint Commission requirements. You can use it to make sure that staff is providing and patients/families are receiving the appropriate information and treatment. You can also use it to develop policies and/or education programs. Program settings are listed with each topic and are applicable to the listed settings unless otherwise noted.

Organization: _____ Department/Unit: _____

Date of Review: _____ Reviewer(s): _____

Patient Medical Record #: _____

Patient Rights

Communication

Applicable Program(s): AHC, BHC, CAH, HAP, NCC, OBS, OME
✓ NA

Patients have a right to the following:

☐ ☐ Receive information that's appropriate to age, language, and ability to understand.

☐ ☐ Receive information that explains the importance of the patients' own role in their care.

☐ ☐ Receive language interpreting and translation services.

☐ ☐ Receive information in a way that meets their needs if they have vision, speech, hearing, or cognitive impairments.

☐ ☐ Have their complaints heard, reviewed, and, when possible, resolved.

Participation in Care

Applicable Program(s): AHC, BHC, CAH, HAP, NCC, OBS, OME
✓ NA

Patients have a right to the following:

☐ ☐ Participate in decisions about their care.

☐ ☐ Refuse care.

☐ ☐ Have a surrogate decision-maker if they're unable to make decisions.

☐ ☐ Be informed of risks and unanticipated outcomes of care.

☐ ☐ Be informed of reasonable alternatives to proposed care.

☐ ☐ Give or refuse informed consent.

☐ ☐ Choose and communicate with their medical, dental, and licensed independent practitioner care providers.

Freedom from Abuse, Neglect, and Exploitation

Applicable Program(s): AHC, BHC, CAH, HAP, NCC, OBS, OME, or As Indicated
✓ NA

Patients have a right to the following:

☐ ☐ Be protected from abuse, neglect, and exploitation.

☐ ☐ Access protective and advocacy services. [CAH, BHC, HAP]

Provider Information

Applicable Program(s): AHC, BHC, CAH, HAP, NCC, OBS, OME
✓ NA

Patients have a right to the following:

☐ ☐ Know the name of their primary physician or other caregiver.

☐ ☐ Know the name of anyone who will be providing care.

End-of-Life Care

Applicable Program(s): AHC, BHC, CAH, HAP, NCC, OBS, OME
✓ NA

Patients have a right to the following:

☐ ☐ Know the organization's policy about advance directives.

☐ ☐ Have their advance directives honored, in accordance with law and the organization's capabilities.

☐ ☐ Have their wishes about organ donation honored, in accordance with law and the organization's capabilities.

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File Name: 01 07 To-Do Required Rights and Responsibilities

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

Patient Responsibilities

Applicable Program(s): AHC, BHC, CAH, HAP, NCC, OBS, OME
✓ NA

Patients are expected to do the following:

☐ ☐ Provide information regarding their health condition(s) to facilitate care.

☐ ☐ Ask questions when they don't understand information presented to them.

☐ ☐ Follow instructions, policies, rules, and regulations set in place by the organization to support quality care and a safe environment.

☐ ☐ Be respectful and civil in language and conduct.

Organization Responsibilities for Patient Rights

Communication

Applicable Program(s): As Indicated
✓ NA

Organizations must do the following:

☐ ☐ Have a written policy on patient rights.
[AHC, BHC, CAH, HAP, OBS, OME]

☐ ☐ Inform patients of their rights and responsibilities.
[AHC, BHC, CAH, HAP, OBS, OME]

☐ ☐ Obtain written acknowledgment that the patient received information on patient rights and on changes to these rights.
[NCC]

☐ ☐ Provide effective communication with patients.
[AHC, BHC, CAH, HAP, OBS, OME]

☐ ☐ Inform patient about how life-threatening emergencies are handled.
[NCC]

Participation in Care

Applicable Program(s): AHC, BHC, CAH, HAP, NCC, OBS, OME, or As Indicated
✓ NA

Organizations must do the following:

☐ ☐ Inform patients about room-to-room transfers and discharges.
[NCC]

☐ ☐ Allow patients to access, request amendments to, and get disclosure information about their health.

☐ ☐ Allow a family member or other individual to be present.

☐ ☐ Involve family members in decisions about care, as agreed to by the patient.

☐ ☐ Respect the right to pain management.

Freedom from Abuse, Neglect, and Exploitation

Applicable Program(s): AHC, BHC, CAH, HAP, NCC, OBS, OME
✓ NA

Organizations must do the following:

☐ ☐ Investigate and report suspected cases of abuse, neglect, or exploitation, as appropriate

Personal Dignity

Applicable Program(s): AHC, BHC, CAH, HAP, NCC, OBS, OME, or As Indicated
✓ NA

Organizations must do the following:

☐ ☐ Respect the patients' right to privacy.

☐ ☐ Treat patients with dignity and respect.

☐ ☐ Respect patients' cultural and personal values, beliefs, and preferences.
[AHC, BHC, CAH, HAP, OBS, OME]

☐ ☐ Respect patients' cultural, psychological, personal, and spiritual values, beliefs, and preferences.
[NCC]

☐ ☐ Accommodate religious and other spiritual services.

☐ ☐ Allow patients to keep and use personal clothing and possessions, as long as doing so does not interfere with medical care or others' rights.
[BHC, CAH, HAP, NCC, OME]

☐ ☐ Allow patients to have mail and phone services, including access to private phone service, as appropriate.
[BHC, CAH, HAP, NCC, OME]

☐ ☐ Allow patients to exercise citizenship privileges.
[BHC, NCC]

☐ ☐ Allow patients to use transportation services, as appropriate.
[NCC]

☐ ☐ Allow patients to receive and restrict visitors.
[CAH, NCC, OME]

Health Equity

Applicable Program(s): As Indicated
✓ NA

Organizations must do the following:

☐ ☐ Prohibit discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
[AHC, BHC, CAH, HAP, OBS, OME]

☐ ☐ Inform the patient about obligations to provide access to comparable care, treatment, and services to patients regardless of payer source.
[NCC]

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File Name: 01 07 To-Do Required Rights and Responsibilities

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

PROTECTION DURING RESEARCH, INVESTIGATION, OR CLINICAL TRIALS

APPLICABLE PROGRAM(S): AHC, BHC, CAH, HAP, NCC, OBS, OME
✓ NA

Organizations must do the following:

☐ ☐ Be informed of risks and benefits to participation.

☐ ☐ Inform the patient of the purpose, duration, and procedures involved.

END-OF-LIFE CARE

APPLICABLE PROGRAM(S): AHC, BHC, CAH, HAP, NCC, OBS, OME
✓ NA

Organizations must do the following:

☐ ☐ Appropriately document informed consent, research consent, and advance directives.

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File Name: 01 08 Assessment Suicide Prevention

APPLICABLE PROGRAM(S)
☐ AHC ☒ BHC ☐ CAH ☒ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

Suicide Prevention Assessment Checklist

This checklist can help assess suicide prevention protocol in nonbehavioral health units, emergency rooms, and inpatient behavioral units in hospitals, as well as behavioral health care organizations.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **behavioral health care** *and* **hospital** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
INITIAL SUICIDE ASSESSMENT				
Does the organization use a standardized screening measure tool to assess* the risk of suicide?				
Does the organization assess* the risk of suicide in patients according to an established policy?				
Does the initial assessment gather patient information including past and present suicidal ideation, suicidal behavior, and other forms of self-directed violence?				
Does the initial assessment include patient's psychosocial health, including expression of emotions, support network, general mood, coping skills, stress level, and so forth?				
Does the initial assessment for patients at risk for suicide also include further/follow-up assessment of suicidal ideation, plans, access to means, and so forth?				
SUICIDE PREVENTION ASSESSMENT PLAN(S)				
Does the organization include a plan for managing patients at urgent or developing risk of suicide?				
Does the organization's protocol include treatment plans and interventions if the patient is suicidal?				
Does the organization assess at-risk patients' environment of care?				

* The Joint Commission requires that this screening be completed only in behavioral health care organizations and psychiatric hospitals/inpatient units, as well as in general hospitals when a patient's primary reason for seeking treatment presents with psychiatric issues. However, organizations that do not fall under this requirement may have a policy in place regarding the use of a standardized screening measure tool to assess the risk of suicide; in these instances, organizations should use the measurement tool in accordance with their policy.

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File Name: 01 08 Assessment Suicide Prevention

Applicable Program(s)
☐ AHC ☒ BHC ☐ CAH ☒ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

Questions	Y	N	NA	Comments
Does the organization monitor and re-assess the physical environment of at-risk patients on a continual basis?				
Suicide Risk-Assessment Staff Education				
Are staff trained in accordance with protocol to adopt and use an appropriate and common language about suicide and suicide risk?				
Have staff been trained regarding the tool used to assess suicidal risk in different patient populations?				
Are staff trained to follow a standardized, evidence-based protocol for identifying at-risk patients?				
Are staff trained to use the organization's suicide screening/assessment tools to establish a collaborative relationship with patients to ensure safety and well being?				

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File Name: 01 09 Assessment Surgical Patient Education

APPLICABLE PROGRAM(S)
☒ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☒ OBS ☐ OME

Surgical Patient Education Assessment Checklist

This checklist includes questions for a staff member to assess and identify education needs for a patient before and after undergoing a surgical or other invasive procedure. You can use it to make sure each patient receives all necessary and relevant information.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **ambulatory health care***,* **critical access hospital***,* **hospital***, and* **office-based surgery** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
PREPARING FOR SURGERY				
Does the patient know if there are prescription or over-the-counter medications the patient should not take before surgery?				
Does the patient know about any supplements, vitamins, herbals, or foods the patient should not take before surgery?				
Does the patient know about any direction regarding abstention from food and/or drink before surgery?				
Does the patient know how to prepare his or her body, if applicable, before surgery (for example, trim nails, wash using special soap, and so on)?				
Does the patient have an opportunity to ask questions of the physician, anesthesiologist, or other team members before the surgery?				
Does the patient know if someone will need to accompany him or her home after the surgery?				
BEFORE SURGERY				
Does the patient receive an informed consent form in a language and format the patient can understand?				
Does the patient understand what he or she is consenting to?				
Has the patient been informed of the risks of the surgery?				
Does the patient have an opportunity to ask questions about the informed consent form?				

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File Name: 01 09 Assessment Surgical Patient Education

APPLICABLE PROGRAM(S)
☒ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☒ OBS ☐ OME

QUESTIONS	Y	N	NA	COMMENTS
Does the patient understand and participate in preprocedure verification and site marking, when possible?				
AFTER SURGERY				
Is the patient able to communicate his or her pain levels and participate in pain management?				
Does the patient receive any necessary education about any new medications that have been prescribed, including purpose of the medication?				
Does the patient demonstrate understanding about how to take any new medications, including dosage and frequency?				
Does the patient receive any necessary information about possible side effects of new medications?				
Does the patient know how to respond if he or she experiences side effects?				
Does the patient have an opportunity to ask about any new medications?				
Does the patient receive information about any applicable restrictions (for example, physical activity, diet, etc.)?				
Does the patient understand any restrictions that should be followed after discharge, including when restrictions can be lifted?				
Does the patient have an opportunity to ask about any restrictions?				
Is the patient informed about follow-up activities, such as appointments or blood work?				

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File Name: 01 10 Procedure Surgical Safety

APPLICABLE PROGRAM(S)
☒ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☒ OBS ☐ OME

Surgical Safety Procedure Checklist

This checklist provides the steps to take to help ensure safe surgery in the operating room (OR). It's adapted from the Safe Surgery Checklist created by the World Health Organization (WHO). You can use it in the OR for every surgery and add a copy to the patient's medical record. This checklist is applicable to **ambulatory health care**, **critical access hospital**, **hospital**, *and* **office-based surgery** *program settings.*

Note: *For additional guidance related to Joint Commission requirements for surgical safety,* see *the* Universal Protocol Procedure Assessment Checklist.

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

PATIENT MEDICAL RECORD #: _____

STEP	ACTION	✓	NA
BEFORE ANESTHESIA WITH NURSE AND ANESTHETIST			
1.	Verify the patient's identity with two forms of identification.		
2.	Verify the patient's confirmation of consent.		
3.	Verify the patient's comprehension of the surgical site and procedure.		
4.	Verify that the site is marked.		
5.	Verify that the anesthesia machine and medication checks are complete.		
6.	Verify that the pulse oximeter is on the patient and is functioning.		
7.	Check to see if the patient has a known allergy.		
8.	Check to see if the patient has a difficult airway or aspiration risk.		
	▪ If **YES**, check that equipment/assistance is available.		
9.	Check to see if the patient has a risk of greater than 500 ml of blood loss (7 ml/kg in children).		
	▪ If **YES**, check that two IVs/central access and fluids are planned.		
BEFORE SKIN INCISION WITH NURSE, ANESTHETIST, AND SURGEON			
10.	Confirm that all team members have introduced themselves by name and role.		
11.	Confirm the patient's name, surgical procedure, and incision site.		
12.	Conduct and document a time out.		
13.	Verify that antibiotic prophylaxis has been given within the last 60 minutes.		

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File Name: 01 10 Procedure Surgical Safety

APPLICABLE PROGRAM(S)
☒ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☒ OBS ☐ OME

STEP	ACTION	✓	NA
14.	Anticipate critical events by asking the following surgical team members:		
	▪ **Surgeon:** Ask about any critical or nonroutine steps.		
	▪ **Surgeon:** Ask how long the procedure will take.		
	▪ **Surgeon:** Ask if there is any anticipated blood loss.		
	▪ **Anesthetist:** Ask if there are any patient-specific concerns.		
	▪ **Nursing team:** Ask if sterility (including indicator results) has been confirmed.		
	▪ **Nursing team:** Ask if there are any equipment issues or any other concerns		
15.	Verify that essential imaging is displayed.		
BEFORE PATIENT LEAVES OR WITH NURSE, ANESTHETIST, AND SURGEON			
16.	**Nurse:** Verbally confirm the following:		
	▪ Name of the procedure		
	▪ Completion of counts (instruments, sponges, and needles)		
	▪ Labelling of specimen(s) (read specimen label[s] aloud, including the patient's name)		
	▪ Identification of any equipment problems that need to be addressed		
17.	**Nurse, anesthetist, and surgeon:** Share key concerns for recovery of the patient.		

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File Name: 01 11 Assessment Universal Protocol

APPLICABLE PROGRAM(S)
☒ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☒ OBS ☐ OME

Universal Protocol Procedure Assessment Checklist

This checklist outlines steps in The Joint Commission's Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™ procedure: verification, site marking, and time-out. It can be used to make sure that all steps in the process are taken to ensure that the correct patient receives the correct procedure at the correct site.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **ambulatory health care***,* **critical access hospital***,* **hospital***, and* **office-based surgery** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
PREPROCEDURE VERIFICATION				
Does the established process verify that the correct patient receives the correct procedure at the correct site?				
Is the patient involved in the verification process whenever possible?				
Is a standardized list used to identify items that must be available during the procedure?				
Does the standardized list include relevant documentation (for example, history and physical, signed consent form, preanesthesia assessment)?				
Does the standardized list include labeled diagnostic and radiology test results?				
Does the standardized list include any required blood products, implants, devices, and/or special equipment needed for the procedure?				
Is the standardized list used consistently throughout the organization?				
Do staff match each item that needs to be available with the patient?				
Are any anesthesia-related safety concerns reviewed before the procedure?				

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File Name: 01 11 Assessment Universal Protocol

Applicable Program(s)
☒ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☒ OBS ☐ OME

Questions	Y	N	NA	Comments
Are diagnostic and radiology test results properly displayed?				
Site Marking				
Is the site of the procedure marked before the procedure begins, when appropriate (that is, there is more than one possible location for the procedure, and performing the procedure at a different location would harm the patient)?				
Is the patient involved in site marking whenever possible?				
Is the mark made at or near the procedure site?				
Is the mark unambiguous?				
Is the same mark used throughout the organization?				
Is the mark permanent enough to be visible after skin prep and draping?				
Is the site marked by the licensed independent practitioner who is ultimately accountable for the procedure and who will be present during the procedure?				
Are the limited circumstances for delegating site marking defined by the organizational leadership?				
If site marking is delegated, is the responsible individual either a qualified medical resident, physician assistant, or advanced practice registered nurse?				
If site marking is delegated, is the responsible individual familiar with the patient?				
If site marking is delegated, will the responsible individual be present when the procedure is performed?				
For spinal procedures: Is the preoperative mark on the skin accompanied by special intraoperative imaging techniques to locate and mark the exact vertebral level?				

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File Name: 01 11 Assessment Universal Protocol

Applicable Program(s)
☒ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☒ OBS ☐ OME

Questions	Y	N	NA	Comments
Is there a written alternative process to ensure the correct site for patients who refuse site marking, or for procedures involving areas that are technically or anatomically impossible or impractical to mark (for example, teeth, mucosal surfaces)?				
If the patient refuses site marking, is the patient educated on the purpose and importance of site marking with regard to safety?				
If the patient refuses site marking, is that refusal documented?				
Time-Out				
Is a time-out conducted immediately before starting an invasive procedure or making an incision?				
Is the time-out process standardized throughout the organization?				
Is the time-out initiated by a designated team member?				
Does the time-out process involve all immediate members of the procedure team?				
Do all relevant members of the procedure team actively communicate during the time-out?				
During the time-out, do all team members agree on at least the correct procedure, correct patient, correct site?				
If one patient has two or more procedures and the person performing the procedure changes, does another time-out occur before the start of each procedure?				
Does the time-out policy and procedure describe what kind of documentation is needed?				
Are time-outs documented according to the organization's policy?				

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SECTION 2

CONTINUOUS COMPLIANCE

ASSESSMENT

DECISION

EVALUATION

PROCEDURE

TO-DO

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File Name: 02 01 Evaluation Policies and Procedures

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Checklist for Evaluating Policy and Procedure Templates

This checklist includes criteria to evaluate whether your organization has incorporated and/or considered the required components for effective policies and procedures template. You can use this checklist when creating a new policy and/or procedure or when reviewing existing policies and procedures.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **all** *program settings.*

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

QUESTIONS	Y	N	NA	COMMENTS
LANGUAGE AND FORMAT				
Does the document have a simple, straightforward name or title that clearly describes its purpose?				
If lengthy, does the document have a table of contents to facilitate navigation?				
Does the document use a page-numbering system established for all policies and procedures across the organization?				
Are all terms defined within the document?				
Are superlatives (for example, highest and safest) avoided?				
Are absolutes (for example, shall and must) used with caution/only as necessary?				
Are procedural steps written in the active voice (for example, "Sign the form to confirm receipt.")?				
Is a standardized template—as established by the organization for all policies and procedures—used?				
CONTENT				
Does the document clearly identify—by title—who is responsible and accountable for carrying out each action?				
Does the document clearly state any training necessary for specific actions?				
Does the document include references to evidence-based resources used in development of the document (typically either at the end of the document or as an attachment)?				

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File Name: 02 01 Evaluation Policies and Procedures

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Questions	Y	N	NA	Comments
Are all actions appropriate, reflecting the care, treatment, or services the organization offers?				
Does the document refer to specific laws or regulations that are the basis for a particular action?				
Does the document clearly cross-reference other relevant organization documents, as necessary?				
Approval and Review				
Has the document been approved (with signatures as required) by leadership?				
Does the document (including any amendments) include names, titles, and dates of approval?				
Does the document include dates of origin, review, and revision?				
Does the document include effective date(s)?				
Is there a process for review and revision, including a timeline or schedule?				
Is it clear who is responsible for each part of the review and revision process?				
Is there a way to track all changes to the document, including who made the change, the date, and the reason for the change?				
Accessibility and Version Control				
Is the document protected from unauthorized revision(s)?				
Do all staff know how to access the document?				
Can all staff access the document quickly and easily?				
Is the document part of an electronic library of policy and procedure documents?				
Are old or retired versions of the document immediately moved from “active” service to an archive?				

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File Name: 02 02 To-Do Daily Compliance

APPLICABLE PROGRAM(S)			
☒ AHC	☐ BHC	☒ CAH	☒ HAP
☐ LAB	☒ NCC	☒ OBS	☒ OME

Daily Compliance Checklist

This checklist includes tasks to do every day to help ensure continuous compliance with Joint Commission requirements and your organization's policies and procedures. For best results, the review should be performed by the unit/department director, supervisor, or other designee.

Program settings are listed with each topic and are applicable to the listed settings unless otherwise noted.

Note: *For home care program settings, this checklist is appropriate for use in a licensed health care facility, such as an inpatient hospice. However, some activities may be completed in a home setting.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER: _____

ENVIRONMENT OF CARE

APPLICABLE PROGRAM(S): CAH, HAP, NCC

✓	NA	
☐	☐	All equipment stored on one side of the hallway
☐	☐	No equipment charged (plugged in) in hallways
☐	☐	Nothing parked in hallway longer than 30 minutes
☐	☐	Top of linen cart covered
☐	☐	Nothing other than linen on linen carts
☐	☐	Refrigerator temperature checked and patient food dated
☐	☐	No staff food in refrigerator

CLEAN UTILITY OR STORAGE ROOM

APPLICABLE PROGRAM(S): AHC, CAH, HAP, NCC, OBS

✓	NA	
☐	☐	Oxygen tanks stored upright in a holder and sorted by full and empty tanks
☐	☐	Signage posted for oxygen tank storage
☐	☐	Top of linen cart covered when not in use
☐	☐	Door to hallway closed (not propped open)

SOILED/DIRTY UTILITY HOLDING ROOM

APPLICABLE PROGRAM(S): AHC, CAH, HAP, NCC, OBS, OME

✓	NA	
☐	☐	Biohazard trash contained
☐	☐	Nothing stored under sink

HOUSEKEEPING AND SECURITY

APPLICABLE PROGRAM(S): AHC, CAH, HAP, NCC, OBS

✓	NA	
☐	☐	Trash contained

HOUSEKEEPING AND SECURITY

APPLICABLE PROGRAM(S): AHC, CAH, HAP, NCC, OBS

✓	NA	
☐	☐	Drawers locked, as appropriate

CRASH CART

APPLICABLE PROGRAM(S): AHC, CAH, HAP, NCC, OBS

✓	NA	
☐	☐	Daily checklist completed
☐	☐	No clutter on top
☐	☐	Locked (including extra locks secured)
☐	☐	No expired medications or supplies noted

MEDICATION(S)

APPLICABLE PROGRAM(S): AHC, CAH, HAP, NCC, OBS, OME

✓	NA	

Carts/Storage Areas

☐	☐	No open single-use vials; all discarded after use
☐	☐	Opened multidose vials dated
☐	☐	MAR/eMAR closed when not in use
☐	☐	Pill crushers/splitters cleaned
☐	☐	All doors/drawers locked when not in use

Refrigerator/Freezer

☐	☐	Temperature checks completed with response to variances recorded
☐	☐	Opened multidose vials dated
☐	☐	Discharged patient medications managed
☐	☐	No expired medications

Solutions

☐	☐	No unsecured medications, sharps, or syringes
☐	☐	No expired medications or solutions

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File Name: 02 02 To-Do Daily Compliance

APPLICABLE PROGRAM(S)
☒ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

MEDICATION(S)

APPLICABLE PROGRAM(S): AHC, CAH, HAP, NCC, OBS, OME

✓ NA

☐ ☐ No predrawn syringes

MAR, medication administration record; eMAR, electronic medication administration record.

POINT-OF-CARE GLUCOSE METERS

APPLICABLE PROGRAM(S): AHC, CAH, HAP, NCC, OME, OBS

✓ NA

☐ ☐ Meters cleaned

☐ ☐ Controls and strips dated when opened

☐ ☐ Quality control performed in accordance with manufacturer's guidelines

PATIENT CARE

APPLICABLE PROGRAM(S): AHC, CAH, HAP, NCC, OBS

✓ NA

☐ ☐ All patients wearing correct identification band

☐ ☐ Fall-risk patients wearing bracelets

☐ ☐ Signage posted for fall-risk patients

☐ ☐ Any nonambulatory patients (on gurneys or in wheelchairs) in hallway covered to maintain their dignity

☐ ☐ Food trays and snacks delivered

☐ ☐ Call lights functional, within patient reach, and answered

PATIENT CARE

APPLICABLE PROGRAM(S): AHC, CAH, HAP, NCC, OBS

✓ NA

☐ ☐ Alarms answered

☐ ☐ Confidentiality of medical records confirmed

☐ ☐ Isolation precautions implemented, if ordered

☐ ☐ Hand hygiene policy reviewed with staff

☐ ☐ Hand sanitizer dispensers full

☐ ☐ Staff reminded to perform time out for any invasive procedures

☐ ☐ Medication administration reviewed with staff

CHART REVIEW (NEW ADMITS)

APPLICABLE PROGRAM(S): CAH, HAP, NCC

✓ NA

☐ ☐ Home medication record completed

☐ ☐ Medication administration database completed

☐ ☐ TO/VO/critical value documentation completed

TO, telephone orders; VO, verbal orders.

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File Name: 02 03 Evaluation Mock Tracer

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Mock Tracer Evaluation Checklist

This checklist itemizes elements of an effective mock tracer performed as part of a mock survey. You can use it to evaluate the mock tracers that your organization conducts. You can also use the evaluation criteria to develop a procedure for planning, preparing, conducting, and following up on mock tracer activity.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **all** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF MOCK TRACER EVALUATION: _____ REVIEWER(S): _____

DATE OF MOCK TRACER: _____ MOCK TRACER SURVEYOR: _____

MOCK SURVEY FOCUS: _____

QUESTIONS	Y	N	NA	COMMENTS
PLANNING AND PREPARING				
Was a schedule set to conduct this mock tracer?				
Was that schedule shared with all participants in the mock survey program and/or this particular mock tracer?				
Was the topic of the mock tracer defined in the schedule?				
Was the scope of the mock tracer defined (for example, with a focus on top compliance issues and/or high-volume or high-risk areas)?				
Was a person with effective communication skills, a leader, and/or a member of a relevant committee chosen to act as the mock surveyor in this mock tracer?				
Was the mock surveyor given time off from other duties to prepare for the mock tracer?				
Did the mock surveyor receive training to play that role?				
Did that training include learning Joint Commission standards relevant to the mock tracer topic?				
Did that training include examination of closed, but recent, medical records?				
Did that training include a study of the types of questions surveyors ask?				

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File Name: 02 03 Evaluation Mock Tracer

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

QUESTIONS	Y	N	NA	COMMENTS
Did that training include when to address problems that might occur during the mock survey (on the spot or later)?				
CONDUCTING AND EVALUATION				
Was the mock surveyor given time off from other duties to conduct the mock tracer?				
Did the mock surveyor explore all relevant topic areas?				
During the mock tracer, did the mock surveyor share the purpose of the tracer with the tracer interview subjects?				
Were any problems that occurred during the mock tracer addressed as planned (on the spot or later)?				
Was there a debriefing session after the mock survey?				
Did all the participants of the mock tracer fill out a feedback form?				
ANALYZING AND REPORTING RESULTS				
Did the participants in this mock tracer submit for review any forms used during the mock tracer?				
Did the mock surveyor check collected data/notes for errors?				
Did the mock tracer team highlight any areas of concern?				
Was a report on the results of this mock tracer created?				
Did the mock tracer team make sure that all names and identifying information were removed from the report?				
Were any problems ranked and prioritized? That is, did the mock tracer report clearly evaluate for each identified area of noncompliance both the likelihood to harm patients, staff, or visitors (low, moderate, or high) and the scope of the issues (limited, pattern, or widespread) within the organization?				
Was the mock tracer report created in a timely way?				

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File Name: 02 03 Evaluation Mock Tracer

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

QUESTIONS	Y	N	NA	COMMENTS
For health care systems, is the information from all mock tracers in the mock surveys aggregated, reported, and analyzed at the system level?				
APPLYING THE RESULTS				
Were specific corrective actions/plans from the mock tracer report recommended to appropriate leadership?				
Were the plans shared with the entire organization?				
Did the mock survey team establish time lines or deadlines for those responsible for implementing the plans?				
Did the mock survey team identify checkpoints to follow up on the progress of those plans?				
Did follow-up occur?				
Did implementation of any recommendations occur?				
Did the mock tracer team identify any general lessons to apply to future mock surveys on this topic and others?				

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File Name: 02 04 Procedure First Day Survey Readiness

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Procedure Checklist for First-Day-of-Survey Readiness

This checklist covers some of the steps to take on the first day of a Joint Commission survey. To be ready to implement these steps on first day of survey, review them periodically, making or adjusting plans/arrangements as needed in advance. Share the checklist with your survey implementation team, if you have one, or other organization staff.*

Unless otherwise noted, this checklist is applicable to **all** *program settings that are subject to survey.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

STEP	ACTION	✓	DATE COMPLETE	NA
ARRIVAL OF SURVEY TEAM				
1.	**Reception staff:** Inform reception staff members (usually at the main entrance of your organization) about the anticipated unscheduled arrival of surveyors. Explain the importance of verifying any surveyor's identity via an identification badge.			
2.	**Contact lists:** Identify leaders and staff who must be notified when surveyors arrive, as well as alternatives for those persons. Also identify the individual who will be the surveyors' "contact person," or coordinator, during the survey. Make sure staff in the reception or main entrance have this list and the contact information is up-to-date.			
3.	**Survey coordinator:** When the surveyor(s) arrive, notify the survey coordinator. Ask the surveyor(s) to wait in the lobby (or other waiting area) until your survey coordinator arrives.			
4.	**Validation of survey:** Identify who will be responsible for the validation of the survey start and the identity of surveyors on the organization's secure *Joint Commission Connect*™ extranet site.			
5.	**Survey response team:**† Alert the survey response team (if you have one) to the survey.			
6.	**Staff:**‡ Communicate the arrival of surveyor(s) to staff, in accordance with your implementation plan.			
INTRODUCTIONS, ACCOMMODATIONS, AND ORIENTATION				
7.	**Surveyor base:** Accompany the surveyor(s) to the location identified as the surveyors' "base" for their private use throughout the survey. The base should have a desk or table, electrical outlet, and phone and Internet access. It may also be helpful to secure the area when surveyors leave it.			
8.	**Hospitality:** Provide basic hospitality, including drinking water as well as orientation to restroom facilities and a place to eat.			

* Additional auditing and evaluating entities may visit your organization to survey, including the US Centers for Medicare & Medicaid Services (CMS). The steps listed may or may not apply to these types of surveys.
† Do not delay the survey by waiting for team members to arrive.
‡ If you do not have a plan, consider tactfully making an overhead announcement (for example, "We would like to welcome Joint Commission surveyors to our facility.").

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File Name: 02 04 Procedure First Day Survey Readiness

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

STEP	ACTION	✓	DATE COMPLETE	NA
9.	**Facility tour:**§ Offer a tour of the facility. Duration of this tour should be no more than 10–15 minutes.			
DOCUMENT REVIEW				
10.	**Records of care, treatment, and services:** Surveyors need to view records of care, treatment, and services when performing an individual tracer activity. If the records are maintained electronically in the organization, identify individuals who will assist the surveyors with these reviews. If surveyors will be left to review electronic records on their own, identify equipment and an individual to orient them to the system.			
11.	**In-progress construction projects:** Advise the surveyors of any current construction projects and their locations.			
12.	**Required document lists:** Provide surveyors with all requested and required documents for the various programs in the organization (*see* the program-specific Survey Day Documents Checklist in this section).			
INTERVIEWS/TRACERS				
13.	**Surveyor escorts:** Identify individuals who will serve as escorts for the surveyors to different areas of the organization. Prepare these individuals to track and report to the survey coordinator any surveyor requests for areas to visit, staff to interview, or needed documentation.			
14.	**Anticipation of survey needs:** When possible, alert areas that surveyors will be visiting in advance so they may have documents (such as patient census and procedure schedules) available, and can plan coverage for any staff members the surveyor might want to interview as part of a tracer activity. Keep in mind that surveyor priorities may shift based on observations throughout the survey.			
15.	**Interview note taking:** Ask the survey team for permission to have organization representatives sit in on interviews and take notes.			
EXIT CONFERENCE				

§ Because of time constraints, Joint Commission surveyors may only engage in this step in smaller health care facilities with limited square footage and/or a single building.

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File Name: 02 05 To-Do Required Written Policies

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Required Written Policies Checklist

This checklist itemizes topics of written policies (but not procedures) The Joint Commission standards require. It doesn't cover specific services in a program (such as hospice services) or specific functions (such as a pharmacy in a hospital or laboratory quality system assessment for nonwaived testing requirements). You can use it to make sure you have written policies on the topics.

Program settings are listed with each topic and are applicable to the listed settings unless otherwise noted.

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER: _____

CARE, TREATMENT, AND SERVICES (CTS)

APPLICABLE PROGRAM(S): BHC

✓ NA

☐ ☐ Response to medical emergencies

DOCUMENT AND PROCESS CONTROL (DC)

APPLICABLE PROGRAM(S): LAB

✓ NA

☐ ☐ Criteria for specimen and requisition acceptability

☐ ☐ Procedures when a test system is unavailable

ENVIRONMENT OF CARE (EC)

APPLICABLE PROGRAM(S): AHC, BHC, CAH, HAP, NCC, OBS

✓ NA

☐ ☐ Smoking prohibition, with exceptions

HUMAN RESOURCES (HR)

APPLICABLE PROGRAM(S): OME

✓ NA

☐ ☐ Staff requirements for specialized equipment, supplies, and services provided to patients

INFORMATION MANAGEMENT (IM)

APPLICABLE PROGRAM(S): AHC, BHC, CAH, HAP, LAB, OBS, OME, OR AS INDICATED

✓ NA

☐ ☐ Privacy of health information

☐ ☐ Security of health information

☐ ☐ Protection of health information against unauthorized alteration and accidental loss, damage, destruction, or change

☐ ☐ Intentional destruction of health information

☐ ☐ Removal of health information

INFORMATION MANAGEMENT (IM)

APPLICABLE PROGRAM(S): AHC, BHC, CAH, HAP, LAB, OBS, OME, OR AS INDICATED

✓ NA

☐ ☐ Data capture, display, transmission, and retention
[HAP, LAB, OME]

☐ ☐ Validation criteria for the laboratory informatics system
[LAB]

LEADERSHIP (LD)

APPLICABLE PROGRAM(S): ALL PROGRAMS OR AS INDICATED

✓ NA

☐ ☐ Conflicts of interest involving licensed independent practitioners and/or staff

☐ ☐ Support of patient care, treatment, or services*
[OBS]

☐ ☐ Conflicts of interest involving leaders
[HAP]

LIFE SAFETY (LS)

APPLICABLE PROGRAM(S): CAH, HAP, NCC, OME

✓ NA

☐ ☐ Interim Life Safety Measures

MEDICATION MANAGEMENT (MM)

APPLICABLE PROGRAM(S): AS INDICATED

✓ NA

☐ ☐ Access to patient information by licensed independent practitioners and staff involved in the medication management process
[AHC, BHC, CAH, HAP, OBS, OME]

☐ ☐ Control of medications during the medication management process (for organizations that store medications)
[BHC, CAH, HAP, NCC, OME]

* Refer to your *Comprehensive Accreditation Manual* or visit E-dition on your organization's secure *Joint Commission Connect*™ extranet site for specific policy requirements.

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File Name: 02 05 To-Do Required Written Policies

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

MEDICATION MANAGEMENT (MM)

APPLICABLE PROGRAM(S): AS INDICATED

✓ NA

☐ ☐ Acceptable types of medication orders
[AHC, BHC, CAH, HAP, NCC, OME]

☐ ☐ Medication orders (for organizations that prescribe medications)
[AHC, BHC, CAH, HAP, NCC]

☐ ☐ Medication orders (for organizations that prescribe or receive medication orders)
[OME]

☐ ☐ Recalled or discontinued medications
[AHC, CAH, HAP, NCC, OBS, OME]

☐ ☐ Psychotropic medications (for organizations that prescribe them)
[BHC]

MEDICAL STAFF

APPLICABLE PROGRAM(S): AS INDICATED

✓ NA

☐ ☐ Patient care orders by participants in professional education programs
[HAP]

☐ ☐ Medical staff bylaws, rules and regulations, and policies
[CAH, HAP]

MULTIDRUG-RESISTANT ORGANISM

APPLICABLE PROGRAM(S): CAH, HAP

✓ NA

☐ ☐ Education for patients infected with MDROs

MDRO, multidrug-resistant organism.

NATIONAL PATIENT SAFETY GOALS® (NPSG®)

APPLICABLE PROGRAM(S): CAH, HAP, NCC, OR AS INDICATED

✓ NA

☐ ☐ Laboratory tests for anticoagulants

☐ ☐ Managing clinical alarms*
[CAH]

NURSING (NR)

APPLICABLE PROGRAM(S): CAH, HAP

✓ NA

☐ ☐ Nursing policies and procedures

PROVISION OF CARE, TREATMENT, AND/OR SERVICES (PC)

APPLICABLE PROGRAM(S): AS INDICATED

✓ NA

☐ ☐ Behavior management of patients
[HAP]

☐ ☐ Responding to life-threatening emergencies
[AHC, NCC]

PROVISION OF CARE, TREATMENT, AND/OR SERVICES (PC)

APPLICABLE PROGRAM(S): AS INDICATED

✓ NA

☐ ☐ Electroconvulsive therapy
[HAP]

☐ ☐ Restraint for behavioral health purposes
[HAP]

☐ ☐ Restraint for nonbehavioral health purposes
[HAP]

RECORD OF CARE, TREATMENT, AND SERVICES (RC)

APPLICABLE PROGRAM(S): AHC, BHC, CAH, HAP, OME

✓ NA

☐ ☐ Timely entries in patient, medical, clinical, or case records

RIGHTS AND RESPONSIBILITIES OF THE INDIVIDUAL (RI)

APPLICABLE PROGRAM(S): AS INDICATED

✓ NA

☐ ☐ Rights of the patient or individual served
[AHC, BHC, CAH, OME]

☐ ☐ Informed consent
[AHC, BHC, CAH, HAP, NCC, OME]

☐ ☐ Patient responsibilities
[AHC, HAP, NCC, OME]

☐ ☐ Advance directives
[AHC, HAP, CAH, OME]

☐ ☐ Life-sustaining treatment and resuscitative services
[HAP, OME]

☐ ☐ Situations in which patients, residents, or individuals served work for or on behalf of the organization
[BHC, NCC; CAH AND HAP WHEN THEY HAVE SWING BEDS]

TRANSPLANT SAFETY (TS)

APPLICABLE PROGRAM(S): CAH, HAP

✓ NA

☐ ☐ Affiliated OPO

☐ ☐ Asystolic recovery

OPO, organ procurement organization.

WAIVED TESTING

APPLICABLE PROGRAM(S): AHC, BHC, CAH, HAP, LAB, OBS, OME

✓ NA

☐ ☐ Waived testing

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TO-DO

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File Name: 02 06 To-Do Survey Day Documents AHC-OBS

APPLICABLE PROGRAM(S)
☒ AHC ☐ BHC ☐ CAH ☐ HAP
☐ LAB ☐ NCC ☒ OBS ☐ OME

Survey Day Documents* Checklist for Ambulatory Health Care and Office-Based Surgery Settings

This checklist itemizes the documents you must have available for surveyors as early as possible on the first day of survey. Use the expanded version of this checklist in the Survey Activity Guide *for your program (on the Joint Commission website) to be sure you know in advance where the documents are located and who is responsible for supplying them.*

Note: *The Joint Commission will accept paper or electronic versions of documentation.*

This checklist is applicable to **ambulatory health care** *and* **office-based surgery** *program settings only.*

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER:** _____

GENERAL ORGANIZATION DETAILS

✓	NA	
☐	☐	Organization license
☐	☐	CLIA certificates
☐	☐	Organization chart
☐	☐	Map of the organization and/or campus, if available
☐	☐	List of departments/units/areas/programs/services within the organization, if applicable

CLIA, Clinical Laboratory Improvement Amendments.

TRACER INFORMATION

✓	NA	
☐	☐	Name of key contact person who can assist surveyors in planning tracer selection
☐	☐	List of all sites that are eligible for survey
☐	☐	List of locations where services are provided, including anesthetizing locations
☐	☐	List of sites where high-level disinfection and sterilization are in use
☐	☐	Reports or lists of patient appointment schedules or surgery schedules for each day of the survey
☐	☐	List of unapproved abbreviations

MEASUREMENT DATA AND ANALYSIS

✓	NA	
☐	☐	Results of performance improvement projects and data analysis

MEASUREMENT DATA AND ANALYSIS

✓	NA	
☐	☐	Documentation of performance improvement projects being conducted, including reasons for conducting and measurable progress achieved **Note:** *This can be documentation in governing body minutes or other minutes.*
☐	☐	Analysis from a high-risk process
☐	☐	Documentation of identified potential emergencies that could affect demand for services
☐	☐	Environment of care data and analysis
☐	☐	Infection prevention and control surveillance data from the past 12 months
☐	☐	Infection prevention and control plan annual risk assessment and review of program

REPORTS AND MEETING MINUTES

✓	NA	
☐	☐	Governing body minutes for the last 12 months
☐	☐	Most recent culture of safety and quality evaluation data
☐	☐	Fire drill evaluations
☐	☐	Emergency management drill records and after-action reports
☐	☐	Emergency Operations Plan and documented annual review and update
☐	☐	Environment of Care management plans and annual evaluations
☐	☐	Environment of Care multidisciplinary team meeting minutes for the last 12 months

* Note that this list of documentation requirements, while extensive, is not comprehensive. Surveyors may need additional documentation throughout the survey to further explore or validate observations or discussions with staff.

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File Name: 02 06 To-Do Survey Day Documents AHC-OBS

APPLICABLE PROGRAM(S)
☒ AHC ☐ BHC ☐ CAH ☐ HAP
☐ LAB ☐ NCC ☒ OBS ☐ OME

REPORTS AND MEETING MINUTES

✓	NA	
☐	☐	Reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies
☐	☐	List of patients by program and/or service with diagnosis and condition
☐	☐	Final reports of certification and/or testing for all primary engineering controls and secondary engineering controls associated with sterile medication compounding, including documentation of remediation and/or retesting based on reported results

CONTRACTED SERVICES

✓	NA	
☐	☐	List of all contracted services

PLANS AND POLICIES

✓	NA	
☐	☐	Environment of Care management plans
☐	☐	Emergency Operations Plan, including communication plans
☐	☐	Continuity of operations plan
☐	☐	Emergency management policy
☐	☐	Emergency management protocols for transplant services
☐	☐	Integrated emergency management system risk assessments, plan, and annual review
☐	☐	Tracking system for patients sheltered on site and patients relocated to alternative site

PLANS AND POLICIES

✓	NA	
☐	☐	Patient evacuation procedures
☐	☐	Complaint/grievance policy
☐	☐	Medication management policy
☐	☐	Abuse and neglect policy, if applicable
☐	☐	Restraint policy
☐	☐	Waived testing policy and quality control plan
☐	☐	Infection prevention and control plan (with assessment-based, prioritized goals)
☐	☐	Interim Life Safety Measures policy
☐	☐	Written fire response plan

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TO-DO

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File Name: 02 07 To-Do Survey Day Documents BHC

APPLICABLE PROGRAM(S)
☐ AHC ☒ BHC ☐ CAH ☐ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

Survey Day Documents* Checklist for Behavioral Health Care Settings

This checklist itemizes the documents you must have available for surveyors as early as possible on the first day of survey. Use the expanded version of this checklist in the Survey Activity Guide *for your program (on The Joint Commission website) to be sure you know in advance where the documents are located and who is responsible for supplying them.*

Note: *The Joint Commission will accept paper or electronic versions of documentation.*

This checklist is applicable to **behavioral health care** *program settings only.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER: _____

GENERAL ORGANIZATION DETAILS

✓	NA	
☐	☐	Organization license
☐	☐	CLIA waiver certificate (when applicable)
☐	☐	Organization chart
☐	☐	Map of the organization and/or campus, if available
☐	☐	List of departments/units/areas/programs/services within the organization, if applicable

CLIA, Clinical Laboratory Improvement Amendments.

TRACER INFORMATION

✓	NA	
☐	☐	Name of key contact person who can assist surveyors in planning tracer selection
☐	☐	List of all sites that are eligible for survey
☐	☐	List of unapproved abbreviations
☐	☐	List of individuals served by program and/or service with diagnosis and condition

MEASUREMENT DATA AND ANALYSIS

✓	NA	
☐	☐	Results of performance improvement projects and data analysis
☐	☐	Documentation of performance improvement projects being conducted, including reasons for conducting and measurable progress achieved **Note:** *This can be documentation in governing body minutes or other minutes.*
☐	☐	Analysis from a high-risk process

MEASUREMENT DATA AND ANALYSIS

✓	NA	
☐	☐	Documentation of identified potential emergencies that could affect demand for services
☐	☐	Environment of care data and analysis
☐	☐	Infection prevention and control surveillance data for the past 12 months
☐	☐	Documentation of flow for individuals served **Note:** *This includes dashboards and reports to leadership, documentation of projects, internal throughput data collected by department/units.*

REPORTS AND MEETING MINUTES

✓	NA	
☐	☐	Most recent culture of safety and quality evaluation data
☐	☐	Fire drill evaluations
☐	☐	Emergency management drill records and after-action reports
☐	☐	Emergency Management Plan and documented annual review and update
☐	☐	Environment of Care management plans and annual evaluations
☐	☐	Environment of Care multidisciplinary team meeting minutes for the last 12 months
☐	☐	Reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies
☐	☐	Annual, objective evaluation of organizational financial ability to provide care, treatment, or services, including the budget
☐	☐	Incident reports, including medication errors

* Note that this list of documentation requirements, while extensive, is not comprehensive. Surveyors may need additional documentation throughout the survey to further explore or validate observations or discussions with staff.

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File Name: 02 07 To-Do Survey Day Documents BHC

APPLICABLE PROGRAM(S)
☐ AHC ☒ BHC ☐ CAH ☐ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

REPORTS AND MEETING MINUTES

✓ NA

☐ ☐ Reported grievances

☐ ☐ Governing body/leadership minutes

CONTRACTED SERVICES

✓ NA

☐ ☐ List of all contracted services

PLANS AND POLICIES

✓ NA

☐ ☐ Environment of Care management plans

☐ ☐ Emergency Management Plan, including communication plans

☐ ☐ Emergency management policy

☐ ☐ Integrated emergency management system risk assessments, plan, and annual review

☐ ☐ Tracking system for sheltered and relocated individuals served, including any wait lists for individuals trying to enter services

☐ ☐ Complaint/grievance policy

PLANS AND POLICIES

✓ NA

☐ ☐ Medication management policies

☐ ☐ Restraint and seclusion policy

☐ ☐ Infection prevention and control plan (with assessment-based, prioritized goals)

☐ ☐ Written fire response plan

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File Name: 02 08 To-Do Survey Day Documents CAH-HAP

APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

Survey Day Documents* Checklist for Critical Access Hospitals and Hospitals

This checklist itemizes the documents you must have available for surveyors as early as possible on the first day of survey. Use the expanded version of this checklist in the Survey Activity Guide *for your program (on The Joint Commission website) to be sure you know in advance where the documents are located and who is responsible for supplying them.*

Note: *The Joint Commission will accept paper or electronic versions of documentation.*

This checklist is applicable to **critical access hospital** *and* **hospital** *program settings only.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER: _____

GENERAL ORGANIZATION DETAILS

✓	NA	
☐	☐	Organization license
☐	☐	CLIA certificates
☐	☐	Organization chart
☐	☐	Map of the organization and/or campus, if available
☐	☐	List of departments/units/areas/programs/services within the organization, if applicable

CLIA, Clinical Laboratory Improvement Amendments.

TRACER INFORMATION

✓	NA	
☐	☐	Name of key contact person who can assist surveyors in planning tracer selection
☐	☐	Lists of scheduled surgeries and special procedures, including location of procedure and time
☐	☐	List of all sites that are eligible for survey
☐	☐	List of sites where deep or moderate sedation is in use
☐	☐	List of sites where high-level disinfection and sterilization is in use
☐	☐	List of unapproved abbreviations

MEASUREMENT DATA AND ANALYSIS

✓	NA	
☐	☐	Performance improvement data from the past 12 months

MEASUREMENT DATA AND ANALYSIS

✓	NA	
☐	☐	Documentation of performance improvement projects being conducted, including reasons for conducting and measurable progress achieved **Note:** *This can be documentation in governing body minutes or other minutes.*
☐	☐	Analysis from a high-risk process
☐	☐	Hazard Vulnerability Analysis
☐	☐	Environment of care data and analysis
☐	☐	Organ donation and procurement conversion rates
☐	☐	ORYX data **Note:** *For very small hospitals exempt from submitting this data through vendors, see ORYX® Quality Measure Report on your organization's secure* Joint Commission Connect™ *extranet site.*
☐	☐	Infection prevention and control surveillance data from the past 12 months
☐	☐	Infection prevention and control plan annual risk assessment and review of program
☐	☐	Patient flow documentation **Note:** *This includes dashboards and reports to leadership, documentation of projects, internal throughput data collected by departments/units.*
☐	☐	Antimicrobial stewardship data

REPORTS AND MEETING MINUTES

✓	NA	
☐	☐	Governing body minutes for the last 12 months
☐	☐	Medical executive committee meeting minutes
☐	☐	Most recent culture of safety and quality evaluation data

* Note that this list of documentation requirements, while extensive, is not comprehensive. Surveyors may need additional documentation throughout the survey to further explore or validate observations or discussions with staff.

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Applicable Program(s)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

Reports and Meeting Minutes

✓	NA	
☐	☐	Fire drill evaluations
☐	☐	Emergency management drill records and after-action reports
☐	☐	Emergency Operations Plan and documented annual review and update
☐	☐	Environment of Care management plans and annual evaluations
☐	☐	Environment of Care multidisciplinary team meeting minutes for the last 12 months
☐	☐	Available regulatory reports (for example, CMS or state agency)
☐	☐	Antimicrobial stewardship reports documenting improvement
☐	☐	Final reports of certification/testing for all Primary Engineering Controls and Secondary Engineering Controls associated with sterile medication compounding, including any documentation of remediation/retesting based on reported results

CMS, US Centers for Medicare & Medicaid Services.

Contracted Services

✓	NA	
☐	☐	Agreement with outside blood supplier
☐	☐	OPO agreement
☐	☐	Tissue and eye procurement organization agreement
☐	☐	List of all contracted services

OPO, organ procurement organization.

Plans and Policies

✓	NA	
☐	☐	Environment of Care management plans
☐	☐	Emergency Operations Plan, including communication plans
☐	☐	Continuity of operations plan
☐	☐	Emergency management policy
☐	☐	Emergency management protocols for transplant services
☐	☐	Integrated emergency management system risk assessments, plan, and annual review

Plans and Policies

✓	NA	
☐	☐	Tracking system for patients sheltered on site and patients relocated to alternative site
☐	☐	Organ, tissue, and eye procurement policies
☐	☐	Autopsy policy
☐	☐	Blood transfusion policy
☐	☐	Complaint/grievance policy
☐	☐	Medication management policy
☐	☐	Abuse and neglect policy for inpatient and ambulatory sites, if applicable
☐	☐	Fall risk assessment and policy
☐	☐	Antimicrobial stewardship protocols
☐	☐	Restraint and seclusion policy
☐	☐	Waived testing policy and quality control plan
☐	☐	Medical staff bylaws and rules and regulations
☐	☐	Infection prevention and control plan (with assessment-based, prioritized goals)
☐	☐	Interim Life Safety Measures policy
☐	☐	Written fire response plan
☐	☐	Signed and dated QIO agreement (or utilization review plan)

QIO, quality improvement organization.

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File Name: 02 09 To-Do Survey Day Documents OME

Applicable Program(s)
☐ AHC ☐ BHC ☐ CAH ☐ HAP
☐ LAB ☐ NCC ☐ OBS ☒ OME

Survey Day Documents* Checklist for Home Care Settings

This checklist itemizes the documents you must have available for surveyors as early as possible on the first day of survey. Use the expanded version of this checklist in the Survey Activity Guide *for your program (on The Joint Commission website) to be sure you know in advance where the documents are located and who is responsible for supplying them.*

Note: *The Joint Commission will accept paper or electronic versions of documentation.*

This checklist is applicable to **home care** *program settings only.*

Organization: _____ **Department/Unit:** _____

Date of Review: _____ **Reviewer:** _____

General Organization Details

✓	NA	
☐	☐	Organization license
☐	☐	Organization chart
☐	☐	State licenses, certificates, and so on
☐	☐	List of all sites, branches, and services provided, if applicable
☐	☐	List of active employees with discipline or title
☐	☐	Map of the organization, if available
☐	☐	List of departments/units/areas/programs/ services within the organization, if applicable
☐	☐	Marketing material
☐	☐	Admission packet, including documents such as patient rights and responsibilities, advanced directives, consents, chargers, and medication education information

Tracer Information

✓	NA	
☐	☐	Name of key contact person who can assist surveyors in planning tracer selection
☐	☐	List of all sites that are eligible for survey
☐	☐	List of scheduled deliveries, mail orders, or planned walk-in business for the days of survey and from specific points in time as delineated by the surveyor (including home medical equipment, pharmacy, and so on), supplier's date of first encounter/admission, and address, if delivery is part of the service
☐	☐	List of all active rental equipment patients
☐	☐	List of unapproved abbreviations

Measurement Data and Analysis

✓	NA	
☐	☐	List of active patients, including patient name, diagnosis or therapy, equipment provided, and start date of care
☐	☐	List of scheduled home visits for the duration of the survey, including type of service (home health, hospice, personal care and support), disciplines, diagnosis, and date of admission
☐	☐	Results of performance improvement projects and data analysis
☐	☐	Documentation of performance improvement projects being conducted, including reasons for conducting and measurable progress achieved **Note:** *This can be documentation in governing body minutes or other minutes.*
☐	☐	Analysis from a high-risk process
☐	☐	Prioritized potential emergencies (Hazard Vulnerability Analysis)
☐	☐	Infection prevention and control surveillance data for the past 12 months
☐	☐	Infection prevention and control plan annual risk assessment and review of program

Reports and Meeting Minutes

✓	NA	
☐	☐	Governing body minutes for the last 12 months
☐	☐	Most recent culture of safety and quality evaluation data
☐	☐	Reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies

* Note that this list of documentation requirements, while extensive, is not comprehensive. Surveyors may need additional documentation throughout the survey to further explore or validate observations or discussions with staff.

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Applicable Program(s)			
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☐ LAB	☐ NCC	☐ OBS	☒ OME

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Contracted Services

✓	NA	
☐	☐	List of all contracted services

Plans and Policies

✓	NA	
☐	☐	Home safety checklist, including oxygen use, signs, fire extinguishers, and smoke alarms
☐	☐	Emergency Operations Plan, including communication plans
☐	☐	Continuity of operations plan
☐	☐	Emergency management policy
☐	☐	Integrated emergency management system risk assessments, plan, and annual review
☐	☐	Complaint/grievance policy
☐	☐	Medication management policy
☐	☐	Abuse and neglect policy, if applicable
☐	☐	Waived testing policy and quality control plan
☐	☐	Infection prevention and control plan (with assessment-based, prioritized goals)
☐	☐	Interim Life Safety Measures policy†
☐	☐	Written fire response plan

† Applicable to inpatient hospice only.

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APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☐ CAH ☐ HAP
☒ LAB ☐ NCC ☐ OBS ☐ OME

Survey Day Documents* Checklist for Laboratories

This checklist itemizes the documents you must have available for surveyors as early as possible on the first day of survey. Use the expanded version of this checklist in the Survey Activity Guide *for your program (on The Joint Commission website) to be sure you know in advance where the documents are located and who is responsible for supplying them.*

Note: *The Joint Commission will accept paper or electronic versions of documentation.*

This checklist is applicable to **laboratory** *program settings only.*

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER:** _____

GENERAL ORGANIZATION DETAILS

✓	NA	
☐	☐	Organization license
☐	☐	CLIA certificates, specialties, subspecialties, state licenses, and personnel licenses, or certification if required by the state or in accordance with the organization's policy
☐	☐	Organization chart
☐	☐	Map of the organization and/or campus, if available

CLIA, Clinical Laboratory Improvement Amendments.

TRACER INFORMATION

✓	NA	
☐	☐	Name of key contact person who can assist surveyors in planning tracer selection

MEASUREMENT DATA AND ANALYSIS

✓	NA	
☐	☐	Performance improvement data for the past 24 months
☐	☐	Testing records for patients who had laboratory tests or other services in the past 24 months, as requested
☐	☐	Proficiency data by CLIA number for the past 24 months (required for initial surveys and resurveys)
☐	☐	Results of periodic laboratory environment inspections from the safety committee or safety officer
☐	☐	Manifests for disposal of hazardous waste
☐	☐	Correlations and calibration verifications for the past 24 months

MEASUREMENT DATA AND ANALYSIS

✓	NA	
☐	☐	List of new instruments and new tests that have been implemented in the past 24 months, including their validation studies
☐	☐	List of all testing personnel qualifications, hire dates, training, and competency records
☐	☐	Record of errors, accidents, nonconformances, complaints, internal and external audits, and assessments, as requested
☐	☐	Temperature and quality control records, including EQC procedures and attempts at IQCP
☐	☐	List of critical equipment and supplies
☐	☐	List of maintenance records of policies, processes, and procedures
☐	☐	List of tests that do not use proficiency testing for accuracy and precision for verification
☐	☐	Record of the normal patient prothrombin time mean for your organization's current lot of thromboplastin reagent
☐	☐	Record of the ISI value specific to the lot of thromboplastin reagent in use
☐	☐	IQCP documentation for all applicable test systems
☐	☐	Risk-assessment documentation for the past 24 months in cases where IQCP was discontinued
☐	☐	Documentation of performance improvement projects being conducted, including reasons for conducting and measurable progress achieved **Note:** *This can be documentation in governing body minutes or other minutes.*
☐	☐	Analysis from a high-risk process
☐	☐	Hazard Vulnerability Analysis

* Note that this list of documentation requirements, while extensive, is not comprehensive. Surveyors may need additional documentation throughout the survey to further explore or validate observations or discussions with staff.

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Applicable Program(s)			
☐ AHC	☐ BHC	☐ CAH	☐ HAP
☒ LAB	☐ NCC	☐ OBS	☐ OME

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File Name: 02 10 To-Do Survey Day Documents LAB

Measurement Data and Analysis

✓	NA	
☐	☐	Environment of care data and analysis
☐	☐	Infection prevention and control surveillance data from the past 12 months

EQC, equivalent quality control; IQCP, individual quality control plan; ISI, international sensitivity index.

Reports and Meeting Minutes

✓	NA	
☐	☐	Emergency management drill records and after-action reports
☐	☐	Emergency Operations Plan and documented annual review and update

Contracted Services

✓	NA	
☐	☐	List of all contracted services

Plans and Policies

✓	NA	
☐	☐	Environment of Care management plans
☐	☐	Emergency Operations Plan, including communication plans
☐	☐	Continuity of operations plan
☐	☐	Emergency management policy
☐	☐	Emergency management protocols for transplant services
☐	☐	Integrated emergency management system risk assessments, plan, and annual review
☐	☐	Waived testing policy and quality control plan
☐	☐	Infection prevention and control plan (with assessment-based, prioritized goals)
☐	☐	Written fire response plan

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Applicable Program(s)
☐ AHC ☐ BHC ☐ CAH ☐ HAP
☐ LAB ☒ NCC ☐ OBS ☐ OME

Survey Day Documents* Checklist for Nursing Care Centers

This checklist itemizes the documents you must have available for surveyors as early as possible on the first day of survey. Use the expanded version of this checklist in the Survey Activity Guide *for your program (on The Joint Commission website) to be sure you know in advance where the documents are located and who is responsible for supplying them.*

Note: *The Joint Commission will accept paper or electronic versions of documentation.*

This checklist is applicable to **nursing care center** *program settings only.*

Organization: _____ **Department/Unit:** _____

Date of Review: _____ **Reviewer:** _____

General Organization Details

✓	NA	
☐	☐	Organization license
☐	☐	Organization chart
☐	☐	Map of the organization and/or campus, if available
☐	☐	List of departments/units/areas/programs/services within the organization, if applicable
☐	☐	List of staff members on the interdisciplinary team, including team meeting schedule
☐	☐	List of patients or residents discharged in the past 48 hours and/or 30 days†
☐	☐	List of patients or residents readmitted to the hospital in the past 90 days†
☐	☐	Patient or resident treatment schedules
☐	☐	Nurse staffing schedule for the past 3 months‡
☐	☐	Activity calendar for the past 3 months‡

Tracer Information

✓	NA	
☐	☐	Name of key contact person who can assist surveyors in planning tracer selection
☐	☐	List of all sites that are eligible for survey
☐	☐	List of sites where high-level disinfection and sterilization is in use
☐	☐	List of unapproved abbreviations

Measurement Data and Analysis

✓	NA	
☐	☐	Performance improvement data from the past 12 months, including proactive risk assessment
☐	☐	Documentation of performance improvement projects being conducted, including reasons for conducting and measurable progress achieved **Note:** *This can be documentation in governing body minutes or other minutes.*
☐	☐	Analysis from a high-risk process
☐	☐	Hazard Vulnerability Analysis
☐	☐	Environment of care data and analysis
☐	☐	Infection prevention and control surveillance data from the past 12 months, including risk assessment
☐	☐	Infection prevention and control plan annual risk assessment and review of program
☐	☐	Evaluations and results of the culture of person-centered care
☐	☐	Antimicrobial stewardship data

Reports and Meeting Minutes

✓	NA	
☐	☐	Governing body minutes for the last 12 months
☐	☐	Most recent culture of safety and quality evaluation data
☐	☐	Fire drill evaluations
☐	☐	Emergency management drill records and after-action reports
☐	☐	Emergency Operations Plan and documented annual review and update

* Note that this list of documentation requirements, while extensive, is not comprehensive. Surveyors may need additional documentation throughout the survey to further explore or validate observations or discussions with staff.
† Applicable only to nursing care centers that elect the Post–Acute Care Certification option.
‡ Applicable only to nursing care centers that elect the Memory Care Certification option.

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APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☐ CAH ☐ HAP
☐ LAB ☒ NCC ☐ OBS ☐ OME

REPORTS AND MEETING MINUTES

✓	NA	
☐	☐	Environment of Care management plan and annual evaluations
☐	☐	Environment of Care multidisciplinary team meeting minutes for the past 12 months
☐	☐	Antimicrobial stewardship reports documenting improvement
☐	☐	Final reports of certification/testing for all Primary Engineering Controls and Secondary Engineering Controls associated with sterile medication compounding, including any documentation of remediation/retesting conducted based on reported results
☐	☐	Most current facility-level quality measure report
☐	☐	Resident-level quality measure report

CONTRACTED SERVICES

✓	NA	
☐	☐	List of all contracted services

PLANS AND POLICIES

✓	NA	
☐	☐	Environment of Care management plans
☐	☐	Emergency Operations Plan, including communication plans
☐	☐	Continuity of operations plan
☐	☐	Emergency management policy
☐	☐	Integrated emergency management system risk assessments, plan, and annual review

PLANS AND POLICIES

✓	NA	
☐	☐	Tracking system for patients sheltered on site and patients relocated to alternative site
☐	☐	Complaint process description
☐	☐	Medication management policy
☐	☐	Abuse and neglect policy
☐	☐	Fall risk assessment and policy
☐	☐	Antimicrobial stewardship protocols
☐	☐	Waived testing policy and quality control plan
☐	☐	Infection prevention and control plan (with assessment-based, prioritized goals)
☐	☐	Interim Life Safety Measures policy
☐	☐	Written fire response plan

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SECTION 3

EMERGENCY MANAGEMENT

ASSESSMENT

DECISION

EVALUATION

PROCEDURE

TO-DO

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File Name: 03 01 Procedure Disaster Volunteer

APPLICABLE PROGRAM(S)
☒ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☐ OBS ☐ OME

Disaster Volunteer Procedure Checklist

This checklist outlines the steps to take for advance planning when your organization decides it will use volunteer licensed independent practitioners during a disaster. It also supports on-site volunteer management during disasters. You can use it to help make sure you do everything you need to do in the midst of the disaster. Unless otherwise noted, this checklist is applicable to **ambulatory health care**, **critical access hospital**, **hospital**, *and* **nursing care center** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

STEP	ACTION	✓	DATE COMPLETE	NA
PREPLANNING				
1.	Identify which circumstances will prompt the use of licensed clinical volunteers (minimum requirement: Emergency Operations Plan has been activated and the organization can't meet immediate patient needs).			
2.	Determine if state/federal pre-event qualification verification systems will be used.			
3.	Identify which individuals will be responsible for making decisions about disaster privileging during the disaster.			
4.	Identify which individuals will be responsible for logging in, coordinating, and managing volunteers during the disaster.			
5.	Determine how medical staff will oversee volunteers.			
6.	Determine what types of identification and proof of competency volunteer LIPs may use.			
7.	Determine how volunteer LIPs will be distinguished from other staff or LIPs.			
8.	Determine how volunteers will be fed, housed, and otherwise managed.			
9.	Include volunteer management in emergency management exercises and drills.			
WHEN THE EMERGENCY OPERATIONS PLAN IS ACTIVATED				
10.	Determine whether volunteer LIPs are needed.			
11.	Obtain government-issued photo identification from the volunteers and second-source identification outline in the plan.			
12.	Obtain proof of competency from the volunteers, as described in the plan.			
13.	Determine which volunteers should be granted privileges or responsibilities.			
14.	Grant disaster privileges to appropriate volunteers.			
15.	Grant appropriate responsibilities to volunteer practitioners who aren't LIPs.			
16.	Complete primary source verification within 72 hours, if possible.			
17.	Ensure oversight of volunteers by designated medical staff (for LIPs) or the organization (for other volunteer practitioners), as described in the plan.			

LIP, licensed independent practitioner.

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File Name: 03 02 Evaluation Emergency and Disaster Prep

APPLICABLE PROGRAM(S)
☒ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☒ OBS ☐ OME

Emergency and Disaster Preparedness Evaluation Checklist

This checklist includes questions to ask to assess emergency and disaster preparedness. You can use it to help identify risks, on both a daily and a periodic basis.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **ambulatory health care**, **critical access hospital**, **hospital**, *and* **office-based surgery** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
RESEARCH AND PREPARATION				
Has the organization conducted a thorough hazard vulnerability analysis to identify and prioritize risks within your organization that impact your staff and community, including the following considerations?				
▪ Hurricanes				
▪ Tornados				
▪ Cyberattacks				
▪ Security and violence				
▪ Air disasters				
▪ Industrial incidents				
Has the organization met with its community partners to prioritize the potential emergencies identified in its hazard vulnerability analysis?				

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File Name: 03 02 Evaluation Emergency and Disaster Prep

APPLICABLE PROGRAM(S)
☒ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☒ OBS ☐ OME

QUESTIONS	Y	N	NA	COMMENTS
Has the organization documented the hazard vulnerability analysis and subsequent meeting with community partners?				
Has the organization developed a comprehensive emergency management plan that addresses the following six critical capabilities essential to providing care and a safe environment during an emergency?				
▪ Resources and assets				
▪ Communications				
▪ Utilities				
▪ Patient care				
▪ Security and safety				
▪ Staff				
Does the organization regularly exercise the emergency plans to create staff familiarity and agility, and to identify and document gaps, weaknesses, and areas for improvement?				
Has the organization activated its Emergency Operations Plan twice a year at each site included in the plan through an emergency response exercise or real-world event?				
Has the organization conducted at least one emergency response exercise that includes an influx of simulated patients at each site that offers emergency services or is designated a disaster receiving station?				

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File Name: 03 02 Evaluation Emergency and Disaster Prep

Applicable Program(s)
☒ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☒ OBS ☐ OME

Questions	Y	N	NA	Comments
Are regular reports on status, themes, and emerging best practices related to emerging disaster threats relevant to the community provided to leadership?				
Does leadership, including clinical leadership, participate in the development of the Emergency Operations Plan?				
Are the annual emergency management planning reviews sent to senior leadership for review?				
Do the organization's plans and procedures identify especially vulnerable populations in your community and how to keep them safe in times of emergency and disaster?				
Does the organization have procedures in place for managing the potential increase in demand for clinical services from vulnerable populations, including pediatric, geriatric, disabled, or individuals with chronic conditions or addictions?				
Does the organization have an inventory of disaster resources and assets that is reviewed and updated at least annually?				
Does the organization participate in planning, preparedness, and response activities with its associated health care system?				

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File Name: 03 03 Evaluation EM in Health Care

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Emergency Management Health Care Environment Evaluation Checklist

This checklist can be used as a support tool for all health care organizations as they navigate the reopening of a facility after a disaster. Although not all-inclusive, this checklist is comprehensive and aligns with Joint Commission Emergency Management (EM) standards.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **all** *program settings.*

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

REQUIRED TO SUSTAIN THE HEALTH CARE ENVIRONMENT

QUESTIONS	Y	N	NA	COMMENTS
MANAGEMENT				
Are sufficient staff members on site to ensure the health and safety of patients and staff?				
Is a strategy in place to ensure the continuity of operations, including a replacement succession plan and a delegation-of-authority plan?				
Are adequate resources and supplies on site for the services offered to meet the needs of patients (inpatient, outpatient, and/or ambulatory care)?				
Have adequate arrangements been established for the care and servicing of individuals whose condition exceeds the level of care and services provided by the organization?				
Does the organization's surge plan address the needs of special patient populations, such as those who are dependent on dialysis, a home ventilator, or a nebulizer?				
Prior to their initiation or expansion, have all services been approved by the organization's leadership and applicable authorities in that location or jurisdiction?				
Was the 1135 Waiver completed as required in a timely manner?				
Has the organization's insurer been notified?				
Have FEMA protocols been followed to ensure reimbursement?				
Have the buildings been cleared for occupancy by the local AHJ?				

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QUESTIONS	Y	N	NA	COMMENTS
BUILDING INTEGRITY				
Have the following environmental issues been addressed?				
▪ Water quality				
▪ Air quality				
▪ Mold abatement				
▪ Temperature and humidity				
Is the facility compliant with the *Life Safety Code*®*?				
Were the following utility systems assessed?				
▪ Physical structure (building infrastructure, roof drains, and so forth)				
▪ Medical gasses				
▪ Vacuum systems				
▪ HVAC				
▪ Elevators				
▪ Generators				
▪ Gas for cooking				
▪ Steam for sterilization, heating, and so forth				

* *Life Safety Code*® is a registered trademark of the National Fire Protection Association, Quincy, MA.

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QUESTIONS	Y	N	NA	COMMENTS
▪ Building automation systems				
▪ Sprinklers				
▪ Fire alarm system				
▪ Hood systems (kitchen, laboratory, and so forth)				
▪ Isolation capabilities				
▪ Fuel (diesel)				
▪ Restoration of electricity				
▪ Potable water/sewage				
Has the building envelope been inspected, including walls, roofs, windows, parapets, and so forth?				
Has safe access to buildings been assured for people and supplies?				
Are community firefighting, emergency medical, and police services available?				
Are staffing and resources adequate to maintain the facilities that are in use?				
SAFETY MANAGEMENT				
Has a risk assessment been completed?				
Are employee health screenings and vaccinations as appropriate available?				
Is there adequate PPE?				
Are there adequate patient equipment and supplies on site for the planned services?				

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Questions	Y	N	NA	Comments
Is a mechanism in place to replenish supplies?				
Food Management				
Are adequate inventories on site and available for the planned services?				
Morgue				
Have adequate arrangements been made for the identification, storage, and management of deceased individuals?				
Have adequate arrangements been made for notifying the family of the location/disposition of the deceased?				
Is a DMORT ready for deployment?				
Security				
Are building security features in place?				
Have sensitive areas been secured?				
Are access control operations functioning?				
Are identification protocols in place for all people accessing the facility?				
Are staff and property protected from risks associated with crowds (such as theft) and logistical problems that can occur during emergency situations (such as accumulating trash)?				
Can law enforcement personnel be summoned if needed?				
Is the security services team staffed and available?				
Is a system in place to track the location of on-duty staff?				
Is a system in place to track the location of patients sheltered on site during the emergency?				

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QUESTIONS	Y	N	NA	COMMENTS
HAZARDOUS MATERIALS AND WASTE				
Is a system in place for general trash removal?				
Is a system in place for medical and biohazardous waste storage and removal?				
Are storage, inventory, and disposal systems in place for the following materials?				
▪ Radioactive source and waste				
▪ Pharmaceuticals				
▪ Chemicals				
▪ Other				
RODENT AND PEST CONTROL				
Is a management process in place for pest control and/or containment?				
Is a process in place for mosquito control and the provision of mosquito repellent and personal protective equipment (such as long-sleeved shirts and pants, a helmet with netting, and belt holders for repellent)?				
EMERGENCY MANAGEMENT				
Has an EOP been enacted to address subsequent emergency situations as well as communicate and coordinate with the existing community command structure?				
Have annually trained staff been deployed to the Emergency Operations Center?				
Is the all-hazards command structure functional?				
Has communication with other health care organizations been sustained?				
Have communication channels with authorities (local, state, regional, federal, and military) been sustained for recovery needs and information?				

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QUESTIONS	Y	N	NA	COMMENTS
Are there adequate medical resources, medications, and supplies on site to meet the needs of patients (inpatient, outpatient, and/or ambulatory care) for the services offered?				
Are adequate nonmedical resources and supplies, including PPE, on site to meet the needs of patients (inpatient, outpatient, and/or ambulatory care)?				
Is community involvement evident and sustained?				
Has an evacuation assessment taken place?				
Have respite areas for staff been identified, and are plans in place to address the needs of staff's family members, including elderly relatives and children, as well as pets?				
Has DMAT† been deployed?				
Is a volunteer management system in place for both LIPs and non-LIPs?				
Is a donation management system in place that covers clinical and nonclinical donations, such as organs/blood/tissue, medical supplies and medications, cash, food, and clothing?				
Is a system in place for safe reoccupation of the facility?				
Are mechanisms in place to ensure safe patient evacuation?				
FIRE PROTECTION FEATURES				
Are ILSM in place as required?				
Are fire suppression systems in place, including sprinklers and pumps?				
Are fire alarm systems in place that include detection and notification features?				
Are building features, such as rated assemblies and components, compliant?				

† The health care organization needs to preplan where the internal disaster medical assistance team and external disaster-relief providers (such as the American Red Cross) will be staged or located.

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QUESTIONS	Y	N	NA	COMMENTS
To ensure adequate means of egress, are the exit accesses clear and unobstructed?				
Are the exits fully functional?				
Do the exits discharge individuals to a safe location?				
MEDICAL EQUIPMENT				
Has the equipment located inside flooded or damaged buildings, whether submerged or not, been approved for reuse by the appropriate authority?				
Have the following measures been undertaken to assess and maintain patient equipment that is in use?				
▪ Inspection				
▪ Testing				
▪ Maintenance (including cleaning and disinfection where appropriate)				
UTILITIES MANAGEMENT				
HEATING, VENTILATION, AND AIR CONDITIONING				
Have the following systems in the cooling plant been inspected?				
▪ Chiller/DX/absorption unit				
▪ Pumps				
▪ Valves and controls				
▪ Cooling towers				
▪ Fan coil units				

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QUESTIONS	Y	N	NA	COMMENTS
Have the following systems in the heating plant been inspected?				
▪ Boiler system				
▪ Support systems such as feedwater pumps and DA tanks				
▪ Heating system (converters, valves, and so forth)				
▪ Process steam (sterilizers, general building systems, and so on)				
Have the following distribution systems been inspected?				
▪ Ductwork				
▪ Piping				
▪ Valves and controls				
▪ Risers				
Have the following treatment chemicals been inspected?				
▪ Water treatment				
▪ Boiler treatment				
ELECTRICAL SYSTEMS				
Have the following electrical systems been checked?				
▪ Vaults: Main switchboard				
▪ Vaults: Utilities transfer switches				

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QUESTIONS	Y	N	NA	COMMENTS
▪ Distribution panels: Fuses				
▪ Distribution panels: Breakers				
▪ Transformers				
▪ Emergency power supply system:				
○ Automatic transfer switches				
○ Fuel supply—day tank				
○ Fuel supply—bulk storage and pumps				
▪ Test equipment for confirming voltage and amperage				
WATER SYSTEMS				
Have the following systems been inspected?				
▪ Potable and nonpotable water sources				
▪ Distribution pumps				
▪ Water towers/tanks				
▪ Sewer systems: Sanitary				
▪ Sewer systems: Storm				
WASTE STREAM				
Have the following systems or components been inspected?				

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QUESTIONS	Y	N	NA	COMMENTS
▪ Solid				
▪ Liquid: Ejector pumps				
▪ Liquid: Lift stations				
MEDICAL GAS SYSTEM				
Have the following systems or components been inspected?				
▪ Compressors/dryers				
▪ Piping system				
▪ Vacuum piping and pumps				
▪ Anesthetizing gases				
▪ Controls (main panel, zone valves, and so forth)				
EXTERNAL/INTERNAL COMMUNICATION SYSTEMS				
Have the following components been inspected?				
▪ Antenna, satellite dish				
▪ Operational cell towers in range				
▪ Private branch exchange, radios, telemetry, and so forth				
▪ Satellite phones, ham radio, cable				
Is a functional emergency call system in place to summon assistance to a specific area?				

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QUESTIONS	Y	N	NA	COMMENTS
Is a functional system in place for internal communication with all operational areas of the hospital?				
STERILE PROCEDURES SUPPORT SYSTEMS				
Have the following systems been inspected?				
▪ Steam (including a water source that meets requirements)				
▪ Gas (such as ethylene oxide)				
▪ Cold sterilants (such as glutaraldehyde)				
DIALYSIS				
Does the water supply meet requirements?				
Are other system components functional?				
ACCESS AND TRANSPORTATION TO THE ORGANIZATION				
Can suppliers reach the facility to replenish supplies when needed?				
Can staff members reach the facility for work when needed?				
Are patients able to reach the facility for care when needed?				
Are vendor agreements in place and operational?				

FEMA, Federal Emergency Management Agency; AHJ, authority having jurisdiction; HVAC, heating, ventilating, and air conditioning; PPE, personal protective equipment; DMORT, Disaster Mortuary Operational Response Team; EOP, Emergency Operations Plan; DMAT, disaster medical assistance team; LIP, licensed independent practitioner; ILSM, Interim Life Safety Measures; DX, direct expansion; DA deaerator.

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Required to Provide Clinical Services

Questions	Y	N	NA	Comments
Clinical Management				
Are there an adequate number of LIPs on site to meet the needs of patients (inpatient, outpatient, and/or ambulatory care) for the services offered?				
Is there adequate nursing coverage on site to meet the needs of patients (inpatient, outpatient, and/or ambulatory care) for the services offered?				
Are there an adequate number of ancillary personnel on site to meet the needs of patients (inpatient, outpatient, and/or ambulatory care) for the services offered?				
Have adequate arrangements been made for mental health and support services for patients and staff (stress, post-traumatic stress disorder, child/elder support, and so forth)?				
Has there been adequate support within the community for patient care services (with other providers, public health, shelters, disaster response/recovery teams, and so on)?				
Communications				
Have primary and backup communication methods been established for coordinating patient care services with other providers/community partners (transfers, consultations, and so forth)?				
Is there a functional emergency call system for summoning assistance to a specific area of the hospital (for example, rapid response team calls)?				
Is there an adequate call system enabling patients to summon hospital staff assistance?				
Dietary				
Are there adequate facilities, personnel, and supplies on site—or have alternative arrangements been made—to meet the nutritional requirements of patients (and personnel as needed)?				
Are there adequate equipment and facilities, including refrigeration, for meal preparation, food storage, and dietary supplies?				
Is there adequate storage for all prepared food to ensure appropriate temperature and sanitation?				
Pharmacy				
Are there adequate facilities, equipment, supplies, and appropriate staff to meet the pharmaceutical needs of patients (including sterile preparation)?				

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Questions	Y	N	NA	Comments
Are there adequate equipment and facilities, including refrigeration, for the storage of drugs and biologics?				
Laboratory				
Can emergency laboratory tests be performed on site?				
Are adequate laboratory services available on site or by arrangements to meet the needs of patients?				
Radiology				
Are adequate radiology services available on site or by arrangements to meet the needs of patients?				
Emergency Services				
Does the hospital have the required on-site functional and staffed inpatient services (nursing care units, laboratory services, x-ray services, and so on)?				
Are urgent care or clinic services offered as outpatient services?				
Surgical Services				
Is there preoperative assessment/diagnostic capability?				
Is there adequate laboratory and radiology support?				
Is there cleaning and sterilization capability?				
Is there adequate supply of surgical instruments?				
Is there high-level disinfection capability?				
Are there sufficient LIPs on site for anesthesia and surgery?				
Are adequate pain management resources available?				
Infection Prevention and Control				
Are procedures in place to prevent, identify, and contain infections and communicable diseases?				

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Questions	Y	N	NA	Comments
Are procedures and mechanisms in place to isolate and prevent contamination from any unused areas of the organization?				
Are there adequate personnel and resources in place to maintain a sanitary environment?				
Is a process in place to discard previously contaminated supplies, medications, and so forth, prior to reopening the service?				
Medical Records				
Has a system been established to maintain a medical record for each patient served?				
Is there sufficient storage space to ensure security and maintain the integrity of medical records (protection from fire, environmental hazards, and unauthorized access, for example)?				
Is a system in place to ensure that medical records are readily accessible and promptly retrievable when needed?				
Allocation of Scarce Medical Resources				
Has a triage process been established for identifying patient needs?				
Has a process been established for the coordination of care, facilitating the transfer of patients to an alternative provider or care site?				
Are processes in place for diversion, closing services, and partial or complete evacuation?				
Are processes in place for maximizing medical resources (substitution, adaptation, conservation, reuse)?				

LIP, licensed independent practitioner.

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SECTION 4

HEALTH INFORMATION AND TECHNOLOGY

ASSESSMENT

DECISION

EVALUATION

PROCEDURE

TO-DO

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File Name: 04 01 Evaluation Health Information Policy

APPLICABLE PROGRAM(S)
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Health Information Policy Evaluation Checklist

This checklist cites elements that should be present in an effective health information policy. You can use it to determine the completeness and quality of your health information policy as well as compliance with HIPAA regulations.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **all** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
EVERYDAY TASKS				
Does the policy address confidentiality of protected health information in everyday tasks such as printing, transfer, storage, and disposal of electronic health records?				
Does the policy cover retention of protected health information?				
Does the policy cover disclosure of protected health information?				
Does the policy explain how to dispose of paper documents that may contain protected health information?				
INCIDENTS AND ACCIDENTS				
Does the policy describe how it mitigates risk of privacy and security breaches (procedures for detecting, containing, and correcting privacy and security incidents both suspected and actual)?				
Does the policy explain how to conduct investigations of a breach, including how to report one?				
Does the policy cover recovery of protected health information from accidental loss?				
Does the policy include an emergency response plan for damages to protected health information (from fire, vandalism, system failure, natural disasters, and so on)?				
STAFF RESPONSIBILITIES AND TRAINING				
Does the policy identify who is responsible for protected health information privacy and security?				
Does the policy assign specific responsibilities (for example, patient liaison, incident resolution, staff training)?				

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File Name: 04 01 Evaluation Health Information Policy

Questions	Y	N	NA	Comments
Does the policy require that all staff members (including vendor staff) and providers working with patients sign a confidentiality agreement?				
Does the policy require that all staff members and providers be trained on how to maintain privacy and confidentiality of protected health information?				
Does the policy require that all staff members and providers be trained on sharing information in a medical record within the organization, and with external organizations and providers?				
Does the policy require that all employees must have annual HIPAA privacy and security awareness training (secure access, reporting breaches, and so on)?				
Does the policy explain who can remove information from the record and for what reasons?				
Does the policy specify how former employees are automatically denied access to records and time frames for terminating access?				
Patients and Families				
Does the policy include a patient privacy notice or other materials that can be used to inform patients about privacy and information practices?				
Does the policy tell how to deal with patient requests for information, corrections, and complaints?				
Does the policy describe types of information patients, family, and caregivers can access beyond the organization and for what purposes?				
Electronic Health Records and Business Continuity				
Does the policy name an individual responsible for managing electronic health record user accounts (new user setup, changes to user privileges, account deactivation, and so on)?				
Does the policy require that there is a secure connection at the firewall when the electronic health record developer is not using the open connection to the installed software to do updates and support?				
Does the policy require that file sharing and remote printing in the operating system be disabled?				
Does the policy specify measures in place to protect systems from unauthorized remote access?				

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Questions	Y	N	NA	Comments
Does the policy require that a unique user ID and strong password be assigned to each individual user accessing an electronic health record and that a required frequency for changing passwords is in effect?				
Does the policy require a roles-based access model to be developed and implemented?				
Does the policy require that the system include a way to show access and changes to a specific record by specific individuals as part of the record itself?				
Does the policy require that a systems audit trail functionality be enabled?				
Does the policy include an audit schedule? Does it describe procedures for a designated individual to routinely and periodically monitor audit trails (spot audits)?				
Hardware and Peripherals				
Does the policy require an accurate inventory for computer equipment that stores protected health information (laptops, desktops, tapes, flash drives, and so on)?				
Does the policy explain how to dispose of old electronic devices that may contain protected health information?				
Does the policy address fax and e-mail use?				
Does the policy require that peripheral devices (such as, printers and fax machines) be located in secure areas to prevent unauthorized access?				
Does the policy require that computer monitors prevent unauthorized viewing?				
Does the policy require that any patient data stored on desktop computers, laptops, or mobile storage (such as memory keys) be encrypted?				
Does the policy describe procedures and technical controls (application time-outs or automatic log-offs) to restrict access by unauthorized users and to prevent unauthorized viewing of screens if the user leaves the computer?				
Does the policy require that up-to-date antivirus protection be installed on workstations and that antivirus controls are always on and enabled?				

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Questions	Y	N	NA	Comments
Does the policy include procedures to reduce the risk of devices (laptops, desktops, servers, thumb drives, CDs, back-up tapes, or mobile devices) from being tampered with, lost, or stolen?				
Does the policy require that firewalls be installed on computers with access to the Internet?				
Does the policy require that physical access to servers be restricted to authorized personnel?				
Local Area Networks and Wireless				
Does the policy require that appropriate controls be set up to secure the LAN, if there is one in place?				
Does the policy require that wireless security settings be appropriately configured and enabled (restricting wireless transmission, using firewalls and encryption), if they are in place?				
Does the policy require that appropriate controls be set up to secure any Virtual Private Network, if there is one in place?				
HIPAA Compliance and Data Security				
Does the policy name an individual responsible for HIPAA compliance and documentation?				
Does the policy include a map of how patient data flows through the organization (both electronically and physically) to show points of possible vulnerability (where and how patients, staff, and others have access to patient data)?				
Does the policy require that privacy and security rounds occur regularly to uncover vulnerable areas of security and privacy throughout the organization?				
Does the policy describe the need to support a security-minded organizational culture?				
Contracted Services				
Does the policy require that contracts with third parties (paper-shredding services, pacemaker representatives) include privacy and confidentiality clauses?				
Does the policy require that contracted staff be trained in HIPAA methods?				

HIPAA, Health Insurance Portability and Accountability Act; LAN, Local Area Network.

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File Name: 04 02 Decision Health IT Security

APPLICABLE PROGRAM(S)
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Health Information Technology Security Decision Checklist

This checklist includes questions to ask when contracting with data security firms, manufacturers, or vendors. It can also be used during mergers and acquisitions. It helps ensure HIPAA compliance and data security when two organizations work together or merge together and have potential access to protected health information.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **all** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER: _____

TYPE OF REVIEW (FOR EXAMPLE, CONTRACTING OR MERGER/ACQUISITION): _____

QUESTIONS	Y	N	NA	COMMENTS
Is there proof that the organization is compliant with HIPAA regulations, including HIPAA X12 5010?				
Does the organization provide HIPAA training?				
Has the organization had any security data breaches?				
If so, can the organization provide a summary of what happened and how it was resolved?				
Is there a process to safeguard confidential information and to protect your organization's PHI?				
Can the process provide strong encryption for data transfers or conversions?				
Can the process provide encryption for confidential information or PHI sent through e-mail?				
Does the organization have encryption key management systems with access control?				
Will the process deny third parties access to your data?				
Is the process able to prevent data leaks (has it been tested and is it monitored and maintained for this purpose)?				
Does the process have satisfactory time limits to maintaining server and client session caches?				

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File Name: 04 02 Decision Health IT Security

Applicable Program(s)
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☒ LAB ☒ NCC ☒ OBS ☒ OME

Questions	Y	N	NA	Comments
Can the process supply authentication and access control procedures it has in place?				
Can the process integrate directly with your organization's directories?				
Does the process properly mask critical data?				
Does the process keep logs and audit trails and make them readily available to your organization?				

HIPPA, Health Insurance Portability and Accountability Act; PHI, protected health information.

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File Name: 04 03 Decision New Technology

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New Technology Decision Checklist

This checklist includes questions to ask when your organization is making a decision about purchasing or adopting a new technology. It can be used to help make sure you've asked all the necessary questions about the technology.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **all** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER: _____

TYPE OF TECHNOLOGY: _____

QUESTIONS	Y	N	NA	COMMENTS
Does the new technology meet the needs of a specific environment, department, unit, or service in your organization?				
Will the new technology improve patient care, streamline work, and/or automate mundane tasks?				
Have you asked end users for input as you have been exploring options related to the new technology?				
Have you examined product safety reviews or alerts for the new technology?				
Have you consulted a third party using the technology to confirm the manufacturer's or vendor's claims?				
Have you conducted a failure mode and effects analysis or a human factors analysis on the technology?				
Is the new technology interoperable with current technologies in your organization?				
Can changes be made to the technology to address organizational policies/protocols?				
Will the new technology fit into the current workflow processes, or can you adjust workflow processes to fit?				
Have you analyzed the new technology's impact on the security and confidentiality protocols as well as on HIPAA compliance?				
Can the organization train end users use the new technology safely and effectively?				

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File Name: 04 03 Decision New Technology

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Questions	Y	N	NA	Comments
Can the training be customized to meet the needs of various end users (physicians, nurses, pharmacists, and so on)?				
Do you have the necessary funds and other resources to maintain and update the new technology as needed?				
Do you have a plan to monitor and reassess the new technology and make changes over time, as needed?				

HIPAA, Health Insurance Portability and Accountability Act.

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Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 04 04 To-Do Point-of-Care Medical Records

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

Point-of-Care Medical Records Checklist

This checklist itemizes what you need to review in your ongoing audit of medical records at the point of care. During audits, you're looking for presence, timeliness, legibility, accuracy, authentication, and completeness of data and information for the items listed. You can use this checklist for those audits. Program settings are listed with each topic and are applicable to the listed settings unless otherwise noted.

Organization: _____ **Department/Unit:** _____

Date of Review: _____ **Reviewer:** _____

Patient Medical Record #: _____

	Present	Timely	Legible	Accurate	Authenticated	Complete	NA
Items in Medical Record [AHC, BHC, CAH, HAP, NCC, OBS, OME]							
Demographic information (name, address, date of birth, sex, race, ethnicity)							
Patient identification number							
Advance directives							
Name of legally authorized representative							
Reason for admission							
History and physical within 24 hours after registration or admission (including updates)							
Updated medication reconciliation form (including any medications ordered)							
Allergies (medications and food)							
Initial patient assessment							
Comprehensive pain assessments							
Reassessments							
Initial diagnosis							
Results of diagnostic and therapeutic tests and procedures, as well as bedside testing							
Treatment goals and plan of care							
Communication needs (language needs; cultural or religious issues that could affect care, treatment, and services; noting use of an interpreter for clinical discussions)							
Communication with the patient regarding care, treatment, and services							

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File Name: 04 04 To-Do Point-of-Care Medical Records

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

	Present	Timely	Legible	Accurate	Authenticated	Complete	NA
Informed consent form(s)							
All care, treatment, and services provided, including patient response							
Adverse drug events							
Additional diagnoses during patient stay							
All written and/or verbal orders with authorizations and timely authentications, documentation of medications ordered/prescribed, and progress notes signed and dated by the authors							
Consultation reports (entered within defined time frames)							
Time, date, and signature for all entries [DEEMED STATUS CAH, HAP]							
Items in Medical Record of Patient Who Receives Urgent or Immediate Care [AHC, CAH, HAP]							
Time and means of arrival							
Indication that the patient left against medical advice, when applicable							
Conclusions reached at the termination of care, treatment, and services, including the patient's final disposition, condition, and instructions given for follow-up care, treatment, and services							
A copy of information made available to the licensed independent practitioner or medical organization providing follow-up care, treatment, or services							
Items in Surgery and Other Invasive Procedure Records [AHC, CAH, HAP, OBS]							
Informed consent form(s) for procedure and sedation							
Operative and procedure reports that include the following:							
▪ Name(s) of the LIPs performing the procedure and their assistants							
▪ Provisional diagnoses							
▪ Name of the procedure							
▪ Description of the procedure							
▪ Presedation/preanesthesia assessment							
▪ Preinduction and/or airway assessment							
▪ Administration of sedation/anesthesia							
▪ Findings							

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File Name: 04 04 To-Do Point-of-Care Medical Records

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

	Present	Timely	Legible	Accurate	Authenticated	Complete	NA
▪ Any estimated blood loss							
▪ Any specimen(s) removed							
▪ Postoperative diagnosis							
Postoperative report that includes the following:							
▪ Patient's vital signs, mental status, pain level, and level of consciousness							
▪ Any medications, including intravenous fluids, administered							
▪ Any blood, blood products, or blood components administered							
▪ Any unanticipated events or complications (including blood transfusion reactions) and the management of those events							
▪ Progress notes							
▪ Documentation that the patient was discharged from the postsedation or postanesthesia care area either by the licensed independent practitioner responsible for his or her care or according to discharge criteria							
▪ Documentation of the use of approved discharge criteria that determine the patient's readiness for discharge							
Items in Surgery or Other High-Risk Procedure Records [Deemed status CAH, HAP]							
A complete and up-to-date operating room register includes the following:							
▪ Patient's name							
▪ Patient's hospital identification number							
▪ Date of operation							
▪ Inclusive or total time of operation							
▪ Name of surgeon and any assistants							
▪ Name of nursing personnel							
▪ Type of anesthesia used and name of person administering it							
▪ Operation performed							
▪ Pre- and postoperative diagnosis							
▪ Age of patient							

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File Name: 04 04 To-Do Point-of-Care Medical Records

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

	Present	Timely	Legible	Accurate	Authenticated	Complete	NA
Items in Discharge Record [AHC, BHC, CAH, HAP, NCC, OBS, OME]							
Discharge diagnosis and plan (including updated medication reconciliation form)							
Discharge summary that includes the following:							
▪ Reason for admission (including all relevant conditions and diagnoses established during the course of care, treatment, and services)							
▪ Procedure(s) performed							
▪ Care, treatment, and services provided							
▪ Results of procedure(s) and any abnormal laboratory test results							
▪ Recommendations of any subspecialty consultants							
▪ Patient's condition or functional status at discharge							
▪ Medications prescribed at discharge							
▪ Information given to the patient and family							
▪ Provisions for follow-up care							

LIP, licensed independent practitioner.

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SECTION 5

INFECTION PREVENTION AND CONTROL

ASSESSMENT

DECISION

EVALUATION

PROCEDURE

TO-DO

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Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 05 01 Evaluation Antimicrobial Stewardship Program

APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☐ OBS ☐ OME

Antimicrobial Stewardship Program Evaluation Checklist

This checklist lists elements that should be present in an antimicrobial stewardship program. You can use it to evaluate the completeness and quality of your organization's program.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **critical access hospital***,* **hospital***, and* **nursing care center** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
LEADERSHIP COMMITMENT				
Does the organization have an antimicrobial stewardship program based on current scientific literature?				
Have the organization's leaders established antimicrobial stewardship as an organizational priority?				
Is the organization's leadership demonstrating commitment with programs including accountability documents, budget plans, infection prevention plans, performance improvement plans, strategic plans, and using the electronic health record to collect antimicrobial stewardship data?				
Is leadership dedicating the necessary human, financial, and information technology resources to the program?				
ACCOUNTABILITY				
Does the organization have an antimicrobial stewardship multidisciplinary team that includes an infectious disease physician, infection preventionist, pharmacist, and practitioner if available in your organization's setting?*				
Has the organization appointed a single leader responsible for program outcomes?				
Has a multidisciplinary team been assembled to oversee and take responsibility for the program?				
Has the organization appointed a single pharmacist leader responsible for working to improve antibiotic use?				

* Consultant, part-time, and telehealth staff are acceptable members to include on the antimicrobial stewardship multidisciplinary team.

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Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 05 01 Evaluation Antimicrobial Stewardship Program

Applicable Program(s)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☐ OBS ☐ OME

Questions	Y	N	NA	Comments
Program Assessment				
Does the organization implement recommended actions, such as systemic evaluation of ongoing treatment need, after a set period of initial treatment (for example, "antibiotic time-out" after 48 hours)?				
Does the organization monitor the antimicrobial stewardship program, which may include information on antibiotic prescribing and resistance patterns?				
Does the organization regularly report information on the antimicrobial stewardship program, which may include information on antibiotic use and resistance, to doctors, nurses, and relevant staff?				
Does the organization collect, analyze, and report data on its antimicrobial stewardship program?				
Does the organization take action on improvement opportunities identified in its antimicrobial stewardship program?				
Does the organization's antimicrobial stewardship program use organization-approved multidisciplinary protocols (for example, policies and procedure)?				
Education				
Does the organization educate staff and licensed independent practitioners involved in antimicrobial ordering, dispensing, administration, and monitoring about antimicrobial resistance and antimicrobial stewardship practices?				
Does education occur upon hiring or granting of initial privileges and periodically thereafter, based on organizational need?				
Does the organization provide resources to physicians and other practitioners, nursing staff, patients, residents, and families about antibiotic resistance and opportunities for improving antibiotic use?				
Does the organization educate patients, residents, and their families as needed, regarding the appropriate use of antimicrobial medications, including antibiotics?				

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Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 05 02 Procedure Central Line Insertion

APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☐ OBS ☒ OME

Central Line Insertion Procedure Checklist

This checklist is comprised of steps to avoid a central line–associated bloodstream infection (CLABSI) when inserting a central line. The Joint Commission standards for hospitals require use of a checklist for this procedure. Physicians and mid-level providers can review the steps before the procedure. An assistant should call out and check off the steps during the procedure, suspending it if a step is missed until all steps are completed correctly. Unless otherwise noted, this checklist is applicable to **critical access hospital**, **hospital**, **nursing care center**, *and* **home care** *program settings.*

Note: *For home care program settings, this checklist is appropriate for use in a licensed health care facility, such as an inpatient hospice. However, some activities may be completed in a home setting.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW (INSERTION): _____ REVIEWER(S) (ASSISTANT[S]): _____

PATIENT MEDICAL RECORD #: _____ INSERTER: _____

STEP	ACTION	✓	DATE COMPLETE	NA
PRIOR TO THE INSERTION PROCESS				
1.	Perform two patient identifiers.			
2.	Explain the procedure to the patient and complete the informed consent form.			
3.	Perform organization-approved hand hygiene (for example, washing hands with soap and water or using alcohol-based hand rub).			
4.	**Those in contact with or crossing the sterile field:** Don a cap, mask, sterile gown, sterile gloves, and eye protection and, if necessary, cover beard. **All others:** Don a cap and mask and, if necessary, cover beard.			
5.	Make sure the central line kit is not expired. Expiration date: ___/___/___			
6.	Choose, assess, and mark the insertion site. (If possible, avoid using the femoral and internal jugular veins. Prefer the subclavian vein.) Insertion site: ☐ Subclavian ☐ Internal Jugular ☐ Femoral			
7.	Scrub the insertion site for 2 minutes with an antiseptic for skin preparation, and then let it air dry for 2 minutes.*			
8.	Drape the patient from head to toe using a large sterile body drape.			
DURING THE INSERTION PROCESS				
9.	Maintain a sterile field.			
AFTER THE INSERTION PROCESS				
10.	Cleanse the site with chlorhexidine for skin preparation.			
11.	Apply a sterile, transparent dressing with a disc impregnated with antiseptic.			

* Alternatively, you can follow the manufacturer's application recommendations. Whichever method is used, the antiseptic for skin preparation must be cited in scientific literature or endorsed by professional organizations.

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File Name: 05 02 Procedure Central Line Insertion

APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☐ OBS ☒ OME

STEP	ACTION	✓	DATE COMPLETE	NA
12.	Date the dressing.			
13.	Apply sterile caps on all hubs.			
14.	Dispose of sharps, drapes, and personal protective equipment in appropriate containers.			
15.	Perform organization-approved hand hygiene (for example, washing hands with soap and water or using alcohol-based hand rub).			

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File Name: 05 03 Procedure Central Line Maintenance

APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☐ OBS ☒ OME

Central Line Maintenance Procedure Checklist

This checklist provides steps to take when maintaining a central line to avoid central line–associated bloodstream infections (CLABSI). Nurses can put the maintenance checklist in a patient's chart or room to help remember interventions to prevent CLABSI when maintaining (and accessing) a central line. Unless otherwise noted, this checklist is applicable to **critical access hospital**, **hospital**, **nursing care center**, *and* **home care** *program settings.*

Note: *For home care program settings, this checklist is appropriate for use in a licensed health care facility, such as an inpatient hospice. However, some activities may be completed in a home setting.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW (MAINTENANCE/ACCESS): _____ REVIEWER(S) (NURSE[S]): _____

PATIENT MEDICAL RECORD #: _____ DATE OF INSERTION: _____

STEP	ACTION	✓	DATE COMPLETE	NA
ASSESSMENT				
1.	Using the patient's medical record, determine whether the central line is still required (for example, for heart monitoring or vasoactive medications). **Goal:** Remove the central line within 7 days after insertion.			
MAINTENANCE				
2.	Perform organization-approved hand hygiene (for example, washing hands with soap and water or using alcohol-based hand rub).			
3.	Put on nonsterile gloves.			
4.	Scrub the hub with chlorhexidine.			
5.	Check the dressing: If it is wet, soiled, or not occlusive, change it using sterile technique and sterile gloves. **Every 7 days:** Replace the dressing.			
6.	Dispose of gloves and used dressings in the appropriate containers. **Daily:** Ensure the patient receives a 2% chlorhexidine bath.			
ACCESSING				
7.	Perform organization-approved hand hygiene (for example, washing hands with soap and water or using alcohol-based hand rub).			
8.	Put on nonsterile gloves.			
9.	Scrub the hub with an antiseptic (for example, chlorhexidine or alcohol).			
10.	Access catheters with sterile devices only (for example, IV tubing that is sterile).			
11.	Dispose of gloves in the appropriate container.			

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File Name: 05 04 Procedure Daily Patient Room Cleaning

APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

Daily Patient Room Cleaning Procedure Checklist

This checklist outlines steps to take while cleaning a patient room on a daily basis. It can be used to make sure that all necessary cleaning has been performed. It can also serve as a record of cleaning. Each procedure should be checked off during the room cleaning. Steps 1 and 2 should be done first and floor cleaning last, in the order listed. Unless otherwise noted, this checklist is applicable to **critical access hospital**, **hospital**, **nursing care center**, **office-based surgery**, *and* **home care** *program settings.*

Note: *For home care program settings, this checklist is appropriate for use in a licensed health care facility, such as an inpatient hospice. However, some activities may be completed in a home setting.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF CLEANING: _____ CLEANER: _____

PATIENT ROOM #: _____

STEP	ACTION	✓	NA
USE THE FOLLOWING EQUIPMENT			
1.	Appropriate PPE (for example, gloves)		
2.	Clean cloths, solution, and mop		
REMOVE THE FOLLOWING			
3.	Dirty/used items		
4.	Curtains, if visibly soiled		
EMPTY, REPLACE, AND/OR DISINFECT THE FOLLOWING			
5.	Trash container and liner		
6.	Sharps container		
REPLACE THE FOLLOWING (AS NEEDED)			
7.	Hand soap		
8.	Alcohol-based hand rub		
9.	Paper towels		
10.	Toilet paper		
11.	Facial tissue		
DUST THE FOLLOWING (WORKING FROM HIGHEST TO LOWEST, TOP TO BOTTOM)			
12.	Vents		
13.	Lights		

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File Name: 05 04 Procedure Daily Patient Room Cleaning

Applicable Program(s)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

Step	Action	✓	NA
14.	Pictures		
15.	TV and wires		
16.	Window sills		
Disinfect the Following in the Patient Room			
17.	Door surface and knobs		
18.	Bed rails		
19.	Tray tables		
20.	Bedside tables, including drawers		
21.	Telephones		
22.	Light Switches		
23.	TV remotes		
24.	Bed remotes		
25.	Call buttons		
26.	Outside surfaces of medical equipment (using approved procedure)		
27.	Chairs and other furniture		
28.	Other horizontal surfaces		
Disinfect the Following in the Patient Bathroom			
29.	Light switches		
30.	Door knob		
31.	Hand rails		
32.	Faucet		
33.	Sinks		
34.	Tub/shower		
35.	Mirror		
36.	Toilet seats		
37.	Flush handles		

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File Name: 05 04 Procedure Daily Patient Room Cleaning

APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

STEP	ACTION	✓	NA
38.	Bedpan		
CLEAN THE FLOORS, AS DESCRIBED IN THE FOLLOWING (OR IN ACCORDANCE WITH ORGANIZATION TRAINING)			
39.	Dust mop the room.		
40.	Wet the mop head with disinfectant and starting at the side of the room farthest from the bathroom, mop half of the room.		
41.	Mop the bathroom shower floor and bathroom floor.		
42.	Flip the mop head and mop the rest of the room.		

PPE, personal protective equipment.

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File Name: 05 05 Assessment Endoscope Reprocessing

APPLICABLE PROGRAM(S)
☒ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☒ OBS ☐ OME

Endoscope Reprocessing Assessment Checklist

This checklist includes questions to ask to assess infection control in your endoscope reprocessing. You can use it to help identify infection control risks—on a daily or periodic basis.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate specific locations of noncompliant walls and any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **ambulatory health care**, **critical access hospital**, **hospital**, *and* **office-based surgery** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

TYPE(S) OF ENDOSCOPES REPROCESSED IN THE FACILITY: _____

QUESTIONS	Y	N	NA	COMMENTS
SPACE AND EQUIPMENT				
Is the area sized appropriately in relation to the volume of equipment processed?				
Is there sufficient work space?				
Is there an appropriate hand-washing or alcohol-based hand rub station?				
Is there an appropriate eyewash station?				
Is the eyewash station inspected weekly and/or in accordance with organization policy?				
Are staff in the area wearing appropriate PPE?				
Are cleaning supplies, storage areas, and other critical items clearly labeled?				
VENTILATION				
Is the air pressure in the decontamination room negative to surrounding areas?				
Are air exchange rates and filtration efficiencies appropriate (per your facility manager)?				
Is exhaust vented directly outside?				

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File Name: 05 05 Assessment Endoscope Reprocessing

Applicable Program(s)
☒ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☒ OBS ☐ OME

Questions	Y	N	NA	Comments
Workflow				
Are staff stopped before entering the area and asked to put on PPE?				
Does work flow from soiled areas to clean?				
Are "soiled/dirty" areas physically separated from "clean" ones?				
Does the route from the processor to the storage cabinet avoid crossing through the soiled processing area?				
Storage				
Are there suitable storage areas for cleaned endoscopes?				
On visual inspection, do these areas look clean, free of debris, and dry?				
Are endoscope containers dry and located off the floor?				
Are scopes stored according to manufacturer instructions for use?				
If a cabinet serves as storage, does the cabinet have doors?				
Staff Education and Training				
Are staff aware of the number of endoscopes in the department?				
Do staff know how frequently these are maintained and how that maintenance occurs?				
When staff members are questioned, can they show where manufacturer's instructions for use, evidence-based practices, and/or guidelines are located?				
When staff members are asked about their training, does it appear that they were trained using the guidelines?				
Are staff members given periodic refresher training?				

PPE, personal protective equipment.

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File Name: 05 06 Assessment-Procedure Flu Patient

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

Flu Patient Assessment and Procedure Checklist

The first part of this checklist includes questions to ask patients to assess whether they have any type of influenza. If patients answer **Y** *for* **Yes** *to one or many of the questions for flu, you can proceed to the second part of the checklist. Those steps can be used as reminders while providing routine care (unless they aren't applicable).*

Unless otherwise noted, this checklist is applicable to **ambulatory health care**, **behavioral health care**, **critical access hospital**, **hospital**, **nursing care center**, **office-based surgery**, *and* **home care** *program settings.*

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

PATIENT MEDICAL RECORD #: _____

QUESTIONS	Y	N	NA	COMMENTS
QUESTIONS TO ASK PATIENTS ABOUT FLU				
Do you have (or have you recently had) any of the following symptoms:				
▪ Fever or chills? **Note:** *Not everyone with flu will have a fever.*				
▪ Cough?				
▪ Sore throat?				
▪ Runny or stuffy nose?				
▪ Muscle or body aches?				
▪ Headaches?				
▪ Tiredness?				
▪ Vomiting or diarrhea? **Note:** *These are more common in children.*				

STEP	ACTION	✓	NA
TAKING CARE OF PATIENTS WITH SUSPECTED OR CONFIRMED INFLUENZA			
1.	Provide patient education on respiratory hygiene and cough etiquette.		
2.	Put mask on patient in public areas and during transportation throughout the organization (if patient can tolerate it).		
3.	Perform organization-approved hand hygiene (for example, washing hands with soap and water or using alcohol-based hand rub).		
4.	Put on appropriate PPE, including a mask and gloves, before coming into contact with the patient.		

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File Name: 05 06 Assessment-Procedure Flu Patient

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

STEP	ACTION	✓	NA
5.	If performing aerosol-generating procedures (such as suctioning, intubation, bronchoscopy, or CPR), use an adequately ventilated room, allow only essential staff in the room, and wear a gown, eye protection, gloves, and mask.		
6.	After contact with the patient, remove and dispose of PPE (including gloves, gown, mask, or eye protection), clean your hands, and clean and disinfect any patient equipment used in the patient's room.		
7.	Before the patient is discharged from the facility, provide patient education on respiratory hygiene and cough etiquette and advise the patient to stay home and limit social contact. **[AHC, BHC, CAH, HAP, OBS]**		

PPE, personal protective equipment; CPR, cardiopulmonary resuscitation.

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Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 05 07 Assessment Infectious Disease Response

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Infectious Disease Response Assessment Checklist

This checklist includes questions to ask to assess risks in your organization's response to infectious disease outbreaks. The results can provide a guide to preparation, including education and training on infectious disease response.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate specific locations of noncompliant walls and any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **all** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
STAFF [CAH, HAP, NCC]				
Does the organization have an infectious patient surge planning team, as part of an EM program?				
Do staff get ongoing training in infectious disease emergency response and management?				
Does the organization's EM plan include staff considerations, such as new job tasks, coping with exhaustion, quarantine, supplies, and personal/family support needs, especially during a prolonged outbreak?				
PERSONAL PROTECTIVE EQUIPMENT (PPE)				
Does the organization have readily accessible, appropriate PPE?				
Do staff know how to use PPE properly?				
Do staff know how which level of PPE is appropriate for highly infectious diseases, such as Ebola?				
Do nonclinical staff (housekeeping, environmental services, transport staff, facilities staff) know how and when to use appropriate PPE?				
Does the organization have a plan for acquiring additional PPE during an extended outbreak or patient surge?				
CLEANING AND WASTE DISPOSAL				
Does the organization have a plan for enhanced cleaning and disinfecting processes during an outbreak?				
Do staff know what PPE is necessary during this enhanced cleaning?				

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File Name: 05 07 Assessment Infectious Disease Response

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Questions	Y	N	NA	Comments
Does the organization have a plan for disposal of highly infectious waste, including patient care equipment, PPE, linens, cleaning supplies, and lab testing equipment?				
Do staff know how to dispose of waste that is considered hazardous, such as that contaminated with the Ebola virus or other highly infectious substances?				
Patient Management [AHC, BHC, CAH, HAP]				
Does the organization screen patients for risk factors (such as recent travel) at arrival?				
Does the organization have plans in place to manage infectious patients who present in various areas of your facility, including the emergency department?				
Does the organization have a plan for managing patient flow through your facility during a surge?				
Does the organization's plan address ways to protect the rights of patients affected by infectious disease, such as privacy and visits from family?				
Does the organization incorporate and promote preventative measures, such as vaccines, that would limit the risk of an outbreak?				
Isolation Rooms [CAH, HAP, NCC]				
Does the facility have isolation rooms that can control the spread of infectious disease?				
If so, are there sufficient numbers of those rooms?				
Does the facility have other rooms that can be converted to isolation rooms in the event of a patient surge?				
Do all potential isolation rooms allow for maintaining appropriate environmental functions, such as air pressure, air change rates, filters, and venting?				
Does the facility incorporate "hot" and "cold" zones to transition from patient care areas to common areas?				
Does the organization have a plan for recognizing if the infection has spread into the rest of the facility?				
Does the organization have a plan for containing the spread of infection if it is found elsewhere in the facility?				

EM, emergency management; PPE, personal protective equipment.

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Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 05 08 Assessment Laundry Practices IC

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

Laundry Practices Infection Control Assessment Checklist

This checklist includes questions to ask to assess the infection control risks in your laundry practices. You can use this tool to review your laundry practices and minimize laundry-related infection control risks.

Note: *For home care program settings, this checklist is appropriate for use in a licensed health care facility, such as an inpatient hospice with laundry services.*

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate specific locations of noncompliant walls and any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **ambulatory health care**, **behavioral health care**, **critical access hospital**, **hospital**, **nursing care center**, **office-based surgery**, *and* **home care** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
TRANSPORTATION				
Is clean laundry separated from dirty laundry during transport in some physical way?				
Is clean linen properly covered or sealed to prevent contamination during transport?				
Is all dirty laundry put into a laundry bag before putting it into a laundry chute, if a chute is used?				
Are laundry bags closed tightly before being put into a laundry chute, if a chute is used?				
STORAGE				
Is clean linen stored in a room or space dedicated to that purpose?				
Are linen storage areas free of dirt and debris?				
Are linen storage shelves easily accessible for cleaning?				
Is linen stored in a way that allows ventilation, lighting, and fire sprinklers to operate normally?				
If there is a door to the clean linen area, is it kept closed when not in use?				
Is the clean linen area a low-traffic area?				
LAUNDRY FACILITY AND EQUIPMENT				
Is the dirty laundry receiving area kept at negative pressure, compared to the clean laundry areas? [AHC, BHC, CAH, HAP, NCC, OBS]				
Are hand-washing facilities and appropriate PPE available for workers?				

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Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 05 08 Assessment Laundry Practices IC

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

Questions	Y	N	NA	Comments
Is laundry equipment properly maintained?				
Is damp laundry removed from machines in a timely way?				
Laundry Handling				
Is dirty laundry handled in a way to minimize agitation (to avoid contamination of air, surfaces, and people)?				
Is sorting of dirty laundry handled away from patient care areas?				
Are leak-resistant containers used to hold laundry contaminated with blood and other body substances?				
Is the labeling system for dirty laundry clear and easily understood?				
Are laundry chutes, if used, properly designed, maintained, and used?				
Laundry Process				
Are hot-water laundry cycles run with detergent at ≥ 160°F (≥ 71°C) for ≥ 25 minutes?				
Are low-temperature laundry cycles (< 160°F [< 71°C]) run with appropriate chemicals at appropriate concentration?				
Are special laundering instructions followed for items requiring sterility in patient care?				
Are manufacturers' recommendations followed when cleaning fabrics with coated or laminated surfaces?				
Is dry cleaning avoided for routine laundering?				
Are any antimicrobial fabrics used and cleaned in accordance with manufacturers' instructions?				
Are damp textiles and fabrics not left overnight in machines?				
Staff [AHC, BHC, CAH, HAP, NCC, OBS]				
Are laundry staff trained in infection control efforts as they relate to staff's job tasks?				
Are laundry staff using appropriate PPE?				
Are laundry staff using organization-approved hand hygiene methods?				

PPE, personal protective equipment.

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File Name: 05 09 Assessment SSI

APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☒ OBS ☐ OME

Surgical Site Infection Interventions Assessment Checklist

This checklist includes questions to ask to make sure that all interventions have been implemented to reduce the risk of surgical site infections (SSIs) within your organization. It can be used to assess current approaches to see if changes need to be made.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate specific locations of noncompliant walls and any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **critical access hospital**, **hospital**, *and* **office-based surgery** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
LEADERSHIP AND RESOURCES				
Are there executive leadership and board of director support for decreasing SSI rates?				
Are there financial incentives for health care providers to decrease SSI rates?				
Are resources dedicated to decreasing SSI rates (including more staff, increased data surveillance for SSIs, and supplies)?				
Are health care providers accountable and responsible for decreasing SSI rates?				
Are there physician champions to support and promote SSI prevention activities?				
STANDARDIZATION				
Is a surgical safety checklist with time-out used prior to every surgical procedure to ensure evidence-based practices to reduce SSIs are implemented consistently?				
Are preoperative and postoperative order sets used for specific surgical procedures to ensure consistent implementation of evidence-based practices and Joint Commission requirements?				
INTERVENTIONS				
Are anesthesiology providers responsible for hanging the prophylactic antibiotic within one hour prior to surgical incision (or within two hours for vancomycin)?				
Is hair removed (if necessary) using a method cited by scientific literature or endorsed by professional organizations?				

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File Name: 05 09 Assessment SSI

Applicable Program(s)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☒ OBS ☐ OME

Questions	Y	N	NA	Comments
Do patients take chlorhexidine baths/showers (or use wipes) the night before or the day of surgery?				
Is traffic through the operating room limited to essential personnel so as to reduce airborne bacteria?				
Are patient-specific isolation precautions adhered to in perioperative areas?				
Are supplies always available to support compliance with these isolation precautions?				
Are patients monitored for glucose levels during and after surgery?				
Is there a collaborative effort to manage the patient's temperature (maintain normothermia)?				
Are patients given oxygen during surgery?				
Are postoperative interventions implemented to reduce SSIs, including designated postoperative patient care units to consistently implement evidence-based practices to reduce SSIs?				
Performance Monitoring				
Are performance improvement tools (dashboards, score cards, and histograms) used to keep track of SSIs?				
Is postsurgical SSI surveillance conducted for 30 days?				
Does the perioperative team receive feedback on SSI rates on a frequent and regular basis?				
Are RCAs conducted whenever there is an SSI or increased SSI rates?				
Are SSI rates benchmarked to external data, such as the NHSN?				
Are information technology resources used to collect and analyze SSI data, such as data mining systems to track SSIs in real time?				
Do infection control and prevention staff observe surgeries to ensure evidence-based practices are being implemented and identify reasons for noncompliance with evidence-based practices?				

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File Name: 05 09 Assessment SSI

Applicable Program(s)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☒ OBS ☐ OME

Questions	Y	N	NA	Comments
Education and Training				
Is education on preventing SSIs provided to all health care providers involved in surgeries in an aligned way and with coordinated content?				
Is customized and one-on-one education provided to surgeons with high or increased SSI rates?				
Has a multidisciplinary team (surgeons, nurses, surgical staff, anesthesiologists, pharmacists, epidemiologists, and infection control and prevention staff) been formed to find the best ways to decrease SSIs?				
Are patients and family members involved in SSI prevention through classes and customized education?				

SSI, surgical site infection; RCA, root cause analysis; NHSN, National Healthcare Safety Network.

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SECTION 6

LEADERSHIP

ASSESSMENT

DECISION

EVALUATION

PROCEDURE

TO-DO

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File Name: 06 01 Evaluation Contracted Services

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Contracted Services Evaluation Checklist

This checklist includes questions to ask to evaluate both contracted services and the contract for those services. Use it to determine whether a particular contractor is providing an expected and appropriate level of service.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **all** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

CONTRACTED SERVICES: _____

QUESTIONS	Y	N	NA	COMMENTS
EXPECTATIONS, COMMUNICATIONS, AND OBSERVATIONS				
Does the contract for services clearly explain expectations for the contracted services?				
Is it easy to communicate with the contractor and does the contractor respond quickly to requests (for example, requests for a contracted staff member's license or personnel file)?				
Has the contractor's staff been directly observed performing their contracted duties?				
REPORTS AND DATA REVIEW				
Has a documentation audit of the contractor's staff (for example, quality of record entries) been provided?				
Have the incident reports involving the contractor's staff (including complaints and error reports) been reviewed?				
Have reports (including performance reports) from the contractor or contractor's staff been reviewed periodically?				
Has organization data related to the effectiveness of the contracted staff been reviewed?				
Has input from patients and staff regarding the performance of the contractor's staff been reviewed?				
Has patient satisfaction data related to the performance of the contractor's staff been reviewed?				
Have the results of risk management activities related to performance of the contractor's staff been reviewed?				

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File Name: 06 02 Assessment Patient Flow

APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

Patient Flow Assessment Checklist

This checklist includes questions to ask to assess—at a very high level—the patient flow in an organization. It can be used to see whether problems exist in certain areas or services at any point in time to see if changes need to be made.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate specific locations of noncompliant walls and any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **critical access hospital** *and* **hospital** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
DOCUMENT REVIEW AND ASSESSMENT SCOPE				
Have maps (if available) of the organization's pathways* and streams used to transport patients been reviewed?				
Has the organization reviewed organization data (if available) on patient flow?				
Has the organization defined the scope of this assessment (for example, focus on pathways that significantly disrupt patient flow, are in high patient demand, cross service areas, or involve competition for resources)?				
PATIENT DEMAND VARIABILITY				
Has the organization evaluated variability in patient demand over a particular time period, looking at correlation to time, for patient services, including the following?				
▪ Inpatient stays				
▪ ED visits				
▪ Outpatient surgeries				
▪ Diagnostic imaging				
▪ Diagnostic labs				
▪ Clinic visits				

* Pathways are common routes of travel in a facility.

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File Name: 06 02 Assessment Patient Flow

APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

QUESTIONS	Y	N	NA	COMMENTS
Has the organization analyzed ED flow by how the patient arrives (for example, walk-in or ambulance transport)?				
Are patients seen in the ED per time frame goals (and not leaving against medical advice)?				
Are patients able to be admitted to the appropriate units or to see preferred providers (per protocol) without waits that surpass target wait times?				
Are discharges from inpatient beds occurring at an acceptable rate?				
Has the organization statistically analyzed variability to see if patterns are random or nonrandom/artificial?				
SOURCES OF VARIABILITIES				
Are staffing levels appropriate on inpatient units to allow timely admissions and discharges?				
Are staffing levels appropriate in ED, surgery, and radiology to allow timely patient flow?				
Do arrivals/admissions and departures/discharges have expected patterns throughout the day?				
Are patients experiencing wait times for clinic visits and ancillary services (radiology tests, medications from pharmacy, physical therapy, laboratory) that meet anticipated or target wait times?				
Are patients transported to and from services or units in a timely way?				
PARTICULAR PATIENT FLOW PATHWAYS				
Are pathways in and out of the intensive care unit usually free of bottlenecks?				
Is the perioperative process usually free of bottlenecks (including those associated with scheduling, specialties, cancellations, and so on)?				
MANAGING PATIENT FLOW BOTTLENECKS				
Has the organization considered inefficiencies upstream (for example, scheduling) and downstream (for example, testing) of any bottlenecks?				
Has the organization considered scheduling changes to reduce bottlenecks in patient flow pathways?				

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File Name: 06 02 Assessment Patient Flow

APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

QUESTIONS	Y	N	NA	COMMENTS
Has the organization considered policy changes to reduce bottlenecks in patient flow pathways?				
Has the organization interviewed staff to get more insight into reasons for bottlenecks in particular pathways?				
Have you looked at readmission rates to see how it might manage them to reduce bottlenecks and other problems with patient flow?				

ED, emergency department.

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File Name: 06 03 To-Do Required Board Review and Approval

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Required Board Review and Approval Checklist

This checklist includes documents that need to be submitted to your board (or other governing body) for review or approval, per Joint Commission standards. Most are documents that require board approval when initiated or modified. You can use this checklist to make sure that you have the governance involvement as required. Program settings are listed with each topic and are applicable to the listed settings unless otherwise noted.

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

ANNUAL WRITTEN REPORTS FROM LEADERSHIP
(board review)
APPLICABLE PROGRAM(S): AHC, BHC, CAH, HAP, NCC, OME, OR AS INDICATED

✓	NA	
☐	☐	System or process failures
☐	☐	Number and type of sentinel events reported to The Joint Commission
☐	☐	Patients and families informed of the event
☐	☐	All actions taken to improve safety, both proactively and in response to events
☐	☐	Results of analyses related to adequacy of staff
☐	☐	Determined number of distinct improvement projects to be conducted annually [HAP FOR DEEMED STATUS ONLY]

HUMAN RESOURCES
(board approval)
APPLICABLE PROGRAM(S): CAH, HAP

✓	NA	
☐	☐	Equivalent process for credentialing and privileging physician assistants and advanced practice registered nurses

MEDICAL STAFF
(board approval)
APPLICABLE PROGRAM(S): CAH, HAP, OR AS INDICATED

✓	NA	
☐	☐	Proposals from the organized medical staff regarding adoption or amendment of medical staff bylaws and/or associated details
☐	☐	Any medical staff bylaws, rules and regulations, and policies that require approval by the governing body
☐	☐	Credentialing process
☐	☐	Structure of the organized medical staff (if applicable) [CAH ONLY TO REHABILITATION AND PSYCHIATRIC DISTINCT PART UNITS]

Medical staff executive committee recommendations

☐	☐	Medical staff membership

MEDICAL STAFF
(board approval)
APPLICABLE PROGRAM(S): CAH, HAP, OR AS INDICATED

✓	NA	
☐	☐	Organized medical staff structure [HAP]
☐	☐	Process to review credentials and delineate privileges [HAP]
☐	☐	Delineation of privileges for each practitioner privileged through the medical staff process [CAH ONLY TO REHABILITATION AND PSYCHIATRIC DISTINCT PART UNITS]
☐	☐	Executive committee review of and actions on reports of medical staff committees, departments, and assigned activity groups [HAP]

Professional graduate medical education committee

☐	☐	Safety and quality of patient care, treatment, and services provided by the professional graduate medical education program participants [HAP]
☐	☐	Related educational and supervisory needs of the professional graduate medical education program participants [HAP]

Organized medical staff recommendations

☐	☐	Criteria to determine a practitioner's ability to provide patient care, treatment, and services within the scope of the privilege(s) requested
☐	☐	Criteria used to decide to grant, limit, or deny a requested privilege
☐	☐	Clear process for collecting, investigating, and addressing clinical practice concerns

PLANNING
(board approval, unless otherwise noted)
APPLICABLE PROGRAM(S): AHC, BHC, CAH, HAP, LAB, NCC, OME, OR AS INDICATED

✓	NA	
☐	☐	Organization's written scope of services

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File Name: 06 03 To-Do Required Board Review and Approval

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

PLANNING
(board approval, unless otherwise noted)
APPLICABLE PROGRAM(S): AHC, BHC, CAH, HAP, LAB, NCC, OME, OR AS INDICATED

✓	NA	
☐	☐	Organization's performance in relation to its mission, vision, and goals (board evaluation required)
☐	☐	Organization's mission and vision **[CAH, HAP]**
☐	☐	Organization's safety and quality goals **[CAH, HAP]**
☐	☐	Organization's structure and decision-making process **[CAH, HAP]**
☐	☐	Budget **[CAH, HAP]**
☐	☐	Population(s) served and related issues (board discussion required) **[CAH, HAP]**

PLANNING
(board approval, unless otherwise noted)
APPLICABLE PROGRAM(S): AHC, BHC, CAH, HAP, LAB, NCC, OME, OR AS INDICATED

✓	NA	
☐	☐	Responsibilities and accountabilities of the governing body, senior managers, and leaders of the organized medical staff, as related to the organization's mission and safety and quality of care **[CAH, HAP]**
☐	☐	Issues related to safety and quality from senior managers and organized medical staff **[CAH, HAP]**
☐	☐	Process for managing conflict among leadership groups **[CAH, HAP]**
☐	☐	Annual operating budget and, when needed, long-term capital expenditure plan **[AHC, BHC, HAP, OME]**

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File Name: 06 04 To-Do Safety Culture Actions

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Safety Culture Actions Checklist

This checklist itemizes what leaders can do regularly to build or reinforce a safety culture. The checklist helps leaders keep their organization's culture of safety at the forefront. Executive and clinical leaders can use the checklist as a guide and self-check, or it can be used as a peer review. Program settings are listed with each topic and are applicable to the listed settings unless otherwise noted.

Note: *This checklist can be used along with the* Safety Culture Assessment Checklist *and* Safety Culture Policy Evaluation Checklist *to assess the different aspects of your organization's culture of safety.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

LEAD BY EXAMPLE

APPLICABLE PROGRAM(S): ALL PROGRAMS

✓	NA	
☐	☐	Listen to staff.
☐	☐	Treat every employee with dignity and respect.
☐	☐	Establish a written policy for the organization regarding expectations of its culture of safety
☐	☐	Share policy with staff and clarify any questions regarding expectations
☐	☐	Hold all staff accountable to the same code of conduct.
☐	☐	Dispel the myth of perfect performance.
☐	☐	Recognize staff for accomplishments.
☐	☐	Get staff the resources, education, and tools they need to be successful.
☐	☐	Don't oversimplify problems.
☐	☐	Be transparent and equitable in treatment of all staff.
☐	☐	Consistently and visibly support and promote everyday patient safety measures.
☐	☐	Encourage and reward staff who provide essential safety-related information.
☐	☐	Identify and communicate your own errors and close calls.
☐	☐	Actively seek out opportunities to learn about and implement safety.

PROMOTE A BLAME-FREE, JUST CULTURE

APPLICABLE PROGRAM(S): ALL PROGRAMS

✓	NA	
☐	☐	Respond to staff and patients and families about safety issues.
☐	☐	Promote the nonpunitive reporting system and ask staff if they know how to use it.

PROMOTE A BLAME-FREE, JUST CULTURE

APPLICABLE PROGRAM(S): ALL PROGRAMS

✓	NA	
☐	☐	Ensure a blame-free culture in which staff and clinicians feel comfortable reporting their errors.
☐	☐	Promote accountability for one's actions.
☐	☐	Don't tolerate reckless behavior or blatant disregard for safety.
☐	☐	Draw and communicate clear lines between human error and at-risk or reckless behaviors.

BE AWARE OF AND REACT TO SAFETY ISSUES

APPLICABLE PROGRAM(S): ALL PROGRAMS

✓	NA	
☐	☐	Errors
☐	☐	Close calls
☐	☐	Adverse events
☐	☐	Hazardous conditions
☐	☐	Sentinel events

REVIEW ORGANIZATION REPORTS OF UNACCEPTABLE BEHAVIORS

APPLICABLE PROGRAM(S): ALL PROGRAMS OR AS INDICATED

✓	NA	
☐	☐	Complaint from nonpunitive reporting system
☐	☐	Human resources material
☐	☐	Any data that contains reports of negative behavior
☐	☐	Patient satisfaction surveys **[AHC, BHC, CAH, HAP, NCC, OBS, OME]**
☐	☐	Medical staff documentation **[CAH, HAP]**

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File Name: 06 04 To-Do Safety Culture Actions

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Look for Behaviors That Support a Culture of Safety

Applicable Program(s): All Programs

✓	NA	
☐	☐	Staff following the organization's code of conduct
☐	☐	Effective teamwork and collaboration with care team members and patients and families
☐	☐	Open and honest communication
☐	☐	Staff feeling comfortable enough to ask questions
☐	☐	Clinicians returning pages/phone calls in a timely manner
☐	☐	Encouragement
☐	☐	Mutual respect

Eliminate Behaviors That Undermine a Culture of Safety

Applicable Program(s): All Programs

✓	NA	
☐	☐	Sexual innuendo, abuse, harassment
☐	☐	Racism, sexism, or ethnic slurs
☐	☐	Threats of violence, retribution, or litigation
☐	☐	Verbal outbursts, physical threats, sarcastic or demeaning tone of voice
☐	☐	Rigid, inflexible responses to requests for assistance
☐	☐	Intimidation
☐	☐	Open criticism of staff
☐	☐	Blame-casting

Manage Behaviors That Undermine a Culture of Safety

Applicable Program(s): All Programs

✓	NA	
☐	☐	Maintain a clear and supportive reporting process.
☐	☐	Quickly and thoroughly investigate reports of bad behavior.
☐	☐	Provide support services to those who report unacceptable behavior.
☐	☐	Create a logical plan of action, including disciplinary actions and counseling for those who demonstrate bad behavior.

Manage Behaviors That Undermine a Culture of Safety

Applicable Program(s): All Programs

✓	NA	
☐	☐	Monitor and document progress on the action plan.
☐	☐	Be willing to terminate staff who cannot improve their behavior.

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File Name: 06 05 Assessment Safety Culture

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Safety Culture Assessment Checklist

This checklist includes questions to assess the strength of your organization's safety culture. It can be used to assess the current culture to see if changes need to be made.

Note: *This checklist can be used along with the* Safety Culture Actions Checklist *and* Safety Culture Policy Evaluation Checklist *to assess the different aspects of your organization's culture of safety.*

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate specific locations of noncompliant walls and any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **all** *program settings.*

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

QUESTIONS	Y	N	NA	COMMENTS
POLICIES AND PROCEDURES				
Does the organization have a code of conduct that explains appropriate behaviors and behaviors that undermine a culture of safety in the workplace?				
Does leadership have a clear and well-established process for managing unacceptable behaviors?				
Does leadership respond in a timely way to reports of behaviors that undermine a culture of safety?				
Does the organization thoroughly investigate all reports of unacceptable behavior?				
Does the organization conduct investigations in the same way for all staff, regardless of position?				
Does leadership clearly establish, enforce, and communicate policies that support a culture of safety?				
Does the organization promote a transparent, nonpunitive approach to reporting and learning from adverse events, close calls, and unsafe conditions?				
Does leadership provide a system or process for event reporting?				
Does leadership recognize and encourage/reward staff who identify unsafe conditions or have good suggestions for making improvements?				
Does the organization provide timely responses and feedback to staff who report safety vulnerabilities?				
Does the organization consistently prioritize and implement patient safety recommendations?				
Does the organization's policy prioritize the well-being of its staff?				

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File Name: 06 05 Assessment Safety Culture

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Questions	Y	N	NA	Comments
Does the organization provide a just/blame-free culture that clearly distinguishes between errors arising from human factors and those that result from reckless behavior?				
Does the organization's policy establish an organizational baseline measure on safety culture performance?				
Does the organization analyze and report safety culture data from across the organization?				
Does the organization use studies of its safety culture to develop and implement safety improvements?				
Does the organization reassess your culture of safety every 18 to 24 months to review progress, communicate to staff, leadership, and its board, and maintain current improvement plans?				
Infrastructure and Training				
Is the organization's patient safety infrastructure well developed (including a patient safety committee or other dedicated staff team for patient safety)?				
Does the organization provide regular training or information on the code of conduct with all staff?				
Does the organization's training address staff burnout and educate staff on awareness of its effects?				
Does the organization's staff education embed safety culture training in all quality improvement projects?				
Data and Anecdotes				
Does the organization have and widely communicate success stories related to the organization's safety culture?				
Does the organization have and share data or anecdotal stories to show that staff feel comfortable and empowered to bring safety culture concerns to leadership?				
Barriers				
Has the organization identified barriers to implementing a culture of safety?				
Has the organization addressed and resolved barriers to implementing a culture of safety?				

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File Name: 06 06 Evaluation Safety Culture Policy

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Safety Culture Policy Evaluation Checklist

This checklist lists elements that should be part of an effective **safety culture policy** *(and/or code of conduct). You can use this checklist to evaluate your policy or to assist in creating a policy.**

Note: *This checklist can be used along with the* Safety Culture Actions Checklist *and* Safety Culture Assessment Checklist *to assess the different aspects of your organization's culture of safety.*

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **all** *program settings.*

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

QUESTIONS	Y	N	NA	COMMENTS
PURPOSE, SCOPE, DEFINITIONS, AND ROLES				
Does the organization's safety culture policy describe its purpose and how it relates to the code of conduct?				
Does the policy explain its scope, including who must adhere to the policy?				
Does the policy include a definition of acceptable behavior, including a list of examples of behaviors that support the culture of safety?				
Does the policy include a definition of unacceptable behavior, including a list of examples of behaviors that undermine the culture of safety?				
Does the policy include benchmarks?				
Does the policy determine how and if discipline should be used when evaluating errors?				
Is there a process in place to determine whether a system error occurred or whether a person responsible should be held accountable?				
Is there a process in place for separating blameless errors (for learning) from blameworthy errors (for discipline, equitability applied to all groups)?				
Is disrespectful behavior in the organization measured?				

* Note that The Joint Commission does not require health care organizations to have a safety culture policy.

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APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

QUESTIONS	Y	N	NA	COMMENTS
Are the organization's disciplinary procedures equitable and transparent?				
Are procedures in place for eradicating intimidating behavior?				
Do staff report intimidating behaviors?				
Is a process in place for reporting a "close call" or an error that occurred but did not reach the patient?				
Does the policy include conducting root cause analysis of all "close calls"?				
Does the policy state the role of leadership and the board in supporting and maintaining a culture of safety?				
Does the policy clearly state the role of all leaders and the CEO in modeling appropriate behaviors and supporting all efforts that will eradicate intimidating behavior?				
Does the policy emphasize transparency and a nonpunitive environment for those identifying errors, close calls, safety vulnerabilities, and so forth?				
Has the organization established an organizational baseline on safety culture performance?				
Does the policy analyze survey results and data to identify and communicate initiatives for improvement?				
Does the policy encourage and reward those who report safety concerns, vulnerabilities, or ideas for improvement?				
Does the policy describe how a patient or family might be included in the aftermath of a safety or sentinel event, in terms of improving communication and transparency in culture of safety (based on patient and family preference)?				
Is the policy reviewed every 18 to 24 months to evaluate if it needs to be updated or improved and to maintain current improvement initiatives?				
DOCUMENTATION AND PROCEDURES				
Does the policy explain the procedure for reporting and documenting unacceptable behavior?				
Does the procedure for reporting unacceptable behavior include a nonretaliation statement?				

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File Name: 06 06 Evaluation Safety Culture Policy

APPLICABLE PROGRAM(S)
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☒ LAB ☒ NCC ☒ OBS ☒ OME

QUESTIONS	Y	N	NA	COMMENTS
Does the policy describe how reports of unacceptable behavior will be investigated?				
Does the policy state an expected and prompt time frame for the investigation?				
Does the policy list the disciplinary actions that will result after a health care practitioner or other staff displays unacceptable behavior(s)?				
Does the policy describe how those who exhibit unacceptable behaviors will be monitored to ensure they comply with the code of conduct?				

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SECTION 7

MEDICAL EQUIPMENT AND UTILITIES MANAGEMENT

ASSESSMENT

DECISION

EVALUATION

PROCEDURE

TO-DO

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File Name: 07 01 Evaluation AEM

APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

Alternative Equipment Maintenance (AEM) Evaluation Checklist—For Use by Hospitals for a CMS–Approved AEM Program*

This checklist can be used to identify risks in a hospital's alternative equipment maintenance program. Note that this checklist is applicable to facilities that elect to use The Joint Commission deemed status option.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **critical access hospital** *and* **hospital** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER: _____

QUESTIONS	Y	N	NA	COMMENTS
EQUIPMENT INVENTORY				
Is every item of equipment in the inventory identified as part of the organization's AEM program?				
If equipment is identified as critical (poses a direct threat to health and safety if it malfunctions), is there backup equipment listed on the inventory?				
Is equipment identified as likely to be needed in an emergency situation?				
Does equipment include a unique identification number?				
Does the inventory identify the equipment manufacturer?				
Does the inventory indicate if the manufacturer's recommendations are available?				
Does the inventory include the equipment model number?				
Does the inventory include the equipment serial number?				
Does the inventory include a description of the equipment?				
Does the inventory include the location (for equipment kept in a fixed location)?				
Does the inventory identify the department that "owns" the equipment?				
Does the inventory include a record of inspection and testing prior to initial use?				

* The Joint Commission requires that all new types of equipment be assessed to determine if they must be part of a current inventory. CMS requires identification of all equipment that is part of an AEM program. AEM is not approved for imaging/radiologic equipment, medical laser devices, new equipment lacking maintenance history for risk assessment, or equipment with maintenance specified by federal and state law and regulation.

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File Name: 07 01 Evaluation AEM

APPLICABLE PROGRAM(S)
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☐ LAB ☐ NCC ☐ OBS ☐ OME

QUESTIONS	Y	N	NA	COMMENTS
Does the inventory specify alternative maintenance activities (including rationale for differing from manufacturer's recommendations)?				
Does the inventory include documentation of equipment failures (including any resulting harm to individuals)?				
Does the inventory identify the equipment's service provider (for contracted maintenance services)?				
Does the inventory identify the acceptance dates of any maintenance activities (for contracted maintenance services)?				
SUPPLIES				
Are supplies maintained in a way that ensures an acceptable level of safety and quality?				
Are supplies stored in a way that ensures an acceptable level of safety and quality?				
Are supplies stored as recommended by the manufacturer?				
Are supplies identified as likely to be needed in an emergency situation?				
EQUIPMENT POLICY AND PROCEDURES				
Does the policy include an explanation of how incidents of equipment malfunction are identified?				
Does the policy include how such incidents are to be investigated?				
Does the policy require an explanation of whether or not such malfunctions could have been prevented, and what steps will be taken to prevent future malfunctions?				
Does the policy explain how a determination is made whether or not such malfunctions resulted from the use of an AEM strategy?				
Does the policy explain the process for the removal from service of equipment determined to be unsafe or no longer suitable for its intended application?				
Does the policy explain how performance data are used to determine if modifications in the AEM procedures are required?				
Does the policy identify qualified AEM personnel?				
Does the policy explain how qualifications for AEM and equipment maintenance personnel (including contractors) are assured?				

AEM, alternative equipment maintenance; CMS, US Center for Medicare & Medicaid Services.

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File Name: 07 02 Assessment Diagnostic Imaging

APPLICABLE PROGRAM(S)
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☐ LAB ☐ NCC ☒ OBS ☐ OME

Diagnostic Imaging Compliance Assessment Checklist*

This checklist helps assess compliance in areas of diagnostic imaging. Questions are broken out by specific types of diagnostic testing but can be customized for your organization's needs.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) or date(s) of resolve identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **ambulatory health care**, **critical access hospital**, **hospital**, *and* **office-based surgical** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
AREAS APPLICABLE TO CT, MRI, NM, AND PET				
Are equipment quality control and maintenance activities identified?				
Are time frames established for how often quality control and maintenance activities should be performed?				
Are equipment quality control and maintenance activities done?				
Are quality control logs complete?				
Is a performance evaluation that includes all required tests and parameters performed on each image acquisition monitor annually by a medical physicist or MRI scientist (for MRI only)?				
AREAS APPLICABLE TO CT, NM, AND PET				
Are staff dosimetry results reviewed quarterly by one of the following?				
▪ Radiation safety officer				
▪ Medical physicist				
▪ Health physicist				
Is a structural radiation shielding design assessment conducted prior to imaging equipment installation or room modification?				
▪ Is the assessment conducted by a medical physicist or health physicist?				
Is a radiation protection survey conducted after the installation of imaging equipment or construction?				

* Highlighted questions indicate a frequent area of noncompliance.

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Applicable Program(s)
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☐ LAB ☐ NCC ☒ OBS ☐ OME

Questions	Y	N	NA	Comments
▪ Is the survey done prior to clinical use of the room?				
▪ Is the survey conducted by a medical physicist or health physicist?				
Are correct patient, imaging site, and patient positioning verified prior to the exam?				
▪ **For CT exams:** Are correct imaging protocol and scanner parameters verified?				
Areas Applicable to CT Only				
Are the following conducted annually, at minimum?				
▪ CTDI is measured for adult brain, adult abdomen, pediatric brain, and pediatric abdomen, or other commonly used protocols.				
▪ Radiation dose for each protocol is verified to be within 20% of dose displayed.				
▪ Measurements and dose verifications are conducted by a diagnostic medical physicist.				
▪ Performance evaluation is performed by a diagnostic medical physicist, including all required tests.				
▪ Testing results and evaluation results and recommendations are documented.				
Is documentation available for verification of the following?				
▪ Specified qualifications for each diagnostic medical physicist supporting CT services				
▪ Annual staff training				
▪ Ongoing education				
Does staff training include the following?				
▪ Radiation dose optimization techniques				
▪ Safe operation of CT equipment in use				
Is CTDI documented for every CT exam?				
Is the CTDI exam specific and summarized by series or anatomic area and retrievable?				

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APPLICABLE PROGRAM(S)
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☐ LAB ☐ NCC ☒ OBS ☐ OME

QUESTIONS	Y	N	NA	COMMENTS
Are imaging protocols established or adopted based on current standards of practice?				
Do imaging protocols include expected CTDI range and contrast administration?				
Are imaging protocols reviewed and kept current?				
Do imaging protocols include input provided by an interpreting MD, medical physicist, and imaging technologist?				
Are imaging protocols reviewed in accordance with time frames established by the organization?				
Are incidents in which CTDIs exceeded expected dose index range reviewed and analyzed?				
Are these incidents compared to external benchmarks?				
AREAS APPLICABLE TO MRI ONLY				
Are the following conducted annually at minimum?				
▪ Performance evaluation conducted by a medical physicist or an MRI scientist				
▪ Staff training				
Is documentation available for verification of the following?				
▪ Testing results and performance evaluation results and recommendations				
▪ Staff training and ongoing education				
Are processes in place to address the following MRI safety risks, and can staff describe those processes?				
▪ Patients with claustrophobia, anxiety, emotional distress				
▪ Urgent/emergent patient care needs				
▪ Patients with medical implants, devices, imbedded metallic objects				
▪ Preventing entry of ferromagnetic objects into MRI area (only MRI–safe equipment, such as fire extinguishers)				
▪ Protecting patients from acoustic noise				

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Applicable Program(s)
☒ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☒ OBS ☐ OME

Questions	Y	N	NA	Comments
Is access to the MRI area restricted?				
Are all staff and patients screened prior to entering the MRI area?				
Are controls in place to prevent unauthorized access to the MRI area?				
Is warning signage posted at the entrance to the MRI scanner?				
Is signage posted indicating that the magnet is always on (as applicable)?				
Are data collected on the following?				
▪ MRI–related patient thermal injuries				
▪ Incidents in which ferromagnetic objects have unintentionally entered the MRI scanner room				
▪ Injuries resulting from the presence of ferromagnetic objects in the MRI scanner room				
Areas Applicable to NM Only				
Is the performance evaluation of the equipment or staff conducted annually by a medical physicist or NM physicist?				
Are testing results and performance evaluation results and recommendations documented?				
Areas Applicable to PET Only				
Is the performance evaluation of the equipment or staff conducted annually by a medical physicist?				
Are testing results and performance evaluation results and recommendations documented?				
Areas Applicable to Fluoroscopy Only				
Is the performance evaluation of the equipment or staff conducted annually by a diagnostic medical physicist?				
Have staff who use fluoroscopic equipment participated in annual and ongoing training?				
Are staff dosimetry results reviewed at least quarterly by a radiation safety officer, health physicist, or medical physicist?				

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☐ LAB ☐ NCC ☒ OBS ☐ OME

QUESTIONS	Y	N	NA	COMMENTS
Has a radiation safety officer been designated to provide oversight for the safe use of ionizing radiation?				
Is the cumulative air kerma or kerma area product documented for every fluoroscopic exam in a retrievable format?				
Have radiation exposure and skin dose threshold levels been identified?				
Is there a process for review and analysis when threshold values are exceeded?				
Is there a process for patient evaluation and follow-up when identified threshold values are exceeded?				

CT, computed tomography; MRI, magnetic resonance imaging; NM, nuclear medicine; PET, positron emission tomography; QC, quality control; CTDI, computed tomography dose index; MD, medical doctor.

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APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Inspection, Testing, and Maintenance Schedule Assessment Checklist

This checklist organizes, by time frame, items in the physical environment that require regular inspection, testing, and maintenance (ITM), including utility systems, fire safety systems, and medical equipment. These items are compiled based on Joint Commission Environment of Care (EC), Emergency Management (EM), Equipment Management (EQ), and Life Safety (LS) requirements across accreditation programs.

For additional program-specific requirements, refer to your **Comprehensive Accreditation Manual** *or on* **E-dition®**, *which is accessible on your organization's secure* Joint Commission Connect® *extranet site.*

Note: *While robust, this list is* **not** *comprehensive. Ensure ITM is being performed in a timely manner by adhering to your organization's policies regarding ITM, manufacturers' instructions, and/or Joint Commission requirements.*

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section for any questions identified by an* **N** *for* **No** *response to identify the corrective actions necessary to be compliant, including the date the action is completed. Unless otherwise noted, this checklist is applicable to* **all** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF ASSESSMENT: _____ REVIEWER(S): _____

HAVE THE FOLLOWING ITEMS/TASKS BEEN INSPECTED, TESTED, AND/OR MAINTAINED ACCORDING TO THE TIME FRAME?	Y	N	NA	COMMENTS
DAILY				
▪ Verify that the correct volume of blood is being drawn from standardize scales used for phlebotomy and blood collection with a container of known mass or volume each day before use and after repairs/adjustments. **[LAB]**				
▪ Flow cytometers				
▫ Calibrate with fluorescent detector bead(s) or cell(s) runs each day that the instrument is in use. **[LAB]**				
▫ Detect and adjust for shifts in light scatter characteristics each day of use to provide consistent day-to-day instrument readings. **[LAB]**				
▪ Inspect exits in affected areas when *Life Safety Code®** deficiencies cannot be immediately corrected or during periods of construction. **[AHC, BHC, CAH, HAP, NCC, OBS, OME]**				
WEEKLY†				
▪ Automatic sprinkler systems				
▫ Test diesel engine–driven fire pumps under no-flow conditions. **[AHC, BHC, CAH, HAP, NCC, OME]**				

* The *Life Safety Code®* is a registered trademark of the National Fire Protection Association, Quincy, MA.
† Once every seven days, plus or minus two days.

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APPLICABLE PROGRAM(S)
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☒ LAB ☒ NCC ☒ OBS ☒ OME

HAVE THE FOLLOWING ITEMS/TASKS BEEN INSPECTED, TESTED, AND/OR MAINTAINED ACCORDING TO THE TIME FRAME?	Y	N	NA	COMMENTS
▫ Test fire pumps under no-flow conditions. [OBS]				
▪ Test the EPSS, including all associated components and batteries.				
MONTHLY‡				
▪ Automatic sprinkler systems				
▫ Test electric motor–driven fire pumps under no-flow conditions. [AHC, BHC, CAH, HAP, NCC, OBS, OME]				
▫ Test water-storage tank temperature alarms during cold weather. [AHC, BHC, CAH, HAP, OBS, OME]				
▪ Inspect portable fire extinguishers.				
▪ Test elevators with firefighters' emergency operations. [AHC, CAH, HAP, OME]				
▪ Test LIM, if installed, by actuating the LIM test switch, which activates both visual and audible alarms. [AHC, CAH, HAP, OBS]				
▪ Conduct a functional test of emergency lighting systems and exit signs required for egress and task lighting for a minimum duration of 30 seconds, along with a visual inspection of other exit signs.				
▪ Conduct a functional test of Level 1 SEPSSs. [AHC, BHC, CAH, HAP, NCC, OME]				
▪ Test each emergency generator beginning with a cold start under load for at least 30 continuous minutes.				
▪ Test diesel-powered emergency generators with a dynamic load that is at least 30% of the nameplate rating of the generator or meets the manufacturer's recommended prime movers' exhaust gas temperature.				
▪ Test all automatic and manual transfer switches on the inventory.				
▪ Inspect and test temporary systems when *Life Safety Code* deficiencies cannot be immediately corrected or during periods of construction. [AHC, BHC, CAH, HAP, NCC, OME]				

‡ Twelve times a year/once per calendar month.

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HAVE THE FOLLOWING ITEMS/TASKS BEEN INSPECTED, TESTED, AND/OR MAINTAINED ACCORDING TO THE TIME FRAME?	Y	N	NA	COMMENTS
QUARTERLY§				
▪ Review results of staff dosimetry monitoring to assess whether staff radiation exposure levels are ALARA and below regulatory limits for organizations that provide CT, PET, or NM services. **[AHC, CAH, HAP]**				
▪ Test supervisory signal devices on the inventory (except valve tamper switches). **[AHC, BHC, CAH, HAP, NCC, OBS, OME]**				
▪ Test mechanical water-flow devices, including but not limited to water motor gongs. **[AHC, BHC, CAH, HAP, NCC, OBS, OME]**				
▪ Test fire alarm equipment for notifying off-site fire responders. **[OBS]**				
▪ Inspect all fire department water supply connections. **[AHC, BHC, CAH, HAP, NCC, OBS, OME]**				
▪ Test Level 2 SEPSSs for 5 minutes or as specified for their class (whichever is less).				
TWICE A YEAR (EVERY 6 MONTHS)**				
▪ Test vane-type and pressure-type water-flow devices and valve tamper switches on the inventory. **[AHC, BHC, CAH, HAP, NCC, OBS, OME]**				
▪ Test water-storage tank high- and low-water-level alarms, for automatic sprinkler systems. **[AHC, BHC, CAH, HAP, OBS, OME]**				
▪ Inspect any automatic fire-extinguishing system in a kitchen. **[BHC, CAH, HAP, NCC, OME]**				
ANNUALLY (EVERY 12 MONTHS)††				
▪ Test duct detectors, heat detectors, manual fire alarm boxes, and smoke detectors on the inventory. **[AHC, BHC, CAH, HAP, OME]**				
▪ Test duct detectors, electromechanical releasing devices, heat detectors, manual fire alarm boxes, and smoke detectors. **[OBS]**				
▪ Test visual and audible fire alarms, including speakers and door-releasing devices on the inventory. **[AHC, BHC, CAH, HAP, OBS, OME]**				

§ Every three months, plus or minus 10 days.
** Six months from the last event, plus or minus 20 days.
†† One year from the date of the last event, plus or minus 30 days.

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HAVE THE FOLLOWING ITEMS/TASKS BEEN INSPECTED, TESTED, AND/OR MAINTAINED ACCORDING TO THE TIME FRAME?	Y	N	NA	COMMENTS
▪ Test fire alarm equipment on the inventory for notifying off-site fire responders. **[AHC, BHC, CAH, HAP, NCC, OME]**				
▪ Automatic sprinkler systems				
▫ Test main drains at system low point or at all system risers. **[AHC, BHC, CAH, HAP, OBS, OME]**				
▫ Test fire pumps under flow. **[AHC, BHC, CAH, HAP, OME]**				
▪ Test carbon dioxide and other gaseous automatic fire-extinguishing systems. **[AHC, BHC, CAH, HAP, OME]**				
▪ Perform maintenance on portable fire extinguishers, including recharging.				
▪ Test automatic smoke-detection shutdown devices for air-handling equipment. **[AHC, BHC, CAH, HAP, OBS, OME]**				
▪ Test sliding and rolling fire doors, smoke barrier sliding and rolling doors, and sliding and rolling fire doors in corridor walls and partitions for proper operation and full closure. **[AHC, BHC, CAH, HAP, OBS, OME]**				
▪ Perform preventive maintenance on fire alarm and fire detection system components. **[LAB]**				
▪ Inspect and test (with or without discharge) automatic fire-extinguishing systems. **[LAB]**				
▪ Test manual pull stations, smoke detectors, and visual and audible fire alarms. **[OME]**				
▪ Inspect, test, and calibrate NM equipment. **[CAH, HAP]**				
▪ Diagnostic CT services				
▫ Measure the radiation dose (in the form of CTDIvol) produced by each diagnostic CT imaging system for the following four CT protocols. **Note:** *If one or more of these protocols is not used by the organization, others may be substituted.* **[AHC, CAH, HAP]**				
1. Adult brain				
2. Adult abdomen				
3. Pediatric brain				

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☒ LAB ☒ NCC ☒ OBS ☒ OME

HAVE THE FOLLOWING ITEMS/TASKS BEEN INSPECTED, TESTED, AND/OR MAINTAINED ACCORDING TO THE TIME FRAME?	Y	N	NA	COMMENTS
4. Pediatric abdomen				
▫ Verify that the radiation dose (in the form of CTDIvol) produced and measured for each protocol tested is within 20% of the CTDIvol displayed on the CT console. [AHC, CAH, HAP]				
▪ Evaluate performance of all CT imaging equipment. [AHC, CAH, HAP]				
▪ Evaluate performance of all MRI imaging equipment. [AHC, CAH, HAP]				
▪ Evaluate performance of all NM imaging equipment. [AHC, CAH, HAP]				
▪ Evaluate performance of all PET imaging equipment. [AHC, CAH, HAP]				
▪ Test image acquisition display monitors for maximum and minimum luminance, luminance uniformity, resolution, and spatial accuracy for CT, PET, NM, or MRI services. [AHC, CAH, HAP]				
▪ Perform a manual test for LIM circuits with automated self-testing. [AHC, CAH, HAP, OBS]				
▪ Perform a functional test of battery-powered lights on the inventory required for egress and exit signs for a duration of 1½ hours.				
▪ Test battery-powered lighting in locations where deep sedation and general anesthesia are administered for 30 minutes for new construction, renovation, or modernization.				
▪ Test the emergency generator using supplemental (dynamic or static) loads of 50% of nameplate rating for 30 minutes, followed by 75% of nameplate rating for 60 minutes, for a total of 1½ continuous hours, if the organization does not meet either the 30% of nameplate rating or the recommended exhaust gas temperature during any test in accordance with EC.02.05.07, EP 5.				
▪ Test the fuel quality to ASTM standards for emergency power systems. [AHC, CAH, HAP, OBS]				
▪ Certify laminar flow hoods and clean rooms. [OME]				

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File Name: 07 03 Assessment ITM Schedule

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

HAVE THE FOLLOWING ITEMS/TASKS BEEN INSPECTED, TESTED, AND/OR MAINTAINED ACCORDING TO THE TIME FRAME?	Y	N	NA	COMMENTS
▪ Perform a monthly functional test of Level 1 SEPSSs and a quarterly test of Level 2 SEPSSs. Perform an annual test at full load for 60% of the full duration of its class.				
EVERY THREE YEARS (EVERY 36 MONTHS)‡‡				
▪ Conduct hydrostatic tests on standpipe occupant hoses 5 years after installation and every 3 years thereafter. **[AHC, BHC, CAH, HAP, OME]**				
▪ Test each emergency generator for a minimum of 4 continuous hours for generators providing emergency power. **[AHC, CAH, HAP, LAB, NCC, OBS, OME]**				

EPSS, emergency power supply system; SEPSS, stored emergency power supply system; LIM, line isolation monitors; CT, computed tomography; NM, nuclear medicine; PET, positron emission tomography; ALARA, as low as reasonably achievable; CTDIvol, volume computed tomography dose index; EP, element of performance.

‡‡ Thirty-six months from the last event, plus or minus 45 days.

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DOWNLOAD CHECKLIST

Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 07 04 Evaluation Equipment Maintenance

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Medical Equipment* Maintenance Evaluation Checklist

This checklist can be used to evaluate an organization's equipment maintenance program and identify any areas of risk.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **all** *program settings.*

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

QUESTIONS	Y	N	NA	COMMENTS
Is there a complete inventory of equipment, regardless of ownership?				
Is all high-risk equipment (risk of serious injury or death to a patient or staff member should the equipment fail) identified on the inventory?				
Has the organization identified any equipment on the inventory that must be maintained in accordance with manufacturers' recommendations? **Note:** *Such equipment might include any new equipment, diagnostic imaging or therapeutic radiologic equipment, or equipment specifically covered under state or federal law or CoP.*				
Has the organization identified equipment that is maintained, inspected, and tested in accordance with manufacturers' recommendations or an AEM program?				
When using manufacturers' recommendations, does the organization have access to documentation (manufacturers' operation and maintenance manuals, standards, studies, guidance, recall information, service records) of the defined activities and frequencies for maintaining, inspecting, and testing the equipment?				
When using an AEM program, does the organization have written criteria to support determination of the program?				
When using an AEM program, does the organization have documentation of the defined activities and frequencies for maintaining, inspecting, and testing the equipment?				
Is there someone responsible for your organization's equipment maintenance program?				
Does the organization have a library of information to support inspection, testing, and maintenance of all equipment on its inventory?				

* *Medical equipment* is defined as fixed and portable equipment used for the diagnosis, treatment, monitoring, or direct care of individuals.

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Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 07 04 Evaluation Equipment Maintenance

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

QUESTIONS	Y	N	NA	COMMENTS
Are the qualifications an individual is required to have to manage the organization's equipment maintenance program clearly identified?				
Are the individual's qualifications (for example, training certificates, certifications, and degrees) documented?				
Do you use contractors to perform medical equipment or utilities maintenance?				
Does your organization have a procedure to ensure contractors use qualified personnel?				
Are the maintenance records available at all times?				
Is there a process to perform safety, operational, and functional checks of all equipment before initial use and after every major repair or upgrade?				
Do you have a procedure to control and demonstrate the process?				
Have you documented maintenance activities and frequencies for all equipment on the inventory?				
Is maintenance being performed in accordance with the defined maintenance activities and frequencies?				
Is there an established process to demonstrate this compliance?				
Do you evaluate the safety and effectiveness of your equipment maintenance program?				
Has the organization ensured that equipment failures will not cause patient health or safety issues?				
Does the organization have written procedures to follow when medical equipment fails?				
Does the organization conduct performance testing of and maintain all sterilizers?				
Are these activities documented?				
Does the organization perform equipment maintenance and chemical and biological testing of water used in hemodialysis?				

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Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 07 04 Evaluation Equipment Maintenance

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Questions	Y	N	NA	Comments
Are these activities documented?				
Does the organization have defined and documented quality control and maintenance activities for diagnostic imaging equipment (CT, PET, MRI, NM, fluoroscopy)?				
Does the diagnostic medical physicist conduct an annual measurement of radiation dose and verify that the radiation dose is within 20% of the CTDIvol?				
Does a diagnostic medical physicist conduct annual performance evaluations of all CT imaging equipment?				
Are the results and recommendations for the correction of any problems identified during the annual performance evaluations documented?				
Does a diagnostic medical physicist or an MRI scientist conduct annual performance evaluations of all MRI imaging equipment?				
Are the results and recommendations for the correction of any identified problems documented?				
Does a diagnostic medical physicist or NM physicist conduct annual performance evaluations of all nuclear medicine imaging equipment?				
Are the results and recommendations for the correction of any identified problems documented?				
Does a diagnostic medical physicist conduct annual performance evaluations of all PET imaging equipment?				
Are the results and recommendations for the correction of any identified problems documented?				
Does the annual performance evaluation of CT, MRI, NM, and PET imaging equipment include testing of image acquisition display monitors for maximum and minimum luminance, luminance uniformity, resolution, and spatial accuracy?				

CoP, Condition of Participation; AEM, alternative equipment maintenance; CT, computed tomography; PET, positron emission tomography; MRI, magnetic resonance imaging; NM, nuclear medicine; CTDI, computed tomography dose index.

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DOWNLOAD CHECKLIST

Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 07 05 Assessment-Decision Medical Devices

APPLICABLE PROGRAM(S)
☒ AHC ☐ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☐ OME

Medical Devices Security Assessment and Selection Decision Checklist

This checklist includes questions to ask to assess security risks associated with current medical devices/equipment and security-related questions to ask about potential new medical devices or vendors.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate specific locations of noncompliant walls and any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **ambulatory health care**, **critical access hospital**, **hospital**, **laboratory**, **nursing care center**, *and* **office-based surgery** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

TYPE OF DEVICE: _____

QUESTIONS	Y	N	NA	COMMENTS
FOR EXISTING DEVICES				
Does the device/vendor meet FDA guidelines?				
Is the device registered with the FCC's WMTS? [HAP]				
Do staff know how to recognize anomalies that may signal a security risk?				
Is the device and its supporting applications compatible with the organization's firewall?				
Do wireless devices incorporate encryption technology?				
Do the transmissions of wireless devices stand up against electromagnetic interference?				
Does the organization have a clearly defined process for assessing new medical devices before purchase?				
Does the organization have a testing process that demonstrates what "normal" and "abnormal" operations look like?				
Does the process include a system of documenting problems and reporting them to the manufacturer?				
FOR NEW DEVICES				
Does the device work with current operating systems in your organization?				

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File Name: 07 05 Assessment-Decision Medical Devices

Applicable Program(s)
☒ AHC ☐ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☐ OME

Questions	Y	N	NA	Comments
Is there the potential for the device to require software patches or updates in the future?				
If so, is it compatible with supporting software applications?				
Does the device allow for encryption?				
Does the manufacturer have an appropriate system in place for dealing with problems?				

FDA, US Food and Drug Administration; FCC, US Federal Communications Commission; WMTS, wireless medical telemetry service.

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SECTION 8

MEDICATION MANAGEMENT

ASSESSMENT

DECISION

EVALUATION

PROCEDURE

TO-DO

DOWNLOAD CHECKLIST

Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 08 01 Assessment Emergency Cart

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☐ OME

Emergency Cart Assessment Checklist

This checklist includes questions to ask to assess the readiness, safety, and security of an emergency or crash cart, including emergency medications on the cart. It can be used as a daily readiness check and to identify risks related to emergency carts.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate specific locations of noncompliant walls and any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **ambulatory health care**, **behavioral health care**, **critical access hospital**, **hospital**, **nursing care center**, *and* **office-based surgery** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
MEDICATIONS AND SUPPLIES				
Is the emergency cart's lock present and intact, with no evidence of tampering?				
Are medications present?				
▪ Is the expiration date on the drawer later than the current date?				
Are sterile supplies (trays, towels, drapes) present?				
▪ Is the expiration date on the drawer later than the current date?				
Is the emergency cart checklist/log complete according to policy (daily or twice a day) up to this checkpoint?				
EQUIPMENT				
Is the emergency oxygen box secured?				
Are all required resuscitator bags present?				
Is the cardiac arrest board present?				
Is the portable intubation equipment present, with an intact lock?				
Is the emergency flashlight present and functioning?				
Are the emergency extension cords present and functioning?				

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DOWNLOAD CHECKLIST

Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 08 02 Evaluation Medication Compounding Policy

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

Medication Compounding Policy Evaluation Checklist

This checklist lists elements that should be present in your organization's medication compounding policies. You can use it to evaluate the completeness and quality of your organization's policies.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **ambulatory**, **behavioral health care**, **critical access hospital**, **hospital**, **nursing care center**, **office-based surgery**, *and* **home care** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
LEADERSHIP COMMITMENT				
Do the organization's leaders accept responsibility for the safety and quality of care provided through its medication compounding services?				
Have the organization's leaders adopted metrics for ensuring appropriate compliance with sterile compounding practices, including assessment of these metrics and guidelines for taking action when minimum requirements aren't met?				
Has adequate staff time been allocated to education and training in medication compounding policies and protocols?				
POLICIES AND PROTOCOLS				
Does the organization have written policies and procedures for compounded sterile preparations, including for each risk level and according to pharmacy requirements, laws, and regulations?				
Does the organization maintain work practices and an environment consistent with the low-risk levels of sterile compounding?				
Does the organization maintain work practices and an environment consistent with the medium-risk levels of sterile compounding?				
Does the organization maintain work practices and an environment consistent with the high-risk levels of sterile compounding?				
Does the organization implement policies and procedures that address the following?				
▪ Integrity of the compounding area				

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File Name: 08 02 Evaluation Medication Compounding Policy

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

QUESTIONS	Y	N	NA	COMMENTS
▪ Handling of compounded sterile preparations				
▪ Staff use of protective equipment and practices, including airflow, buffer areas, guidelines for cleaning and documentation, and storage				
Do the manipulation, workflow, and storage of single-dose and multiple-dose containers follow safe practices?				
Does the organization's policy for storage of compounded medications include labeling, sterility of base products, and compliance with beyond-use dates?				
Does the organization review testing and certification reports to ensure that all required elements are tested for PEC and SEC certifications?				
Does the organization take action for any failures listed in testing and certification reports of engineering controls?				
STAFF EDUCATION AND TRAINING				
Are all staff performing sterile compounding in the pharmacy educated and trained in skills consistent with their job descriptions, including competency, proper use of protective equipment, and aseptic technique, as appropriate?				

PEC, primary engineering control; SEC, secondary engineering control.

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DOWNLOAD CHECKLIST

Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 08 03 Procedure Medication Error Investigation

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

Medication Error Investigation Procedure Checklist

This checklist provides the steps a multidisciplinary team should take when investigating how a medication error occurred. The checklist can be used to guide the person leading the process. It does not take the place of an incident report form. The investigation should ideally occur as soon as possible after the incident, with debriefing occurring immediately afterward.

Unless otherwise noted, this checklist is applicable to **ambulatory health care**, **behavioral health care**, **critical access hospital**, **hospital**, **nursing care center**, **office-based surgery**, *and* **home care** *program settings.*

Organization: _____ Department/Unit: _____

Date of Review: _____ Reviewer(s): _____

Patient Medical Record #: _____

Medication Error

☐ Wrong patient ☐ Wrong medication ☐ Wrong time ☐ Wrong dose ☐ Wrong frequency
☐ Allergy ☐ High-alert medication ☐ IV pump programming ☐ Patient-controlled analgesia ☐ Other

Medication Error Categorization

☐ Error did not reach patient
☐ Error reached patient but unlikely to cause harm
☐ Error reached patient and required monitoring or intervention to preclude harm
☐ Error did cause/could have caused temporary harm
☐ Error did cause/could have caused temporary harm requiring initial or prolonged hospitalization
☐ Error did result/could have resulted in permanent harm
☐ Error did necessitate/could have necessitated intervention to sustain life
☐ Error did result/could have resulted in death
☐ Other

Name(s) of Staff Involved: _____

Name of Ordering Physician: _____

Step	Action	✓	Date Complete	NA
Postincident Debriefing (performed by a nurse leader as soon after the incident as possible)				
1.	Conduct a postincident debriefing involving all health care workers involved in the incident (an oral report on exactly what happened and in what order).			
2.	Do what is immediately necessary to prevent the error from happening again soon.			
3.	Inform the primary physician about the incident, if he or she is not already informed.			
4.	Inform the patient and family about the incident, if they are not already informed.			
5.	Inform other health care workers as necessary about the incident, if they are not already informed.			
6.	Complete an incident report, if it is not already completed.			
7.	Enter appropriate documentation into the patient's medical record, if it is not already entered.			

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File Name: 08 03 Procedure Medication Error Investigation

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

Step	Action	✓	Date Complete	NA
Incident Investigation—Document Review (performed by the same nurse leader)				
8.	**Review:** The medical record for all patients involved			
9.	**Review:** Order sheets, including any verbal orders			
10.	**Review:** Medication labels and information inserts			
11.	**Review:** Applicable logbooks			
12.	**Review:** Staff schedules and assignment sheets			
13.	**Review:** Unit census with patients identified by name [AHC, BHC, CAH, HAP, NCC, OBS]			
14.	**Review:** Relevant written policies and procedures			
Incident Investigation—Interviews (performed by the same nurse leader)				
Interview staff involved in the error, recording responses to the following questions:				
15.	What exactly happened, in chronological order?			
16.	What were you (staff member being interviewed) doing when it occurred?			
17.	Were there interruptions or distractions when this occurred? If so, please explain.			
18.	Had there been any unusual surges in unit activity prior to the event? If so, please explain. [AHC, BHC, CAH, HAP, NCC, OBS]			
19.	Were all supplies necessary to properly administer the medication available? If not, please explain.			
20.	Were there any particular difficulties when administering the medication? If so, what was done about it?			
21.	When and how did you first become aware that an error had occurred?			
22.	Has the event occurred before? If so, what caused it the last time?			
23.	What did you do immediately in response to the error?			
24.	Has the patient been told about the incident?			

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File Name: 08 03 Procedure Medication Error Investigation

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

STEP	ACTION	✓	DATE COMPLETE	NA
INCIDENT INVESTIGATION—INSPECTION OF ENVIRONMENT (PERFORMED BY THE SAME NURSE LEADER)				
25.	**Record observations:** The noise level in the incident location			
26.	**Record observations:** The lighting in the incident location			
27.	**Record observations:** The orderliness of the incident location			
28.	**Record observations:** The storage, packaging, and labeling of medications involved			
29.	**Record observations:** The medication containers (such as, syringes, medication cups, basins, IV tubing) involved			
30.	**Record observations:** The availability and functionality of the tools, supplies, and equipment in the incident location			
31.	Sequester any nonfunctioning or potentially nonfunctioning equipment involved.			
POSTINCIDENT FOLLOW-UP (PERFORMED BY ORGANIZATION-IDENTIFIED PERSON[S])				
32.	Conduct a postincident meeting, mandatory for all affected staff, in which lessons learned are discussed in a blame-free, transparent manner.			
33.	Document all lessons learned and communication from postincident meeting.			
34.	Communicate lessons learned across the organization, via signage and any other identified organizational communication pathways used for priority updates.			
35.	Incorporate lessons learned into ongoing organizational education and training.			
36.	Provide resources and support to any staff involved in the incident, including but not limited to psychological/counseling support and additional training and education.			

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File Name: 08 04 Procedure Medication Labeling

Applicable Program(s)			
☒ AHC	☒ BHC	☒ CAH	☒ HAP
☐ LAB	☒ NCC	☒ OBS	☒ OME

Medication Labeling Procedure Checklist*

This checklist provides steps to take when labeling medications in procedural and nonprocedural settings. Health care providers can review the steps periodically before labeling medications. The checklist can also be posted where providers label medications so they can mentally check off the steps as they perform the procedure. Unless otherwise noted, this checklist is applicable to **ambulatory health care**, **behavioral health care**, **critical access hospital**, **hospital**, **nursing care center**, **office-based surgery**, *and* **home care** *program settings.*

Note: *Label all medications that are transferred from their original packaging to a new container and are not immediately administered. Label one medication at a time.*

Organization: _____ Department/Unit: _____

Date of Review: _____ Reviewer(s): _____

Patient Medical Record #: _____

Step	Action†	✓	NA
Labeling Include the following medication information on the label			
1.	Medication name		
2.	Medication strength		
3.	Medication amount		
4.	Diluent (if not apparent from the container)		
5.	Volume (if not apparent from the container)		
6.	Expiration date (when the medication will not be used within 24 hours)		
7.	Expiration time (when expiration occurs in less than 24 hours)		
Additional Labeling Include the following additional medication use information on the label when preparing individualized medications for multiple patients and/or when preparing for someone else to administer			
8.	Patient's name		
9.	Location for delivery		
10.	Directions for use		
11.	Cautionary instructions (if preparing medications for multiple patients at a time)		
In Perioperative and Other Procedural Settings (both on and off the sterile field) Do Steps 1–7 and the following steps			
12.	Verify all medications or solutions and their labels verbally and visually (when the person preparing the medications hands off the medications to the person administering the medication).		
13.	Keep all original medication containers or packages until the procedure is complete.		
14.	Discard medications or solutions that aren't labeled.		

* This checklist is applicable for all procedural and nonprocedural settings.
† For each medication to be labeled, follow these steps when labeling.

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DOWNLOAD CHECKLIST

Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 08 05 Evaluation Medication Reconciliation Policy

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

Medication Reconciliation Policy Evaluation Checklist

This checklist provides criteria for evaluating the elements in a medication reconciliation policy. You can use it to make sure your policy is as good as it can be. It can also be used to create a policy if you choose to have one.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **ambulatory health care**, **behavioral health care**, **critical access hospital**, **hospital**, **nursing care center**, **office-based surgery**, *and* **home care** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
GENERAL ELEMENTS				
Does the medication reconciliation policy describe its purpose?				
Does the policy define significant terms, such as *medications*, *provider*, *current medications*, *short duration*, *discrepancies*, and *non–24-hour settings*?				
Are the roles defined for each participant involved in the stages of the medication reconciliation process?				
ADMISSION ELEMENTS				
Is the medication reconciliation process described for admission (or the beginning of an episode of care)?				
Is there a time frame defined for completing the medication reconciliation at admission (or the beginning of an episode of care)?				
TRANSFERS OF CARE AND DISCHARGE ELEMENTS				
Is the transfer-of-care (hand-off) medication reconciliation process described?				
Are situations defined where it's necessary to perform the transfer-of-care medication reconciliation process?				
Is the medication reconciliation process described for discharge (or the end of an episode of care)?				
Is a standard process described for educating patients on their reconciled medications during discharge (or the end of an episode of care)?				
Is a standard procedure described for completing a medication reconciliation over the telephone?				
PERFORMANCE MEASUREMENT ELEMENTS				
Are process and outcomes measures described (to compare compliance with the policy as well as any results of improved patient safety)?				

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Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 08 06 Assessment Medication Storage and Security

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

Medication Storage and Security Assessment Checklist

This checklist includes questions to ask to assess storage and security of medications in your organization. It can be used to determine if there are risks that require changes to be made. It can also be used for a daily check.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **ambulatory health care**, **behavioral health care**, **critical access hospital**, **hospital**, **nursing care center**, **office-based surgery**, *and* **home care** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
ALL MEDICATIONS				
Are all medications stored in accordance with manufacturers' recommendations?				
Are all stored medications labeled with the contents, expiration date/time, and any applicable warning?				
Are multidose vials stored properly and labeled with an end-of-use date/time in accordance with policy, and initials if required by the organization?				
Are all storage areas (including cabinets and carts) locked/secured when not in use?				
Are medications for external use stored separately from medications for internal use in accordance to state regulation(s) and/or organizational policy?				
Have all expired, damaged, and/or contaminated medications been removed?				
Is the medication storage area clean and uncluttered, with no excess debris?				
Are keys or lock combinations for storage areas under the control of authorized staff?				
Are syringes and needles kept secured or in an area away from patient/family access?				
CONTROLLED SUBSTANCES				
Are controlled substances stored in a secure manner that prevents diversion/theft?				
Are they properly labeled and in date?				

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File Name: 08 06 Assessment Medication Storage and Security

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

Questions	Y	N	NA	Comments
Does the controlled substances log accurately reflect the amount of controlled substances within the facility?				
Are schedule II medications locked in a secure area?				
Are all sample medications in date and orderly (outpatient areas only)?				
Are sample medication logs present and up to date (outpatient areas only)?				
Refrigeration*				
Is the medication refrigerator temperature kept within the acceptable range, per policy? **[AHC, BHC, CAH, HAP, OBS, OME]**				
Are all medication refrigerators labeled as "Medications Only, No Food" and "Not for Storage of Explosive Materials"? **[AHC, BHC, CAH, HAP, OBS]**				
Is a temperature monitoring log or electronic record kept for the medication refrigerator and is it up to date? **[AHC, BHC, CAH, HAP, OBS, OME]**				
Are all refrigerators where medications are stored clean (including medication storage bins)? **[AHC, BHC, CAH, HAP, OBS, OME]**				
Are all food or unauthorized medications located elsewhere and not with medications in the refrigerator or medication room? **[AHC, BHC, CAH, HAP, OBS]**				
General Environment				
Are appropriate types of pharmaceutical waste bins utilized?				
Is cytotoxic waste placed in designated yellow bins with lids?				
Are cleaning agents, germicides, disinfectants, and other hazardous or poisonous substances stored separately from medications?				
Are sharps properly disposed of, with lids on containers?				
Are all nonmedication items stored separately from medications?				
Are partially used single-dose vials discarded appropriately in accordance with law and regulation?				

* This is not applicable to a refrigerator in a patient's home.

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Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 08 07 Assessment Patient Medication Understanding

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

Patient Medication Understanding Assessment Checklist

This checklist can help assess your patient's understanding of his or her medication regimen. You can use the questions in this tool to determine how well your patient understands his or her medication.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate specific locations of noncompliant walls and any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **ambulatory health care**, **behavioral health care**, **critical access hospital**, **hospital**, **nursing care center**, **office-based surgery**, *and* **home care** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

PATIENT MEDICAL RECORD #: _____

QUESTIONS	Y	N	NA	COMMENTS
READING THE PRESCRIPTIONS AND LABELS				
Can the patient read the handwriting on or typed text of the prescription(s)?				
Can the patient read the prescription labels?				
Do each of the prescription labels have the patient's name on them?				
Does each prescription label have the right medication name on it?				
TAKING THE MEDICATIONS				
Is the patient able to explain what each medication is for?				
Is the patient able to explain how much of each medication to take and when to take it (how many times a day)?				
Does the patient know how to take each medication (for example, swallow whole or chew, take with or without food)?				
Is the patient comfortable with and able to crush medications, if necessary?				
Does the patient understand any special instructions for the medications, such as foods to avoid?				
Does the patient know when to stop taking each medication?				

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File Name: 08 07 Assessment Patient Medication Understanding

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

Questions	Y	N	NA	Comments
Managing Medications				
Does the patient have a list of all his or her medications, including dosages and when to take them?				
Does the patient indicate whether he or she is comfortable managing his or her medications?				
Does the patient have a method for organizing medications?				
Does the patient have a family member or another trusted individual who can help manage medications, if necessary?				
Has the patient been given the opportunity to ask the doctor, pharmacist, or caregiver any questions he or she might have about the medications?				
Does the patient know who to contact and how to contact that individual with any additional questions regarding his or her medications?				
Understanding Interactions with Medications				
Has the patient already communicated to his or her doctor, pharmacist, or caregiver about all medications he or she is taking, including over-the-counter medications, vitamins, herbs, and any additional supplements?				
Has the patient communicated with his or her doctor, pharmacist, or caregiver regarding any known food and medication allergies?				
Addressing Side Effects of Medications				
Does the patient understand what the side effects are for each medication?				
Does the patient know who to contact and how to contact that individual with any concerns regarding side effects?				

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SECTION 9

PERFORMANCE IMPROVEMENT

DOWNLOAD CHECKLIST

Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 09 01 To-Do PI Data Sources

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Performance Improvement Data Sources Checklist

This checklist includes possible sources of internal and external data for performance improvement projects. You can use it to help determine what data your organization could or should collect. You can modify the list to show data you collect regularly. You may want to note when data are published, where to find the data, and if it requires human abstraction or information technology resources to acquire. Program settings are listed with each topic and are applicable to the listed settings unless otherwise noted.

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

INTERNAL DATA SOURCES

INFORMATION SYSTEMS AND PROGRAMS

APPLICABLE PROGRAM(S): ALL PROGRAMS

✓ NA

- ☐ ☐ Central supply database
- ☐ ☐ Electronic health record
- ☐ ☐ Laboratory information system
- ☐ ☐ Nursing information system
- ☐ ☐ Pharmacy information system, including electronic dispensing systems

REPORTS

APPLICABLE PROGRAM(S): ALL PROGRAMS

✓ NA

- ☐ ☐ Committee minutes and summaries
- ☐ ☐ Infection control surveillance data/reports
- ☐ ☐ Management reports
- ☐ ☐ Market research and related reports
- ☐ ☐ Risk management reports
- ☐ ☐ Plant and facilities management maintenance logs and inventories
- ☐ ☐ Hazardous surveillance rounds
- ☐ ☐ Testing and drill reports (for example, mock code blue, fire, disaster)

OTHER INTERNAL SOURCES

APPLICABLE PROGRAM(S): AHC, BHC, CAH, HAP, NCC, OBS, OME

✓ NA

- ☐ ☐ Logbooks (for example, a medication administration record found in nursing units)
- ☐ ☐ Radiology department logs, including scheduling and reporting systems
- ☐ ☐ Sterilization logs

OTHER INTERNAL SOURCES

APPLICABLE PROGRAM(S): AHC, BHC, CAH, HAP, NCC, OBS, OME

✓ NA

- ☐ ☐ Patient and staff satisfaction surveys
- ☐ ☐ Surgery scheduling system
- ☐ ☐ Patient billing and finance information systems

EXTERNAL DATA SOURCES*

GOVERNMENTAL ORGANIZATIONS

APPLICABLE PROGRAM(S): ALL PROGRAMS

✓ NA

- ☐ ☐ CDC
- ☐ ☐ CMS
- ☐ ☐ Local departments of public health
- ☐ ☐ Regulatory agencies, such as the FDA

CDC, US Centers for Disease Control and Prevention; CMS, US Centers for Medicare & Medicaid Services; FDA, US Food and Drug Administration.

INFORMATION SYSTEMS AND PROGRAMS

APPLICABLE PROGRAM(S): ALL PROGRAMS

✓ NA

- ☐ ☐ Clinical trial database
- ☐ ☐ Disease- or diagnosis-specific registries
- ☐ ☐ Investigational databases
- ☐ ☐ Management databases
- ☐ ☐ Multiorganization system databases
- ☐ ☐ Procedure-specific databases
- ☐ ☐ Proprietary databases
- ☐ ☐ Purchaser or payer databases
- ☐ ☐ Quality improvement databases

* External data sources may be used for comparative data, benchmarking, or other means to inform performance improvement initiatives.

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Applicable Program(s)			
☒ AHC	☒ BHC	☒ CAH	☒ HAP
☒ LAB	☒ NCC	☒ OBS	☒ OME

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File Name: 09 01 To-Do PI Data Sources

Other External Sources		
Applicable Program(s): All Programs		
✓	NA	
☐	☐	Joint Commission accreditation report and other survey data (for example, an organization's self-assessment data and Recommendations for Improvement)
☐	☐	Clinical research registries, which include clinical trial information
☐	☐	Nationally recognized infection prevention and control guidelines
☐	☐	National associations (for example, Association of perioperative Registered Nurses, and so on)
☐	☐	Performance measurement systems
☐	☐	State medical boards and other licensing bodies

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DOWNLOAD CHECKLIST

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File Name: 09 02 Decision Proposed PI Project

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Proposed Performance Improvement Project Decision Checklist

This checklist includes questions to ask when you're deciding whether or not to pursue a proposed performance improvement (PI) project. Reviewing responses to these questions will help you determine if the project is one that should be pursued. An ideal PI project should have three or more **Y** *(or* **Yes***) answers. Unless otherwise noted, this checklist is applicable to* **all** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

TYPE OF PROJECT: _____

QUESTIONS	Y	N	UNSURE	NA	COMMENTS
Is the proposed PI project aligned with the organization's mission/vision/goals?					
Does the project relate to safety and quality of patient care, either directly or indirectly?					
Does the project involve a high-risk system, process, or operational area or one in which risks have been identified?					
Does the project involve a system, process, or operational area with a high volume of patients?					
Is the project identified as potentially problematic in the literature or by professional associations or other sources? That is, are the issues identified relevant to this site?					
Has feedback (such as complaints) been received from patients or staff in this area that are related to the PI project proposed?					
Does the project relate to a leadership priority?					
Is the project related to a topic addressed by National Patient Safety Goals or another national, regional, or local priority-setting authority?					
Is it necessary to address a special event (such as a merger or new construction)?					

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File Name: 09 02 Decision Proposed PI Project

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Questions	Y	N	Unsure	NA	Comments
Does the organization have the resources necessary to complete the entire PI project (including financial, human resources, and so on), as determined by a thorough analysis?					
Have leaders set priorities for what is important related to data collection?					
Has the frequency of data collection been set?					
Will data be evaluated over time for performance, patterns, and trends?					

PI, performance improvement.

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File Name: 09 03 To-Do QSA Required Policies

APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☐ CAH ☐ HAP
☒ LAB ☐ NCC ☐ OBS ☐ OME

Quality System Assessment Required Policies Checklist

This checklist itemizes the topics of written policies The Joint Commission standards require in the "Quality System Assessment for Nonwaived Testing" (QSA) chapter of the laboratory accreditation program. You can use it to make sure you have written policies on the topics named. This checklist is applicable to **laboratory** *program settings only.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

ANALYTES

✓	NA	
☐	☐	Criteria to evaluate nonregulated analytes (not in a formal proficiency testing program) and regulated analytes (with no proficiency testing samples)
☐	☐	Correlations between analytes when the same analytes are tested using different methodologies or instruments or at different locations
☐	☐	Management of proficiency testing
☐	☐	Quality control specialties and subspecialties offered as part of laboratory services
☐	☐	Surveillance activities
☐	☐	Addressing problems identified in the preanalytic, analytic, and postanalytic processes
☐	☐	Isolating and identifying bacteria, mycobacteria, and fungi from potential sites of infection

BLOOD AND BLOOD COMPONENTS

✓	NA	
☐	☐	Minimum inventory of blood and blood components
☐	☐	Responding to the activation of the blood-storage alarm for refrigerators and freezers
☐	☐	Obtaining blood or blood components in urgent or emergent situations and emergent release of blood
☐	☐	Releasing blood and blood components to the blood supplier or another organization
☐	☐	Blood donor collection
☐	☐	Therapeutic apheresis
☐	☐	Identifying donor blood and recipient blood
☐	☐	Compatibility testing of the donor's blood with the recipient's blood*

BLOOD AND BLOOD COMPONENTS

✓	NA	
☐	☐	Blood specimen collection for typing and cross matching
☐	☐	Donor and recipient blood testing to determine ABO blood group and Rh type
☐	☐	Irradiation of blood and blood components
☐	☐	Blood donations consistent with FDA regulations
☐	☐	Methods to leukoreduce blood and blood components
☐	☐	Processing of plasma components
☐	☐	Blood transfusion service and activities
☐	☐	Monitoring of patients and reporting of suspected transfusion-related adverse events
☐	☐	Investigating suspected transfusion-related adverse events
☐	☐	Controlling transport, storage, and return of unused blood

FDA, US Food and Drug Administration.

REAGENTS AND SOLUTIONS

✓	NA	
☐	☐	Labeling reagents and solutions
☐	☐	Storing, preparing, evaluating, and tracking reagents
☐	☐	Reagent reactivity testing

CYTOLOGY AND HISTOLOGY

✓	NA	
☐	☐	Cytology specimen collection, identification, preservation, transport, and evaluation
☐	☐	Cytology workload limits
☐	☐	Sample identification during cytogenetic testing and reporting

* Refer to your *Comprehensive Accreditation Manual* or visit E-dition® on your organization's secure *Joint Commission Connect*® extranet site for specific policy requirements.

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Applicable Program(s)			
☐ AHC	☐ BHC	☐ CAH	☐ HAP
☒ LAB	☐ NCC	☐ OBS	☐ OME

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File Name: 09 03 To-Do QSA Required Policies

Cytology and Histology

✓	NA	
☐	☐	Discrepancies between nongynecologic cytologic and histologic findings
☐	☐	Quality control and testing procedures for FISH
☐	☐	Processing cytogenetic specimens*

FISH, fluorescence in situ hybridization.

Other

✓	NA	
☐	☐	Collecting specimens for the performance of plasma-based coagulation assays
☐	☐	Participation in a cell exchange program
☐	☐	Molecular testing and molecular genetic testing
☐	☐	Administration of Rh immune globulin*
☐	☐	Safe handling, processing, and disposing of tissues containing radionuclides
☐	☐	Precautions related to radiation and electrical hazards of an electron microscope
☐	☐	Surveillance activities (including correlation of intraoperative consultation and pathology diagnosis report)

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File Name: 09 04 To-Do Required PI Documents and Data

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Required Performance Improvement Documents and Data Checklist

This checklist itemizes documents and data on your organization's performance improvement (PI) activities that The Joint Commission requires. It also lists some—but not all—suggested PI documents. You can use the lists to make sure you have all the documentation required and to get ideas on PI data collection and documentation. Program settings are listed with each topic and are applicable to the listed settings unless otherwise noted.

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

PERFORMANCE IMPROVEMENT DOCUMENTATION

REQUIRED WRITTEN PERFORMANCE IMPROVEMENT DOCUMENT

APPLICABLE PROGRAM(S): HAP, NCC, OR AS INDICATED

✓	NA	
☐	☐	Written report of data analysis results on issues related to adequacy of staffing, for annual review by leaders responsible for the organization's patient/resident safety program

SUGGESTED PERFORMANCE IMPROVEMENT DOCUMENTS

APPLICABLE PROGRAM(S): ALL PROGRAMS OR AS INDICATED

✓	NA	
☐	☐	Report or policy statement on the organization's systematic approach to PI
☐	☐	Report of data analysis results, for identifying PI opportunities
☐	☐	Report on PI activities results, for incorporating into new or modified services or processes
☐	☐	Document explaining current PI projects and measurable progress [OME, DEEMED-STATUS HOSPICE ONLY]
☐	☐	Document describing the organization's required integrated patient safety program [CAH, HAP]
☐	☐	Report on PI results, for review by environment of care risk manager/safety officer [HAP; CAH: REHABILITATION AND PSYCHIATRIC UNITS]
☐	☐	Findings of PI activities to share in practitioner education [HAP]
☐	☐	Findings of PI activities related to staff competence, for supervisor use [BHC]
☐	☐	Report of embryo laboratory PI activities, for verifying proficiency levels [LAB]
☐	☐	IC reports [AHC]

IC, infection prevention and control; PI, performance improvement.

PERFORMANCE IMPROVEMENT MONITORING

REQUIRED PERFORMANCE IMPROVEMENT MONITORING DATA

APPLICABLE PROGRAM(S): ALL PROGRAMS OR AS INDICATED

✓	NA	
☐	☐	PI policies (or priorities) identified by the organization leaders
☐	☐	Patient perception of the safety and quality of care, treatment, or services [AHC, CAH, HAP, LAB, NCC, OBS, OME]
☐	☐	Significant medication errors [AHC, BHC, CAH, HAP, NCC, OBS, OME]
☐	☐	Significant adverse drug reactions [AHC, BHC, CAH, HAP, NCC, OBS, OME]
☐	☐	Adverse events involving patients due to inadequate or malfunctioning equipment, supplies, or services [OME]
☐	☐	Patient thermal injuries that occur during MRI exams [AHC, CAH, HAP]
☐	☐	Adverse events
☐	☐	Adverse events related to using moderate or deep sedation or anesthesia [AHC, CAH, HAP, OBS]
☐	☐	Operative or other procedures that place patients at risk of disability or death [AHC, CAH, HAP, OBS]
☐	☐	High-risk, high-volume, problem-prone processes provided to high-risk or vulnerable populations [BHC]
☐	☐	Processes or outcomes related to patient preparation [LAB]
☐	☐	All significant discrepancies between preoperative and postoperative diagnoses, including pathologic diagnoses [CAH, HAP, OBS]
☐	☐	Use of blood and blood components [AHC, CAH, HAP, OBS]
☐	☐	Transfusion reactions [AHC, CAH, HAP, LAB]
☐	☐	Results of resuscitation [CAH, HAP]
☐	☐	Behavior management and treatment [BHC, HAP, NCC]

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File Name: 09 04 To-Do Required PI Documents and Data

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Required Performance Improvement Monitoring Data

Applicable Program(s): All Programs or as Indicated

✓	NA	
☐	☐	Use of restraints **[CAH, NCC]**
☐	☐	Use of seclusion **[CAH]**
☐	☐	Use of psychotropic medication, including antipsychotics **[NCC]**
☐	☐	Timeliness of response to patient questions, problems, and concerns **[OME]**
☐	☐	Education for patients infected with MDROs **[AHC, BHC, CAH, LAB, NCC, OBS, OME]**
☐	☐	Education for patients regarding CAUTI **[CAH, HAP, NCC]**
☐	☐	Pain assessment and pain management, including types of interventions and effectiveness
☐	☐	SSIs tracked every 30 days
☐	☐	SSIs for implants tracked to 90 days*
☐	☐	Annual evaluation of IC data
☐	☐	Annual evaluation of environment of care data
☐	☐	Leadership evaluation of the culture of safety and quality
☐	☐	Annual evaluation of the organization's performance as It relates to its mission, vision, and goals

Required Performance Improvement Monitoring Data

Applicable Program(s): All Programs or as Indicated

✓	NA	
☐	☐	Annual written report to governance:
	☐	☐ All system or process failures
	☐	☐ Number and type of sentinel events
	☐	☐ Number of patients and families informed of sentinel event(s)
	☐	☐ All actions taken to improve safety†
☐	☐	Incidents where ferromagnetic objects unintentionally entered the MRI scanner room **[AHC, CAH, HAP]**
☐	☐	Injuries resulting from the presence of ferromagnetic objects in the MRI scanner room **[AHC, CAH, HAP]**

PI, performance improvement; MRI, magnetic resonance imaging; MDRO, multidrug–resistant organism; CAUTI, catheter-associated urinary tract infection; SSI, surgical site infection; IC, infection prevention and control.

Suggested Performance Improvement Monitoring Data

Applicable Program(s): HAP

✓	NA	
☐	☐	Education for patients infected with MDROs
☐	☐	Education for patients regarding CAUTI

MDRO, multidrug–resistant organism; CAUTI, catheter-associated urinary tract infection.

* Based on NHSN procedural codes. Visit http://www.cdc.gov/nhsn/CPTcodes/ssi-cpt.html for additional information.
† This report should reflect both proactive measures taken to improve safety and actions taken in response to an actual occurrence.

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File Name: 09 05 Evaluation Root Cause Analysis

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Root Cause Analysis Evaluation Checklist

This checklist includes criteria for evaluating a root cause analysis (RCA), a type of comprehensive systematic analysis. You can use it to determine the quality of your RCAs.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. This checklist is applicable to* **all** *program settings.*

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

DATE OF INCIDENT: _____ **INCIDENT:** _____

QUESTIONS	Y	N	NA	COMMENTS
ACCEPTABILITY				
Does the RCA move from special causes in clinical processes to common causes in organizational processes?				
Does the RCA identify changes to systems and processes that would reduce the risk of the event recurring?				
THOROUGHNESS				
Does the RCA determine which factors, including human factors, are most directly associated with the event?				
Does the RCA use a series of "why?" questions to analyze underlying systems and see where changes might be made to reduce risk?				
Does the RCA look into all areas related to the type of event (in accordance with The Joint Commission's *Sentinel Event Alerts*)?				
Does the RCA identify where risk might occur and how those area(s) might contribute to this type of event?				
Does the RCA point to potential improvements that would decrease the likelihood of more such events, or state that there are no such improvement opportunities?				
CREDIBILITY				
Does the RCA engage the patient safety director and those closely involved in the target processes and systems?				

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File Name: 09 05 Evaluation Root Cause Analysis

APPLICABLE PROGRAM(S)
☒ **AHC** ☒ **BHC** ☒ **CAH** ☒ **HAP**
☒ **LAB** ☒ **NCC** ☒ **OBS** ☒ **OME**

QUESTIONS	Y	N	NA	COMMENTS
Does the RCA remain internally consistent (avoiding contradictions and answering all obvious questions)?				
Does the RCA give an explanation for all cases of "not applicable" or "not a problem"?				
Does the RCA consider relevant literature, guidelines, or evidence-based best practices?				

RCA, root cause analysis.

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File Name: 09 06 Procedure Root Cause Analysis

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Root Cause Analysis Procedure Checklist

This checklist outlines steps in a root cause analysis (RCA), a type of comprehensive systematic analysis. It can be used to ensure that all steps in the process are taken. Unless otherwise noted, this checklist is applicable to **all** *program settings.*

Note: *An RCA in response to a sentinel event for review by The Joint Commission must be completed within 45 days after the event or becoming aware of the event.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

DATE OF INCIDENT: _____ INCIDENT: _____

STEP	ACTION	✓	DATE COMPLETE	NA
1.	Organize a team of persons involved in the event or similar events.			
THE PROBLEM				
2.	Define the problem (state the issue).			
3.	Study the problem.			
4.	Determine what happened by using appropriate root cause analysis tools (for example, the five *whys* or a fishbone diagram).			
FACTORS				
5.	Identify contributing process factors.			
6.	Identify other contributing factors.			
7.	Measure (collect and assess data on proximate and underlying factors).			
INITIAL ACTION				
8.	Design, assign, and implement immediate changes, as necessary.			
ROOT CAUSES				
9.	Identify which systems are involved (the root causes).			
10.	Refine and prioritize the list of root causes.			
11.	Confirm the root causes and consider their interrelationships.			
IMPROVEMENT PLAN				
12.	Explore and identify risk reduction strategies.			
13.	Formulate improvement actions.			
14.	Evaluate proposed improvement actions.			
15.	Design improvements.			

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File Name: 09 06 Procedure Root Cause Analysis

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Step	Action	✓	Date Complete	NA
16.	Ensure acceptability of the action plan.			
17.	Implement the improvement plan.			
18.	Develop measures of effectiveness and ensure their success.			
19.	Evaluate implementation of improvement efforts.			
20.	Take additional action to sustain the gains.			
Communication				
21.	Communicate the results of the evaluation and improvement plan to leadership.			
22.	Communicate the results of the improvement plan and other actions to staff.			
Education and Implementation				
23.	Communicate leadership's responsibilities for sustaining the improvement plan.			
24.	Provide staff education and/or training in accordance with the improvement plan.			

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File Name: 09 07 Evaluation Sentinel Event Policy

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Sentinel Event Policy Evaluation Checklist

This checklist includes criteria that should be a part of an effective organization Sentinel Event Policy, should your organization decide to have such a policy. You can use it to evaluate whether your policy addresses everything it should.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **all** *program settings.*

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

QUESTIONS	Y	N	NA	COMMENTS
DEFINING				
Does the Sentinel Event Policy define the term *patient safety events*, which includes sentinel events, for its own purposes and communicate this definition throughout the organization?* **Note:** *This definition must encompass sentinel events as defined by The Joint Commission.*				
Does the policy identify which events warrant a comprehensive systematic analysis for identifying contributing and causal factors?				
Does the policy identify how close calls are to be handled?				
REPORTING				
Does the policy outline a process for organization staff to report patient safety and sentinel events?				
Does the policy outline the process for reporting patient safety and sentinel events to leadership?				
Does the policy outline the process for reporting patient safety and sentinel events to external agencies, (for example, The Joint Commission, state agency, or patient safety organization)?				
MANAGING				
Does the policy outline the management of sentinel events, including conducting thorough and credible comprehensive systematic analysis, implementing improvements to reduce risk, and monitoring the effectiveness of those improvements?				

* The definition also should include events, incidents, and conditions in which no or only minor harm occurred to a patient.

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File Name: 09 07 Evaluation Sentinel Event Policy

APPLICABLE PROGRAM(S)
☒ **AHC** ☒ **BHC** ☒ **CAH** ☒ **HAP**
☒ **LAB** ☒ **NCC** ☒ **OBS** ☒ **OME**

QUESTIONS	Y	N	NA	COMMENTS
Does the policy address how confidentiality of information related to sentinel events will be protected?				
Does the policy address disclosure to patients and their families, as well as the procedure for obtaining legal consultation to protect relevant documents?				
Does the policy address staff and physician education about the policy and procedures and outline ongoing education?				
Is the policy reviewed annually and revised as appropriate?				

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File Name: 09 08 Assessment SE Root Causes

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Sentinel Event Root Causes Assessment Checklist

This checklist includes questions about root causes of recent sentinel events. You can use it to assess risks for those events and to create similar checklists for risks cited in other Sentinel Event Alerts.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate specific locations of noncompliant walls and any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **all** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
PREVENTING INFECTION FROM THE MISUSE OF VIALS [AHC, BHC, CAH, HAP, NCC, OBS, OME]				
Do staff avoid using single-dose/single-use vials for multiple patients?				
Do staff avoid using the same syringe to reenter a multiple-dose vial for the same patient?				
Do staff avoid saving a multiple-use vial for use on another patient?				
SAFE USE OF HEALTH INFORMATION TECHNOLOGY [AHC, BHC, CAH, HAP, NCC, OBS, OME]				
Are ergonomic or usability issues addressed to prevent any data-related errors?				
Are health IT–related communications adequate and functioning well?				
Were health IT programs designed to prevent any compromised clinical content or decision making?				
Does health IT support organizational policies, procedures, and culture?				
Are staff members adequately trained to use the health IT devices and equipment they need to do their work?				
Is there regular maintenance to prevent failure in the hardware or software?				
SENTINEL EVENT ROOT CAUSE CONSIDERATIONS				
Has the organization defined *sentinel event*?				

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File Name: 09 08 Assessment SE Root Causes

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Questions	Y	N	NA	Comments
Does the organization require a root cause analysis following a sentinel event?				
Does the organization analyze recurring incidents that may result in a serious adverse outcome or an adverse event*?				
Has the organization educated staff about the definition of *sentinel event*?				
Credentialing and Privileging				
Does the organization have a process in place to verify through the primary source the status of a practitioner's license(s)?				
Does the organization have a process in place confirm the current good standing of a practitioner's license(s) at regular intervals (for example, every two years)?				
Are privileges current in accordance with the organization's delineation of privileges and appointment/reappointment process?				
Cross-Contamination Risk				
Does the organization require a "one needle, one syringe, one time" philosophy in all patient care areas, including tubing?				
Equipment				
Does the organization have a process to check the viability of emergency equipment?				
Does the organization have a process in place to service and maintain emergency equipment?				
Evaluating Patient Safety Incidents				
Have organizational admissions documentation and patient deaths been thoroughly reviewed for opportunities for improvement?				
Are patients being admitted and/or receiving procedures that are within the organization's scope of service?				
Infection Prevention and Control and Sterilization Risks				
Do the sterilization processes comply with the organization's nationally recognized infection prevent and control guidelines?				
Do the sterilization processes adhere to the manufacturers' instructions?				

* The term *adverse event* is also referred to as a close call or near miss.

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File Name: 09 08 Assessment SE Root Causes

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Questions	Y	N	NA	Comments
Does the sterilization preventive maintenance documentation comply with equipment requirements?				
Are staff with sterilization responsibilities routinely assessed for high-level disinfection competency?				
Are education and training documented that demonstrate infection prevention and control staff qualification?				
Does high-level disinfection consistent with manufacturers' instructions occur before all vaginal ultrasounds?				
Medication Management				
Is emergency equipment in place for resuscitation from sedation?				
Does staff apply the alert process the organization has mandated for high-risk medications, especially in the crash cart and with concentrated electrolytes?				
Is the presedation assessment conducted by anesthesia personnel documented and included in the medical record?				
Organizational Safe Guards				
Does leadership promote a culture of safety?				
Does leadership allocate sufficient resources for safe patient care?				
Do staff have the opportunity to critique how effective a mock tracer of an adverse event/sentinel event was conducted?				
Is there a method of communicating to staff the findings of a mock tracer of an adverse event/sentinel event?				
Preventing Falls and Fall-Related Injuries in Health Care Facilities [CAH, HAP, LAB, NCC, OME]				
Are fall risks adequately assessed?				
Is there good communication about fall risks, such as during handoffs or transitions of care?				
Is there adherence to protocols and safety practices?				

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File Name: 09 08 Assessment SE Root Causes

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Questions	Y	N	NA	Comments
Are staff members adequately trained or supervised to identify patients at risk and to prevent patient falls?				
Is the physical environment regularly checked for fall risks?				
Is there leadership support for addressing fall risks?				
Are falls investigated and trended to inform performance improvement?				
Detecting and Treating Suicide Ideation				
Are patients adequately assessed for suicide risk, when appropriate?				
For behavioral health settings, are there ligature risks present?				
Are there any environmental suicide risk features in the health care setting (for example, ligature risks)?				

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DOWNLOAD CHECKLIST

Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 09 09 To-Do System-Process Problem Factor

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Systems and Processes Problems Factors Checklist

This checklist includes possible factors that cause problems in systems or processes. It can be used to identify those factors, both for improvement and/or how they contribute to other problems being analyzed for improvement. Use a **1** *to indicate if the problem is a primary factor, and a* **2** *to indicate if the problem is a contributing factor. This checklist is applicable to* **all** *program settings.*

Organization: _____ Department/Unit: _____

Date of Review: _____ Reviewer(s): _____

Problematic Issue: _____ System or Process: _____

Human Resources Factors

1 ☐	2 ☐	**Qualifications of Staff**
1 ☐	2 ☐	Not well defined
1 ☐	2 ☐	Not verified
1 ☐	2 ☐	Not regularly reviewed and updated
1 ☐	2 ☐	Other: _____
1 ☐	2 ☐	**Qualifications of Practitioners**
1 ☐	2 ☐	Not well defined
1 ☐	2 ☐	Not verified
1 ☐	2 ☐	Not regularly reviewed and updated
1 ☐	2 ☐	Other: _____
1 ☐	2 ☐	**Training of Staff**
1 ☐	2 ☐	Inadequate program content
1 ☐	2 ☐	Not completed
1 ☐	2 ☐	Not completed in a timely way
1 ☐	2 ☐	No competence testing afterward
1 ☐	2 ☐	Other: _____
1 ☐	2 ☐	**Training of Practitioners**
1 ☐	2 ☐	Inadequate program content
1 ☐	2 ☐	Not completed
1 ☐	2 ☐	Not completed in a timely way
1 ☐	2 ☐	No competence testing afterward
1 ☐	2 ☐	Other: _____
1 ☐	2 ☐	**Supervision of Staff**
1 ☐	2 ☐	Inadequate for new employees
1 ☐	2 ☐	Inadequate for high-risk activities
1 ☐	2 ☐	Other: _____
1 ☐	2 ☐	**Current Staffing Levels**

Human Resources Factors

1 ☐	2 ☐	Not based on reasonable measures
1 ☐	2 ☐	Not based on reasonable workloads
1 ☐	2 ☐	Other: _____
1 ☐	2 ☐	**Current Scheduling Practices**
1 ☐	2 ☐	Unreasonable overtime expectations
1 ☐	2 ☐	Inadequate time for work activities
1 ☐	2 ☐	Inadequate time for shift changes
1 ☐	2 ☐	Inadequate staffing levels
1 ☐	2 ☐	Other: _____

Information Management Factors

1 ☐	2 ☐	**Availability of Information**
1 ☐	2 ☐	Not readily available
1 ☐	2 ☐	Not easily accessible
1 ☐	2 ☐	Not available in a timely way
1 ☐	2 ☐	Other: _____
1 ☐	2 ☐	**Quality of Information**
1 ☐	2 ☐	Uncertain accuracy
1 ☐	2 ☐	Not thorough
1 ☐	2 ☐	Unclear
1 ☐	2 ☐	Other: _____
1 ☐	2 ☐	**Communication of Information**
1 ☐	2 ☐	No regular communication
1 ☐	2 ☐	Unclear communication
1 ☐	2 ☐	Other: _____

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Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 09 09 To-Do System-Process Problem Factor

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Environmental Management Factors

1 ☐ 2 ☐ Physical Environment

- 1 ☐ 2 ☐ Inadequate or inappropriate lighting
- 1 ☐ 2 ☐ Inadequate temperature control
- 1 ☐ 2 ☐ Inadequate humidity control
- 1 ☐ 2 ☐ Inadequate noise control
- 1 ☐ 2 ☐ Inappropriate size/design of space
- 1 ☐ 2 ☐ Inadequate infection control
- 1 ☐ 2 ☐ Inadequate cleanliness
- 1 ☐ 2 ☐ Other: _____

1 ☐ 2 ☐ Monitoring of the Physical Environment

- 1 ☐ 2 ☐ Inadequate quality control activities
- 1 ☐ 2 ☐ Inadequate procedures and techniques
- 1 ☐ 2 ☐ Inadequate inspections
- 1 ☐ 2 ☐ Inadequate documentation
- 1 ☐ 2 ☐ Inadequate emergency or back-up activities
- 1 ☐ 2 ☐ Other: _____

Leadership and Communication Factors

1 ☐ 2 ☐ Data Use

- 1 ☐ 2 ☐ Not used in decision making
- 1 ☐ 2 ☐ Not used to identify need for changes
- 1 ☐ 2 ☐ Unavailable and/or inaccessible data
- 1 ☐ 2 ☐ Other: _____

1 ☐ 2 ☐ Planning

- 1 ☐ 2 ☐ Inadequate for achievement of goals
- 1 ☐ 2 ☐ Inadequate for external changes
- 1 ☐ 2 ☐ Inadequate representation of staff (for example, interdisciplinary)
- 1 ☐ 2 ☐ Other: _____

Leadership and Communication Factors

1 ☐ 2 ☐ Design of Services and Work Processes

- 1 ☐ 2 ☐ Ineffective communication channels
- 1 ☐ 2 ☐ Ineffective performance improvement
- 1 ☐ 2 ☐ Ineffective or missing innovations
- 1 ☐ 2 ☐ Other: _____

1 ☐ 2 ☐ Organizational Communication

- 1 ☐ 2 ☐ Inadequate
- 1 ☐ 2 ☐ Inappropriate methods
- 1 ☐ 2 ☐ Unclear
- 1 ☐ 2 ☐ Not timely
- 1 ☐ 2 ☐ Other: _____

1 ☐ 2 ☐ Change Management

- 1 ☐ 2 ☐ Inadequate
- 1 ☐ 2 ☐ Other: _____

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SECTION 10

THE PHYSICAL ENVIRONMENT

ASSESSMENT

DECISION

EVALUATION

PROCEDURE

TO-DO

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Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 10 01 Decision Construction and Design Partner

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☐ OME

Construction and Design Partner Decision Checklist

This checklist includes questions to ask potential design or construction partners for your construction project. You can use it to make sure you ask all potential partners the same questions as you gather information to decide which firms will be good partners. The ideal partner will have the most Y (or Yes) answers.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **ambulatory health care**, **behavioral health care**, **critical access hospital**, **hospital**, **laboratory**, **nursing care center**, *and* **office-based surgery** *program settings.*

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

PROPOSED PARTNER: _____

QUESTIONS	Y	N	NA	COMMENTS
Can your firm demonstrate a commitment and interest in our project?				
Does your firm understand our needs for this project?				
Are you located near our facility?				
Are you available to visit the facility when necessary, even on short notice?				
Can you provide estimated travel costs to our facility?				
Does your firm employ people with skills, experience, and training that are relevant to our project?				
Do you provide consultants who are knowledgeable in the special design types relevant to our project (such as safety-related design)?				
Are you affiliated with other firms that may offer additional on-site expertise?				
Can you provide references from prior projects that are similar to ours?				
Do you have a proven record of professionalism, dependability, and reliability?				

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File Name: 10 01 Decision Construction and Design Partner

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☐ OME

Questions	Y	N	NA	Comments
Do you have a history of delivering on schedule and within budget?				
Do you have a history of solving complex problems?				
Does your firm's size match our project size and scope?				
Does your firm maintain a positive working relationship among its team members?				
Do you provide a reliable breakdown of fees and compensation?				
Do you allow fee negotiation per changing needs?				
Does your firm address appropriate codes and regulations required by the local, state, and federal authorities having jurisdiction (for example, state code, CMS–adopted code, and accreditation standards)?				
Does your firm have insurance for your workers?				

CMS, US Centers for Medicare & Medicaid Services.

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File Name: 10 02 Procedure Construction Project Plan

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Construction Project Plan Procedure Checklist

This checklist outlines the steps to take while planning a construction project, whether you're building or renovating. You can use it to guide the process for the planning phase of a project. It can also be used to help create documentation for an individual project within the master facility plan.

Unless otherwise noted, this checklist is applicable to **all** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

STEP	ACTION	✓	DATE COMPLETE	NA
1.	**ANALYZING PROJECT NEEDS** PERFORM A NEEDS ANALYSIS USING INFORMATION FROM THE ORGANIZATION'S STRATEGIC PLAN OR A MARKETING STUDY ON THE FOLLOWING TOPICS:			
	Community Needs Assessment			
	▪ Service area demographics and projections			
	▪ Payer mix of constituents			
	▪ Health care needs profile of community			
	▪ Community perceptions of facility and potential projects			
	▪ Appropriate location of new facility (keeping in mind property tax and fee impacts as well as any zoning restrictions)			
	▪ Presence and impact of competition			
	Internal Review (if applicable)			
	▪ Service strengths			
	▪ Current utilization			
	▪ Performance improvement methodologies for testing needs to reduce process steps			
	▪ Financial review			
	▪ Current market penetration			
	▪ Staffing availability			
	▪ Health care market trends			

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File Name: 10 02 Procedure Construction Project Plan

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

STEP	ACTION	✓	DATE COMPLETE	NA
2.	**ASSEMBLING THE PROJECT TEAMS** SELECT PROJECT TEAMS THAT INCLUDE THE FOLLOWING MEMBERS TO ENSURE AWARENESS OF ALL PROJECT NEEDS, GOALS, AND PERSPECTIVES:			
	Executive Project Team (with authority for final decision making)			
	▪ Top-level executive(s) representative			
	▪ Medical staff representative			
	▪ Nursing leadership representative			
	▪ Senior facility management representative			
	▪ Architectural/design firm leadership representative			
	▪ Contractor representative (if firm selected or as soon as possible)			
	▪ Governance representative (may be from the board or other governance structure)			
	▪ Other appropriate representatives (information technology, finance, infection control, supply chain/materials management)			
	Stakeholder Teams (with input on decision making; including user teams)			
	▪ Staff constituencies (such as, facilities management, pharmacy, laboratory, radiology, surgery, clinical engineering, treatment areas, specialized clinical areas, support services, emergency management)			
	▪ Subject matter experts, including external consultants			
	▪ Designers involved on the project			
	▪ Contractors, as appropriate for the phase			
	▪ External groups, as appropriate (such as, previous patients and visitors; donors; vendors; community health care organizations, emergency management services, police; regulatory or government organizations)			
3.	**GATHERING PROJECT DATA** TO FAMILIARIZE THE PROJECT TEAM WITH THE ORGANIZATION, COLLECT DATA ON THE FOLLOWING:			
	▪ Type and volume of existing services			
	▪ Current and anticipated operational processes and structures			
	▪ Current evidence-based or best practices in health care			
	▪ Property boundaries and features			

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File Name: 10 02 Procedure Construction Project Plan

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

STEP	ACTION	✓	DATE COMPLETE	NA
	▪ Current facility issues (including evaluation of systems and infrastructure, compliance with standards and codes, and functional and operational space needs)			
	▪ Desired facility elements			
	▪ Results of a workload analysis (to help determine space needs)			
	▪ Regulations and guidelines that will affect the facility			
4.	**DEVISING A PROJECT PLAN** CREATE THE PRELIMINARY FACILITY PLAN THROUGH PROGRAMMING (PREDESIGN) ACTIVITIES THAT FOCUS ON THE FOLLOWING:			
	▪ Define the project as described in NFPA 101–12,* Chapter 43			
	▪ Guiding principles and goals for the project (including safety and any future growth projections) and how that fits within any Master Facility Plan			
	▪ Scope (including cost limits)			
	▪ Space needs (in the form of a detailed space plan with a summary list and narrative descriptions of space on room data sheets)			
	▪ Conducting a risk assessment based on use of space and risk to patients and staff			
	▪ Assigning Categories 1–4 from NFPA 99–12,† Chapter 4, as required			
	▪ Designing and installing equipment and utilities based on NFPA 99–12, Chapter 4			
	▪ Other desired elements to meet goals (such as, major equipment, utilities)			
	▪ Phasing and scheduling (in the form of a project timetable)			
5.	**DETERMINING A PROJECT BUDGET** DEVELOP A BUDGET THAT INCLUDES THE FOLLOWING ANTICIPATED AND CONTINGENCY COSTS AND READJUST AS NECESSARY THROUGHOUT THE PROJECT PROCESS:			
	▪ Design fees and costs (including mock-ups, models, collateral materials)			
	▪ Construction costs (including site preparation costs)			
	▪ Medical equipment costs			
	▪ FFE costs			

* National Fire Protection Association (NFPA) 101–12 is also known as the *2012 Life Safety Code®*. The *Life Safety Code®* is a registered trademark of the NFPA, Quincy, MA.

† NFPA 99–12 is also known as the *2012 Health Care Facilities Code*.

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File Name: 10 02 Procedure Construction Project Plan

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

STEP	ACTION	✓	DATE COMPLETE	NA
	▪ Professional fees (including any specialists needed for project)			
	▪ Permit fees			
	▪ Escalation fees (estimated)			
	▪ Construction contingency (hard cost)			
	▪ Owner contingency (soft cost)			
	▪ Financing costs			
6.	**UPDATING THE PROJECT PLAN** AS A PROJECT TEAM, UPDATE THE FOLLOWING FOR THE PROJECT PLAN:			
	▪ Comprehensive schedule with project phasing plan			
	▪ Regulatory body review of the project plan			
	▪ Communications plan for the project (for both internal and external audiences)			
	▪ Project budget			
7.	**ENSURING REGULATORY COMPLIANCE** IDENTIFY AND ADDRESS MEETING ALL REGULATORY REQUIREMENTS FOR APPROVING AND CONSTRUCTING A HEALTH CARE FACILITY, INCLUDING THE FOLLOWING:			
	▪ Permits and reviews (such as, preliminary approval of the project, intermediate approval of plans and costs, final approval of plans, occupancy permitting)			
	▪ Certificate of Need (if required by your state)			
	▪ The Joint Commission or Joint Commission International accreditation			
8.	**DOCUMENTING THE PROJECT PLAN** IN A BOOK (PHYSICAL OR DIGITAL), SLIDES, OR OTHER FORMAT (THAT IS EASY TO USE, SHARE, AND STORE), DOCUMENT THE PROJECT PROCESS WITH THE FOLLOWING INFORMATION:			
	▪ Executive summary (highlights key goals, facts, issues, assumptions, facility needs, concepts, timelines/phases, and planning proposals for the project)			
	▪ Key steps for the project and related findings (reflecting all issues, resolutions, and decisions; may include work plans and schedules)			
	▪ Relevant drawings and models			
	▪ Commissioning activities			

NFPA, National Fire Protection Association; FFE, furniture, fixtures, and equipment.

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File Name: 10 03 Assessment Daily Construction Site Safety

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☐ OME

Daily Construction Site Safety Inspection Assessment Checklist

This checklist can be used daily to identify safety and security issues that may develop over the course of a construction, renovation, or demolition project.

Note: *Requirements for behavioral health care, home care, and office-based surgery settings may vary; consult your accreditation manual for more information.*

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section for any questions identified by an* **N** *for* **No** *response to identify the corrective actions necessary to be compliant, including the date the action is completed. Unless otherwise noted, this checklist is applicable to* **ambulatory health care**, **behavioral health care**, **critical access hospital**, **hospital**, **laboratory**, **nursing care center**, *and* **office-based surgery** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF INSPECTION: _____ INSPECTOR(S): _____

PROJECT NAME: _____ PROJECT LOCATION: _____

QUESTIONS	Y	N	NA	COMMENTS
EXITS				
Do all exits provide free and unobstructed egress?				
Do medical emergency response teams have free and unobstructed access to all areas adjacent to the construction project site?				
Do exit/entrance doors at the project site close and latch/lock?				
FIRE SAFETY				
Are fire alarm pull stations in operable condition?				
Is there a temporary or equivalent system installed if fire alarm pull stations are inoperable?				
Has the temporary fire alarm or suppression system been inspected monthly?				
Are all construction partitions airtight from ceiling to floor?				
Are ceiling tiles replaced at the end of the work shift?				
If required, are fire watch activities documented in accordance with the organization's policy?				

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File Name: 10 03 Assessment Daily Construction Site Safety

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☐ OME

Questions	Y	N	NA	Comments
Are all contractor fire extinguishers fully charged, tagged with current year, and inspected/initialed each month?				
Have hot work permits been issued for all hot work?				
Is the project site and the areas around it free of any smoking debris (for example, cigarette ends)?				
Are combustible/flammable liquids stored in flammable cabinets?				
Is there more than one set of oxygen/acetylene cylinders stored on the project site?				
Is all unnecessary electrical equipment turned off at the end of the work shift?				
Are contractors practicing appropriate storage and housekeeping to control combustible loading in the project site?				
Infection Control and Containment				
Is the HVAC system effectively utilizing negative pressure?				
Have you tested regularly for negative pressure?				
Has a negative air machine been added to the construction site?				
If a negative air machine has been added to the construction site, is it functioning properly and are the filters maintained according to the organization's policy?				
Are HVAC filters cleaned, maintained, and/or replaced as appropriate?				
Is an approved method being used to minimize dust?				
Are clean and dirty anterooms being used as intended?				
Are sources of return ventilation sealed?				

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File Name: 10 03 Assessment Daily Construction Site Safety

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☐ OME

Questions	Y	N	NA	Comments
Are carts covered when removing debris/trash from the project site?				
Is there any standing water in the project site?				
Is all cleaning outside of the project site done by an approved method?				
Access and Signage				
Are signs posted at the entrance of the project site to restrict unauthorized entry by staff and visitors?				
Are signs posted at and near the project site to direct staff and visitors around the work?				
Are appropriate warning signs posted in the project site?				
Do workers have an organization's or temporary ID badge to access the project site?				

HVAC, heating, ventilating, and air conditioning; ID, identification.

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File Name: 10 04 Assessment Decorations

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Decorations Assessment Checklist

This checklist includes questions to ask to assess the safety of holiday or celebration decorations. It can be used to determine whether decorations increase environmental risks.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate specific locations of noncompliant walls and any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **all** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

HOLIDAY OR CELEBRATION: _____

QUESTIONS	Y	N	NA	COMMENTS
MATERIALS				
Are all decorations artificial, such as wreaths, flowers, and other similar decorations?				
Are all decorations fire/flame retardant and properly labeled as such?				
Are all combustible decorations (paper cutouts, banners, posters) flame retardant and properly labeled as such?				
Are all flame-retardant combustible decorations re-treated with appropriate retardant every five years, with documented proof?				
Are you completely avoiding the use of open flame devices, such as candles?				
Are all electric candles battery operated?				
Are all decorations free of hazards related to choking or sharps injury (for example, from broken glass)?				
PLACEMENT				
Are flame-retardant combustible decorations occupying less than 10% of the wall surface?				
Are all decorations more than 2 feet away from all smoke detectors and fire suppression equipment?				
Are you completely avoiding the attachment of decorations to light fixtures, electrical equipment, electrical outlets, and circuit breaker panels?				

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File Name: 10 04 Assessment Decorations

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

QUESTIONS	Y	N	NA	COMMENTS
Are you completely avoiding the placement of decorations on fire and smoke doors?				
Are vision panels in fire and smoke doors unobstructed by decorations?				
Are all exits and exit signs unobstructed by decorations?				
Are all decorations placed to allow at least an 8-foot corridor clearance?				
Are all wall-mounted decorations/displays extending less than 4 inches from the wall?				
Are all decorations, including related electrical cords, placed to prevent any increase in the risk of tripping?				
Are all decorations placed on walls firmly secured to avoid falling or otherwise becoming a hazard?				
Are all decorations removed and stored/disposed of within five working days following the holiday or celebration?				

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Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 10 05 Assessment Door and Corridor Egress

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Door and Corridor Egress Assessment Checklist

This checklist includes questions to assess fire protection risks related to means of egress via doors and corridors. You can use it for Joint Commission compliance, referring to your accreditation manual for specific Environment of Care and Life Safety standards.*

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate specific locations of noncompliant walls and any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **all** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
GENERAL				
Are means of egress free of storage and other obstructions? [AHC, BHC, CAH, HAP, LAB, NCC, OBS, OME]				
Are means of egress clearly marked? [BHC FOR SOME SETTINGS, CAH, HAP]				
Are means of egress illuminated? [AHC, BHC, CAH, HAP, LAB, NCC, OBS, OME]				
DOORS				
Are doors unlocked? [BHC, CAH, HAP, LAB, NCC, OME (FOR INPATIENT SETTINGS)]				
If doors are locked, is it clinically necessary? [BHC, CAH, HAP, LAB, NCC, OME (FOR INPATIENT SETTINGS)]				
If it is clinically necessary, has it been approved by the local authority having jurisdiction? [BHC, CAH, HAP, LAB, NCC, OME (FOR INPATIENT SETTINGS)]				
If the lock uses a key, do staff carry a key at all times? [BHC, CAH, HAP, LAB, NCC, OME (FOR INPATIENT SETTINGS)]				

* *Means of egress*, a continuous and unobstructed way of travel from any point in a building or other structure to a public way consisting of three separate and distinct parts: the exit access, the exit, and the exit discharge. Means of egress include corridors, stairways, and doors that allow individuals to leave a building or to move between specific spaces in a building. They allow individuals to escape from fire and smoke and, therefore, are an integral part of a fire protection strategy.

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File Name: 10 05 Assessment Door and Corridor Egress

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

QUESTIONS	Y	N	NA	COMMENTS
Is the lock (hardware) installed in accordance with NFPA 101–12† requirements for the occupancy type? **[BHC, CAH, HAP, LAB, NCC, OME (FOR INPATIENT SETTINGS)]**				
Do exit doors swing in the direction of egress (from areas with occupancy of 50 or more)? **[BHC (SELECT SETTINGS), CAH, HAP, LAB, OME (FOR INPATIENT SETTINGS)]**				
Does each floor or compartment have two or more approved exits? **[BHC, CAH, HAP, LAB, NCC, OME (FOR INPATIENT SETTINGS)]**				
CORRIDORS				
Are exit corridor widths within limits for new and existing buildings? **[BHC, CAH, HAP, NCC, OME (FOR INPATIENT SETTINGS)]**				
Do wall projections extend less than 6 inches into the corridor? **[BHC, CAH, HAP, NCC, OME (FOR INPATIENT SETTINGS)]**				
Are dead-end corridors within limits? **[BHC, CAH, HAP, OME (FOR INPATIENT SETTINGS)]**				
Are all corridor doors designed to resist the passage of smoke and made of material that resists fire for no less than 20 minutes?				
Are all corridor doors without ventilating openings (with the exception of bathrooms and toilets and sink closets that don't contain flammable or combustible materials)?				

† National Fire Protection Association (NFPA) 101–12, is also known as the *2012 Life Safety Code®*. The *Life Safety Code®* is a registered trademark of the NFPA, Quincy, MA.

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DOWNLOAD CHECKLIST

Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 10 06 Assessment EC Rounds

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Environment of Care Rounds Assessment Checklist

This checklist includes questions to ask to assess a range of risks in the physical environment (also referred to as the environment of care [EC]). It can be used for regular rounds that supplement the annual environment of care risk assessment.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate specific locations of noncompliant walls and any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **all** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
SAFETY				
LIGHTING				
Is there adequate lighting indoors and outdoors?				
Are all lights working?				
HALLWAYS AND FLOORS/CARPETS				
Are hallways clear to allow safe and adequate space for walking?				
Are hallways clear to allow safe and adequate space for passage of carts, wheelchairs, and beds?				
Are floors/carpets clean, dry, and slip resistant?				
Are floors/carpets in good condition and free from tripping or falling hazards (bumps, tears, and so on)?				
Are wires and cables that extend across hallways secured to avid tripping hazards?				
Are "wet floor" signs in use?*				
WALLS AND CEILINGS*†				
Are walls and wall finishes in good condition and free from damage (such as holes or water)?				

* For home care settings, this is applicable to inpatient facilities only.
† These components are applicable only in settings that have the components. If an organization has a component listed, regardless of its occupancy type, then the component must be maintained.

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File Name: 10 06 Assessment EC Rounds

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

QUESTIONS	Y	N	NA	COMMENTS
Are all wiring/cables in walls and ceilings properly sealed and covered?				
Are all electrical boxes or outlet covers in walls or ceilings present and in good condition?				
Are all ceiling tiles in place?				
Are all ceiling tiles in good condition and free from damage (such as holes or water)?				
ELEVATORS*†				
Are elevator call buttons and lights working properly?				
Are elevator panels working properly?				
Are elevator floors clean and in good condition?				
Are elevator walls and ceilings clean and in good condition?				
WORKER SAFETY				
Based on the work performed, can staff explain techniques to prevent common worker injuries?				
NO-SMOKING POLICY*†				
Is there evidence of any violation of the no-smoking policy?				
IDENTIFICATION				
Are all employees wearing ID badges in plain view (or in accordance with organization policy)?				
Are all contracted workers, construction workers, and vendors wearing ID badges in plain view (or in accordance with organization policy)?				
ACCESS CONTROL*				
Has the organization conducted a risk assessment to determine if any areas are considered security sensitive?				
Are access control measures active in security-sensitive areas?				

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File Name: 10 06 Assessment EC Rounds

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Questions	Y	N	NA	Comments
Can staff explain what to do if they notice a person who doesn't belong in a security-sensitive area?				
Are locking mechanisms placed on doors compliant with NFPA 101–12,‡ Chapters 7 and 18 or 19?				
Worker Safety and Other Threats*				
Has the organization completed a workplace violence risk assessment?				
Does the organization have a workplace violence program?				
Are staff aware of how to report workplace violence incidents or near misses?				
Can staff explain their roles in protecting patients from workplace violence?				
Can staff explain how to protect themselves from workplace violence?				
Can staff explain security codes and/or protocols?				
Can staff explain how to get help in a security emergency?				
Medication [AHC, BHC, CAH, HAP, NCC, OBS, OME]				
Are medication rooms and carts locked, in accordance with organization policy?				
Are all patient rooms and support areas free of unattended medications?				
Fire Safety and Life Safety				
Means of Egress*†				
Are exit sign lights working?				
Are exits clearly and correctly marked?				

‡ National Fire Protection Association (NFPA) 101–12 is also known as the *2012 Life Safety Code®*. The *Life Safety Code®* is a registered trademark of the NFPA, Quincy, MA.

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File Name: 10 06 Assessment EC Rounds

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Questions	Y	N	NA	Comments
Are hallways clear of debris and equipment?				
Are all items left in hallways intended for use within 30 minutes?				
Doors*†				
Are doors free of being propped/held/wedged open?				
Are they clear to close (nothing obstructing)?				
Do they close properly?				
Do fire, corridor, and stairwell doors latch firmly?				
Do corridor doors leading into suites latch properly?				
Do self-closing devices function properly and allow the doors to self-close and latch upon release?				
Fire Extinguishers*†				
Are fire extinguishers clearly identified?				
Do fire extinguishers have current inspection tags?				
Are fire extinguisher safety seals in place?				
Do fire extinguishers have clear access, with nothing in the way?				
Fire Alarm Pull Stations*†				
Do fire alarm pull stations have clear access, with nothing in the way?				
Fire Hazards*				
Are windows and HVAC units free of linens?				

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File Name: 10 06 Assessment EC Rounds

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Questions	Y	N	NA	Comments
Are floors free of linens?				
Are items stored at least 18 inches below a sprinkler head?				
Are space heaters kept out of patient sleeping compartments?				
Do portable space heaters conform to applicable local and federal codes?				
Combustible Materials*†				
Are stored combustible materials exceeding 50 square feet stored in a room protected as a hazardous area?				
Hazardous Materials and Waste				
Hazardous Materials				
Are hazardous materials properly stored, depending on hazards (for example, flammable and corrosive)?				
Are they properly labeled in accordance with OSHA's Hazard Communication regulation?				
Are staff using correct procedures for disposal of hazardous materials?				
Is there a current inventory of hazardous materials and waste?				
Are spill kits available, and do staff now how to use them?				
Is proper PPE available that is compatible with the chemicals used?				
Are eyewash stations available in areas where staff may be exposed to corrosive or caustic materials?				
Safety Data Sheet(s) (SDS)				
Can staff explain how to find an SDS?				
Can staff describe the information contained in an SDS?				

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File Name: 10 06 Assessment EC Rounds

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Questions	Y	N	NA	Comments
Have staff been briefed on the "Right to Know" or GHS requirement regarding chemicals used on the job, in accordance with OSHA?				
Medical Waste				
Is medical waste placed into a container that is either red in color or labeled with a biohazard symbol?				
Is medical waste properly stored and disposed of?				
Is medical waste properly separated and segregated?				
Medical/Laboratory Equipment				
Inspection Status [AHC, BHC, CAH, HAP, NCC, OBS, OME]				
Are all inspection tags current?				
Can staff explain how to tell if the equipment inspection is current?				
Can staff explain how to label and sequester broken equipment?				
Equipment Cleaning and Storage				
Is equipment clean and stored properly?				
Can staff recognize clean and dirty equipment and supplies (including linens) by storage methods?				
Can staff recognize full and empty oxygen tanks by storage methods?				
Competency in Use				
Can staff adequately explain the use of all department equipment?				
Are there any programs in place to reduce the number of alarms?				
Utilities				
Electrical Systems*†				
Are emergency power electrical outlets clearly marked with red covers or otherwise distinct covers?				

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File Name: 10 06 Assessment EC Rounds

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

QUESTIONS	Y	N	NA	COMMENTS
Are the red outlets being used for critical equipment?				
Are electrical panels clear and unobstructed for easy access during an emergency?				
MEDICAL GAS ZONE VALVES*† **[AHC, BHC, CAH, HAP, NCC, OBS, OME]**				
Are valves marked with identity and locations served?				
Is the valve box accessible, with nothing in the way?				
Do staff know who is allowed to shut off the zone valves?				

ID, identification; HVAC, heating, ventilating, and air conditioning; OSHA, US Occupational Safety and Health Administration; PPE, personal protective equipment; SDS, safety data sheet; GHS, Globally Harmonized Systems.

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DOWNLOAD CHECKLIST

Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 10 07 Evaluation Environment Safety Manage Plan

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☐ OBS ☐ OME

Environment of Care Safety Management Plan Evaluation Checklist

This checklist includes elements that should be part of any effective management plan for the physical environment—the environment of care (EC). You can use it to determine the quality and completeness of your organization's EC plans.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **ambulatory health care**, **behavioral health care**, **critical access hospital**, **hospital**, **nursing care center**, **office-based surgery**, *and* **home care** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

EC PLAN: _____ DATE PLAN CREATED/VERSION#: _____

QUESTIONS	Y	N	NA	COMMENTS
Does the organization's EC safety management plan include objectives that discuss the purpose of the plan and goals for the EC area(s)?				
Does it include a list or description of all the organization's sites covered by the plan (the scope)?				
Does it describe how the organization will measure the performance of the plan in reducing risk and keeping patients, visitors, and staff safe?				
Does it briefly describe how each EP for each Joint Commission EC standard in the EC area will be met?				
Does it include information on general and/or specific responsibilities of individuals and groups for compliance and other activities?				
Does it include notations regarding time frames for performing specific compliance activities?				
Does it summarize how to respond to specific emergency situations?				
Does it describe the organization's approach to inspection, testing, and maintenance, in accordance with the respective standards?				
Does it reference the organization's relevant policies and procedures, and are these up to date?				
Does it reference critical related information, such as municipal codes?				
Does it explain how risk assessments will be used in risk management of the EC area(s)?				

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File Name: 10 07 Evaluation Environment Safety Manage Plan

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☐ OBS ☐ OME

QUESTIONS	Y	N	NA	COMMENTS
Does it explain how staff (including contract staff) will be oriented and trained?				
Does it describe how annual evaluation of the plan will be conducted and approved, and by whom?				

EC, environment of care; EP, element of performance.

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DOWNLOAD CHECKLIST

Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 10 08 Assessment Environmental Hand Hygiene

APPLICABLE PROGRAM(S)
☒ AHC ☐ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Environmental Hand Hygiene Assessment Checklist

This checklist includes questions to ask to determine the risks associated with environmental hand hygiene equipment and practices. You can use it to decide if changes need to be made.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate specific locations of noncompliant walls and any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **ambulatory health care**, **critical access hospital**, **hospital**, **laboratory**, **nursing care center**, **office-based surgery**, *and* **home care** *program settings.*

Note: *For home care program settings, this checklist is appropriate for use in a licensed health care facility, such as an inpatient hospice. However, some activities may be completed in a home setting.*

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

QUESTIONS	Y	N	NA	COMMENTS
POLICY AND PROCEDURE				
Does the organization's hand hygiene program include goals for improving compliance, monitoring of success or failure, and steady improvement of results?				
FACILITIES NUMBER AND PLACEMENT				
Are hand hygiene facilities adequate in number?				
Does the placement encourage their use?				
Are dispensers for alcohol-based hand rubs placed at or near the entrances to appropriate patient rooms and other rooms, as well as in patient rooms?				
Are dispensers and boxes of clean disposable gloves of various sizes placed near points of care?				
Does the placement of the dispensers conform to applicable local and federal codes?				
FACILITIES TESTING AND MAINTENANCE				
Are the dispensers properly maintained?				
Is responsibility for maintenance clear to everyone?				
Is the volume of alcohol-based hand rub equal to or less than restrictions set by fire code and the local authority having jurisdiction?				

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File Name: 10 08 Assessment Environmental Hand Hygiene

Applicable Program(s)
☒ AHC ☐ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Questions	Y	N	NA	Comments
Staff Monitoring and Training				
Do all staff (including environmental services and facilities staff) know correct hand hygiene techniques?				
Does the organization do regular monitoring to ensure that all staff always use correct techniques?				
Does it do regular education and training to overcome barriers to hand hygiene practice?				
Do all staff know how to put on, take off, and use personal protective equipment for hand hygiene?				
Does the organization's culture encourage staff to monitor each other for any nonadherence?				

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DOWNLOAD CHECKLIST

Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 10 09 Assessment Environmental Risks for Suicide

APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

Environmental Risks for Suicide Assessment Checklist

This checklist includes questions to ask to assess environmental risks for suicide in nonbehavioral health units and emergency rooms as well as inpatient behavioral units. It can be used as a daily check or as a periodic check to see if changes need to be made.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **critical access hospital** *and* **hospital** *program settings.*

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

Nonbehavioral Health Units and Emergency Rooms and Inpatient Behavioral Units*

QUESTIONS	Y	N	NA	COMMENTS
GENERAL FACILITY SAFETY				
Is any assessment for environmental risks for suicide conducted as a partnership between clinical and facilities staff?				
Are plastic trash can liners absent in every space accessible to patients?				
Are all doors to all service and supply rooms locked when staff members are not physically present?				
Are all chemicals, including alcohol-based hand rub, kept under direct staff observation or within a locked room or area inaccessible by patients?				
Are telephones located in corridors or common spaces for patient use securely wall-mounted and do they have a nonremovable shielded cord (maximum length 14 inches)?				
Are disposable medium-weight bendable plastic cutlery used—and accounted for after meals so that patients cannot take it and use it to harm themselves or others?				
Are only tamperproof screws used in patient care areas?				
CEILINGS, WALLS, WINDOWS, AND DOORS				
In patient rooms, bathrooms, and corridor spaces that are not visible, are the ceilings and walls solid and resistant to ligature attachment?				
In common patient care areas where there are ligature risks and drop ceilings, are those areas behind self-closing and self-locking doors with staff present at all times when patients are in the space?				

* Some items may not apply to nonbehavioral health inpatient units; the organization should make that determination.

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File Name: 10 09 Assessment Environmental Risks for Suicide

Applicable Program(s)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

Questions	Y	N	NA	Comments
Are all air vent covers or grills designed to resist ligature attachment and secured with tamper-resistant fasteners?				
Are window frames and sills designed to resist ligature attachment?				
If an outside window is operable, is it limited to no more than a 4- to 6-inch opening?				
Is window glass made of shatterproof material?				
Are doors, door hinges, handles, and locks designed to resist ligature attachment?				
Lighting and Electrical Devices and Circuitry				
Is glass in lighting fixtures shatterproof?				
Are light fixtures tamper-resistant and designed to resist ligature attachment?				
Are all electrical device cover plates secured with tamper-resistant fasteners?				
Are all electrical outlets on a GFCI and are tamper resistant?				
Are outlet covers nonconductive?				
Are electrical power cords on adjustable beds secured or replaced with removable cords?				
Are power cords to TVs and other electrical devices secured?				
Patient Rooms and Bathrooms				
If electrically operable beds are used due to medical necessity, do they have reduced-length cords and other tamper-resistant features, and are they free of possible ligature attachments?				
If electrically operable beds are used due to medical necessity, are the beds listed on the environmental risk assessment?				
Are closets designed safely, with hangers and poles removed, and coat hooks removed or designed to resist ligature attachment?				

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File Name: 10 09 Assessment Environmental Risks for Suicide

Applicable Program(s)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

Questions	Y	N	NA	Comments
Are cubicle curtain tracks removed?				
If pull cords on nurse call or emergency call switches are provided, are they lightweight and no longer than 4 inches?				
Are mirrors and wall decorations made of shatterproof material?				
Are mirrors and wall decorations designed to resist ligature attachment and mounted in a tamper-resistant manner?				
If soap or hand hygiene product dispensers are wall-mounted, are they tamper resistant and designed to resist ligature attachment?				
Are grab bars and towel bars in patient bathrooms removed or designed to resist ligature attachment?				
Are toilets (including tanks and plumbing fixtures) tamper resistant and designed to resist ligature attachment?				
Are sinks (including faucets, valves, and plumbing fixtures) tamper resistant and designed to resist ligature attachment?				
Are showers (including faucets and plumbing fixtures) tamper resistant and designed to resist ligature attachment?				
Are mounting brackets for TVs removed (to prevent use as a ligature point)?				
Are any cork bulletin boards with thumbtacks replaced with dry-erase boards?				

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File Name: 10 09 Assessment Environmental Risks for Suicide

Applicable Program(s)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

Inpatient Behavioral Units Only

Questions	Y	N	NA	Comments
Entrances and Exits				
Are entrances and exits to the unit within the line of sight of a nursing station?				
Are nursing stations secured from unauthorized entry? **Note:** *Walls around nursing stations should be substantial (not modular office furniture) and fixed in place. Doors should be capable of being locked. Counters should be tall and wide, if open above, to prevent patients from climbing over. Objects in the nursing station should be out of patients' reach.*				
Do staff members take appropriate actions when individuals are entering or exiting the unit, in an effort to prevent unauthorized individuals from entering—and patients from exiting—the unit?				
Does each staff and medical staff member present on the unit have a key on his or her person at all times?				
Can each staff and medical staff member rapidly unlock the egress doors in the event of an emergency?				
Panic Alarm and Response to an Event				
Can staff members clearly describe the location of the panic button or alarm and the process for activating it?				
In the records for panic alarm testing, is the testing documented at the frequencies defined in the security management plan or policy?				
Do all staff—including nonclinical staff—know the response process to follow in case of a suicide?				
Are staff educated on the location and use of emergency equipment for suicide response?				
Fire Safety and Emergency Evacuation				
Do the fire sprinklers have institutional heads that provide very little opportunity for attachment?				
Are the fire extinguishers and fire pull stations locked or secured to prevent unauthorized access?				

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File Name: 10 09 Assessment Environmental Risks for Suicide

APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

QUESTIONS	Y	N	NA	COMMENTS
Does each staff member have a key on his or her person at all times with which he or she can rapidly unlock the fire extinguishers and the fire pull stations?				
When asked to describe or demonstrate actions to take in the event of a fire, can each staff member queried clearly describe the appropriate actions, in accordance with the organization's fire response plan?				
When asked to describe the response in the event of an emergency requiring evacuation, can each staff and medical staff member clearly describe required actions, per the Emergency Operations Plan?				
CIRCUIT BREAKERS AND SHUTOFF VALVES				
Are electrical circuit breakers, water shutoff valves, and medical gas shutoff valves locked?				
Do staff members have access to a key or device to unlock and access electrical circuit breakers, water shutoff valves, and medical gas shutoff valves in the event of an emergency?				
SECLUSION ROOMS				
Are seclusion rooms free of blind spots in which staff cannot see patients without entering the room?				
Are seclusion rooms free of potential hazards to patients, including all those previously cited, plus the following?				
▪ Furniture is secured and free of separate pieces or parts.				
▪ The room is free of decorations.				

GFCI, ground fault circuit interrupter.

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Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 10 10 Assessment Environmental Work Violence Risks

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Environmental Risks for Workplace Violence Assessment Checklist

This checklist can be used to assess environmental risks for workplace violence in a health care organization.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate specific locations of noncompliant walls and any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **all** *program settings.*

Organization: _____ **Department/Unit:** _____

Date of Review: _____ **Reviewer(s):** _____

Questions	Y	N	NA	Comments
General Approach				
Are safety and security issues specifically considered in the early stages of facility design, construction, and renovation?				
Has the organization acted on risks identified in its workplace violence security analysis?				
Does the organization have a process in place to monitor, analyze, and trend workplace violence incidents?				
Neighborhood				
Are neighborhood crime patterns evaluated for their potential impact on the safety of the facility?				
Do workers feel safe walking to and from the workplace?				
Public Access				
Are entrances visible to security personnel?				
Are entrances well-lit and free of hiding places?				
Is there adequate security in parking or public transit waiting areas?				
Is public access to the building controlled?				
Is effectiveness of public access control evaluated as risk factors inside or outside of the facility evolve and/or change?				
Are any exit doors designed to be opened only from the inside to prevent unauthorized entry?				

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File Name: 10 10 Assessment Environmental Work Violence Risks

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Questions	Y	N	NA	Comments
Are lockable and secure bathrooms that are separate from patient/client and visitor facilities available for staff members?				
General Safety Features				
Does the organization have good lighting in accordance with IESNA standards?				
Are fire exits and escape routes clearly marked?				
Response Space and Equipment				
Is there an internal phone system to activate emergency assistance?				
Have alarm systems or panic buttons been installed in high-risk areas and tested regularly?				
Are designated "safe rooms" available for staff use during emergencies?				
High-Risk Areas				
Have high-risk areas within the facility been identified?				
Given any history of violence at the facility, is a metal detector appropriate in some entry areas?				
Given any history of violence at the facility, is closed-circuit TV appropriate in high-risk areas?				
Patient and Work Areas				
Are reception and work areas designed to prevent unauthorized entry?				
Do reception and work areas provide staff good visibility of patients and visitors?				
If not, are there other provisions such as security cameras or mirrors?				
Are patient or client areas designed to minimize stress, including minimizing noise and crowding?				
Patient Rooms				
When permissible, are door locks in patient rooms appropriate? Can they be opened during an emergency?				

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Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Questions	Y	N	NA	Comments
When applicable, do counseling or patient care rooms have two exits?				
Is furniture arranged in counseling or patient care rooms to prevent employees from becoming trapped?				
Secure Storage				
Are drugs adequately secured?				
Are equipment and supplies adequately secured?				
Is there a secure place for employees to store their personal belongings?				

IESNA, Illuminating Engineering Society of North America.

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File Name: 10 11 Assessment Fire and Building Safety

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☐ OME

Fire Safety and Building Feature Maintenance Assessment Checklist

This checklist can be used to help your organization determine whether all fire safety equipment and building features are being maintained. For program-specific requirements, see Standard EC.02.03.05 and its elements of performance (EPs) in your **Comprehensive Accreditation Manual** *or on* **E-dition®**, *which is accessible on your organization's secure* Joint Commission Connect™ *extranet site.*

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **ambulatory health care**, **behavioral health care**, **critical access hospital**, **hospital**, **laboratory**, **nursing care center**, *and* **office-based surgery center** *program settings.*

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

QUESTIONS	Y	N	NA	COMMENTS
Does the organization have a complete inventory of all fire protection and utility systems components to be tested?				
Does the organization have a mechanism to confirm that all the appropriate fire protection and utility systems components have been tested and that none have been overlooked?				
Does the organization have a mechanism to ensure that the testing occurs in the required time frame and that the testing and results are documented in accordance with requirements?				
Does the organization have a method to make sure that service personnel are qualified and experienced in inspection, testing, and maintenance activities?				
Does the organization generate a deficiency report from any testing?				
Does the organization document any corrective actions to be taken, based on the report?				
Does the organization have a time line for these corrective actions?				
If repairs are made, does the organization have and consistently follow a protocol for documenting the "who," "what," "where," and "when" of the repairs?				
When corrective actions or repairs are made, does the organization have a process to make sure the devices are retested and the results are documented?				

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File Name: 10 11 Assessment Fire and Building Safety

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☐ OME

QUESTIONS	Y	N	NA	COMMENTS
Does the organization maintain documented testing results from repaired fire protection and utility systems?				
If deficiencies are discovered and cannot be immediately corrected, does the organization have a protocol to ensure that interim life safety measures are assessed and implemented if required?				
Does the organization have a mechanism to make sure that staff have proper audibility in high-noise areas?				

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Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 10 12 Assessment Latch-and-Label Door

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☐ OBS ☐ OME

Latch-and-Label Door Assessment Checklist

This checklist includes questions to assess latches and labels related to fire protection with doors and corridors. You can use it as part of regular compliance activities. For specific requirements, refer to the Life Safety (LS) standards in your **Comprehensive Accreditation Manual** *or on* **E-dition®**, *which is accessible on your organization's secure* Joint Commission Connect® *extranet site.*

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate specific locations of noncompliant walls and any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **ambulatory health care**, **behavioral health care**, **critical access hospital**, **hospital**, *and* **nursing care center** *program settings.*

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

QUESTIONS	Y	N	NA	COMMENTS
FIRE BARRIER DOORS* (FIRE-RATED DOORS)				
Does every fire barrier door include a label on the jamb and door (one that indicates the fire rating for the door and the jamb as a fire door assembly)?				
Are all fire barrier doors self-closing or automatic-closing?				
Do all fire barrier doors have a release latch when closed?				
In every case, if two fire barrier doors meet, is the gap between the meeting edges less than or equal to ⅛ inch?				
SMOKE BARRIER DOORS*				
Are all smoke barrier doors functioning self-closing doors or fitted with a functioning automatic-closing device?				
In every case, if two smoke barrier doors meet, is the gap between the meeting edges less than or equal to ⅛ inch?				
CORRIDOR DOORS* (PATIENT-ROOM DOORS) [BHC, CAH, HAP, NCC]				
Do all corridor doors latch when closed?				

* Check your *Comprehensive Accreditation Manual* or E-dition, which is accessible on your organization's secure *Joint Commission Connect* extranet site, to determine which behavioral health care settings are applicable.

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Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Required Environment of Care Documentation Checklist

This checklist itemizes documentation in the Joint Commission Environment of Care (EC) standards that your organization is required to maintain and have available during your accreditation survey. You can use it to guide your documentation as well as to check that all the required documentation is in your survey binder. Program settings are listed with each topic and are applicable to the listed settings unless otherwise noted.

Organization: _____ **Department/Unit:** _____

Date of Review: _____ **Reviewer(s):** _____

Safety and Security

Applicable Program(s): AHC, BHC, CAH, HAP, LAB, NCC, or as Indicated

✓	NA	
☐	☐	Written plan for environmental safety of everyone who enters the facility
☐	☐	Written plan for managing security of everyone who enters the facility **[AHC, BHC, CAH, HAP, LAB]**
☐	☐	Written procedures to follow in the event of a security incident and/or infant and pediatric abduction **[CAH, HAP]**
☐	☐	Written procedures to follow in the event of a patient or resident elopement **[NCC]**

Smoking

Applicable Program(s): BHC, CAH, HAP, NCC, or as Indicated

✓	NA	
☐	☐	Written policy prohibiting smoking
☐	☐	Written criteria in which some individuals may smoke **[BHC, NCC]**

Foster Care

Applicable Program(s): BHC

✓	NA	
☐	☐	Defined criteria for assessing safety of a foster care family's physical environment
☐	☐	Periodic reassessment of safety of a foster care family's physical environment

Hazardous Materials and Waste

Applicable Program(s): AHC, CAH, HAP, LAB, NCC, OBS, OME, or as Indicated

✓	NA	
☐	☐	Written plan for managing hazardous materials and waste **[AHC, CAH, HAP, LAB]**
☐	☐	Inventory of hazardous materials and waste **[AHC, CAH, HAP, LAB, NCC, OME]**

Hazardous Materials and Waste

Applicable Program(s): AHC, CAH, HAP, LAB, NCC, OBS, OME, or as Indicated

✓	NA	
☐	☐	Written procedures to follow in response to hazardous materials or waste spill or exposure **[AHC, CAH, HAP, LAB, NCC, OME]**
☐	☐	Permits, licenses, manifests, and safety data sheets as required by law and regulation
☐	☐	Checks of radiology staff for radiation exposure and amounts of exposure **[AHC]**

Fire Safety

Applicable Program(s): All Programs or as Indicated

✓	NA	
☐	☐	Written plan for fire safety **[AHC, BHC, CAH, HAP, LAB, NCC]**
☐	☐	Written fire response plan **[AHC, BHC, CAH, HAP, LAB, OBS]**
☐	☐	Critique of fire drills to evaluate fire safety equipment, building features, and staff response **[CAH, HAP, LAB, NCC, OME]**
☐	☐	Test dates of supervisory signal devices **[AHC, BHC, CAH, HAP, NCC, OBS, OME]**
☐	☐	Test dates of valve tamper switches and water-flow devices **[AHC, BHC, CAH, HAP, NCC, OBS, OME]**
☐	☐	Test dates of duct detectors, electromechanical releasing devices, heat detectors, manual fire alarm boxes, smoke detectors **[AHC, BHC, CAH, HAP, OBS, OME]**
☐	☐	Test dates of visual and audible fire alarms **[AHC, BHC, CAH, HAP, OBS, OME]**
☐	☐	Test dates of fire alarm equipment for notifying first responders **[AHC, BHC, CAH, HAP, NCC, OBS, OME]**
☐	☐	Test dates of fire pumps under no-flow conditions **[AHC, BHC, CAH, HAP, NCC, OBS, OME]**

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APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

FIRE SAFETY

APPLICABLE PROGRAM(S): ALL PROGRAMS OR AS INDICATED

✓	NA	
☐	☐	Test dates of water storage tank high- and low-level alarms for automatic sprinkler systems **[AHC, BHC, CAH, HAP, OBS, OME]**
☐	☐	Test dates of water storage tank temperature alarms for automatic sprinkler systems **[AHC, BHC, CAH, HAP, OBS, OME]**
☐	☐	Test dates of main drains at system low point or all system risers for automatic sprinkler systems **[AHC, BHC, CAH, HAP, OBS, OME]**
☐	☐	Test dates of fire department water supply connections for automatic sprinkler systems **[AHC, BHC, CAH, HAP, OBS, OME]**
☐	☐	Test dates of fire pumps under flow **[AHC, BHC, CAH, HAP, OME]**
☐	☐	Test dates for standpipe systems water flow **[AHC, BHC, CAH, HAP, OME]**
☐	☐	Test dates of automatic fire-extinguishing systems in kitchens **[BHC, CAH, HAP, NCC, OME]**
☐	☐	Test dates of carbon dioxide and other gaseous automatic fire-extinguishing systems **[AHC, BHC, CAH, HAP, OME]**
☐	☐	Inspection dates of portable fire extinguishers
☐	☐	Maintenance dates of portable fire extinguishers
☐	☐	Test dates of standpipe occupant hoses **[AHC, BHC, CAH, HAP, OME]**
☐	☐	Test dates of fire and smoke dampers **[AHC, BHC, CAH, HAP, OBS, OME]**
☐	☐	Test dates of automatic smoke-detection shutdown devices for air-handling equipment **[AHC, BHC, CAH, HAP, OBS, OME]**
☐	☐	Test dates of sliding and rolling fire doors **[AHC, BHC, CAH, HAP, OME]**
☐	☐	Test dates of fire door assemblies **[AHC, BHC, CAH, HAP]**
☐	☐	Fire fighters recall of elevators **[AHC, BHC, CAH, HAP]**
☐	☐	Test dates of fire alarm and fire detection systems **[LAB]**
☐	☐	Preventive maintenance dates of fire alarm and fire detection system components **[LAB]**
☐	☐	Test dates of automatic fire extinguishing systems **[LAB]**

FIRE SAFETY

APPLICABLE PROGRAM(S): ALL PROGRAMS OR AS INDICATED

✓	NA	
☐	☐	Maintenance, testing, and inspection activities for fire alarm and water-based fire protection systems, including **[CAH, HAP]**:
	☐ ☐	Name of the activity
	☐ ☐	Date of the activity
	☐ ☐	Required frequency of the activity
☐	☐	Test dates for the following **[OME]**:
	☐ ☐	Manual pull stations
	☐ ☐	Smoke detectors
	☐ ☐	Visual and audible fire alarms

MEDICAL EQUIPMENT

APPLICABLE PROGRAM(S): ALL PROGRAMS OR AS INDICATED

✓	NA	
☐	☐	Written plan for managing medical equipment **[AHC, CAH, HAP, LAB]**
☐	☐	Inventory of medical equipment **[AHC, CAH, HAP, LAB]**
☐	☐	Identification of high-risk medical equipment on inventory **[CAH, HAP]**
☐	☐	Activities and frequencies for inspecting, testing, and maintaining laboratory equipment **[LAB]**
☐	☐	Activities and frequencies for inspecting, testing, and maintaining medical equipment on the inventory **[NCC]**
☐	☐	Activities and frequencies for inspecting, testing, and maintaining medical equipment on inventory **[CAH, HAP, NCC]**
☐	☐	Activities and frequencies for inspecting, testing, and maintaining the following items according to manufacturers' recommendations **[CAH, HAP]**:
	☐ ☐	Equipment subject to federal or state law, or Medicare Conditions of Participation, in which inspecting, testing, and maintaining must be in accordance with the manufacturers' recommendations or otherwise more stringent maintenance requirements
	☐ ☐	Medical laser devices
	☐ ☐	Imaging and radiologic equipment (whether diagnostic or therapeutic)

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Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Medical Equipment

Applicable Program(s): All Programs or as Indicated

✓ NA

- ☐ ☐ New medical equipment with insufficient maintenance history to support use of alternative maintenance strategies
- ☐ ☐ Written procedures to follow when medical equipment fails **[AHC, BHC, CAH, NCC]**
- ☐ ☐ Written criteria to support the determination of whether it is safe to permit medical equipment to be maintained in an alternate manner **[CAH, HAP]**
- ☐ ☐ Identification of equipment in inventory that is included in an alternative maintenance program **[CAH, HAP]**
- ☐ ☐ Inspection, tests, and maintenance of all high-risk equipment **[AHC, CAH, HAP, NCC, OBS]**
- ☐ ☐ Inspection, tests, and maintenance of all non–high-risk equipment **[AHC, CAH, HAP]**
- ☐ ☐ Inspection, tests, and maintenance of all medical equipment **[BHC]**
- ☐ ☐ Inspection, tests, and maintenance of all non–life-support equipment **[NCC]**
- ☐ ☐ Performance testing and maintenance of all sterilizers **[AHC, CAH, HAP, LAB, OBS]**
- ☐ ☐ Equipment maintenance and chemical and biological testing of water used in hemodialysis **[AHC, CAH, HAP, OBS]**
- ☐ ☐ Major repairs and parts replacement for each instrument or piece of equipment **[LAB]**
- ☐ ☐ Preventive maintenance, periodic inspection, and performance testing of each instrument or piece of equipment **[LAB]**
- ☐ ☐ Evaluation of measuring equipment and instruments for all critical operating characteristics **[LAB]**
- ☐ ☐ Evaluation of automated volumetric equipment **[LAB]**
- ☐ ☐ Temperature of temperature-controlled spaces and equipment **[LAB]**

Medical Equipment

Applicable Program(s): All Programs or as Indicated

✓ NA

- ☐ ☐ Retention of all daily, weekly, monthly, quarterly, or semiannual performance testing and function checks for at least two years **[LAB]**
- ☐ ☐ Inspection, testing, and calibration of nuclear medicine equipment **[HAP, LAB]**
- ☐ ☐ Evaluation of the accuracy of analytical balances using ANSI/ASTM Class standard weights **[LAB]**
- ☐ ☐ Measurement of radiation dose produced by each diagnostic CT imaging system for the adult brain, adult abdomen, pediatric brain, and pediatric abdomen by a qualified medical physicist **[AHC, CAH, HAP]**
- ☐ ☐ Verification by a qualified medical physicist that the radiation dose produced and measured for each protocol is tested within 20% of the CTDIvol displayed on the CT console **[AHC, CAH, HAP]**
  - ☐ ☐ Documentation of the dates, results, and verifications of these measurements **[AHC, CAH, HAP]**
- ☐ ☐ Performance evaluation of all CT imaging equipment by a diagnostic medical physicist **[AHC, CAH, HAP]**
- ☐ ☐ Performance evaluation of all MRI equipment by a diagnostic medical physicist or MRI scientist **[AHC, CAH, HAP]**
- ☐ ☐ Performance evaluation of all nuclear medicine imaging equipment by a diagnostic medical physicist or nuclear medicine physicist **[AHC, CAH, HAP]**
- ☐ ☐ Performance evaluation of all PET by a diagnostic medical physicist **[AHC, CAH, HAP]**
- ☐ ☐ Written procedures for flow cytometry that address instrument performance **[LAB]**
- ☐ ☐ Records of the flow cytometry instrument performance **[LAB]**

CT, computed tomography; CTDIvol, volume computed tomography dose index; MRI, magnetic resonance imaging; PET, positron emission tomography.

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APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

UTILITIES

APPLICABLE PROGRAM(S): ALL PROGRAMS OR AS INDICATED

✓ NA

☐ ☐ Written plan for managing utility systems
[AHC, BHC, CAH, HAP, LAB, NCC]

☐ ☐ Written inventory of all operating components of utility systems
[CAH, HAP, LAB]

☐ ☐ Identification of high-risk operating components of utility systems
[CAH, HAP]

☐ ☐ Identification of in writing of the activities for inspecting, testing, and maintaining all operating components of utility systems on the inventory
[AHC, HAP, LAB, NCC, OME]

☐ ☐ Activities and frequencies for inspecting, testing, and maintaining all operating components of the utility systems in the inventory
[CAH, HAP]

☐ ☐ Identification of intervals/time periods for inspecting, testing, and maintaining all operating components of the utility systems on the inventory
[LAB, OME]

☐ ☐ Identification of the frequencies for inspecting, testing, and maintaining all operating components of the utility systems on the inventory
[NCC]

☐ ☐ Activities and frequencies for inspecting, testing, and maintaining the following items according to the manufacturers' recommendations **[CAH, HAP]**:

- ☐ ☐ Equipment subject to federal or state law, or Medicare Conditions of Participation, in which inspecting, testing, and maintaining must be in accordance with the manufacturers' recommendations, or otherwise establishes more-stringent maintenance requirements
- ☐ ☐ New medical equipment with insufficient maintenance history to support use of alternative maintenance strategies

☐ ☐ Written criteria to support the determination of whether it is safe to permit operating components of utility systems to be maintained in an alternate manner
[CAH, HAP]

☐ ☐ Mapping of the distribution of utility systems
[AHC, CAH, HAP, LAB, NCC, OBS]

UTILITIES

APPLICABLE PROGRAM(S): ALL PROGRAMS OR AS INDICATED

✓ NA

☐ ☐ Identification of the operating components of utility systems on the facility's inventory that are included in an alternative maintenance program
[CAH, HAP]

☐ ☐ Written procedures for responding to utility system disruptions
[AHC, BHC, CAH, HAP, LAB, NCC]

☐ ☐ Maps of the distribution of utility systems
[HAP]

☐ ☐ Risk assessment for wet locations
[HAP]

☐ ☐ Policy for emergency backup of essential refrigeration for medications
[HAP]

☐ ☐ Tests of utility components before use
[HAP]

☐ ☐ High-risk utility components in the inventory
[HAP]

☐ ☐ Infection control utility system components in the inventory
[HAP]

☐ ☐ Non–high-risk components on the inventory
[HAP]

☐ ☐ LIMs
[HAP]

☐ ☐ Date of (at least) monthly functional tests of battery-powered lights required for egress for 30 seconds

☐ ☐ Dates of functional tests of battery-powered lights required for egress for 1½ hours every 12 months
[AHC]

☐ ☐ Dates of functional tests of battery-powered lights required for egress for 1½ hours every 12 months, or date of replacement batteries every 12 months and, during replacement, a random test of 10% of all batteries for 1½ hours
[BHC, CAH, HAP, LAB, NCC, OBS, OME]

☐ ☐ Dates of functional tests of SEPSSs for 5 minutes or as specified for its class

☐ ☐ Weekly EPSS inspections
[HAP]

☐ ☐ Monthly dates of tests of emergency generators
[AHC, CAH, HAP, NCC, OBS]

☐ ☐ Monthly test of ATS
[HAP]

☐ ☐ Annual fuel test
[HAP]

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APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

UTILITIES

APPLICABLE PROGRAM(S): ALL PROGRAMS OR AS INDICATED

✓	NA	
☐	☐	4-hour generator test conducted every three years [HAP]
☐	☐	Tests of all piped medical gas and vacuum systems [AHC, ONLY WHEN USING JOINT COMMISSION DEEMED STATUS OPTION]
☐	☐	Inspections, tests, and maintenance of critical components of the piped medical gas systems [CAH, HAP, NCC]

UTILITIES

APPLICABLE PROGRAM(S): ALL PROGRAMS OR AS INDICATED

✓	NA	
☐	☐	Completion dates of tests of piped medical gas and vacuum systems for purity, correct gas, and proper pressure when these systems are modified, installed, or repaired [AHC, CAH, HAP, NCC]
☐	☐	Annual evaluation of management plans [HAP]

LIM, line isolation monitor; SEPSS, stored emergency power supply system; EPSS, emergency power supply system; ATS, automatic transfer switch.

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File Name: 10 14 Evaluation Smoke-Free Policy

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Smoke-Free Policy Development Evaluation Checklist

This checklist can be used to evaluate your organization's smoke-free policy from development through implementation. Use this checklist to determine the effectiveness of your policy and to ensure all aspects of development have been considered.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **all** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
ANNOUNCEMENT OF INTENT				
Has senior management announced a commitment to creating a smoke-free policy?				
Has an announcement of intent been communicated to employees?				
POLICY INTEGRATION DECISION				
Does the organization plan to integrate the smoke-free policy into the overall health and wellness planning, including the wellness incentives the organization offers to employees?				
CREATION OF A POLICY TEAM				
Has the organization created an executive task force and committee to create the policy and plan implementation?				
Does the team include smokers, nonsmokers, and former smokers, as well as members of senior management, human resources, and security?				
Has the team solicited input from neighbors and the local community?				
TASK FORCE WORK				
Has the task force researched other smoke-free health care organizations to explore their legal issues, existing smoking policies, facilities, and budgets?				
Has the task force developed a time line for rolling out the smoke-free policy and related programs?				
Has the task force considered how to deal with smoking visitors?				
Does the policy address all smoking types—tobacco, electronic, or other?				

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Applicable Program(s)
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☒ LAB ☒ NCC ☒ OBS ☒ OME

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File Name: 10 14 Evaluation Smoke-Free Policy

Questions	Y	N	NA	Comments
Community Collaboration				
Has the organization considered joining forces with other organizations in the community to garner heightened media attention and to ask for assistance in reducing tobacco use?				
Education				
Does the smoke-free policy explain how to educate employees, patients, and visitors about the policy, including education about electronic cigarettes?				
Does the education offered include manager training sessions?				
Is education about the smoke-free policy part of the organization' policy?				
Coordinated Programs				
Does the organization plan to offer employee smoking cessation programs prior to the implementation date, including nicotine replacement therapy and employee assistance programs?				
Does the organization plan to provide value-added programs and incentives for staff to quit the habit for good?				
Has the organization obtained insurance coverage of at least one tobacco-cessation drug?				
Are the coordinated programs part of the organization's policy?				
Implementation				
Has the organization made changes to facilitate the smoke-free policy, such as installing "smoke-free" signs, distributing educational materials, and removing any ash receptacles?				
Has the task force carefully reviewed the wording and considered the updating of any signage?				
Has the organization defined its smoke-free boundaries and posted maps that show where smoking is prohibited?				
Are the boundaries and maps part of the policy?				
Enforcement				
Is the organization committed to enforcing the smoke-free policy from day one?				

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Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 10 14 Evaluation Smoke-Free Policy

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

QUESTIONS	Y	N	NA	COMMENTS
Has the organization trained staff in how to approach smokers who are not complying with the policy?				
Has the organization demonstrated how to take a compassionate, nonjudgmental, nonconfrontational approach to smokers?				
Has the organization provided a scripted statement that helps enforcers politely indicate the policy without engaging in debate?				
Has the organization stressed the need to use courtesy and respect when interacting with smokers to help minimize the stress of complying with the rules?				
Is enforcement training part of the policy?				
MONITORING				
Does the organization plan to track and document employee tobacco use and cessation?				
Does the organization plan to monitor enforcement?				
Does the organization plan to identify and monitor hotspot areas where and times when people may try to break the rules?				
Is monitoring part of the policy?				
EVALUATING AND REVISING				
Does the organization plan on revising the smoke-free policy based on any necessary changes?				
Are evaluation and revision part of the policy?				

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SECTION 11

STAFFING AND MEDICAL STAFF

ASSESSMENT

DECISION

EVALUATION

PROCEDURE

TO-DO

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Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 11 01 Evaluation Application Content

APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

Employment Application Content Evaluation Checklist

This checklist includes a list of recommended content that could be included on an application for employment in your organization. You can use the checklist to evaluate the completeness of the information collected from applicants.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **critical access hospital** *and* **hospital** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
PERSONAL INFORMATION AND DEMOGRAPHICS				
Full, legal name and professional degree				
Name as it appears on professional license, if different from other names				
Any other names used (for example, nicknames or maiden name)				
Date of birth				
Social Security number				
Office contact information, including address(es), telephone number(s), and fax number(s)				
Home address				
Personal phone number(s) (for example, home, cellular, or pager)				
E-mail address				
Current photo (for initial applicants)				
EDUCATION AND TRAINING				
Name(s) and address(es) of all schools attended				

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File Name: 11 01 Evaluation Application Content

APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

QUESTIONS	Y	N	NA	COMMENTS
Dates of attendance, including graduation dates				
Names(s) and address(es) of all institutions related to internships, residencies, and/or fellowships				
Type of program and name of program director for all internships, residencies, and/or fellowships				
Dates of attendance, including completion dates				
Military service, if applicable				
Dates of military service, including discharge date, if applicable				
EXPERIENCE				
Information on current hospital affiliations, including names of department chairs (as appropriate)				
Information on past hospital affiliations, including names of department chairs (as appropriate) and reasons for leaving, if no longer affiliated				
Teaching and faculty appointments, research, and publications				
Other related work experience, as applicable				
PROFESSIONAL REFERENCES				
Names and contact information for peers who have current knowledge of the applicant's competence (not including any relatives or prospective or current partners in practice)				
PROFESSIONAL LIABILITY CARRIERS				
Company name, address, policy number, dates of coverage, and amounts of coverage for all current and past professional liability carriers				
Claims history for all current and past professional liability carriers				
LETTER OF HEALTH STATUS				
Letter describing the individual's health status				

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File Name: 11 01 Evaluation Application Content

APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

QUESTIONS	Y	N	NA	COMMENTS
REQUESTED PRIVILEGES				
List of privileges being applied for (often presented as a checklist of all available privileges in the department from which the applicant can select)				
TERMINATION, CHALLENGES, AND LIABILITY ACTIONS				
Information about any voluntary or involuntary termination of medical staff membership at another hospital				
Information about any voluntary or involuntary limitation, reduction, or loss of clinical privileges at another hospital				
Information on previously successful or currently pending challenges to any licensure or registration				
Information on any voluntary relinquishment of licensure or registration				
Information on involvement of professional liability action, including final judgments or settlements, involving the applicant				

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File Name: 11 02 Assessment FPPE

APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

Focused Professional Practice Evaluation Assessment Checklist

This checklist includes questions to ask to assess practitioners in a focused professional practice evaluation (FPPE). You can use it to assess each patient encounter. You can adapt the form to assess other and/or more specific practices.

See *the* Focused Professional Practice Evaluation Procedure Checklist *for the steps staff must take to set up and carry out a FPPE.*

Note: *This is an example assessment checklist that is not necessarily adequate to evaluate all privileges.*

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate specific locations of noncompliant walls and any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **critical access hospital** *and* **hospital** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

PRACTITIONER NAME: _____

DATE OF DISCHARGE: _____ PATIENT MEDICAL RECORD #: _____

DIAGNOSIS AND PRESENTING COMPLAINT: _____

QUESTIONS	Y	N	NA	COMMENTS
DIAGNOSTIC WORKUP				
Was the decision regarding admission appropriate?				
Was a satisfactory age-appropriate history taken?				
Was a satisfactory age-appropriate physical exam performed?				
Were all required elements noted on the history and physical?				
Were appropriate labs or radiology orders made?				
PATIENT MANAGEMENT				
Were medication decisions satisfactory?				
Were medication dosages appropriate?				
Were blood and/or blood products managed properly?				

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File Name: 11 02 Assessment FPPE

Applicable Program(s)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

Questions	Y	N	NA	Comments
Were laboratory tests and imaging performed correctly?				
Was the use of ancillary services satisfactory?				
Was the use of consultants satisfactory?				
Were satisfactory progress notes made?				
Were any complications managed appropriately?				
Disposition				
Was the practitioner's basic medical knowledge satisfactory?				
Was the practitioner's clinical judgment satisfactory?				
Were the practitioner's procedural skills satisfactory?				
Were the relevant core measures handled appropriately?				
Was the documentation handled in a timely fashion?				
Were the documentation and notes legible?				
Overall Performance				
Were interactions with colleagues and staff satisfactory (based on interviews)?				
Were interactions with the patient and family satisfactory (based on interviews)?				
Was the practitioner's overall performance within desired expectations?				

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File Name: 11 03 Procedure FPPE

APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

Focused Professional Practice Evaluation Procedure Checklist

This checklist includes the steps the organized medical staff at a hospital or critical access hospital must take to set up and carry out a focused professional practice evaluation (FPPE). An FPPE is done to assess a specific practice (or privilege) by a specific individual when that individual is granted new privileges or a performance issue is identified or triggered. Unless otherwise noted, this checklist is applicable to critical access hospital and hospital program settings.

Note: *This checklist can be used along with the* Focused Professional Practice Evaluation Assessment Checklist.

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF EVALUATION:_____ REVIEWER(S):_____

STEP	ACTION	✓	DATE COMPLETE	NA
PROCESS				
1.	Develop criteria to evaluate practitioners on specific practices (privileges).			
2.	Define the type of data to collect for those evaluations.			
3.	Define the type(s) of performance monitoring needed to collect those data.			
4.	Define the performance monitoring process for each specific practice, including establishment of a monitoring plan, the duration of the process, and when external source monitoring is required.			
5.	Define the triggers that indicate a need for performance monitoring of specific practices, and also for an extended evaluation period, which is implemented when an initial FPPE has not produced enough data to render a decision.			
6.	Define the actions to resolve performance issues for specific practices.			
INITIAL REQUESTED PRIVILEGES				
7.	When a practitioner requests privileges for a specific practice, implement the FPPE in accordance with the defined process for that practice.			
8.	Use the FPPE on that practice, plus the practitioner's current clinical competence and practice behavior, to decide whether to extend performance monitoring to get further assessment on the practice.			
PERFORMANCE ISSUES				
9.	When performance issues are identified or triggered for a specific practice, implement the FPPE per the defined process for that practice.			
10.	Use the FPPE on that practice to decide whether to extend performance monitoring to get further assessment on that practice.			
11.	Consistently implement the actions to resolve performance issues on the specific practice, per the defined process.			

FPPE, focused professional practice evaluation.

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File Name: 11 04 Assessment Performance Data Sources

APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

Performance Data Sources Assessment Checklist

This checklist includes data to consult when asking questions about core competencies to evaluate a practitioner. You can use it to make sure you have examined all relevant data points or sources to answer each of the core competency questions.

Unless otherwise noted, this checklist is applicable to **critical access hospital** *and* **hospital** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

PRACTITIONER: _____

QUESTIONS	Y	N	NA	COMMENTS
DOES THE PRACTITIONER PROVIDE COMPASSIONATE PATIENT CARE?				
Patient satisfaction surveys				
Discussions with staff				
Incident reports related to physician interactions				
DOES THE PRACTITIONER PROVIDE APPROPRIATE PATIENT CARE?				
Approvals and denials of payment from insurers, Medicare, and Medicaid				
Reviews of preoperative and postoperative diagnosis discrepancies				
Blood transfusion rates or other blood utilization data				
Antibiotic use data				
DOES THE PRACTITIONER PROVIDE EFFECTIVE PATIENT CARE?				
Length-of-stay data				
Readmissions data				
Unanticipated admissions data				
DOES THE PRACTITIONER HAVE APPROPRIATE MEDICAL KNOWLEDGE?				
Evidence of up-to-date diagnostic testing and clinical treatments				
Evidence of following practice guidelines and clinical pathways				

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File Name: 11 04 Assessment Performance Data Sources

Applicable Program(s)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

Questions	Y	N	NA	Comments
Evidence of following core measures				
Evidence of appropriate pharmaceuticals usage				
Morbidity and mortality data				
Does the practitioner exemplify practice-based learning and improvement?				
Evidence of response to abnormal tests				
Evidence of response to deteriorating patient condition				
Evidence of ordering appropriate diagnostics as condition changes				
Evidence of medication reconciliation during patient stay				
Does the practitioner have adequate interpersonal and communication skills?				
Patient satisfaction surveys				
Incident reports related to physician interactions				
Evidence of response to requests (such as, telephone, e-mail)				
Evidence of legibility of medical records				
Evidence of willingness to use translators, when necessary				
Evidence of handoff issues				
Quality of progress notes				
Is the practitioner professional?				
Patient satisfaction surveys				
Discussions with staff				
Incident reports related to disruptive behavior				
Medicare fraud and abuse claims				

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File Name: 11 04 Assessment Performance Data Sources

APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

QUESTIONS	Y	N	NA	COMMENTS
Discovery of falsified documentation of dates and times				
DOES THE PRACTITIONER EMBRACE SYSTEMS-BASED PRACTICE?				
Evidence of frequent ordering of medications not on the formulary				
Evidence of failure to follow bylaws, rules and regulations, and/or policies				
Incidents of being late to surgery				

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File Name: 11 05 Procedure Evaluating Privileging Process

APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

Procedure for Evaluating Privileging Process Checklist

This checklist outlines steps involved in evaluating your privileging process. It can be used to ensure that your process follows your organization's medical staff bylaws, rules and regulations, and policies. This checklist can be used with the Reappointment and Reprivileging Application Assessment Checklist *found in this section.*

This checklist is applicable to **critical access hospital** *and* **hospital** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

STEP	ACTION	✓	DATE COMPLETE	NA
REVIEW DOCUMENTS				
1.	Medical staff bylaws and policies related to credentialing and privileging			
2.	Privileges lists			
3.	Minutes from meetings of committee(s) that perform credentialing and privileging			
4.	Selected credentialing and privileging files of physicians in various departments			
5.	Performance information for each of the selected physicians			
REVIEW APPLICATION OF CRITERIA				
6.	Adherence to criteria for credentialing, privileging, and appointment to medical staff			
7.	Time frames for review and approval			
8.	Adherence to proctoring and monitoring requirements			
9.	Documentation of all necessary information prior to making decisions on credentialing, privileging, and appointment to medical staff			
EVALUATE PROCESS				
10.	Policies implemented as intended			
11.	Decisions made according to established policies			
12.	Established policies effective at verifying qualifications and determining competency			
13.	Ongoing monitoring and evaluation of practitioners in effect			
14.	Processes stand up to external review			

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File Name: 11 06 Evaluation Proctoring Policy

APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

Proctoring Policy Evaluation Checklist

This checklist includes questions to ask when you are creating a proctoring policy or evaluating an existing one. Not all the items need to be addressed in the policy.

Complex policies ideally should have a majority of **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***); simpler policies will have a mix of* **Y** *for* **Yes** *and* **NA** *for* **Not Applicable** *answers. Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **critical access hospital** *and* **hospital** *program settings.*

ORGANIZATION: _____ NAME OF CVO: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
INDEMNIFICATION OF THE PROCTOR				
Will the hospital or governing body indemnify a proctor for negative outcomes during a proctorship?				
VARIATION OF PRACTICE BY DEPARTMENT				
Will each department or section be allowed to address proctoring individually, according to its own needs?				
QUALIFICATIONS OF THE PROCTOR				
Are the qualifications for proctors clearly delineated?				
Does the proctoring policy address whether the proctor should be of the same specialty, or have the same privileges, as the individual being proctored?				
Does the policy address who will serve as proctor when there is a new specialty on staff?				
Does the policy address waiving proctoring requirements when there is a new specialty on staff (for example, identifying who has the authority)?				
ASSIGNMENT OF THE PROCTOR				
Does the policy address how proctors are assigned (for example, whether the proctor will be one individual or any of multiple individuals from a specified list)?				
Does the policy address who is responsible for assigning the proctor (for example, the newly privileged individual or the department chair)?				

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Published in ***The Joint Commission Big Book of Checklists***, Joint Commission Resources, 2018.
File Name: 11 06 Evaluation Proctoring Policy

Applicable Program(s)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

Questions	Y	N	NA	Comments
Does the policy address limits to the number of times a proctor can evaluate the same individual?				
Relationship of the Proctor to the Person Being Observed				
Does the policy address whether the partner of a newly privileged individual can serve as a proctor and, if so, how frequently?				
Does the policy address whether the proctor can also serve as a consultant regarding the patient?				
Does the policy address whether the proctor can also serve as the first assistant during a surgical procedure and, if so, whether the proctor can bill for services?				
Responsibilities of the Proctor				
Does the policy identify circumstances in which a proctor may intervene when he or she observes inappropriate judgment, inadequate technical skills, or a negative outcome?				
Does the policy describe how a proctor may intervene in such cases?				
Does the policy describe the proctor's responsibilities in such cases (for example, to the patient, to the person being proctored, to the hospital)?				
Is the proctor authorized and expected to intercede in such cases?				
Does the policy describe the mechanisms for such intercession (for example, observation forms to be completed, communication responsibilities, time frames for notification)?				
Responsibilities of Medical Staff Members to Serve as Proctors				
Does the policy address a medical staff member's responsibility to serve as proctor when requested?				
If so, is that responsibility outlined adequately?				
Number and Type of Procedures/Cases to Be Completed				
Does the policy address the number of consecutive cases for which a surgical procedure should be observed (for example, the first 5, or 10, or 15 consecutive cases)?				

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File Name: 11 06 Evaluation Proctoring Policy

APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

QUESTIONS	Y	N	NA	COMMENTS
Does the policy specify that a specific type or variety of cases should be identified (for example, emergency procedures)?				
Does the policy address circumstances, if any, in which cases will be delayed until a proctor arrives?				
TIME FRAME FOR COMPLETION OF PROCTORING				
Does the policy include a time frame for completion of a proctoring period?				
Does the policy address what happens if the required number and type of cases cannot be proctored within the specified time frame?				
INFORMATION TO BE PROVIDED TO THE PATIENT				
Does the policy require that patients be told when their practitioner is being proctored?				
Does the policy specify what kind of information is shared with the patient regarding proctoring (for example, when the proctor is only observing, when the proctor is assisting as well as observing)?				

CVO, credentials verification organization.

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File Name: 11 07 Assessment Reappoint and Reprivilege

APPLICABLE PROGRAM(S)
☐ AHC ☐ BHC ☒ CAH ☒ HAP
☐ LAB ☐ NCC ☐ OBS ☐ OME

Reappointment and Reprivileging Application Assessment Checklist

This checklist includes criteria to determine the completeness of reappointment and reprivileging applications for all privileged practitioners in the organization. You can use it to assess your application forms to make sure they are comprehensive, relevant, and effective.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **critical access hospital** *and* **hospital** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

QUESTIONS	Y	N	NA	COMMENTS
DOES THE APPLICATION REQUEST THE FOLLOWING?				
License number				
Documentation of professional liability insurance coverage in the minimum amount				
Statement that the practitioner has no health problems that could affect the ability to perform requested privileges				
Status of board certification				
Location of office and residence				
Contact information (telephone and fax numbers, e-mail addresses, pager numbers)				
DOES THE APPLICATION REQUEST INFORMATION ON THE FOLLOWING?				
Alternative coverage				
Medicare and Medicaid sanctions				
Felony convictions				
Pending disciplinary actions				
Previously unreported malpractice claims				
DOES THE APPLICATION INCLUDE THE FOLLOWING?				
Request for renewal/revision of specific privileges				

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File Name: 11 08 Assessment RN Orientation Competency

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

Registered Nurse Orientation Competency Assessment Checklist

This checklist includes basic questions to ask during orientation to assess competency for a registered nurse (RN). It can be used by a newly hired RN as a self-assessment or by a supervisor during competency assessment at orientation.

Answers to all questions ideally should be **Y** *for* **Yes** *(unless marked* **NA** *for* **Not Applicable***). Use the* **Comments** *section to indicate any required follow-up action(s) identified by an* **N** *for* **No** *response. Unless otherwise noted, this checklist is applicable to* **ambulatory health care**, **behavioral health care**, **critical access hospital**, **hospital**, **nursing care center**, **office-based surgery**, *and* **home care** *program settings.*

ORGANIZATION: _____ DEPARTMENT/UNIT: _____

DATE OF REVIEW: _____ REVIEWER(S): _____

NURSE: _____

QUESTIONS	Y	N	NA	COMMENTS
ORGANIZATION POLICIES AND PROCEDURES				
Can you demonstrate an understanding of organization policies and procedures for the following topics listed?				
▪ Safety culture (including an understanding of the code of conduct and incident reporting)				
▪ Health information security				
▪ Performance improvement (including huddles, data collection, and tracers)				
▪ Workplace safety (including ergonomics and hazardous materials)				
▪ Security events (including elopement and abduction, workplace violence, and drug diversion)				
▪ Fire protection (including fire drills)				
▪ Emergency preparedness (including response drills)				
▪ Infection prevention and control (including hand hygiene, personal protective equipment, sharps management, flu vaccination, and protocols for health care–acquired infections, infectious disease, and blood-borne pathogens)				
PATIENT RIGHTS AND ADVOCACY				
Can you demonstrate an understanding of organization policies and procedures for the following topics listed?				
▪ Confidentiality				

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File Name: 11 08 Assessment RN Orientation Competency

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

Questions	Y	N	NA	Comments
▪ Informed consent				
▪ Advance directives				
▪ Patient identification				
▪ Patient and family education				
▪ Preferred language				
▪ Abuse reporting				
▪ Patient advocacy				
Patient Care Skills (in accordance with policy, job description, and scope of license)				
Can you demonstrate how to do each of the following actions listed?				
▪ Enter information into the patient medical record.				
▪ Collect physiological data.				
▪ Conduct a health care history and physical assessment (blood pressure, pulse, respiration, temperature, pulse oximetry, height, weight).				
▪ Perform dressing and wound care.				
▪ Administer blood and blood components. [AHC, CAH, HAP, OBS]				
▪ Perform blood glucose monitoring and quality control.				
▪ Perform urinary catheterization. [CAH, HAP, NCC, OME]				
▪ Collect for urinalysis QA. [BHC, CAH, HAP, NCC, OME]				
▪ Monitor oxygen therapy. [BHC, CAH, HAP, NCC, OME]				
▪ Monitor sedation (procedural and/or conscious). [AHC, CAH, HAP, OBS]				
▪ Use seclusion or restraint. [BHC, CAH, HAP, NCC, OME]				

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File Name: 11 08 Assessment RN Orientation Competency

APPLICABLE PROGRAM(S)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☐ LAB ☒ NCC ☒ OBS ☒ OME

QUESTIONS	Y	N	NA	COMMENTS
▪ Perform patient triage. [AHC, CAH, HAP]				
▪ Calculate dosages and administer medications (intravenous, intradermal, intramuscular, inhalation, and subcutaneous routes).				
▪ Communicate clearly and respectfully (with coworkers, patients, family, and visitors).				

QA, quality assurance.

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File Name: 11 09 To-Do Required Staff Education and Training

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

Required Staff Education and Training Checklist

This checklist includes the education and training requirements for staff members in accordance with Joint Commission standards. You can use this checklist to help ensure you provide all required training to your staff, including licensed independent practitioners (LIPs). Program settings are listed with each topic and are applicable to the listed settings unless otherwise noted.

Organization: _____ **Department/Unit:** _____

Date of Review: _____ **Reviewer:** _____

Emergency Management

Applicable Program(s): CAH, HAP

✓ NA

☐ ☐ Training for assigned emergency response roles

Human Resources

Applicable Program(s): All Programs

✓ NA

☐ ☐ Staff participation in education and training

Infection Prevention and Control

Applicable Program(s): All Programs

✓ NA

☐ ☐ Education for LIPs and staff about influenza vaccine, non-vaccine control and prevention measures, and the diagnosis, transmission, and impact of influenza

Information Management

Applicable Program(s): AHC, BHC, CAH, HAP, LAB, OME

✓ NA

☐ ☐ Training for staff and LIPs on alternative procedures to follow when electronic information systems are unavailable

Leadership

Applicable Program(s): All Programs

✓ NA

☐ ☐ Leaders provide to all individuals education that focuses on safety and quality.

☐ ☐ Governing body provides leaders with access to information and training in areas where they need additional skills or expertise.

Life Safety

Applicable Program(s): BHC, CAH, HAP, NCC, OME

✓ NA

☐ ☐ Education in use of firefighting equipment during periods of *Life Safety Code*®* deficiencies or construction

☐ ☐ Education in awareness of building deficiencies, construction hazards, and temporary measures that maintain fire safety during periods of *Life Safety Code* deficiencies or construction

☐ ☐ Training in compensating for impaired structural or compartmental fire safety features during periods of *Life Safety Code* deficiencies or construction

Medical Staff

Applicable Program(s): CAH, HAP

✓ NA

☐ ☐ Education for all LIPs on assessing and managing pain

National Patient Safety Goals

Applicable Program(s): AHC, CAH, HAP, NCC, OBS, OME as Indicated

✓ NA

☐ ☐ Education regarding anticoagulant therapy to prescribers and staff
[CAH, HAP, NCC]

☐ ☐ Education for staff and LIPs about purpose and proper operation of alarm systems for which they are responsible
[CAH, HAP]

☐ ☐ Education for staff and LIPs about HAIs, MDROs, and prevention strategies, to take place at hire and annually
[CAH, HAP]

☐ ☐ Education for relevant staff and LIPs about CLABIs and the importance of prevention, to take place at hire and annually
[CAH, HAP, NCC]

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File Name: 11 09 To-Do Required Staff Education and Training

Applicable Program(s)
☒ AHC ☒ BHC ☒ CAH ☒ HAP
☒ LAB ☒ NCC ☒ OBS ☒ OME

National Patient Safety Goals

Applicable Program(s): AHC, CAH, HAP, NCC, OBS, OME as Indicated

✓ NA

☐ ☐ Education for relevant staff and LIPs about SSIs and the importance of prevention, to take place at hire and annually
[AHC, CAH, HAP, OBS]

☐ ☐ Education in fall reduction program
[NCC, OME]

HIA, health care–associated infection; MDRO, multidrug-resistant organism; CLABI, central line–associated bloodstream infection; SSI, surgical site infection.

Provision of Care, Treatment, and Services

Applicable Program(s): AHC, CAH, HAP, NCC, OBS, OME, or as Indicated

✓ NA

☐ ☐ Education in how to recognize signs of possible abuse, neglect, and exploitation, and appropriate follow-up activities

☐ ☐ Education in unique needs of dying patients
[HAP, NCC, OME]

Transplant Services

Applicable Program(s): CAH, HAP

✓ NA

☐ ☐ Training in use of discretion and sensitivity to the circumstances, beliefs, and desires of families of potential organ, tissue, or eye donors

Waived Testing

Applicable Program(s): All Programs

✓ NA

☐ ☐ Orientation and training for staff and LIPs who perform waived testing

☐ ☐ Training for staff and LIPs who perform waived testing on each test they are authorized to perform

☐ ☐ Training for staff and LIPs who perform waived testing in the use and maintenance of relevant instruments

Program-Specific Education and Training Requirements

Ambulatory Health Care (AHC)

✓ NA

☐ ☐ Education for staff and LIPs about recognizing risk criteria for illness and impairment in LIPs (for organizations providing telemedicine services to patients at a hospital)

Behavioral Health Care (BHC)

✓ NA

☐ ☐ Staff participation in education and training

☐ ☐ Education about trauma, abuse, neglect, and exploitation and how to refer individuals if necessary

☐ ☐ Training in therapeutic goals of animal-assisted therapy, safe animal handling, patient safety, and supervision (if applicable)

☐ ☐ Education in skills and knowledge needed to implement the individualized behavioral contingencies plan (if applicable)

☐ ☐ Education in minimizing the physical holding of children and youth (if applicable)

☐ ☐ Training in safe use of physical restraint (if applicable)

☐ ☐ Education in minimizing use of restraint and seclusion, when use is indicated, and how to use it safely (if applicable)

For BHC organizations that provide care, treatment, or services to individuals with intellectual and/or developmental disabilities, as relevant to populations served:

☐ ☐ Education in communication with nonverbal individuals or those with limited verbal skills

☐ ☐ Education in prevention and management of behavior that is harmful to self or others

☐ ☐ Education in teaching activities and skills of daily living

☐ ☐ Education in adherence to principles of normalization

Critical Access Hospital (CAH)

✓ NA

☐ ☐ Education and training in appropriate and safe implementation of restraint and seclusion (only for rehabilitation and psychiatric distinct part units)

Home Care (OME)

✓ NA

☐ ☐ Initial training for home health and hospice aides who work in Medicare-certified hospices and home health agencies

☐ ☐ Process in place to educate prescribers and staff who participate in medication management about medication substitution protocols when there is a shortage or outage

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Hospital (HAP)

✓	NA	
☐	☐	Education of LIPs and other staff about illness and impairment recognition issues specific to LIPs
☐	☐	Education of staff and LIPs about antimicrobial resistance and antimicrobial stewardship practices
☐	☐	Organized medical staff prioritization of educational activities sponsored by the hospital
☐	☐	Education based on findings of performance improvement activities
☐	☐	Education about how to minimize the use of restraint and seclusion for behavioral health purposes (only for those organizations not using Joint Commission accreditation for deemed status purposes)

Laboratory (LAB)

✓	NA	
☐	☐	Orientation, in-service training, and continuing education provided for by the laboratory director, technical consultant, and/or technical supervisor
☐	☐	Training in using space and equipment when the design is modified due to changing site conditions or clinical needs
☐	☐	Training for staff who administer and monitor blood and blood component transfusions (documented)

Nursing Care Center (NCC)

✓	NA	
☐	☐	Education in identifying risk for and prevention of pressure ulcers
☐	☐	Education and training on how to identify early warning signs of a patient's change in condition and how to respond to decline in condition (for organizations that elect Post-Acute Care Certification)
☐	☐	Education and training in person-centered care principles
☐	☐	Education and training in current best practices in dementia care (including symptoms of dementia and its progression, recognizing potential symptoms of delirium, how a patient's unmet needs are expressed through behaviors, communication techniques for patients with dementia, personalized approaches to expressions of unmet needs, abuse prevention, supporting patients through environmental cues and landmarks, and environmental measures that promote comfort)
☐	☐	Education and training in current best practices in dementia care (including team building, creating a therapeutic environment, assessing and addressing pain, and palliative care for advanced dementia) (for organizations that elect Memory Care Certification)

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DOWNLOAD CHECKLIST

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File Name: 11 10 Decision Staffing Firm

APPLICABLE PROGRAM(S)
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☒ LAB ☒ NCC ☒ OBS ☒ OME

Staffing Firm Decision Checklist

This checklist will help you evaluate your current or potential staffing firm if it's NOT accredited by The Joint Commission. Ask the firm these questions to decide whether or not it's a good choice.

All answers ideally should be **Y** *(or* **Yes***) (unless they aren't applicable). A score of 17 or more* **Yes** *answers indicates a good alignment of practices. Unless otherwise noted, this checklist is applicable to* **all** *program settings.*

ORGANIZATION: _____ **DEPARTMENT/UNIT:** _____

DATE OF REVIEW: _____ **REVIEWER(S):** _____

QUESTIONS	Y	N	NA	COMMENTS
LEADERSHIP				
Does the staffing firm have an organizational chart—one that shows clients the leaders who are responsible for the quality of the firm's services?				
Does the staffing firm have a written code of business ethics that discusses conflict of interest?				
Does the staffing firm comply with all applicable federal, state, or local laws and regulations?				
Does the staffing firm provide its clients with a written contract or other formal agreement that covers the scope and level of services you provide?				
Does the staffing firm have a written description of its complaint policy and a method of resolving complaints from staff or customers?				
Does the staffing firm have written policies and procedures to manage safety risks, such as occupational injuries, security incidents, and unexpected patient incidents?				
Does the staffing firm keep a log of reported accidents, injuries, and safety hazards?				
Does the staffing firm have a written emergency management or disaster plan?				
HUMAN RESOURCES MANAGEMENT				
Does the staffing firm have a written policy in place to confirm that a person's qualifications and competencies fit their job assignment and responsibilities?				

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QUESTIONS	Y	N	NA	COMMENTS
Does that policy include the following?				
▪ Current required licensure, certification, or registration				
▪ Education, training, and experience				
▪ Criminal background check				
▪ Health screening and immunization requirements				
▪ Proof of identity				
▪ Job description from the customer, including required qualifications and competencies				
Does the staffing firm provide thorough orientations for its staff?				
Does the staffing firm provide a way for clinical staff to contact the firm if they are reassigned to an area where they don't feel competent?				
Does the staffing firm ensure the clinical competency of its staff is assessed, demonstrated, and maintained?				
Does the staffing firm modify job assignments for people who cannot perform to the proper level of competency?				
Does the staffing firm report aberrant or illegal behavior to appropriate authorities as necessary?				
Does the staffing firm facilitate ongoing educational opportunities to its field staff?				
Does the staffing firm periodically conduct performance evaluations?				

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QUESTIONS	Y	N	NA	COMMENTS
Does the staffing firm have an organized, comprehensive plan for performance improvement that uses customer input?				
Does the staffing firm collect, analyze, and apply performance data in an accurate, timely fashion?				
Is the staffing firm able to easily and promptly share performance data with clients?				
INFORMATION MANAGEMENT				
Does the staffing firm's information management processes meet its internal and external information needs?				
Does the staffing firm have and maintain a health and human resources record for every staff member?				
Does the staffing firm have a written policy to address privacy, confidentiality, and security of information about its staff and customers?				
Does the staffing firm back up its files regularly and store them safely to protect against information loss due to an emergency?				

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Applicable to all program settings, this fully revised and updated second edition of the best-selling ***Joint Commission Big Book of Checklists*** includes new and revised checklists and templates that health care organizations can use and customize. There are checklists for a myriad of tasks, including accreditation preparation, continuous standards compliance, performance improvement and measurement, and much more. This book also includes blank checklist templates and encourages health care organizations to build their own checklists to tackle organization-specific challenges.

KEY FEATURES

- ☒ Downloadable and customizable checklists covering a wide range of topics
- ☒ Checklists that apply to all Joint Commission–accredited programs
- ☒ Explanation of how checklists can be successfully used in health care
- ☒ Caveats about overreliance on checklists or ineffective implementation
- ☒ Trusted content reviewed by subject matter experts from The Joint Commission

KEY AUDIENCES

- ☒ Accreditation professionals
- ☒ Performance improvement professionals
- ☒ Clinical leadership
- ☒ Infection preventionists
- ☒ Medication safety officers
- ☒ Patient safety officers
- ☒ Human resources professionals
- ☒ Health care facility managers

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