

Location _____	Date of Survey _____
Unit Leader _____	Surveyor _____

**SAFE PATIENT CARE ENVIRONMENT**  
 Daily Checklist (Possible score 24) Passing Score (24)  
 Score Achieved \_\_\_\_\_  Pass  Fail

- No unresolved discrepancies** remaining from previous shift.
- Refrigerator temperature logs** Refrigerator/freezer temps are recorded **every day** and logs are current. **Corrective action taken** and resolved when temperature was not within normal limits
- Crashcart** checks have been completed
- Blanket warmer temperature** is no more than 130 degrees.
- Patient information** secured: No patient information visible to visitors
- All medications are locked or attended.** (Med rooms and carts)
- No medications are seen being carried in employee pockets
- Medications/syringes are labeled** (pt name, medication name, strength, date) Multi-use vials are dated. NO vials on unit within 28 days of opening
- There are **no expired meds** (anesthesia carts, EP/Cath Lab).
- There are **no unlabeled or outdated food** in patient food refrigerators
- There are **no unsecured lab specimens** at desk (must be labeled and sealed in plastic bag for transport)
- Isolation signs** are present where applicable; isolation set-up is correct. (Survey all isolation rooms on the unit)

# of Pts in Appropriate Isolation w Signage Present	# of Patients in Isolation Rooms	% Compliant (Passing score 100%)

- Food and Drink:** There is an area at the nurse's station or other location which is separated from work areas subject to contamination and is so situated that it is not reasonable under the circumstances to anticipate that occupational exposure through the contamination of food and beverages or their containers is likely.
- Identify a physician on the unit. Staff to identify how they validate the **physician is credentialed** to provide care / do a procedure
- Hallways** have a clearance of 8 feet
- No storage of anything in corridor, unattended for more than 15 minutes. **Isolation carts and code carts are the only exception**
- Gas cylinder** are chained/in protective cages. Oxygen tanks are stored in racks. No more than 12 gas cylinders in a location
- Clean utility** room has only CLEAN items
- Soiled utility** has only DIRTY items
- No linen on the floor
- Linens are always bagged when exiting the patient's room
- All linen and supply carts have a solid bottom shelf
- Complete an inspection of an unoccupied patient room and bathroom Both are clean and there is no previous pt equipment in room
- Area is **not cluttered and tidy**

**RESTRAINT USE: Assess every pt in restraints on the unit**  
 Daily Checklist (Possible score 1) Passing Score (1)  
 Score Achieved \_\_\_\_\_  Pass  Fail

- Restraint elements met at 100%?
- | # of Restraint Elements Met | Total Number of Restraint Elements per Patient | % Compliant (Passing score 100%) |
|-----------------------------|--|----------------------------------|
|                             |  |                                  |

**OMNICELL CYCLE COUNT**  
 Weekly Checklist (Possible score 1) Passing Score (1)  
 Score Achieved \_\_\_\_\_  Pass  Fail

- Omnicecl Cycle count** completed as per policy

**INFECTION CONTROL**  
 Weekly Checklist (Possible score 5) Passing Score (5)  
 Score Achieved \_\_\_\_\_  Pass  Fail

- Hand Hygiene.** All staff, including physicians, foam in and out of all patient rooms.

Number of Correct Hand Hygiene	Number of Observations	% Compliant (Passing score 100%)
	5	

- All staff entering the room wear **appropriate PPE.** Observe **at least 2 food service workers** entering and exiting room. In surgery mask are removed following a procedure.

Number of Correct PPE	Number of Observations	% Compliant (Passing score 100%)
	5	

- MDRO education** is completed on all patients with MDROs.

Number of Correct MDRO	Number of Observations	% Compliant (Passing score > 95%)
	5	

- Staff describe how they know the **negative (or positive) air systems are operating properly.**

**ASSESSMENT**  
 Weekly Checklist (Possible score 2) Passing Score (2)  
 Score Achieved \_\_\_\_\_  Pass  Fail

- What is the **time frame for assessment** of the patient when he/she arrives to the unit? Answers will vary depending on the unit.
- Patients are reassessed each shift and when there are significant changes to the patient's condition.

**PLAN OF CARE**

Weekly Checklist (Possible score 18) Passing Score (17)

Score Achieved \_\_\_\_\_  Pass  Fail

**Example:** The patient was admitted for hysterectomy and will receive the first dose of a new medication.

- What are the top 3 concerns for this patient?** The top 3 concerns are pain management, genitourinary, and patient education of new medication.
- How do you revise the plan of care?** We update and revise the care plan each shift— validate there is documentation in EHR
- How do other disciplines know?** Any discipline can access the care plan to see what important issues we are focusing on.

Number of Element Met	Number of Care Plans Assessed	% Compliant (Passing score 94%)
	5	

**MEDICATIONS / PAIN / CRITICAL VALUES / HANDOFF**

Weekly Checklist (Possible score 4) Passing Score (4)

Score Achieved \_\_\_\_\_  Pass  Fail

- Before Medication is administered.** Staff complete patient **identification:** Staff ask patients to state their name and birth date and **compare with armband.**
- Staff describe that pain is **assessed** on admission or each visit. (Include ED, Sleep, Pain Clinic, Cardiac Rehab, Rehab). Pain is **reevaluated** each shift.
- The **effectiveness of pain interventions** is regularly reassessed after interventions, medications. Validate in the EHR
- Read Back Critical Values:** The receiver of the information:
  - First, writes down the test result received.
  - Then, reads back the test result.
  - Notify the physician within 60 minutes. Document dr is notified.

**SURGICAL/INVASIVE PROCEDURES**

Weekly Checklist (Possible score 10) Passing Score (10)

Score Achieved \_\_\_\_\_  Pass  Fail

- Physician documents informed consent in H&P or progress note.
- Hospital verifies informed consent is obtained **prior** to procedure.
- H&P is appropriate. If not, the patient is not taken to surgery.
- If a H&P is completed 30 days prior to the procedure, a history and physical is updated, noting any changes within 24hrs.
- Universal Protocol:** A time-out is performed immediately prior to starting procedures. Everyone, including anesthesia **SUSPENDS** all activities. (Including drawing up antibiotics). **All verbally acknowledge agreement.**
- During time-out, at least one member of the team verified the patient's identity by double-checking the patient's name on the chart with the wrist band.
- Postoperative progress note is done immediately and contains all essential elements.
- Patient Identification:** Containers used for blood and other specimens are labeled in the presence of the patient.
- There are no pre-labeled syringes. **Are all the syringes labeled and initialed?**
- All syringes and open containers of fluid are labeled (Cath Lab, OR).
- Fluid transferred from an original container is labeled.

**PERFORMANCE IMPROVEMENT**

Monthly Checklist (Possible score 1) Passing Score (1)

Score Achieved \_\_\_\_\_  Pass  Fail

- Staff show scorecard and identify Quality Improvement (Patient Satisfaction, VAP, Falls, MRSA, Central Line Infection Reduction).

**What do I do in the event of CODE RED, fire, smoke?**

Monthly Checklist (Possible score 16) Passing Score (14)

Score Achieved \_\_\_\_\_  Pass  Fail

- Staff describe **RACE**

- R** Rescue anyone in immediate danger
- A** Alarm (pull the **alarm**)
- C** Contain the fire by closing doors
- E** Extinguish the fire, if possible, or evacuate, if ordered

- Staff describe how to use a **fire extinguisher?**

- P** Pull the pin
- A** Aim at the base of the fire
- S** Squeeze the handle
- S** Sweep the spray across the fire – side to side



- Staff show the surveyor where the **closest extinguisher** is
- Staff show the surveyor the **closest pull box**, it is easily visible and unobstructed.
- There is **20"** clearance from the ceiling.
- Electrical equipment that patient brings is inspected by nursing staff. If no frayed cord and visually operable, then it may be used.
- No smoke or fire doors are propped open.**
- Emergency exit signs** are illuminated & consistent with egress. **EXIT SIGNS are the means/way of egress!**

**How do I evacuate patients-to separate pts from smoke or fire?**

- Move patients and staff to the next closest smoke compartment on the same floor. Horizontal evacuation is the 1st choice!**
- Staff identify the smoke barrier locations

**MEDICAL GAS SHUTOFFS/STORAGE OF GASES**

- Staff describe only designated staff may turn off the gas. Who may turn it off is posted by the gas shut off valve. Staff locate gas shutoff

**CEILINGS/DUST**

- Ceilings** are free of any damage, water marks, loose grid work, loose tile, loose light fixtures or light lenses that may cause injury
- No lint accumulations or evidence of soiled conditions** on ceiling mounted devices such as but not limited to grills, light lenses, sprinkler heads, smoke detectors

**Working with chemicals**

- Cleaning Products** are labeled with product name & hazard warning
- Staff verbalize **MSDS** (Material Safety Data Sheets) are used to provide information needed to allow the safe handling of hazardous substances
- Housekeeping carts** are attended/no chemicals are accessible