|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Issue*** | ***Yes*** | ***No*** | ***N/A*** | ***Notes/Recommendation*** |
| **Governing Body/ Board of Trustees**  [**http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\_a\_hospitals.pdf**](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf) |  |  |  |  |
| Documented members |  |  |  |  |
| Documentation of Authority  (Bylaws & meeting minutes.) |  |  |  |  |
| \* Policy for total operations  (Board must implement and monitor total operations  of the Hospital) |  |  |  |  |
| Physician membership |  |  |  |  |
| Medical Staff categories of Appointment/  Privileges (Also check non-physician staff, i.e, PA, APRN,  CNS, CRNA, CNM, Clinical Social Worker, Clinical  Psychologist & Registered Dietician.) |  |  |  |  |
| Approval of MS Appointments  (Including Telemedicine appointments.) |  |  |  |  |
| Approval of MS Bylaws & Rules/Regulations |  |  |  |  |
| Approves Risk Management Plan Annually  (Or with any new changes.) |  |  |  |  |
| Responsibility for the RM Program  (It is recommended by KDHE that RM reports at least  quarterly to the Board to show responsibility.) |  |  |  |  |
| **Medical Staff- Bylaws/Rules/Regs** |  |  |  |  |
| Requirements for Credentialing |  |  |  |  |
| * Reappointment annual/biannual |  |  |  |  |
| EMTALA & MSE requirements  <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_v_emerg.pdf> |  |  |  |  |
| Student/Resident Assignments  (Must have a provider with them – cannot be used as “free  labor” by providers.) |  |  |  |  |
| Appropriate committees review and report  Findings (i.e.Service lines, Infection Control, P&T, and UR.) |  |  |  |  |
| ***Issue*** | ***Yes*** | ***No*** | ***N/A*** | ***Notes/Recommendation*** |
| Medical Record completion  (24 hours of Admission/30 Days Discharge) |  |  |  |  |
| Verbal Order Authentication (72 hours) |  |  |  |  |
| Participates in Policy & Procedure development/  review |  |  |  |  |
| Participation in RM activities  (RM Adverse Findings also noted in Reappointment process) <http://www.kdheks.gov/bhfr/state_ach_licensure_forms.html> |  |  |  |  |
| SOC levels 3 & 4 are reported  (SOC requiring reporting to appropriate licensing agency is  completed?)  <http://www.kdheks.gov/bhfr/state_ach_licensure_forms.html> |  |  |  |  |
| Disruptive Provider Procedure |  |  |  |  |
| **Emergency Services**  (Meeting needs of inpatients and outpatients.)  [**http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\_a\_hospitals.pdf**](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf) |  |  |  |  |
| Under Direction of Medical Doctor  (Performs/Practices in ER.) |  |  |  |  |
| Nurse in charge of ED (RN)  (RN must have CPR training and must have RN with CPR on duty  at all times.) |  |  |  |  |
| Appropriately Certified Staff for services  provided (i.e., RT, ACLS, PALS, TNCC, ATLS, etc…) |  |  |  |  |
| Emergency equipment/supplies  (Trauma, Suction, Oxygen, Resuscitation equipment, Respiratory  equipment, IV Therapy, standard and emergent Medications,  blood/blood products.) <http://www.kdheks.gov/bhfr/download/Hospital_Regualtions_Nov_2001.pdf> |  |  |  |  |
| ***Issue*** | ***Yes*** | ***No*** | ***N/A*** | ***Notes/Recommendation*** |
| On-Call Roster Posted in ED  <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_v_emerg.pdf> |  |  |  |  |
| Coordination with Emergency Response systems  (Telephone, Cell Phone, Radio, EMResources & 800mHz state wide.) |  |  |  |  |
| Appropriate EMTALA Signage  <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_v_emerg.pdf> |  |  |  |  |
| \* Defined QMP to perform MSE  (Generally defined in MS bylaws, even if nursing personnel are QMP’s  and the MSE must be appropriate.) |  |  |  |  |
| Staff has access up to date clinical guidelines |  |  |  |  |
| Standardized Handoff procedures |  |  |  |  |
| \*Transfers comply with EMTA <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_v_emerg.pdf> |  |  |  |  |
| Transfers are appropriate/timely |  |  |  |  |
| Registration/Triage processes  (Should not delay emergency treatment or encourage pts leave ER.) |  |  |  |  |
| QA in place for EMTALA  <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_v_emerg.pdf> |  |  |  |  |
| Orders handled appropriately  (Orders dated, signed, carried out in timely and appropriate manner.) |  |  |  |  |
| P & P for services provided |  |  |  |  |
| \* AMA-or refusal of Treatment  (Pt signed document with understanding of risks.) <http://www.ecri.org> |  |  |  |  |
| AMA Charts are reviewed (Trending of specific issues.) |  |  |  |  |
| Policy for Law Enforcement Officer requested Blood  ETOH/Drug specimen <http://www.ecri.org> |  |  |  |  |
| At Risk or Mentally Ill Patients  (Procedures in place to care for, accommodate, consultation?) |  |  |  |  |
| ***Issue*** | ***Yes*** | ***No*** | ***N/A*** | ***Notes/Recommendation*** |
| DOA/Expired Pt in ER review |  |  |  |  |
| STEMI protocol participation  <http://circ.ahajournals.org/content/110/5/588.full> |  |  |  |  |
| CVA-tPA protocol participation  <http://www.heart.org/HEARTORG/Affiliate/Kansas-Initiative-for-Stroke-Survival_UCM_438872_Article.jsp> |  |  |  |  |
| Geriatric Fall Evaluation/Prevention <http://www.ecri.org> |  |  |  |  |
| Department Security Measures <http://www.ecri.org> |  |  |  |  |
| Trending of Incidents  (Does RM work with ER director on identified/trending spikes – especially  Peds “failure to, supervise staff, perform resuscitation, perform  procedure, admit, consult/refer to specialist, diagnose?)( Also general  “failure to diagnose MI, Bacterial infection, pneumothorax, CVA,  impending AAA rupture and medication errors.) |  |  |  |  |
| **Surgery Services**  <http://www.kdheks.gov/bhfr/download/Hospital_Regualtions_Nov_2001.pdf> |  |  |  |  |
| Under Direction of Medical Doctor  (Practices in/Performs Surgical Procedures.) |  |  |  |  |
| \*Delineation of Surgical Privilege  (Policy to determine who can be a surgical assist on each type of case  where assist is required?) |  |  |  |  |
| RN on duty during services |  |  |  |  |
| RN in Recovery Room |  |  |  |  |
| Required Equipment/Supplies  (Cardiac Monitor, Resuscitator, Defibrillator, Tracheotomy set, Blood  transfusion capabilities.) |  |  |  |  |
| Surgical Suite traffic-controlled |  |  |  |  |
| * Policy & Procedure for observers/reps in OR |  |  |  |  |
| H&P on chart prior to procedure |  |  |  |  |
| Informed Consent complete |  |  |  |  |
| OR Register Complete |  |  |  |  |
| ***Issue*** | ***Yes*** | ***No*** | ***N/A*** | ***Notes/Recommendation*** |
| OP Report on Chart within 24 hrs |  |  |  |  |
| On-Call/Call-In System or Schedule |  |  |  |  |
| \*\*All tissue removed is Examined  (All tissue exams must be performed by an M.D.)  (SRE-Lost specimen that cannot be used for diagnostics and cannot be  replaced.) <http://www.qualityforum.org/Topics/SREs/Serious_Reportable_Events.aspx> |  |  |  |  |
| Implant and Explant Policy & Procedure |  |  |  |  |
| Pre & Post Op Dx correlation  (If not the same – investigation and reporting completed.) |  |  |  |  |
| All documentation completed in timely manner. |  |  |  |  |
| Post-op follow up Telephone calls are documented in  Chart |  |  |  |  |
| OR specific Fire Safety Policy & Procedure  <http://www.osha.gov/dts/osta/otm/otm_vi/otm_vi_1.html> |  |  |  |  |
| Pt Positioning Policy & Procedure |  |  |  |  |
| Blanket & Solution Warmers  (Blanket Warmers should not exceed 130o F/54o C and Solution Warmers  should not exceed 110o F/43o C.) <http://www.ecri.org> |  |  |  |  |
| \*\*Processes to prevent wrong site, patient or  procedure performed. <http://www.qualityforum.org/Topics/SREs/Serious_Reportable_Events.aspx> |  |  |  |  |
| \*\*Policy & Procedure Unintended Foreign Body  (What processes are in place to prevent, monitor for or react to an  unintended FB left in a pt after surgery.) <http://www.qualityforum.org/Topics/SREs/Serious_Reportable_Events.aspx> |  |  |  |  |
| \*\*Policy & Procedure Death of ASA Class 1 Pt.  (What processes are in place to prevent, monitor and/or report the  intra operative or immediately postoperative/post procedure death in  a ASA Class 1 patient?) <http://www.qualityforum.org/Topics/SREs/Serious_Reportable_Events.aspx> |  |  |  |  |
| **Anesthesia Services**  [**http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\_a\_hospitals.pdf**](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf) |  |  |  |  |
| Certified practitioner /scope |  |  |  |  |
| ***Issue*** | ***Yes*** | ***No*** | ***N/A*** | ***Notes/Recommendation*** |
| Anesthetic Risk /Evaluation on all pts |  |  |  |  |
| Complete Documentation |  |  |  |  |
| Recovery Room Discharge criteria |  |  |  |  |
| Post Anesthesia Evaluation Documented |  |  |  |  |
| Waste Anesthetic Gas Procedure |  |  |  |  |
| **Central Sterilizing/Supply**  <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf> |  |  |  |  |
| Appropriate Storage/labeling  (Sterile supplies separate from non-sterile, sterile storage in dust-proof,  moisture free bags/units – must occur facility wide with dates on each  unit or package.) |  |  |  |  |
| * Expiration Date on all packs |  |  |  |  |
| Sterilizer Accuracy monitored |  |  |  |  |
| Surveillance of Sterilization processes/procedures |  |  |  |  |
| Policy & Procedure on Flash Sterilization |  |  |  |  |
| Policy & Procedure Standard Sterilization |  |  |  |  |
| Policy & Procedure High Def-Scope Sterilization |  |  |  |  |
| **Laboratory Services**  <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf> |  |  |  |  |
| Blood/Blood Products storage/handling  (No requirement to store blood on site) (If blood is stored on site temp &  alarms must be monitored) If blood not stored on site is there a contract  in place to get emergency blood/products or transfer the patient?) |  |  |  |  |
| ***Issue*** | ***Yes*** | ***No*** | ***N/A*** | ***Notes/Recommendation*** |
| CLIA Certificate or waiver  ( Lab MUST perform- UA by chemical exam- stick/table including ketones,  HMG/HCT, Blood Glucose, Occult blood, Pregnancy, primary culture for  transmittal to certified laboratory.) |  |  |  |  |
| Blood Banking  (Must be under control of pathologist or MD) |  |  |  |  |
| Policy & Procedure for each test performed  (Also Competency testing for each test performed) |  |  |  |  |
| \*\*Policy & Procedure critical results reporting  (Prevention, identification and/or reporting of patient death or serious  injury due to failure to communicate laboratory or pathology test results.) <http://www.qualityforum.org/Topics/SREs/Serious_Reportable_Events.aspx> |  |  |  |  |
| Lab services 24/7  (Ensure if not staffed lab has on call procedures and schedule.) |  |  |  |  |
| **Radiology Services**  [**http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\_a\_hospitals.pdf**](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf%20) |  |  |  |  |
| Listing of Services available |  |  |  |  |
| Policy & Procedure each exam performed  (Also Competency testing for each exam performed- and certification in  modality.) |  |  |  |  |
| Policy & Procedure safety/protection of patient |  |  |  |  |
| Radioactive Material Safety – Hazard Program  (Appropriate labeling of materials, waste, areas, security and access  control.) |  |  |  |  |
| Policy & Procedure Equipment testing |  |  |  |  |
| Policy & Procedure Reports are signed by  Interpreting Radiologist (teleradiololgy issue) |  |  |  |  |
| \*\* Policy & Procedure Critical Results Reporting  (Prevention, identification and/or reporting of patient death or serious  injury due to failure to communicate radiological test results.)  <http://www.qualityforum.org/Topics/SREs/Serious_Reportable_Events.aspx> |  |  |  |  |
| Employee testing Radiologic Exposure |  |  |  |  |
| Radiology Services 24/7  (if Radiology not staffed on-call procedure and schedule for critical  exams.) |  |  |  |  |
| ***Issue*** | ***Yes*** | ***No*** | ***N/A*** | ***Notes/Recommendation*** |
| **\*\*** MRI Safety  (Prevention, identification and/or reporting pt death or serious injury  associated with metallic objects introduced in to the MRI area.)  <http://www.qualityforum.org/Topics/SREs/Serious_Reportable_Events.aspx> |  |  |  |  |
| Fall precautions implemented <http://www.ecri.org> |  |  |  |  |
| Contrast Safety Evaluation  (Contraindications of giving oral or IV contrast and informed consent from  the patient.) |  |  |  |  |
| **Inpatient/Med-Surg Care Area(s)**  <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf> |  |  |  |  |
| Signage stating providers are not in the immediate  building 24/7. |  |  |  |  |
| RN on duty at all times  (At least 1 RN on duty at when there are 1 or more inpatients.) |  |  |  |  |
| \*Patient Rights are explained and followed by all  staff |  |  |  |  |
| All staff act within scope of practice  (Scope of practice found at KSBN, KSBHA, KDHE.) |  |  |  |  |
| Patient Care Policy & Procedure  (Policy & Procedure for all patient care functions within the facility.) |  |  |  |  |
| * Staffing levels |  |  |  |  |
| * Required Certifications |  |  |  |  |
| Documentation Standards  (Standards for documentation in the patient chart are implemented and  all staff educated on expectations.) |  |  |  |  |
| \*\* Blood Transfusions  (Also ensure process for prevention, identification and/or reporting of pt  death or injury associated with unsafe administration of blood products.)  and (Procedure included for transfusion reaction?) <http://www.qualityforum.org/Topics/SREs/Serious_Reportable_Events.aspx> |  |  |  |  |
| IV therapy and Medications |  |  |  |  |
| ***Issue*** | ***Yes*** | ***No*** | ***N/A*** | ***Notes/Recommendation*** |
| Medication procurement/ administration |  |  |  |  |
| \*Care Plans-on chart & appropriate for all dx listed |  |  |  |  |
| Nursing Assessments |  |  |  |  |
| Patient call systems |  |  |  |  |
| On-call staffing |  |  |  |  |
| Management of emergencies |  |  |  |  |
| Cardiac Monitoring |  |  |  |  |
| \*Restraint/Seclusion policy for use |  |  |  |  |
| \*\*Restraint/Seclusion  (Prevention, identification and/or reporting of death or serious injury to  patient while in restraints of any type.)  <http://www.qualityforum.org/Topics/SREs/Serious_Reportable_Events.aspx> |  |  |  |  |
| \*\*Appropriate Discharge  (Prevention, identification and/or reporting the discharge of any age  patient who is unable to make decisions to anyone other than an  authorized person may occur in area.) <http://www.qualityforum.org/Topics/SREs/Serious_Reportable_Events.aspx> |  |  |  |  |
| \*\*Patient Elopement  (Prevention, identification and/or reporting of patient death or serious  injury associated with patient elopement/disappearance from the  healthcare setting.) <http://www.qualityforum.org/Topics/SREs/Serious_Reportable_Events.aspx> |  |  |  |  |
| \*\*Self-harm or Suicide  (Prevention, identification and/or reporting of patient death or serious i  injury associated with patient self-harm, attempted suicide/suicide from  the healthcare setting.) <http://www.qualityforum.org/Topics/SREs/Serious_Reportable_Events.aspx> |  |  |  |  |
| \*\*Pressure Ulcer precautions  (Prevention, identification and/or reporting of any stage 3 or 4 pressure  ulcers acquired after admission/presentation to a healthcare setting.) <http://www.qualityforum.org/Topics/SREs/Serious_Reportable_Events.aspx> |  |  |  |  |
| Patient Education |  |  |  |  |
| Visitation updated policy  (Posted signage per KAR 28-34-8a requirements?) |  |  |  |  |
| ***Issue*** | ***Yes*** | ***No*** | ***N/A*** | ***Notes/Recommendation*** |
| Are care plans completed |  |  |  |  |
| Are orders completed |  |  |  |  |
| Incident Trending  (Work with inpatient director on trending spikes especially falls,  medication errors and “failure to prevent, monitor, in form or  intervention”.) |  |  |  |  |
| **Pharmacy Services**  <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf> |  |  |  |  |
| Licensed Pharmacist director. (Employed or Contracted?) |  |  |  |  |
| Pharmacy services 24/7  (Ensure pharmacist, tech, nursing have access to necessary medications  in timely manner.) |  |  |  |  |
| Policy & Procedure Reviewed/approved Annually by  Medical Staff |  |  |  |  |
| \*Drugs & Biologicals secured |  |  |  |  |
| \*Access is within scope of duties |  |  |  |  |
| * \*Policy who may access |  |  |  |  |
| * \*Policy Single Pt dose   (Board of Pharmacy prohibits dispensing by anyone bur a Pharmacist. Retrieving a single dose for s single patient is appropriate.) |  |  |  | <http://www.kansas.gov/pharmacy/Kansas%20Pharmacy%20Law%20Book/2012%20Lawbook.pdf> |
| Policy & Procedure - Look/sound alike meds |  |  |  |  |
| Policy & Procedure - High alert meds |  |  |  |  |
| Policy & Procedure - Sterile Med Prep |  |  |  |  |
| Policy & Procedure - Telepharmacy Access |  |  |  |  |
| \*\*Policy & Procedure -Medication Recall  (Including reporting of contaminated medication.) <http://www.qualityforum.org/Topics/SREs/List_of_SREs.aspx> |  |  |  |  |
| ***Issue*** | ***Yes*** | ***No*** | ***N/A*** | ***Notes/Recommendation*** |
| \*\* Process for air embolism  (Process for prevention, identification and reporting death or serious  injury associated with intravascular air embolism in the health care  setting.) <http://www.qualityforum.org/Topics/SREs/List_of_SREs.aspx> |  |  |  |  |
| Record system for Scheduled medications.  (Ensure control of distribution, use and disposition of meds through  timely accurate accounting.) |  |  |  |  |
| Dedicated/monitored Refrigeration for Medications |  |  |  |  |
| Pharmacists Review of orders  (All medication orders must be reviewed, verified by pharmacist prior to  releasing to automated dispensing system, i.e., pyxis, omnicell.)  <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf> |  |  |  |  |
| Outdate review performed |  |  |  |  |
| Code carts, medication carts are locked/secured  when not in use. |  |  |  |  |
| Pharmacy &Therapeutics Committee function |  |  |  |  |
| Active Formulary |  |  |  |  |
| Participates in Medication Error mitigation/adverse  drug reaction reporting.  (Process for prevention, identification and reporting death or serious  injury associated with wrong drug, dose, patient, time, rate, preparation  or route of a medication in the healthcare setting.) <http://www.qualityforum.org/Topics/SREs/List_of_SREs.aspx> |  |  |  |  |
| **SNF Services/Extended Care** |  |  |  |  |
| \* SNF Pt Rights explained to Patient  (Specialized rights of the SNF pt are to be explained and monitored.) |  |  |  |  |
| Pt provided activities |  |  |  |  |
| Social Services |  |  |  |  |
| ***Issue*** | ***Yes*** | ***No*** | ***N/A*** | ***Notes/Recommendation*** |
| Specialized rehabilitative service |  |  |  |  |
| Dental Services |  |  |  |  |
| Nutritional Services |  |  |  |  |
| Advance Directive services |  |  |  |  |
| Restrain /Seclusion Policy |  |  |  |  |
| Incident Trending  (Work with inpatient director on trending spikes especially falls,  medication errors and “failure to prevent, monitor, in form or  intervention”.) |  |  |  |  |
| **ICU or CCU Services** |  |  |  |  |
| Multibed-distinctly identifiable |  |  |  |  |
| Must have RN supervisor  (Appropriate training, certification and experience.) |  |  |  |  |
| Qualified Staff when occupied |  |  |  |  |
| Appropriate critical care equipment |  |  |  |  |
| ICU or CCU Committee  (Committee must develop and monitor policies and procedures of unit –  with minutes available for review.) [www.kdheks.gov/bhfr/download/Hospital\_Regualtions\_Nov\_2001.pdf](http://www.kdheks.gov/bhfr/download/Hospital_Regualtions_Nov_2001.pdf) |  |  |  |  |
| Ventilator Safety Procedures  (Qualified staff, training, experience, infection control.) |  |  |  |  |
| * Sedation Evaluations Performed |  |  |  |  |
| * HOB Elevated 30o – 40o |  |  |  |  |
| * Peptic Ulcer Disease Prophylaxis |  |  |  |  |
| * DVT Prophylaxis (when indicated) |  |  |  |  |
| Trending of Incidents  (Does RM work with CCU/ICU director on identified/trending spikes –  especially “failure to follow procedures, communication issues, staff  proficiency/training, distractions, alarm overload, medication errors,  patient compliance, patient understanding, injuries and complaints?) |  |  |  |  |
| ***Issue*** | ***Yes*** | ***No*** | ***N/A*** | ***Notes/Recommendation*** |
| **Physical Therapy Services** |  |  |  |  |
| Hospital or Contract Service |  |  |  |  |
| Registered Physical Therapist supervises Department |  |  |  |  |
| Appropriate Documentation is completed in timely  Manner. |  |  |  |  |
| Policy & Procedure for each service provided |  |  |  |  |
| Appropriate equipment/supplies for services  provided. |  |  |  |  |
| Appropriate Certifications maintained by staff |  |  |  |  |
| **Occupational Therapy Services** |  |  |  |  |
| Hospital or Contract Service |  |  |  |  |
| Registered Occupational Therapist supervises  Department |  |  |  |  |
| Policy & Procedure for each service provided |  |  |  |  |
| Appropriate Documentation is completed in timely  Manner. |  |  |  |  |
| **Respiratory Therapy Services** |  |  |  |  |
| Hospital or Contract Service |  |  |  |  |
| Registered Respiratory Therapist supervises  Department. |  |  |  |  |
| Appropriate Documentation is completed in timely  manner. |  |  |  |  |
| Policy & Procedure for each service provided |  |  |  |  |
| Appropriate equipment /supplies for services  provided. |  |  |  |  |
| Appropriate Certifications maintained by staff |  |  |  |  |
| **Health Information Management**  [**http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\_a\_hospitals.pdf**](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf) |  |  |  |  |
| Director of HIM-ART or RRA (The director must be ART or RRA  if not employed then on a consulting basis.) |  |  |  |  |
| ***Issue*** | ***Yes*** | ***No*** | ***N/A*** | ***Notes/Recommendation*** |
| Records of all patient care encounters |  |  |  |  |
| At least 1 full time employee |  |  |  |  |
| ***\****Reasonable security is maintained.  (Records are stored in locations where they are secure with protection  from damage, flood, fire, theft and limited access to only authorized  individuals.) |  |  |  |  |
| Orders are authenticated within 72 hours |  |  |  |  |
| \* All entries time/dated/ authenticated by person  making the entry |  |  |  |  |
| H&P on chart within 48 hrs of admission |  |  |  |  |
| All procedures/tests are performed as ordered |  |  |  |  |
| Record is complete within 30 days of discharge |  |  |  |  |
| Approved Abbreviation List  (Both approved and rejected abbreviations should be communicated to  all staff.) |  |  |  |  |
| Retention of records  (10 years after date of last discharge or if a minor10 years/1 year after  reaching majority whichever is longer.) |  |  |  |  |
| System for summary of records destroyed |  |  |  |  |
| **Dietary Services**  <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf> |  |  |  |  |
| In house or contracted |  |  |  |  |
| Director is Licensed Dietician  (If contracted service – consultant must be Licensed Dietician.) |  |  |  |  |
| Policy & Procedure for services provided  (Storage, service and preparation, safety of patient and staff) (all food  items inspected and FDA approved.) |  |  |  |  |
| Food Item Storage areas  (Separate area from preparation/serving, must be off floor and off  refrigerator/freezer floor.) |  |  |  |  |
| ***Issue*** | ***Yes*** | ***No*** | ***N/A*** | ***Notes/Recommendation*** |
| Food item Temperatures monitored  (Refrigeration must be monitored for consistency, Food in Freezers may  not rise above 0o F and must be rinsed at 180o F prior to use when  appropriate.) |  |  |  |  |
| Preparation/Serving Areas  (Must be provided in sanitary manner – separate hand washing facilities in  food prep/serving areas.) |  |  |  |  |
| No toxic agents in food areas  (Storage of toxic agents shall be prohibited in food prep/serving areas.) |  |  |  |  |
| Dish Washing Temperatures  (Washed at 140o F and rinsed at 180o F) |  |  |  |  |
| Appropriate cooking attire  (Washable garments, hair nets/clean caps, hands/fingernails clean at all  times.) |  |  |  |  |
| Food Transport  (Containers/carts clean and held at appropriate temperature.) |  |  |  |  |
| **Laundry Services** |  |  |  |  |
| In house or contracted |  |  |  |  |
| Clean linen storage separate  from other storage |  |  |  |  |
| Clean linen covered during transport |  |  |  |  |
| Dirty linen area separate from clean areas and  identified to all staff. |  |  |  |  |
| Infectious/Isolation Linen labeled |  |  |  |  |
| Laundry washed/dried at appropriate temperatures  (Wash temperature at a minimum of 165o F for 25 minutes.) |  |  |  |  |
| ***Environment of Care Services*** |  |  |  |  |
| Building Exterior/parking area well maintained |  |  |  |  |
| \*Building Interior clean-orderly |  |  |  |  |
| \*Life Safety Codes are followed throughout facility |  |  |  |  |
| ***Issue*** | ***Yes*** | ***No*** | ***N/A*** | ***Notes/Recommendation*** |
| Internal Disaster plans  (Fire, Bomb, Explosion, Violence, Active Shooter, Infant/Child Abduction,  missing patient.) |  |  |  |  |
| * Training & Drills performed |  |  |  |  |
| External Disaster Plans  (Tornado, Flood Earthquake, Civil Disturbance, Hazardous Chemical  Release.) |  |  |  |  |
| * Training & Drills performed |  |  |  |  |
| Backup power supply  (At a minimum back up power supply to critical care areas and critical  infrastructure areas.) |  |  |  |  |
| Smoking Policies (Staff, visitors, patients – safe guards in place.) |  |  |  |  |
| ***\*\****Slip/Trip/Fall prevention  (Are safe guards, reporting and active surveillance in place?)  (Death or serious injury associated with fall.) <http://www.qualityforum.org/Topics/SREs/List_of_SREs.aspx> |  |  |  |  |
| \*\*Process for Injury due to Device malfunction or  misuse. (Processes for prevention, identification and reporting  patient death or serious injury due to the malfunction or misuse of  devices provided in the healthcare setting including burns, electric  shock and electrocution.)  <http://www.qualityforum.org/Topics/SREs/List_of_SREs.aspx> |  |  |  |  |
| \*\*Medical gases administered  (Prevention, identification and/or Reporting when systems designated  for medical gases administration are corrupt or contain the wrong gas.) <http://www.qualityforum.org/Topics/SREs/List_of_SREs.aspx> |  |  |  |  |
| \*\* Criminal events  (Prevention, identification and/or Reporting when a patient or staff  member impersonates a licensed professional, abducts another patient  or staff member, committees sexual assault or assaults someone in the  healthcare setting.) <http://www.qualityforum.org/Topics/SREs/List_of_SREs.aspx> |  |  |  |  |
| **\*Meeting Minutes**  (All departments, committees, educational events need to have verifiable  minutes as documentation.) |  |  |  |  |
| ***Issue*** | ***Yes*** | ***No*** | ***N/A*** | ***Notes/Recommendation*** |
| **Infection Control** |  |  |  |  |
| \* Infection Control program in Place with staff training  Documented. |  |  |  |  |
| Qualified Infection Control Director |  |  |  |  |
| Infection Control is facility wide |  |  |  |  |
| \*Infection Control Director must investigate &  develop an action plan for all events identified in the  IC Plan |  |  |  |  |
| \*\* Process for contaminated devices, drugs and/or  biological. (Processes for prevention, identification and reporting  patient death or serious injury due to the use of contaminated drugs,  devices or biologicals provided in the healthcare setting.) <http://www.qualityforum.org/Topics/SREs/List_of_SREs.aspx> |  |  |  |  |
| **Staff Orientation & Education** |  |  |  |  |
| New Hire/Contract Education program |  |  |  |  |
| Annual Education Program |  |  |  |  |
| Specialized Department Education |  |  |  |  |
| Licensure Verification/status Procedures, new &  current. (Licensure, certification, and or registered staff must hold and  continue to hold valid.) |  |  |  |  |
| **Employee Health Program**  (State/federal requirements for health facilities are being met?) |  |  |  |  |
| Monitor health and wellness  (Continued surveillance of communicable processes hospital wide.) |  |  |  |  |
| **Quality Assurance Program**  [**http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\_a\_hospitals.pdf**](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf) |  |  |  |  |
| Program is in place with staff training. |  |  |  |  |
| Qualified Director of Quality |  |  |  |  |
| \*Evidence of Board Over site |  |  |  |  |
| ***Issue*** | ***Yes*** | ***No*** | ***N/A*** | ***Notes/Recommendation*** |
| Regular QA meetings with minutes available. |  |  |  |  |
| \*Contracted Services are reviewed for compliance  with hospital Policies and Procedures |  |  |  |  |
| Involved in State Initiatives? |  |  |  |  |
| Provide Data Analysis and improvements with  Information. |  |  |  |  |
| Monitors Best Practice Guidelines for facility  (If not quality assurance – then who monitors and makes  recommendations to the facility when new guidelines are published.) |  |  |  |  |
| Organ/Tissue Procurement  (If not quality assurance – then who monitors POLICY & PROCEDURE are  being performed, and accounting of procedures?) |  |  |  |  |
| **Human Resources** |  |  |  |  |
| Policy and procedure Review  (A minimum of every 2 years or per policy.) |  |  |  |  |
| All staff can perform job skills appropriately  (Ensures all staff can perform job functions assigned without barriers both  physician and knowledge based.) |  |  |  |  |
| Accurate personnel files  (Must include education, training, experience that qualifies the person for  the job upon hire.) |  |  |  |  |
| Competency Testing  (Ensures all staff are competent for duties upon hire and as required with  new/ongoing assignments, equipment, tasks or guideline updates/best  practice standards – facility wide.) |  |  |  |  |
| Employee Health Records  (Must include initial health exam upon employment, CXR or TB skin test,  subsequent medical exams or health assessments per policy.) |  |  |  |  |
| Policy Social Media Expectations  (All staff are trained in the appropriate use of social media in relationship  to the facility and/or their job duties that will not unnecessarily expose  the facility to liabilities.) |  |  |  |  |
| **Information Technology** |  |  |  |  |
| Security Measures in place |  |  |  |  |
| ***Issue*** | ***Yes*** | ***No*** | ***N/A*** | ***Notes/Recommendation*** |
| HITECH-Cyber Security Policies & Procedures  (Utilization of KaMMCO services via website?) |  |  |  |  |
| **Revenue Cycle Management** |  |  |  |  |
| Contract Review  (Process for renegotiating outdated contracts – annually or upon  renewal) |  |  |  |  |
| Contract Compliance (insurance, equipment, service etc…) |  |  |  |  |
| Up to Date Charge Master (annual?) |  |  |  |  |
| **Coding** |  |  |  |  |
| * Claims are clean and timely   (Days in AR – Denial resolution?) |  |  |  |  |
| * Patient documentation/final code assignments are correct. |  |  |  |  |
| * Internal/external coding audits?   (Followed up with Education?) |  |  |  |  |
| * Up to date training for coding & billing staff. |  |  |  |  |
| **Business Office** |  |  |  |  |
| * Practices meet Compliance with Laws/Regs   (Compliance plan, education, training logs, concerns & resolutions?) |  |  |  |  |
| * Practices meet Best Practices |  |  |  |  |
| * Denial Management program |  |  |  |  |
| * Effective Collections Program |  |  |  |  |
| * Collection Agency is effective |  |  |  |  |
| * Charity Care Policy –up to date   (to reflect regulation changes) |  |  |  |  |
| * Bad debt Write off Policy   (consistent is with all payers’ and no insurance) |  |  |  |  |
| **Admissions**  (Processes are timely and consistent with each patient registration) |  |  |  |  |
| * Clean Data Entry   (Patient information is entered consistently and accurately) |  |  |  |  |
| ***Issue*** | ***Yes*** | ***No*** | ***N/A*** | ***Notes/Recommendation*** |
| **Risk Management Program**  [www.kdheks.gov/bhfr/state\_ach\_licensure\_forms.htm](http://www.kdheks.gov/bhfr/state_ach_licensure_forms.htm) |  |  |  |  |
| Risk Management Plan  (Does the plan follow the actions of the facility?) |  |  |  |  |
| Approval by Board (Must be approved on annual basis.) |  |  |  |  |
| * Approved by KDHE |  |  |  |  |
| * Procedures for RM activity   (The plan must document procedure for findings, conclusions,  recommendations, actions and results of actions and reporting.) |  |  |  |  |
| * Amendments of Plan to KDHE |  |  |  |  |
| Contracted Providers review  (All services must be reviewed for appropriate care – can be completed  through quality assurance.) |  |  |  |  |
| Description of Risk Mitigation  (What measures is the hospital using to minimize the occurrence of  reported incidents.) |  |  |  |  |
| Quarterly Reports to KDHE |  |  |  |  |
| Staff access/ education to plan  (How do employees know what it says, how can they access it and are  there regular education updates?) |  |  |  |  |
| Who to report an incident to?  (Does the staff know they can report to the chief of staff, CEO or Risk  Manager?) |  |  |  |  |
| Are reports sent to correct committee? |  |  |  |  |
| Committee reports of SOC  (All executive committees report SOC 3 or 4 appropriately and take  appropriate actions.) |  |  |  |  |
| Confidential Information  (All incident reports are held confidential and privileged along with  investigations and proceedings.) |  |  |  |  |
| Incident Reporting System |  |  |  |  |
| * All incidents go directly to the appropriate person |  |  |  |  |
| ***Issue*** | ***Yes*** | ***No*** | ***N/A*** | ***Notes/Recommendation*** |
| * Acknowledgement of incident report   (The Risk Manager, CEO or Chief of Staff will file stamp each  report, maintain a chronological risk management report log,  sign/initial/enter into data base reporting system.) |  |  |  |  |
| Risk Management Record Retention  (Risk Management protected information will be maintained in the facility  for not less than 1 year following completion of the investigation) |  |  |  |  |
| Practicing Committees are functioning per the Risk  Management Plan |  |  |  |  |
| RM Committees meet at least quarterly  (Documentation of meeting minutes) |  |  |  |  |
| SOC categories  ***1, 2, 3, 4*** (What happens with non clinical incident reports?) |  |  |  |  |
| SOC assignments  (Each incident will receive a standard of care, each individual involved in  the incident will also receive a standard of care) |  |  |  |  |
| Each Incident is signed off  (Each incident report is investigated and the name of the individual along  with the risk manager will be on the incident report in the reporting  system or signed on the investigation) |  |  |  |  |
| Committee Review  (If the incident does not warrant peer review the RM Committee will  review the incident and document accordingly) |  |  |  |  |
| Final Standard of Care Determinations  (The Risk Management committee will approve the peer reviewed SOC’s  at least on a statistical basis.) |  |  |  |  |
| Who monitors new guidelines and alerts?  (How is this information disseminated to the appropriate committees for  evaluation and consideration?) |  |  |  |  |
| **Insurance Policies** <http://www.kammco.com> |  |  |  |  |
| Declaration Page(s) on File |  |  |  |  |
| Policy (s) on File for each |  |  |  |  |
| Endorsements to Policy(s) on file |  |  |  |  |
| Basic understanding of the Declaration Page, Policy,  Endorsements |  |  |  |  |
| ***Issue*** | ***Yes*** | ***No*** | ***N/A*** | ***Notes/Recommendation*** |
| Coverage Evaluation Performed regularly? |  |  |  |  |
| **Kammco Web Site** |  |  |  |  |
| Account set up |  |  |  |  |
| Loss Prevention Guide |  |  |  |  |
| **Claims Management** |  |  |  |  |
| Submitting Claim |  |  |  |  |
| Monitoring the claim |  |  |  |  |
| **Responding to legal requests**  (Is there a procedure and all staff are educated procedure?) |  |  |  |  |
| **Association Memberships** (recommended – not required) |  |  |  |  |
| KARQM – Mentoring program |  |  |  |  |
| ASHRM |  |  |  |  |
| ECRI |  |  |  |  |
|  |  |  |  |  |

***Notes***

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Assessor Signature Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Issue*** | ***Yes*** | ***No*** | ***N/A*** | ***Notes/Recommendation*** |
| **Obstetrical and Newborn Services**  [www.kdheks.gov/bhfr/download/Hospital\_Regualtions\_Nov\_2001.pdf](http://www.kdheks.gov/bhfr/download/Hospital_Regualtions_Nov_2001.pdf) |  |  |  |  |
| Under Direction of Medical Doctor  (Performs Obstetrical/Newborn services.) |  |  |  |  |
| Delineation of privileges  (roster with all physicians who hold OB privileges) |  |  |  |  |
| Qualified Nursing Supervisor  (OB, L&D, Newborn & Pediatric experience with appropriate  certifications/training.) |  |  |  |  |
| Qualified Nursing staff  (Appropriate certifications/training – with qualified RN immediately  available in not an RN in attendance with OB/Nursery pt.) |  |  |  |  |
| Staff access up to date clinical guidelines |  |  |  |  |
| Anesthesia Services (Must be readily available.) |  |  |  |  |
| Surgery Services (Must be readily available.) |  |  |  |  |
| Communication Training  (Effective communication within teams and across departments especially  critical or emergency communication.) |  |  |  |  |
| Labor Room(s) equipped according to state  Regulations Kansas Hospital Regulation 28-34-18 c (1), (2), (3) |  |  |  |  |
| Delivery room(s) equipped according to state  Regulations Kansas Hospital Regulation 28-34-18 c (1), (2), (3) |  |  |  |  |
| Nursery or NICU equipped according to state  Regulations Kansas Hospital Regulation 28-34-18 c (1), (2), (3) |  |  |  |  |
| OB infection control procedures |  |  |  |  |
| Nursery Infection control procedures |  |  |  |  |
| Appropriate oxygen administration  (Equipment available to suit the needs of the patients in L&D, OB and  nursery?) |  |  |  |  |
| ***Issue*** | ***Yes*** | ***No*** | ***N/A*** | ***Notes/Recommendation*** |
| ID/Security for Mother/infant |  |  |  |  |
| PKU testing after 24 hours of birth and prior to  discharge |  |  |  |  |
| Policies & Procedures:  (Minimum POLICY & PROCEDURE stated in Kansas Hospital Regulation 28-  34-18e (6) a-m) |  |  |  |  |
| Procedure for obtaining newborn blood samples |  |  |  |  |
| Specific policies on High risk medication  Administration (Use of Oxytocic drugs and the administration of  anesthetics, sedatives, analgesics and other drugs.) |  |  |  |  |
| Care of the high risk newborn  (Facilities to care for the newborn at an appropriate level or plan to  transfer to appropriate NICU.) |  |  |  |  |
| \*\* Neonatal Bilirubin Monitoring  (Procedures for identification, monitoring and treating  hyperbilirubinemia.) <http://www.qualityforum.org/Topics/SREs/List_of_SREs.aspx> |  |  |  |  |
| Staff flow between departments |  |  |  |  |
| Procedure for communication with observer/support  person in room. (Especially when an emergency occurs.) |  |  |  |  |
| Policy for transport of the newborn (Must be in a bassinet.) |  |  |  |  |
| Perinatal Committee  (Are there minutes of committee meetings at least quarterly to include  providers, nursing?) |  |  |  |  |
| \*\*Process for reporting Maternal Injury or Death  (Maternal death or serious injury associated with labor or delivery in a  low-risk pregnancy while being cared for in a healthcare setting.)  <http://www.qualityforum.org/Topics/SREs/List_of_SREs.aspx> |  |  |  |  |
| \*\* Process for reporting Neonatal injury or death  (Neonatal death or serious injury associated with labor or delivery in a  low-risk pregnancy while being cared for in a healthcare setting.)  <http://www.qualityforum.org/Topics/SREs/List_of_SREs.aspx> |  |  |  |  |
| Policy & Procedure for Video of Birth  (if permitted) |  |  |  |  |
| ***Issue*** | ***Yes*** | ***No*** | ***N/A*** | ***Notes/Recommendation*** |
| Procedure for Emergency Response in the L&D, OB or  Nursery area. |  |  |  |  |
| Policy & Procedure for Shoulder Dystocia  prevention/management of. |  |  |  |  |
| Policy & Procedure for VBAC |  |  |  |  |
| Trending of Incidents  (Does RM work with OB director on identified/trending spikes – especially  “failure to, supervise staff, perform resuscitation, perform procedure,  consult/refer to specialist, diagnose, L&D to C-Section time, medication  errors, infant transfers, injuries and complaints?) |  |  |  |  |

***Additional Notes***

Sources

Center for Medicare and Medicaid (2011, December 22) *State Operations Manual Appendix A Survey Protocol, Regulations and Interpretive Guidelines for*

*Hospitals.* Washington DC. [www.kdheks.gov/bhfr/download/Hospital\_Regualtions](http://www.kdheks.gov/bhfr/download/Hospital_Regualtions)

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Association. BKD CPA’s & Advisors, Kansas City, MO.