

Egyptian Hospital Accreditation Program: Surveyor Guide

*Second Edition,
December 2004*



Partners for Health Reform*plus*



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Mission

Partners for Health Reformplus is USAID's flagship project for health policy and health system strengthening in developing and transitional countries. The five-year project (2000-2005) builds on the predecessor Partnerships for Health Reform Project, continuing PHR's focus on health policy, financing, and organization, with new emphasis on community participation, infectious disease surveillance, and information systems that support the management and delivery of appropriate health services. PHRplus will focus on the following results:

- ▲ *Implementation of appropriate health system reform.*
- ▲ *Generation of new financing for health care, as well as more effective use of existing funds.*
- ▲ *Design and implementation of health information systems for disease surveillance.*
- ▲ *Delivery of quality services by health workers.*
- ▲ *Availability and appropriate use of health commodities.*

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Abstract

This Surveyor Guide accompanies the *Egyptian Hospital Accreditation Program: Hospital Standards* document. The Egyptian Ministry of Health and Population (MOHP) with the assistance of the USAID-funded Partnerships for Health Reform Project (1995–2001) successfully developed and implemented an accreditation program for their primary health centers. Building on this experience, the MOHP Quality Improvement Directorate drafted a set of standards for hospital accreditation. The standards then were refined with the collaboration of government hospitals, university hospitals, teaching hospitals, and private hospitals. The USAID-funded Partners for Health Reform *plus* Project provided technical assistance to the current version of the hospital accreditation standards. The standards are specific for Egypt, in that they comply with Egyptian laws, regulations, and culture, but they also meet the basic intent of international standards. It is expected that the standards will be a catalyst for change and improvement in both the culture and practice of health care in Egypt.

A total of 709 standards were developed and agreed on, and are categorized into three types: (69) critical standards, (290) core standards, and (349) non-core standards. To become accredited, a hospital must meet all the critical standards and reach a cumulative score of 85 percent on the core standards. The non-core standards constitute a more ambitious target that hospitals are encouraged to work toward; current accreditation requires hospitals to reach a cumulative score of 40 percent on the non-core standards. The Surveyor Guide explains how to evaluate compliance with each hospital standard and how to score the compliance as either fully, partially, or not met.

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Acronyms

BFH	Baby Friendly Hospital
CPR	Cardiopulmonary resuscitation
CSSD	Central sterilization supply department
CT	Computerized tomography
EDL	Essential drug list
ER	Emergency room
H&P	History and physical examination
HVAC	Heating, ventilation, and air conditioning
IBCLC	International Board Certified Lactation Consultant
ICU	Intensive care unit
MOHP	Ministry of Health and Population
PHR<i>plus</i>	Partners for Health Reform <i>plus</i>
QI	Quality improvement
UNICEF	United Nations' Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

Foreword

This Surveyor Guide accompanies the fifth edition of *Egyptian Hospital Accreditation Program: Hospital Standards*. The development of these standards was a collaborative effort of representatives from all health sectors, including the Quality Improvement Directorate of the Ministry of Health and Population (MOHP), university hospitals, teaching hospitals, and private hospitals. The standards are specific to Egypt, but they have been compared to international standards and found to meet the basic intent of all international standards that apply to Egyptian laws, regulations, and culture. It is expected that the standards will be a catalyst for change and improvement in both the culture and practice of health care in Egypt.

The standards are divided into three categories: critical standards (written in bold italics), core standards (written in bold type), and non-core standards (written in plain type). To become accredited, a hospital must meet all the critical standards and reach a cumulative score of 85 percent on the core standards. The non-core standards are a future and even higher target. To become accredited, a hospital must reach a cumulative score of 40 percent on the non-core standards.

Acknowledgments

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Background to Surveyor Guide

Oversight

There should be an independent group that oversees the accreditation program and process. This group should have the following characteristics:

1. Broad representation from all sectors of health care (at least university, teaching, private, and Ministry of Health and Population [MOHP] hospitals)
2. Representation from non-medical groups from both the public and private sectors

This group should have the following responsibilities:

1. Oversee the integrity of the accreditation process
2. Determine the duration of accreditation (number of years before repeat survey)
3. Have final approval of accreditation standards
4. Approve the weight of individual standards as part of the scoring process
5. Have authority to modify future standards and their weights based on experience with the accreditation process and changes in medical care and culture
6. Review and approve all survey reports
7. Make final decision on granting accreditation
8. Have authority to terminate a hospital's survey and deny accreditation if
 - a. The hospital has falsified documents to improve its score on accreditation
 - b. The survey team finds anything that presents a clear and immediate significant threat to patient safety.

Survey Team

1. Ideally, each survey team should have representatives from different health care sector hospitals. In particular, no team should consist of representatives from only one sector.
2. Each survey team should have an appointed team leader whose responsibilities include the following:
 - a. Developing and coordinating the agenda with the hospital. Sample agendas are in Annex A.

- b. Ensuring that travel and hotel arrangements have been made when needed.
 - c. Assigning individual team member standards or chapters they will be responsible for writing.
 - d. Assigning specific documents to be reviewed by each team member.
 - e. Ensuring that all documents listed at the beginning of each chapter in the survey guide have been reviewed.
 - f. Assigning individual team members areas, departments, or patient care units to visit.
 - g. Determining the type and number of medical records to be reviewed.
 - h. Determining the type and number of human resources files to be reviewed.
 - i. Determining the type and number of medical staff files to be reviewed.
 - j. Convening a team meeting at the end of each survey day to share, discuss, and coordinate findings and recommendations.
 - k. Coordinating the draft report that will be submitted.
 - l. Ensuring that any standard scored as either partially met or not met has specific findings supporting this conclusion.
3. Each survey team member should be fully knowledgeable of all standards and be able to evaluate compliance by reading policies, reviewing medical records, observing care processes, observing environmental safety and infection control practices or deficiencies, and interviewing staff members.
 4. The survey team should suspend all further survey activities and contact the National Accreditation Board for instruction if it finds the following:
 - a. Documents that have been falsified by the hospital in an attempt to make it appear that a standard is met.
 - b. Any serious finding that presents a clear and immediate threat to patients.

Survey Process

The survey process involves the following activities:

- ▲ Review of documents.
- ▲ Review of medical records. During visits to patient units, at least two medical records should be reviewed. The surveyor can use the medical record checklist found in Annex C. However, it is important to understand that not every record has to be reviewed for every item. Each surveyor will have been assigned specific chapters or standards to review and can therefore focus the review to those standards while visiting a patient unit. What has not been covered can be evaluated during the formal medical record interview. The intent is that by the time

the survey is completed, at least 30–50 records (depending on the size of the hospital and its scope of services) will have been reviewed and that all the items on the checklist will have been covered. The records selected should represent some of the 10 most common diagnoses and procedures and some high-risk procedures or diagnoses.

- ▲ Observation: At all times, each surveyor should look for
 - △ Items found on the environmental safety checklist
 - △ Infection control deficiencies
 - △ Patient privacy issues
 - △ Lack of security of emergency medications
- ▲ Staff interviews: Each surveyor should interview at least one selected staff member while visiting areas, departments, or units. The interview should focus on their orientation and training and their understanding of selected policies and procedures. Since each surveyor will have been assigned specific chapters or standards to review, the interview can also focus on these standards.
- ▲ Patient interviews: Each surveyor should interview at least one patient while visiting a patient care unit. The interview should focus on the education the patient received, including information about informed consent, and how well they understood it.
- ▲ Special interviews:
 - △ Leadership Interview – Conducted by entire surveyor team. Focuses on the management and leadership standards, including organizational structure, mission, budgeting process, planning (strategic), and how data and information are used in making decisions. The team should also explore leadership’s support of the quality improvement and patient safety program. Hospital attendees should include the entire leadership council.
 - △ Facility Tour – Conducted by one surveyor (although all surveyors need to observe environmental safety issues at all times). In a larger hospital there will be time for a separate review of the environmental safety plans. In a smaller hospital, before starting the tour, the surveyor should review all the environmental safety plans. Hospital attendees should include the senior facility management staff.
 - △ Infection Control Interview – Conducted by one surveyor (although all surveyors need to observe infection control activities at all times). Focuses on the infection control plan, surveillance data and its use, and evaluation of high-risk areas. Hospital attendees should include the infection control coordinator and any staff involved in the program implementation.
 - △ Medication Management Interview – Conducted by one surveyor at the start of the pharmacy visit. Focuses on the medication use standards. Hospital attendees should include the chair of any committee dealing with medication use (such as a pharmacy and therapeutics committee), the head of pharmacy, a nurse who administers medication, and at least one physician.
 - △ Medical Records Interview – Conducted by two surveyors (usually a nurse and a physician). They review the medical record delinquency rate and 20 records of discharged patients, using the medical record checklist.

- △ Human Resources Interview – The physician member of the team will review 10 records of physicians to evaluate the medical staff standards. The other two surveyors should review a total of 20 records for compliance with the human resource standards. Hospital attendees should include the head of human resources, the nurse executive, and the chief medical officer.
- △ Quality Improvement and Patient Safety Interview – Conducted by all three surveyors and covers the quality improvement and patient safety standards. Hospital attendees should include the quality improvement (QI) coordinator and members of the QI committee.
- △ Final Day Interview – Conducted by all surveyors together and should be scheduled for the last morning of the survey. Intended to allow the survey team to cover any standard not yet evaluated or to answer any questions the survey team still has. This interview is optional and can be cancelled if the team has no unresolved issues. Hospital attendees to be determined by the survey team based on issues or standards they need to explore more fully.
- ▲ Visits to areas, departments, and patient care units: The subjects to be covered will obviously vary depending on the area being visited. However, in general, the following should be covered: a brief overview of the activity and types of services offered, staffing, and quality improvement activities and results. Then a tour of the area should follow. During the tour, the surveyor should particularly focus on issues related to those chapters or standards he or she was assigned by the team leader. However, all surveyors should look for general safety issues, infection control compliance, and issues of patient privacy. The visits to specific areas such as laboratory, radiology, and operating suites will be discussed in each relevant standard section of this guide.

Scoring Rules

The standards are divided into three categories:

- ▲ Critical Standards – There are 69 critical standards and they are listed in bold and italics type.
- ▲ Core Standards – There are 290 core standards and they are in bold, non-italics type.
- ▲ Non-core Standards – There are 349 and they are in non-bold type.

To become accredited, a hospital must meet three criteria:

1. It must be fully compliant with all the critical standards.
2. It must have at least an 85 percent cumulative score on all core standards.
3. It must have at least a 40 percent cumulative score on all non-core standards.

Each standard has been assigned a weight from 1–5, with 5 being assigned to the most important standards. Each standard is scored from 1–3 with 1 = non-compliance, 2 = partial compliance, and 3 = full compliance. Therefore, each standard has a maximum achievable score that is three times the weight. The actual score times the weight divided by the maximum achievable score is expressed as a percentage. The

sum of all the actual scores times their weight divided by the sum of the maximum achievable scores represents the overall percentage for core and non-core standards.

- ▲ To be scored as fully met, there should be evidence of full compliance for a minimum of six months prior to the survey.
- ▲ If less than six months, but greater than four months, the standard may be scored as fully met provided the survey team is convinced that the process is stable and will be sustained. The survey team should be very careful in making this judgment.
- ▲ If less than six months, but greater than three months, the standard may be scored as partially met.
- ▲ If less than three months, the standard should be scored as not met.

Terminology

- ▲ Policies and Procedures – This term is used frequently in the standards and the survey guide. A policy defines what is to be done. A procedure defines how it is to be done. Two separate documents are not necessarily needed. A policy may incorporate the procedure, or a written procedure may include the policy (what is to be done as well as how). Further, not all policies need an associated procedure. For example, a policy on patients’ rights needs to include what, but not how. Likewise, a procedure may not need to explicitly define what since it may be obvious.
- ▲ Surveyor Judgment – There are many standards that cannot be quantified and will require that the surveyor use judgment. In general these standards should be scored only after discussion with and agreement of the entire team and sufficient findings documented in the report to support the judgment. As surveyors gain experience, the discussions will be brief.
- ▲ Sample Size – For the most part, this is a common-sense approach. Although many standards are scored based on a percentage, a statistically valid sample is not always needed. For example, to be scored as fully met, a standard must be in place in 90 percent of the sample; if during the first four times the sample is evaluated, the standard is not present, it is no longer necessary to keep looking for compliance since even if the next six are present, the compliance is 60 percent (i.e., not fully met). Similarly, if the standard is met the first four times, it is not always necessary to keep looking; it would be acceptable to conclude that the standard is fully met. In sum, there is simply not enough time to evaluate every standard based on a large sample.
- ▲ “Weight of Evidence” – Several standards are scored based on the “weight of evidence.” This means that although every possible aspect has not been evaluated, the predominance of findings supports the scoring decision. These standards also should be scored based on discussion with and agreement of the entire team.
- ▲ “By Exception” – Several standards are scored “by exception.” This means that the standard will be scored as fully met unless there is some obvious deficiency.

Policies

In all standards that require a written policy, plan, or other document, unless otherwise stated, the policy, plan, or other document must be implemented to be scored as fully met.

1. Patient and Family Rights

The following documents should be reviewed sometime during the survey:

- ▲ Copy of patient's rights
- ▲ Copy of all consent forms
- ▲ List of procedures and treatments requiring specific consent
- ▲ Copy of policy defining when someone other than the patient may give consent
- ▲ Copy of patient satisfaction survey
- ▲ Any committee minutes that show how patient satisfaction information was used
- ▲ Terms of reference for this committee
- ▲ Ethics Committee minutes showing review of research protocol(s)
- ▲ A list of all new research protocols for the prior six months
- ▲ Copy of a research file (to see if informed consent is present)
- ▲ List of staff trained in interpersonal relations
- ▲ Copy of policy or written procedure for patient complaints
- ▲ Policy on responsibility for patient's possessions
- ▲ Policy on patient refusing treatment
- ▲ Copy of informational brochure or other information given to patients
- ▲ Written scope of services by the Social Services Department and time needed for providing these services

During the survey the following should occur:

- ▲ Review records of patients on the list of those requiring informed consent who had surgery or an invasive procedure
- ▲ Review records of patients who received blood
- ▲ Review records of patients who were anaesthetized or received moderate or deep sedation

- ▲ Review records of patients who were evaluated by the Social Services Department
- ▲ Review records of patients enrolled in a research protocol/project
- ▲ Look for signs or other visible evidence of patients' rights
- ▲ Observe staff-to-patient interaction to determine if staff are polite and respectful
- ▲ Observe any violation of patient's privacy or lack of protection of the confidentiality of medical records (such as records being left open and unattended in a hallway)
- ▲ Interview staff members. Example questions are
 - △ Do they know what the patient's rights are?
 - △ Do they know how a patient may make a complaint or a suggestion?
 - △ Have they received training in interpersonal relations?
 - △ What do they do with the possessions the patients may have brought with them?
 - △ What do they do if a patient refuses treatment? (This should be asked of a doctor.)

PR.1 *(5) The hospital has a specified list of procedures for which informed consent is required from the patient or other authorized person. The list includes the following (when applicable to the hospital's services):*

PR.1.1 *(5) Surgery and invasive procedures*

PR.1.2 *(5) Anesthesia/moderate or deep sedation*

PR.1.3 *(5) Use of blood*

PR.1.4 *(5) Research*

PR.1.5 *(5) High-risk procedures or treatments (ECT, radiation therapy, chemotherapy)*

Survey Process:

These standards are surveyed by a review of the list found in the documents (see Annex B).

Scoring:

PR.1 To be scored as fully met, all the requirements in PR.1.1–PR.1.5 that are applicable to the hospital must be present. If any is not, then it should be scored as “not met.”

PR.1.1–PR.1.5 Each standard applicable to the hospital's services is scored as either present (fully met) or absent (not met).

PR. 2 *(4) The hospital complies with laws and regulations governing when someone other than the patient can give consent.*

Survey Process:

This standard requires that the policy (reviewed as part of the document review) complies with laws and regulations.

Scoring:

Some judgment is required by surveyor. If the policy fully meets the laws and regulations, score it as fully met. If it meets more than 50 percent of requirements, score it as partially met. If it meets less than 50 percent of requirements, or if there is no policy, score it as not met.

PR.2.1 (3) If consent is given by someone other than the patient, this is documented in the patient's medical record.

Survey Process:

Review at least two records of pediatric patients who had a procedure on the list of those requiring informed consent (if there is no list, this standard is scored as non-compliant).

If possible, review at least one other record of a patient who was unable to provide his or her own consent (may have to do this during the medical record interview if no such patient is currently hospitalized). Depending on the findings, the team may have to review up to 10 records to determine scoring.

Scoring:

If documented in all records reviewed, score as fully met. If documented in more than 50 percent, score as partially met. If documented in less than 50 percent, score as not met.

PR.3 (2) Patient consent forms are available in all applicable locations at the hospital. The locations include at least the following:

PR.3.1 (2) All nursing inpatient units

PR.3.2 (2) All areas where surgery or invasive procedures are done

PR.3.3 (1) All ambulatory clinics where procedures on the list requiring consent are done

PR.3.4 (2) Radiation therapy

PR.3.5 (2) Outpatient chemotherapy area

PR.3.6 (1) Psychiatry units where electroconvulsive treatment is done

Survey Process:

Ask to see a copy while on each unit.

Scoring:

PR.3 If present in four or more of above areas, score as fully met. If present in two to four areas, score as partially met. If present in none or only one area, score as not met.

PR.31–PR.3.6 Score as fully met if present, score as not met if not present.

PR.4 (5) Informed consent is obtained for all relevant processes of care, including research, before performing such procedures or starting the research. Informed consent requires giving patients information about the risks, benefits, and alternatives to the proposed treatment plan. The patient’s signature or other documentation of consent is in the patient’s medical file.

Survey Process:

Review the medical records of patients who should have given informed consent. Look for two things: First, is it evident that the consent was documented prior to the procedure? (Check the date of the consent documentation and the date of the procedure or treatment. If the date of consent occurred prior to or on the same day as the procedure, consider it acceptable.) Second, is there documentation of the consent in the patient’s record?

Scoring:

To be scored as fully met, *all* relevant medical records must have documentation of informed consent prior to the procedure or treatment or research. If this occurs less than 100 percent, score it as not met.

PR.5 (5) *The hospital ensures that the Ethics Committee has reviewed and approved all research protocols that involve human subjects as required by law.*

Survey Process:

Review appropriate minutes of the Ethics Committee.

Scoring:

Score as fully met if *all* new research protocols over the prior six months were approved.

Score as not met if *any* new research protocol over the prior six months was not approved.

PR.6 (3) There is a process to allow patients to make oral or written complaints or suggestions and the process allows the complaint or suggestion to be anonymous if the patient so wishes.

PR.6.1 (3) Relevant staff understand this process and can advise patients and family.

Survey Process:

Review policy in the document review list.

Interview selected staff members to see if they know how a patient can make a complaint or suggestion and if they can do so anonymously.

Scoring:

- PR.6** If there is a written document and it includes anonymous complaints, score as fully met. If there is a written document, but it does not include anonymous complaints, score as partially met. If there is no written document, score as not met.
- PR.6.1** If more than 80 percent of appropriate staff interviewed understand the process, score as fully met. An acceptable answer is “I don’t know, I would ask my supervisor.” Then interview the supervisor. If 50–80 percent understand, score as partially met. If less than 50 percent understand, score as not met. Depending on responses, several staff members may need to be interviewed.
- PR.7** (2) There is an assigned committee for reviewing and acting on these complaints and suggestions.
- PR.7.1** (2) This committee has terms of reference that include the following.
- PR.7.2** (2) Reviewing aggregate data relating to complaints to determine if there are any recurring problems
- PR.7.3** (2) Taking action to correct any recurring problems
- PR.7.4** (2) Reviewing the action taken on individual complaints to determine if the action was appropriate and timely
- PR.7.5** (2) Committee minutes demonstrate that the terms of reference were met.

Survey Process:

Review committee minutes and terms of reference in document review.

Scoring:

- PR.7** If there is a committee, score as fully met. If there is no committee, score as not met.
- PR.7.1** If the committee has terms of reference, score as fully met. If no terms of reference, score as not met.
- PR.7.2** If the terms of reference include review of aggregate data, score as fully met. If not, score as not met.
- PR.7.3** If the terms of reference include taking action on recurring problems, score as fully met. If not, score as not met.
- PR.7.4** If the terms of reference include reviewing the action taken on an individual, score as fully met. If not, score as not met.

PR.7.5 If the committee minutes indicate the terms of reference were all met, score as fully met. If the minutes reflect that two or three were met, score as partially met. If only one or none of the terms of reference were met, score as not met.

PR.8 (3) The hospital provides staff training in patient satisfaction and interpersonal communication.

PR.8.1 (3) All medical and nursing staff have been trained.

PR.8.2 (2) All other staff have been trained.

Survey Process:

In the document review, review the list of staff who have been trained. Compare totals with the number of doctors, nurses, and other staff. The surveyors should require the hospital to do these calculations. The surveyors will then validate the results. Do not spend surveyor time doing the mathematics. Interview selected staff while visiting areas, departments, or units.

Scoring:

PR.8 If some training has been provided, score as fully met. If no training has been provided, score as not met.

PR.8.1 If more than 90 percent of medical and nursing staff have been trained, score as fully met. If between 50–90 percent have been trained, score as partially met. If less than 50 percent have been trained, score as not met.

PR.8.2 If more than 75 percent of other staff have been trained, score as fully met. If between 35–75 percent have been trained, score as partially met. If less than 35 percent have been trained, score as not met.

PR.9 (3) The hospital has implemented a patient satisfaction questionnaire.

PR.9.1 (2) An adequate sample size is obtained.

PR.9.2 (2) Aggregate data from these questionnaires are analyzed at least twice every year.

Survey Process:

Review questionnaire and committee minutes during document review. Sample size should represent at least 5 percent of annual hospital discharges and 2 percent of annual outpatient (including emergency room) visits.

Scoring:

PR.9 If there is a patient satisfaction questionnaire, score as fully met. If there is none, score as not met.

PR.9.1 If the sample size represents 5 percent of inpatients and 2 percent of outpatients, score as fully met. If the sample size is 1–4 percent, score as partially met. If it is less than 1 percent, score as

not met. Note: If the hospital can demonstrate that its sample size is statistically valid, the survey team should consider this standard to be fully met.

PR.9.2 Since only a six-month record of compliance with the standard is required, if the data have been analyzed once in the previous six months, score as fully met. If the data have never been analyzed in the prior six months, score as not met.

PR.10 *(5) Written policies on patients' rights are available, disseminated, or made visible to patients. Patients' rights include at least the following:*

PR.10.1 (2) Right to reasonable access to care

PR.10.2 (2) Right to care that respects the patient's personal values and beliefs

PR.10.3 (3) Right to be informed and participate in decisions relating to their care

PR.10.4 (3) Right to security, personal privacy, and confidentiality

PR.10.5 (3) Right to have pain adequately treated

PR.10.6 (2) Right to make a complaint or suggestion without fear of retribution

PR.10.7 (5) **Right to know the price of services and procedures**

PR.10.8 (5) **Rights as defined by laws and regulations**

PR.10.9 (5) **Informed of their rights in a manner they can understand**

Survey Process:

Review copy of patients' rights during document review. Compare the copy with any signs posted or other information given to the patient or family. Determine if the statement of rights complies with laws and regulations. Interview patients and/or family.

Scoring:

PR.10 Score based on surveyor observation. If posted in some public areas or provided as part of the admission process, score as fully met. If not present anywhere, score as not met.

PR.10.1–PR.10.8 Each is scored as present (fully met) or not present (not met). If PR.10 is scored as not met, then each of PR.10.1–PR.10.8 must also be scored as not met.

PR.10.9 Based on surveyor judgment and observation. If the terminology is not technical and interview with patients indicates compliance, score as fully met. Only if there is some obvious or flagrant problem should this be scored as not or only partially met.

PR.11 (2) The hospital has a policy that defines its responsibilities for patient's possessions. The policy defines at least the following:

PR.11.1 (2) When the hospital assumes responsibility for these possessions and how it will protect them

PR.11.2 (2) The information to be given to the patient or family about the hospital’s responsibility

Survey Process:

Review the policy during document review. Interview selected staff during visits to areas, department, or units to determine if they know what to do.

Scoring:

PR.11 If there is a policy, score as fully met. If no policy, score as not met.

PR.11.1 and PR.11.2 Both are scored as either fully met (the policy addresses the requirement) or not met (the policy does not address the requirement).

PR.12 (5) Signed patient consent forms or documentation of the patient’s verbal consent for participation in research is available in the research files.

PR.12.1 (3) A copy of the consent form or other documentation of the patient’s participation in the research project is in the patient’s medical file.

Survey Process:

Review copy of a research file during document review to see if informed consent is present. If no patients on a research protocol are identified during patient unit visits, ask for at least two medical records of patients on a research protocol during the medical record interview.

Scoring:

Only review the medical records of patients who have been enrolled in a research protocol in the previous six months.

PR.12 and PR.12.1 This is an all or none standard. If *all* research files and *all* medical records contain documentation of consent, score as fully met. If not *all* contain consent, score as not met.

PR.13 (2) The hospital informs patients and families about its services and how to access those services.

Survey Process:

Review copy of hospital brochure or other information provided to patients.

Scoring:

If there is a brochure or other information that describes services and how to access them, score as fully met. If the brochure or other information describes the services, but not how to access them, score as partially met. If no brochure or other information exists, score as not met.

PR.14 (2) The hospital informs patients and families about their rights and responsibilities related to refusing or discontinuing treatment.

PR.14.1 (1) There is a written hospital policy.

Survey Process:

During the document review, review policy on patients who refuse treatment. Interview at least one doctor to determine if they know what to do.

Scoring:

PR.14 Surveyor judgment required. This is based on interviews with one or more doctors. If they can explain the process, score as fully met. If in the opinion of the surveyors doctors cannot explain, score as not met and document the findings in the survey report.

PR.14.1 If there is a policy, score as fully met. If there is no policy, score as not met.

PR.15 (3) The Social Services Department is directed and staffed by experienced and qualified individuals, as required by the job description.

PR.15.1 (2) The hospital has defined in writing the scope of services to be provided by Social Services and the timeframe in which these services are to be provided.

Survey Process:

Include the head of the Social Services Department in the human resource file review. Review the job description and the individual's file relating to education, training, and experience.

Review written scope and timeliness of services.

Scoring:

PR.15 The job description and the individual's education, training, and experience either do meet (fully met), meet most in the surveyor's judgment (partially met), or meet almost none in the surveyor's judgment (not met).

PR.15.1 If the written scope of services includes both the services to be provided and the timeframe, score as fully compliant. If only the scope of the time is defined, score as partially met. If neither is defined, or there is no written document, score as not met.

PR.16 (2) Social services are integrated with services provided by different departments.

Survey Process:

Interview social workers, nurses, and doctors to determine if there is evidence of collaboration and integration, rather than just "doing what the doctor ordered."

Scoring:

It should be scored “only by exception.” Unless there is clear evidence that the Social Services Department operates in isolation from medical, nursing, and other professional staff members, it should be scored as fully met.

PR.17 (1) The Social Services Department is involved in community needs assessment and health education activities.

Survey Process:

Interview social workers. Ask for evidence (documents and not just words) about how this occurs.

Scoring:

This requires surveyor judgment. If there is reasonable evidence of involvement, score as fully met. If there is only some evidence, score as partially met (and describe findings in the report to justify this conclusion). If no evidence exists, score as not met.

2. Access and Continuity of Care

The following documents should be reviewed sometime during the survey:

- ▲ Policy on screening patients
- ▲ Admission of patients (including from the emergency room)
- ▲ Admission information package or brochure (if any)
- ▲ Written criteria for admission to special units (such as intensive care units [ICUs])
- ▲ Research protocols to determine criteria for eligibility
- ▲ Intra-hospital transfer policy
- ▲ Transfer to other hospital policy
- ▲ Written scope of services for each clinical department
- ▲ Policy on access to medical records

During the survey, the following should occur:

- ▲ Review of selected medical records
- ▲ Interviews of physicians in emergency room
- ▲ Interviews of physicians and nurses
- ▲ Interviews of staff in admissions office
- ▲ Interview with head of medical records

AC.1 (4) There are policies and procedures to ensure coordination and continuity of care that include at least the following:

Survey Process:

Review all policies and written procedures to determine if they include all of those in AC.1.1–AC.1.9.

Scoring:

To be scored as fully met, all policies as required in AC. 1.1–AC.1.9 must be present. If five or more are present, score as partially met. If four or fewer, score as not met.

AC.1.1 (5) *Process to screen patients to determine that the hospital can meet their health care needs*

Survey Process:

This is difficult to quantify. The standard is surveyed by observation (including review of medical records) and interviews with clinical leaders.

Scoring:

Surveyor should only score as less than fully met if there is at least one of the following two findings. First, if the surveyors discover a patient who has care needs that the hospital clearly cannot meet and no transfer plans have been made. Second, if in interviews with clinical leaders they are unable to describe how they determine if a patient's needs can be met and what they do if they cannot be met.

AC.1.2 (4) Admission of patients, including those from emergency services

Survey Process:

Surveyor should review the admission process to evaluate how emergency room patients have their admission process expedited, including having admission personnel come to the patient's bedside or allowing family members to do the admission paperwork.

Scoring:

Score as fully met if there is a different process for emergency room patients. Score as not met if there is not.

AC.1.3 (4) Information to be given to the patient at the time of admission

Survey Process:

Look for an admission package or brochure. Interview admission personnel to determine what they tell the patient/family and what written information is provided. Particularly check to see if this information is standardized (same information given to all patients). Also review nursing documentation and practice (interview nurses) to determine what information they provide. This standard leaves the specifics of what information is to be provided to the hospital's discretion. It may vary by type of patient. The surveyors only determine if what is to be provided has been defined and if it is actually being provided.

Scoring:

If the information has been defined and is being provided, score as fully met. If the information has been defined, but is inconsistently provided, score as partially met. If it either is not defined or was never provided, score as not met.

AC.1.4 (5) A triage process to determine priority of care in emergency services

Survey Process:

Interview physicians and nurses to determine how they evaluate patients who arrive in the emergency room and determine the priority of their care. This must be based on a clinical evaluation (presenting complaint) and possibly a brief physical examination. Specifically, the priority should be based exclusively on mode of arrival (ambulatory patients may actually be sicker than those arriving by ambulance) or time of arrival (first come, first served).

Scoring:

If there is a process to establish priorities and it is based on a clinical evaluation, score as fully met. If there is no process, or if it is not based on clinical evaluation, score as not met. This is an all or none standard.

AC.1.5 (4) A screening process after admission to determine the priority of the patient's medical and nursing care needs

Survey Process:

This is a straightforward standard. Review a sample of medical records for both physician and nursing evaluation. Specifically look to determine if the plan of care matches the findings from the initial assessment. This will take some surveyor judgment.

Scoring:

If the plan matches the assessment in 90 percent or more of records, score as fully met. If there is a match in 60–89 percent, score as partially met. If there is a match in 59 percent or less, score as not met.

AC.1.6 (4) Criteria for admission to specialized units such as ICUs

Survey Process:

Ask to see a copy of the written criteria. The criteria should include physiologic parameters and/or specific diagnoses and conditions.

Scoring:

If there are criteria and they include physiologic parameters and/or specific diagnoses and conditions, score as fully met. If there are criteria but they do not include physiologic parameters and/or specific diagnoses and conditions, score as partially met. If there are no criteria, score as not met.

AC.1.7 (4) Specific criteria for eligibility for enrollment in research projects or protocols

Survey Process:

If applicable to the hospital, review at least two research protocols to determine if there are specific criteria.

Scoring:

All protocols must include eligibility criteria to be scored as fully met. If any do not include eligibility criteria, score as not met. This is an all or none standard.

AC.1.8 (5) Transfers from one hospital unit to another, including documentation of the process, in the patient's medical record

Survey Process:

During inpatient unit visits, review at least three medical records of patients who were transferred from another unit (emergency room, ICU, recovery room, etc.). Interview nurses and physicians to determine if there was communication from the transferring unit prior to the transfer.

Scoring:

If the complete medical record was transferred with the patient and the record describes the reason for the transfer and there was communication prior to the transfer, score as fully met. If the medical record did not accompany the patient, but there was communication, score as partially met. However, to be partially met, there must be evidence that the medical record arrived at the new unit within one hour. If the medical record is not transferred and there is no communication, score as not met.

AC.1.9 (4) Transfers from the hospital to another hospital, including monitoring and mode of transportation

Survey Process:

During the medical record review session, review at least two medical records of a patient who was transferred to another hospital. There should be a transfer summary. The details of what the summary should include are scored in AC.7–AC.7.6. AC.1.9 is quantitative. AC.7 is qualitative.

Scoring:

If there is a transfer summary, score as fully met. If there is no transfer summary, score as not met. This is an all or none standard.

AC.1.10 (4) There is evidence that appropriate staff, including physicians, have been trained in these policies.

Survey Process:

This is a summary of the findings for AC.1.1–AC.1.9. Only if some of the processes are not working well would the surveyor need to begin to interview staff members to determine if they had been educated.

Scoring:

This is scored based on the “weight of evidence.” If all or most of the processes in AC.1.1–AC.1.9 are working satisfactorily, the surveyors can assume that appropriate staff have been educated and this standard can be scored as fully met. If some of the processes are not working well, the surveyor will have to decide if this is because of inadequate training. If so, score as either partially met if two or fewer of the processes fail because of inadequate training. If more than three failed due to inadequate training, score as not met. This will require surveyor judgment.

AC.1.11 (5) The policies have been implemented and are being followed.

Survey Process:

This also is a summary standard.

Scoring:

If all nine of the standards AC.1.1–AC.1.9 are implemented and followed, score as fully met. If seven or more are, score as partially met. If fewer than seven are, score as not met.

AC.2 (3) Diagnostic services and surgical and non-surgical treatment services are available and there are defined timeframes for the availability of these services.

Survey Process:

The evidence of availability will require surveyor judgment. Each department or unit should have a written statement of the scope of services. The surveyor should review this document and determine if it accurately reflects what is available. The second part of this standard is more quantifiable. The scope of services should include timeframes for availability. Timeframes are specifically required in the laboratory and radiology standards. The surveyors should look for availability and timeliness in all diagnostic areas. Availability and timeliness of treatment will depend on the scope of services provided by the hospital and will require the surveyor’s judgment. Examples might include, but are not limited to, the availability of thrombolytic therapy for acute myocardial infarction, the time it takes to get a patient to surgery for acute trauma, Cesarian sections, and other emergencies.

Scoring:

This is a “weight of evidence standard.” It should be scored as fully compliant unless the surveyor finds that critical services are unavailable or that the timeliness of these services places patients at risk. It should be scored as partially met or not met only after all the surveyors have agreed.

AC.2.1 (3) The diagnostic and treatment services are appropriate to the types of patients served.

Survey Process:

This will require surveyor judgment.

Scoring:

This is also a “weight of evidence standard.” It should be scored as fully compliant unless the surveyor finds that critical services are unavailable. It should be scored as partially met or not met only after all the surveyors have agreed.

AC.3 (5) The patient’s record must be available to care providers and contain up-to-date information and must be available within one hour, 24 hours a day.

Survey Process:

Interview the head of the medical records unit to determine if data are available defining how often the patient’s medical record cannot be found. During the review of medical records on inpatient units or during the interview, evaluate whether the patient’s medical record includes previous hospitalizations. When visiting outpatient clinics, ask to see the day’s appointment schedule and see if a medical record is available for each patient. Randomly pick the names of 10 patients who were discharged more than a month ago and ask for their medical records to be brought to the surveyor. Determine if the record could be found, and whether it was available within one hour.

Scoring:

If all records are available and all are received within one hour, score it as fully met. If only nine are available, or it takes more than one hour to receive the records, score it as partially met. If fewer than eight are available, score it as not met, regardless of the time it took to receive them.

AC.4 (3) The hospital has a policy that identifies who may have access to the patient’s record to ensure confidentiality of patient information.

Survey Process:

Review the policy as part of the document review.

Scoring:

If there is a policy, score it as fully met. If there is no policy, score it as not met.

AC.4.1 (2) The policy defines the circumstances under which access is granted.

Survey Process:

Review the policy as part of the document review. Examples of circumstances where access is granted might include when required by law and regulation, when needed for quality improvement data collection, and when needed by a committee.

Scoring:

If the policy defines the circumstances under which access is granted, score it as fully met. If not, score it as not met. This is an all or none standard.

AC.5 (5) *The complete patient record containing up-to-date essential information must be transferred with the patient from one unit to another within the hospital.*

Survey Process:

This is surveyed the same as AC.1.8.

Scoring:

If the complete medical record is always transferred with the patient, score it as fully met. If not, score it as not met.

AC.5.1 (4) The medical record must document the reason for the transfer.

Survey Process:

This surveyed the same as AC.1.8 and AC.5. There does not need to be a specific entry in the medical record entitled “reason for transfer.” The reason may be self-evident, such as a transfer from the operating theatre to the recovery room or transfer to an inpatient unit from the recovery room when the patient has recovered from anaesthesia.

Scoring:

To be scored as fully met, all medical records must document the reason for the transfer. If it is not documented in all records, score it as not met. This is an all or none standard.

AC.6 (5) *Patient records must contain a copy of the discharge summary. The discharge summary must include the following:*

Survey Process:

This must be evaluated during the review of medical records of patients who have been discharged (during the medical record interview).

Scoring:

To be scored as fully met, the discharge summary in all patient records reviewed must contain all the elements found in AC.6.1–AC.6.7. To be scored as partially met, no more than one record can be missing a discharge summary and no more than two records can be missing more than one of the elements in AC.6.1–AC.6.7. If more than one record is missing a discharge summary or more than two records are missing more than one element, score it as not met.

AC.6.1 (5) The reason for admission**Survey Process:**

This must be evaluated during the review of medical records of patients who have been discharged (during the medical record interview).

Scoring:

To be scored as fully met, all records must contain the reason for admission. If only one record is missing the reason for admission, score it as partially met. If more than one record is missing the reason for admission, score it as not met.

AC.6.2 (5) Significant findings, including investigations**Survey Process:**

This must be evaluated during the review of medical records of patients who have been discharged (during the medical record interview).

Scoring:

To be scored as fully met, all records must contain the significant findings. If only one record is missing this information, score it as partially met. If more than one record is missing the significant findings, score it as not met.

AC.6.3 (5) Procedures performed**Survey Process:**

This must be evaluated during the review of medical records of patients who have been discharged (during the medical record interview).

Scoring:

To be scored as fully met, all records must document all procedures performed. If only one record is missing this information, score it as partially met. If more than one record does not document the procedures, score it as not met.

AC.6.4 (5) Any diagnosis made

Survey Process:

This must be evaluated during the review of medical records of patients who have been discharged (during the medical record interview).

Scoring:

To be scored as fully met, all records must document the diagnosis or diagnoses made. If only one record is missing this information, score it as partially met. If more than one record does not document the diagnosis or diagnoses made, score it as not met.

AC.6.5 (5) Medications and/or other treatments

Survey Process:

This must be evaluated during the review of medical records of patients who have been discharged (during the medical record interview).

Scoring:

To be scored as fully met, all records must document medication and/or other treatments. If only one record is missing this information, score it as partially met. If more than one record **does not document medication and/or other treatments, score as not met.**

AC.6.6 (5) Patient's condition at discharge

Survey Process:

This must be evaluated during the review of medical records of patients who have been discharged (during the medical record interview).

Scoring:

To be scored as fully met, all records must document the patient's condition at discharge. If only one record is missing this information, score it as partially met. If more than one record does not document the patient's condition at discharge, score as not met.

AC.6.7 (5) Discharge instructions, including medications and follow-up instructions

Survey Process:

This must be evaluated during the review of medical records of patients who have been discharged (during the medical record interview).

Scoring:

To be scored as fully met, all records must document discharge instructions. If only one record is missing this information, score it as partially met. If more than one record does not document discharge instructions, score it as not met. In all cases, for the discharge instructions to be considered complete, follow-up instructions and medications (if applicable) must be included

AC.7 (5) A copy of the referral sheet containing patient’s clinical information is completed and sent with the patient when referred to another facility. The original is retained in the patient’s record. The referral sheet contains at least the following information:

Survey Process:

This is the same as the survey process for AC.1.9. During the medical record review session, review at least three medical records of a patient who was transferred to another hospital. There should be a transfer summary. The details of what the summary should include are scored in AC.7.1– AC.7.6 below. This process will also allow evaluating compliance with medical record standard MR.13.

Scoring:

If the transfer summary is found in all records, score it as fully met. If it is not present in all records, score it as not met. This is an all or none standard.

AC.7.1 (4) Reason for referral/transfer

Survey Process:

Review of medical records of transferred patients.

Scoring:

To be scored as fully met, all records must contain the reason for the transfer. If not all records include this information, score it as not met. This is an all or none standard.

AC.7.2 (5) Significant findings, including investigations

Survey Process:

Review of medical records of transferred patients.

Scoring:

To be scored as fully met, all records must contain the significant findings. If not all include this information, score it as not met. This is an all or none standard.

AC.7.3 (5) Procedures, medications, and/or other treatments

Survey Process:

Review of medical records of transferred patients.

Scoring:

To be scored as fully met, all records must contain the procedures performed, medications prescribed, and/or other treatments. If not all include this information, score it as not met. This is an all or none standard. To be considered complete, procedures, medications, and/or other treatments must all be included.

AC.7.4 (5) Patient's condition at time of referral or transfer

Survey Process:

Review of medical records of transferred patients.

Scoring:

To be scored as fully met, all records must document the patient's condition at the time of referral or transfer. If not all records include this information, score it as not met. This is an all or none standard.

AC.7.5 (3) Name of the facility to which the patient is being transferred

Survey Process:

Review of medical records of transferred patients.

Scoring:

To be scored as fully met, all records must document the name of the facility to which the patient is being transferred. If not all records include this information, score it as not met. This is an all or none standard.

AC.7.6 (3) Transportation means and required monitoring

Survey Process:

Review of medical records of transferred patients.

Scoring:

To be scored as fully met, all records must document the mode of transportation and the monitoring requirements while enroute. If not all records include this information, score it as not met. This is an all or none standard.

3. Patient Assessment

The following documents should be reviewed sometime during the survey:

- ▲ Policies on assessment – look for each discipline that assesses patients.
- ▲ Written statement of the scope of assessment for each discipline.
- ▲ All laboratory policies and written procedures.
- ▲ License or other documentation that the laboratory is licensed or otherwise approved by the MOHP.
- ▲ List of available laboratory tests.
- ▲ Policy on report times (turn-around times).
- ▲ Policy on what test results must be signed by a laboratory physician.
- ▲ Written chemical hygiene plan.
- ▲ Radiology policies and procedures.
- ▲ Inspection, maintenance, and calibration logs or other documents for radiology equipment.
- ▲ Radiation safety reports.
- ▲ List of procedures in radiology that must be directly supervised by a radiologist.
- ▲ Report of any inspection by the Executive Office of Radiation Protection.
- ▲ Since all departments must have a quality improvement program (not just quality control), review minutes from both laboratory and radiology to understand what is being measured, what the data show, and what has been improved (if anything). This is scored under QI.13 and ML.7.6.

Checklist for visit to laboratory and pathology services:

- ▲ Review of the results of the quality control program
- ▲ Validation of the test method used for accuracy, precision, reportable ranges
- ▲ Daily surveillance of results by qualified lab staff
- ▲ Rapid corrective actions for deficiencies

- ▲ Documentation of results and corrective actions
- ▲ Documentation of verification results from another lab for selected samples
- ▲ Documentation of preventive maintenance, for all instruments and equipment
- ▲ Daily monitoring and logging of temperature-controlled equipment (e.g., incubators, refrigerators, freezers, water bath, ovens)
- ▲ Calibration of recording thermometer
- ▲ Special precautions taken to eliminate or control physical, chemical, and biological hazards in the laboratory
- ▲ Appointment of a laboratory safety officer
- ▲ Availability of written safety policies and procedures to all affected employees
- ▲ Availability and use of all appropriate protective devices
- ▲ Prohibition of mouth pipeting (automatic pipets are required)

General Patient Assessment Standards

PA.1 *(5) All patients have their health care needs evaluated by defined assessment processes.*

Survey Process:

Review the scope of assessment for each discipline as required in PA.3. Then, while reviewing medical records, both on patient units and during the medical record interview, determine if the assessments are complete according to the hospital's policies.

Scoring:

If at least 90 percent of records have complete assessments according to policy, score it as fully met. If between 75–89 percent, score it as partially met. If less than 75 percent, score it as not met.

PA.2 (3) The hospital has defined who may assess patients.

Survey Process:

Review the policy.

Scoring:

If there is a policy, score it as fully met. If there is no policy, score it as not met. This is an all or none standard.

PA.3 (4) Each discipline has defined the scope and content of assessments, including the timeframe for their completion.

Survey Process:

Review the written statement of the scope of assessment for each discipline. The scope and the time for completion may vary by type of patient and/or the setting (scope could be different for inpatient versus outpatient surgery; time could be different for ICU admission versus general admissions).

Scoring:

If the scope and time are included in the written statement, score it as fully met. If not, score it as not met. This is an all or none standard. To be complete, the written statement must include scope and time and frequency of reassessment (PA.4)

PA.4 (4) Each discipline has defined the frequency of reassessment.

Survey Process:

Review the written statement of the scope of assessment for each discipline. Frequency of reassessment should be included in the scope of assessment. The frequency can vary by type of patient or the setting (ICU patients should be reassessed more frequently than general patients).

Scoring:

If the frequency of reassessment is included, score it as fully met. If not, score it as not met. This is an all or none standard.

Pain

PA.5 (3) When relevant to their condition, each patient has his or her pain assessed, treated, and reassessed to determine the effectiveness of treatment.

Survey Process:

Review medical records during visits to the patient unit and during the medical record interview. The types of patients who should have had their pain assessed should be obvious, but in particular, evaluate post-operative patients.

Scoring:

If at least 80 percent of patients have had their pain assessed, score it as fully met. If between 50–80 percent, score it as partially met. If less than 50 percent, score it as not met.

Laboratory

LB.1 *(5) The hospital has written policies and procedures for laboratory services. The policies include at least the following:*

Survey Process:

Review the laboratory policies to determine if those required by LB.1.1–LB.1.8 are included.

Scoring:

Since laboratory services are so critical, all the policies listed in LB.1.1–LB.1.8 must be present for this to be scored as fully met. If any is missing, score it as not met. This is an all or none standard. This is a quantitative standard; the qualitative standards are below.

LB.1.1 *(5) Procedure manuals or guidelines for all tests and equipment*

Survey Process:

Review the inventory of equipment and determine that there are manuals or guidelines for all equipment use. Simply reviewing the table of contents of a policy or procedure manual would be sufficient. While visiting the laboratory, the surveyor may sample this by noting one or more pieces of equipment and asking the manager to show him or her the manual or guideline for its use.

Scoring:

If all are present (as determined by any of the survey techniques noted above), score it as fully met. If not all are present, score it as not met. This is an all or none standard.

LB.1.2 *(5) Report times for results*

Survey Process:

Review the policy.

Scoring:

If report times are included in a policy, score it as fully met. If not, score it as not met. This is an all or none standard. To be fully met, the report times need to include both emergent and routine tests.

LB.1.3 *(5) Quality control processes*

Survey Process:

Review the quality control logbook or any other document that validates that there are quality controls for all laboratory tests. The surveyor should recognize that some tests (for example, urine dipsticks) may not need quality control. However, ask the laboratory head to explain the reason if there are any tests for which there is no quality control process.

Scoring:

Since quality control is so critical to the accuracy of laboratory results, there must be an ongoing quality control program for all tests for this to be scored as fully met. If any are missing, score it as not met.

LB.1.4 (5) Inspection, maintenance, calibration, and testing of all equipment**Survey Process:**

This should be reviewed either during the laboratory visit or while reviewing the plans for management of medical equipment (ES.10–ES.10.3). There should be an inventory, and a schedule of inspection, maintenance, calibration (if needed), and testing.

Scoring:

If there is both an inventory and a schedule and there is documented evidence that the scheduled activities actually occurred, score it as fully met. If there is an inventory and there are only minor variations from the schedule, score it as partially met. If there is no inventory, there can be no schedule; therefore score it as not met. If there is an inventory, but the schedule has not been followed (more than three pieces of equipment that are more than two months behind schedule), score it as not met.

LB.1.5 (5) Management of reagents, including availability, storage, and testing for accuracy**Survey Process:**

Review the policy.

Scoring:

To be scored as fully met, there must be a policy and it must include availability, storage, and testing. If there is a policy but it does not cover all the three requirements, score it as not met.

LB.1.6 (5) Procedures for collecting, identifying, processing, and disposing of specimens**Survey Process:**

Review the policy.

Scoring:

To be scored as fully compliant, the policy (or written procedures) must address all four areas of collection, identification, processing, and disposal. If only disposal is not present, score it as partially met. Collecting, identifying, and processing are critical, and if any one of these is missing, score it as not met.

LB.1.7 (5) Norms and ranges for all relevant tests

Survey Process:

This standard only requires that the laboratory has established normal ranges for all relevant tests. The surveyor should confirm this while visiting the laboratory. LB.10 requires that the normal ranges be part of the laboratory report.

Scoring:

If there are normal ranges, score it as fully met. If there are no normal ranges, score it as not met. This is an all or none standard.

LB.1.8 (5) Laboratory safety program, including infection control

Survey Process:

Review the laboratory safety program. The surveyor can do this either by reading the document that describes its scope or by interviewing the head of the laboratory.

Scoring:

If there is a laboratory safety program and it includes infection control, score it as fully met. If there is a laboratory safety program, but it does not include infection control, score it as partially met. If there is no laboratory safety program, score it as not met.

LB.2 (4) There is qualified supervision of laboratory functions during and after normal work hours.

Survey Process:

This can be evaluated either by reviewing work schedules (for the previous month) or by interviewing the laboratory head or (even better) a technician and asking about the availability of laboratory supervision. Example question: "If you have a problem or question, what supervisor is available at night or on the weekend?" The hospital should have defined (in job descriptions) "qualified." If the surveyors have any question about a supervisor's qualifications, they should ask to have that individual's human resources file pulled for review. The review can be done at the end of the day or during the human resources interview.

Scoring:

If qualified supervision is available (in-house or on-call) 24 hours a day, 7 days a week, score as fully met. If there are only brief gaps in coverage (no more than two hours/day), score as partially met. If there is no after-hours supervision, or if there are more than two hours/day with no qualified supervisory coverage, score it as not met.

LB.3 (2) The head of the laboratory has at least an M.Sc. degree in clinical pathology.

Survey Process:

Review the job description of the head of the laboratory.

Scoring:

If the head of the laboratory has at least an M.Sc. degree in clinical pathology, score it as fully met. If not, score it as not met. This is an all or none standard.

LB.4 (3) **All laboratory staff including technicians are certified and licensed.**

Survey Process:

Interview laboratory head to determine which personnel are required to be certified and/or licensed. Then, either while visiting the laboratory or during the human resources interview, review two to three files to determine that certification and/or licensure is documented.

Scoring:

If at least 90 percent or more of required personnel have evidence of certification or license, score it as fully met. If 75- 89 percent have this evidence, score it as partially met. If less than 75 percent, score it as not met.

LB.4.1 (5) **All laboratory staff including technicians have training and experience as required by law and regulations and by their job description.**

Survey Process;

All surveyors must be fully aware of all laws and regulations. Review selected job descriptions while visiting the laboratory or during the human resources interview.

Scoring:

Adherence to laws and regulations will require surveyor judgment. If the judgment is that the training and experience do meet legal requirements and the job description, score it as fully met. If the training and experience meet “most” of the legal requirements, score it as partially met. If either there is no job description or none of the legal requirements are met, score it as not met.

LB.5 (5) ***Twenty-four hour laboratory coverage is provided to meet routine and emergency needs of patients, or coverage is provided as appropriate to the types of services offered by the hospital and its size.***

Survey Process:

The surveyor will need to exercise judgment as to the definition of coverage. This judgment should be based on the size of the hospital and the types of patients it serves. All hospitals must have coverage (in-

house, on-call, or arrangements to courier specimens to another hospital or laboratory). Complex hospitals should have in-house coverage; smaller hospitals or some specialty hospitals could have on-call coverage or arrangements to courier specimens to another hospital or laboratory.

Scoring:

If there is “appropriate” coverage, score it as fully met. If the coverage is not appropriate, score it as not met. This should be scored as not met only if the team leader gains agreement of all the team members.

LB.6 (3) Referral laboratory services are available for tests not available in the hospital through formal or informal contracts.

Survey Process:

This should be surveyed by an interview with the head of the laboratory.

Scoring:

This is an easy standard to survey. If there are arrangements, score it as fully met. If there are no arrangements, score it as not met. This is an all or none standard.

LB.6.1 (3) The referral laboratory is licensed and accredited by MOHP.

Survey Process:

Ask for evidence of the license or other documents that provide proof that the laboratory is approved by MOHP.

Scoring:

If approved, score it as fully met. If not, score it as not met. If MOHP has not developed an approval process, score it as not applicable.

LB.7 (3) **The tests are appropriate to the size of the hospital and its scope of services.**

Survey Process:

This is definitely a surveyor judgment.

Scoring:

Surveyor judgment is required. This standard should be scored as fully compliant unless the team leader gains agreement of the team that a “few” appropriate tests are not available, in which case it should be scored as partially met. If the team decides that laboratory tests are significantly deficient, score it as not met.

LB.7.1 (2) There is a written list of laboratory tests that are currently available.

Survey Process:

Review the list.

Scoring:

If there is a list, score it as fully met. If there is no list, score it as not met.

LB.8 (3) Tests are reported in an acceptable timeframe and signed by the laboratory doctor when the test requires professional interpretation.

Survey Process:

Review laboratory data concerning reporting time results. The surveyors can interview physicians about their view of the timeliness of reports. However, be extremely sensitive to the answers; many physicians have very unrealistic expectations.

Scoring:

If there are no laboratory data for reporting time results, score it as not met. If there are data, score it as fully met.

LB.9 (3) All laboratory results are documented in the laboratory and reviewed by a lab supervisor every day.

Survey Process:

Review a laboratory log or other documents that demonstrate that results have been reviewed. If there is a valid quality control program, then it is acceptable to have the laboratory supervisor review only all the results outside the normal range rather than review all results.

Scoring:

If there is a process for review that includes all results outside the normal range, score it as fully met. If not, score it as not met. This is an all or none standard.

LB.10 (5) All laboratory test results/reports have reference (normal) ranges specific for age and sex.

Survey Process:

This can most easily be surveyed by looking at the report of laboratory test results. The range should be part of the report. It is important that the normal range be readily available to the physician who ordered the test and not just be known to the laboratory.

Scoring:

If the normal ranges are on the laboratory report, score it as fully met. If there are normal ranges, but they are not part of the laboratory report, score it as partially met. If there are no normal ranges, score it as not met.

LB.11 (5) Reporting of significantly abnormal values is documented. The documentation includes the following:

Survey Process:

Determine if there is a process for reporting significantly abnormal values. The laboratory should have a definition of what constitutes a significantly abnormal result since without a definition it is not possible to consistently report. The laboratory should have a logbook or other documentation. The specific documentation requirements are found in LB.11.1–LB.11.4.

Scoring:

If there is a process for reporting abnormal values and it is based on the laboratory's definition, score it as fully met. If there is no process for reporting, score it as not met.

LB.11.1 (5) Name of patient

Survey Process:

Review a laboratory logbook or other document that documents reporting of abnormal results.

Scoring:

If the patient's name is included, score as fully met. If not, score as not met. This is an all or none standard.

LB.11.2 (3) Date and time of sample examination

Survey Process:

Review a laboratory logbook or other document that documents reporting of abnormal results.

Scoring:

If the date and time of the examination is included, score as fully met. If not, score as not met. This is an all or none standard.

LB.11.3 (4) Date and time of notification of the abnormal result

Survey Process:

Review a laboratory logbook or other document that documents reporting of abnormal results.

Scoring:

If the date and time of notification are included, score as fully met. If not, score as not met. This is an all or none standard.

LB.11.4 (3) Name of the individual to whom the result was reported

Survey Process:

Review a laboratory logbook or other document that documents reporting of (significant abnormal results.

Scoring:

If the name of the individual to whom the report was given is included, score as fully met. If not, score as not met. This is an all or none standard

LB.12 (5) All surgically removed tissue is sent for pathologic examination. The examination may be done at the hospital or in a reference laboratory.

Survey Process:

This standard should be surveyed in two locations. While visiting the operating theatre, ask if all surgical tissue specimens are sent to pathology. Ask the same question when visiting the laboratory and pathology. The hospital may have a list of approved exceptions of surgical specimens that do not have to undergo pathology examination. If the surveyor has concerns about the answer, validation can be done by looking at the surgical logbook. Randomly pick 5-10 cases where a specimen would have been removed and then confirm that pathology received the specimen.

Scoring:

If at least 95 percent or more of all specimens, or those not on the exemption list, have gone to pathology, score as fully met. If 80–94 percent have gone to pathology, score as partially met. If less than 80 percent have, score as not met.

LB.13 (3) All completed pathology reports contain gross and microscopic description and diagnosis as relevant to the specimen.

Survey Process:

The easiest way to evaluate this is by reviewing the surgical pathology report while reviewing medical records of appropriate patients (either while visiting a patient unit or during the medical record interview). It will take some surveyor judgment to decide if both gross and microscopic examinations were required. If in doubt, ask a pathologist to explain.

Scoring:

If at least 95 percent or more of pathology reports are appropriate, score as fully met. If 80–94 percent are appropriate, score as partially met. If less than 80 percent, score as not met.

LB.14 (5) Cytology services are performed according to written procedure, and are supervised by a pathologist or other qualified physician.

Survey Process:

Determine if there is a written procedure. If performed by someone other than a pathologist, review the job description to determine his or her qualifications.

Scoring:

If there is a written procedure and the individual is a pathologist or other qualified person, score as fully met. If there is no written procedure or the person performing the examination is not qualified as required by the job description, score as not met. This is an all or none standard.

LB.15 (3) There is a written chemical hygiene plan that defines the safety procedures to be followed for all hazardous chemicals used in the laboratory. The plan defines at least the following:

Survey Process:

Review the plan. This standard only requires that there be a plan. The specific elements required to be in the plan are in LB.15.1–LB.15.5.

Scoring:

If there is a plan, score as fully met. If there is no plan, score as not met. This is an all or none standard.

LB.15.1 (2) Storage requirements

Survey Process:

Review the plan.

Scoring:

If the plan includes storage requirements, score as fully met. If not, score as not met. This is an all or none standard.

LB.15.2 (5) Handling procedures

Survey Process:

Review the plan.

Scoring:

If the plan includes handling procedures, score as fully met. If not, score as not met. This is an all or none standard.

LB.15.3 (3) Requirements for personal protective equipment

Survey Process:

Review the plan.

Scoring:

If the plan includes protective equipment, score as fully met. If not, score as not met. This is an all or none standard.

LB.15.4 (3) Procedures following accidental contact or overexposure

Survey Process:

Review the plan.

Scoring:

If the plan includes accidental contact or overexposure, score as fully met. If not, score as not met. This is an all or none standard.

LB.15.5 (2) The plan is reviewed annually and is part of new employee orientation and the continuing training program.

Survey Process:

The surveyor should check the date on the plan to see if it has been reviewed within the last year. During the human resources interview, check at least one file of a laboratory employee. If the laboratory keeps information on orientation and continuing programs, check while in the laboratory.

LB.16 (3) When chemicals and reagents are ordered, steps are taken to determine the hazards and to transmit that information to those who will receive, store, use, and dispose of these chemicals.

Survey Process:

Interview personnel who work in the laboratory. They should be knowledgeable about the hazards and the safety measures to be taken. This does not require a statistically valid sample of interviews. If the first one or two are aware of the hazards and safety measures, it is OK to stop. However, if the first one or two don't know these measures, the surveyor should ask enough other personnel to determine if the lack of knowledge is widespread.

Scoring:

If all laboratory personnel are knowledgeable, score as fully met. If "most" are knowledgeable, score as partially met. If only a few are, score as not met.

Radiology

RD.1 *(5) The hospital has written current radiology policy and procedures that cover at least the following:*

Survey Process:

Review the radiology policies to determine if those required by RD.1.1–RD.1.3 are included.

Scoring:

Since radiology services are critical, all the policies listed in RD.1.1–RD.1.3 must be present to be scored as fully met. If any is missing, score as not met. This is an all or none standard. This is a quantitative standard; the qualitative standards are below.

RD.1.1 *(5) A radiation safety program*

Survey Process:

The radiation safety program must cover all areas where ionizing radiation is used. Interview the head of radiology to determine if there is a safety program and if it covers all applicable areas (not just in the radiology department). Review radiation safety reports, including any inspections by governmental agencies. This standard requires a policy or program. RD.1.1 requires implementation.

Scoring:

To be scored as fully met, the following must be present: a radiation safety program that covers all applicable areas, documented findings of the program, responses to any findings, and responses to any findings by any government inspection. Since radiation safety is critical, if any of these elements is missing, score it as not met.

RD.1.2 *(5) Timeliness of the availability of diagnostic imaging procedures*

Survey Process:

Review the policy.

Scoring:

If there is a policy defining the timeframes for availability of imaging procedures, score it as fully met. If no policy exists, score it as not met. This is an all or none standard.

RD.1.3 (5) A quality control program covering the inspection, maintenance, and calibration of all equipment

Survey Process:

Review the policy. This may be evaluated while in the radiology department or as part of the review of ES.10 (Environmental Safety – Medical Equipment). This standard requires a policy; RD.8 requires evidence of implementation.

Scoring:

To be scored as full met, the policy (or written procedure) must include inspection, maintenance, and calibration and the activities must be documented. If the quality control program does not include all these elements, or if any portion is not documented, score it as not met. This is an all or none standard.

RD.2 (2) The radiology department follows all the guidelines developed by MOHP.

Survey Process:

The surveyors will have to know what these guidelines are. Interview the department head to determine if he/she is knowledgeable of the guidelines. Ask if there has been an internal inspection to confirm compliance with the guidelines. If the guidelines have not yet been developed and disseminated, this standard will be non-applicable.

Scoring:

If all the guidelines are being followed, score as fully met. It will not be possible to determine what might result in a partially met or not met score until the guidelines are available.

RD.3 (5) Radiology services are authorized by MOHP and are operated according to applicable laws and regulations of the Executive Office of Radiation Protection.

Survey Process:

The surveyors will need to be familiar with the laws and regulations of the Executive Office of Radiation Protection. If this office has conducted an inspection in the past year, the surveyor should review the report and the hospital's response.

Scoring:

If all the laws and regulations are being followed, or if there was an inspection by the Executive Office and there were either no findings or the findings have been satisfactorily corrected (Executive Office has accepted the corrections), score it as fully met. Since this is a legal requirement, if any law or regulation is not being followed or there is insufficient response to any Executive Office inspection, score it as not met.

RD.4 (5) A qualified individual(s) is responsible for managing the radiology services.

Survey Process:

The surveyor should review the job description to determine if the individual has the qualifications required.

Scoring:

If the qualifications match the job description, or if there are only minor variances (for example, the job description requires 10 years of experience, but the individual only has nine), score as fully met. If there is a significant variance from the job description requirements (surveyor judgment), score as not met. A score of partially met would be unusual and should only be used with the agreement of the entire survey team.

RD.5 (3) The radiology department is covered 24 hours a day by a radiologist and technician, according to MOH rules and regulations.

Survey Process:

If there is not 24 hour/day in-house coverage, evaluate a call schedule (perhaps for the last month) to determine if there is 24 hour/day on-call coverage.

Scoring:

If there is 24 hour/day in-house or on-call coverage, score as fully met. If there is not 24 hour/day coverage, score as not met. This is an all or none standard.

RD.6 (5) The radiology department has adequate supplies and equipment for its function according to MOHP regulations and the scope of services provided.

Survey Process:

The surveyor will have to be familiar with the MOHP regulations. If these regulations have not been finalized and disseminated, this will require surveyor judgment. Ask if the department has had to cancel or postpone any radiology procedures or tests due to lack of supplies or equipment. If for financial reasons the hospital has not bought a piece of equipment but has made arrangements with another hospital to provide these services, this is acceptable as evidence that the standard is fully met.

Scoring:

If supplies and equipment meet MOHP requirements, or in the absence of the published MOHP requirements, the equipment and supplies (including arrangements with another hospital) are adequate, score it as fully met. If there are only minor deficiencies, as evidenced by only occasional cancellations or postponement of tests or procedures, score it as partially met. If the department lost a capability due to inadequate equipment or supplies for more than two days, score it as not met.

RD.7 (2) The radiology department has adequate space according to MOHP regulations and the scope of services provided.

Survey Process:

This standard should be considered as non-applicable until the MOHP finalizes its regulations.

Scoring:

Before MOHP finalizes the regulations, this standard should only be scored if the surveyors find that space limitation places patients at risk of harm – in which case it should be scored as not met.

RD.8 (5) All diagnostic equipment is regularly inspected, maintained, and calibrated, and appropriate records are maintained.

Survey Process:

Review log or other documents that demonstrate the inspection, maintenance, and calibration of equipment. Ensure that all equipment is included. This may be found in the radiology department or reviewed while evaluating ES.10.

Scoring:

To be scored as fully met, the program must be ongoing with no gaps in scheduled maintenance of more than one month, and it must cover all equipment.

RD.9 (5) Individuals with adequate training, skills, orientation, and experience administer the tests and interpret the results.

Survey Process:

Generally this is obvious from the interview and tour while in the department. If almost all the standards are being met, the surveyor may safely conclude that the individuals are qualified. If there are questions or doubts, either while in the department or during the medical staff interview or the human resources interview, sample two to three personnel files to determine if the individual's qualifications match the job description requirement.

Scoring:

This standard would be scored as fully met unless the surveyor had some specific concern. If so, it should be scored as partially met or not met, but only with the concurrence of the entire team.

RD.10 (4) The department has defined special techniques or procedures that must be done under physician supervision.

Survey Process:

Review the list.

Scoring:

If there is a list, score it as fully met. If there is no list, score it as not met. This is an all or none standard.

RD.11 (5) A radiation safety program is in place, followed, and documented.

Survey Process:

Review radiation safety reports and the findings from any inspections by the Executive Office of Radiation Safety. Evaluate if the program covers all the requirements of the Executive Office. Evaluate if the program covers all the areas in the hospital where ionizing radiation is used. The surveyors will need to be familiar with the laws and regulations of the Executive Office of Radiation Protection.

Scoring:

This will require some surveyor judgment since compliance is hard to quantify. If all requirements are met and all relevant areas are included, score as fully met. If there are minor deficiencies, score as partially met. If there are significant discrepancies, score as not met.

RD.12 (3) Reporting of radiation safety program findings is timely.

Survey Process:

Review the reports and determine the time between the finding, inspection, other measures taken, and the report.

Scoring:

Score as fully met if the report is completed within two weeks. Score as partially met if completed in more than two weeks, but less than two months. Score as not met if the report is completed later than two months.

RD.13 (4) Medications needed for emergency treatment for any reaction caused by injectable contrast media are readily available in the room.

Survey Process:

This is surveyed by observation. While touring the department, determine if emergency medications are available in rooms where procedures using contrast material are done.

Scoring:

To be fully compliant, emergency medications must be available in each relevant room. Scoring as partially or not met will depend on the size of a hospital and the number of rooms where contrast material is used. If there is only one room where such material is used and emergency medications are not available, score it as not met. If there is more than one room and emergency medications are missing in only one room, score it as partially met.

RD.14 (5) The radiology report of examination is kept in patient’s medical record.

Survey Process:

While visiting patient units and during the medical record interview, determine if radiology reports are in the record. A sample technique is to look at the physician’s orders and then look to see if there is a radiology report that matches what was ordered. If the surveyor is reviewing the record of a currently hospitalized patient, this will allow an evaluation of how promptly the report gets back to the medical record (RD.16).

Scoring:

To be scored as fully compliant, 98 percent of all ordered radiology procedures and tests must have a copy of the report in the record. If this report is present in less than 98 percent, but more than 90 percent, score it as partially met. If it is present in less than 90 percent, score it as not met.

RD.15 (3) Duplicate copies of all reports are kept in the department.

Survey Process:

During the tour or by interview determine if duplicate copies of all reports are maintained. They do not necessarily have to be physically located in the department, but the copies should be readily available 24 hours/day.

Scoring:

If duplicate copies of all reports are kept, score as fully met. If duplicate copies are not kept, score as not met. This is an all or none standard.

RD.16 (3) The department has defined the timeframe for reporting interpretation of radiology tests and procedures, and the timeframes include both emergency and routine reports.

Survey Process:

The department should have defined timeframes. This can be stated in a policy, as a quality improvement measure, or in some other format. While a surveyor is reviewing the record of a currently hospitalized patient, evaluate how promptly the report gets back to the medical record.

Scoring:

If the timeframe is defined, including those for emergency and routine reports, score as fully met. If there are no timeframes, score as not met. If during the medical record review, it appears that the timeframes are met in more than 75 percent of the cases, score as partially met.

RD.17 (1) There is a register book in which all (simple and complicated) cases are written.

Survey Process:

Ask to see the register, log, or other document.

Scoring:

If all cases are recorded, score as fully met. If not all are recorded, score as not met. This is an all or none standard.

RD.17.1 (1) Information includes the procedure done and the number of films taken.

Survey Process:

Ask to see the register, log, or other document.

Scoring:

If the procedure and the number of films taken are recorded, score as fully met. If neither the procedure nor the number of films is recorded, score as not met. This is an all or none standard.

RD.17.2 (1) The department keeps data on the number of film “retakes” because of inadequate technical quality.

Survey Process:

Ask to see the data. Then ask if there are any examples of what has been done with these data – any improvements or changes?

Scoring:

If the data have been collected and aggregated and analyzed, score as fully met. If the data have been collected, but never analyzed, score as partially met. If data have not been collected, score as not met.

4. Patient Care

The following documents should be reviewed sometime during the survey:

- ▲ Policy for care of patients who are comatose or on life support.
- ▲ Policy for care of patients on dialysis.
- ▲ Policy for care of patients who must be restrained.
- ▲ Operating suite policies for aseptic technique, sterilization and disinfections, selection of draping and gowning, and counting of sponges, instruments, and needles.
- ▲ Any anesthesia policies defining the extent of intra-operative and post-operative monitoring.
- ▲ Pharmacy and medication use policies, including
 - △ Acquisition of medications, including when the pharmacy is closed
 - △ Safe prescribing, ordering, storage, administration, and monitoring of the effect of medications
 - △ Who may order and who may administer medications
 - △ Where medication orders are uniformly written in the medical record
 - △ Management of emergency life saving drugs and their security and storage
 - △ Distribution and control of narcotics, how to implement a drug recall
 - △ Written definition of a medication error
 - △ Medication error reporting system or process
- ▲ Quality improvement and patient safety program for surgery, anesthesia, and pharmacy
- ▲ Blood bank policies and procedures
- ▲ Emergency room clinical guidelines
- ▲ Emergency services emergency response plan, including how to recall personnel if needed
- ▲ Resuscitation services plan
- ▲ Mother–baby unit clinical guidelines, including breast feeding

Visit to Operating Theatre and Post-Anesthesia Care Unit

- ▲ Tour of operating theatre

- △ Look for fire safety issues (blocked exits, signage, equipment stored in hallways, flammable solutions or gases appropriately protected, fire extinguishers with current inspection tag).
- △ Check equipment – look for inventory tag and then later confirm that it had its scheduled maintenance (some equipment may have tags showing the most recent maintenance date). Confirm that all equipment, supplies, and instruments required by MOHP regulations are available and in good working order.
- △ Evaluate how anaesthesia drugs are controlled. There should be **no** pre-drawn but unlabeled syringes. How are narcotics accounted for?
- △ Determine how cases are booked. Is there a way to know that the surgeon has that clinical privilege?
- △ Ask about “flash/emergency” sterilization.
- △ Check blood warming systems (see BB.11 [Blood Bank]).
- ▲ Tour of post-anesthesia care unit
 - △ Check how medication is stored (see MU [Medical Use] standards).
 - △ Is there an emergency lifesaving drug supply and is it secured? How often is it checked? By whom? Is the checking documented?
 - △ Ask about pain assessment and treatment.
 - △ Review several medical records (see the PA [Patient Assessment], SC [Surgical Care], and AN [Anesthesia and Sedation] standards for specific things to look for).
 - △ Evaluate how patients are being monitored.
 - △ Is there an anesthesiologist constantly present? If not, what is the responsibility of the nurses?
 - △ Is the unit available at all times (24 hours/day, 7 days/week)? If not, how, where, and by whom are patients recovered when the unit is closed. Is the same level of monitoring available?

General Care

GC.1 (5) *All care is planned and documented.*

Survey Process:

This is evaluated based on a review of medical records, those of both currently hospitalized and discharged patients. The totality of the record should reflect the plans for the patient’s care. There does not need to be a separately named entry of “plan.” The physician’s plan may be recorded in the initial history and physical examination and subsequent plans in progress notes or reflected in the physician’s orders. The plan for nursing and other disciplines must be documented in the medical record and not in a separate file. The survey team should have reviewed a sufficient sample of records to draw conclusions.

Scoring:

If there is a plan for all care and it is documented in all the medical records, score it as fully met. If there are only minor exceptions (such as a change in medication without an explanation – this would represent a change in the care plan that should be documented) and these exceptions occur in less than 15 percent of medical records, score as partially met. If the surveyor cannot determine the plan of care for the patient in more than 15 percent of the records reviewed, score it as not met.

GC.1.1 (4) The care plan includes all disciplines that are providing care to the patient.

Survey Process:

This is evaluated based on a review of medical records, those of both currently hospitalized and discharged patients. The plan for nursing and other disciplines must be documented in the medical record and not in a separate file.

Scoring:

If the plan of care for all disciplines involved in the patient's care is documented in the medical record in 95 percent of all records reviewed, score as fully met. If one or more discipline's plan of care is not documented in the medical record in less than 15 percent of records, score as partially met. If one or more discipline's plan of care is not documented in the medical record in more than 15 percent of records, score as not met.

GC.2 (3) There are policies and procedures for the care of special patients, including the following:

Survey Process:

This is evaluated based on a review of relevant medical records, those of both currently hospitalized and discharged patients.

Scoring:

To be scored as fully met, all three policies found in GC.2.1–GC.2.3 must be present. These three standards are scored only if applicable to the services provided by the hospital. If only two of the three are present, score as partially met. If only one is present, score as not met.

GC.2.1 (3) Patients who are comatose or on life support

Survey Process:

This is evaluated based on review of relevant medical records, those of both currently hospitalized and discharged patients.

Scoring:

If present, score as fully met. If not, score as not met. This is an all or none standard.

GC.2.2 (3) Patients on dialysis

Survey Process:

This is evaluated based on review of relevant medical records, those of both currently hospitalized and discharged patients.

Scoring:

If present, score as fully met. If not, score as not met. This is an all or none standard.

GC.2.3 (3) Patients who must be restrained

Survey Process:

This is evaluated based on a review of relevant medical records, those of both currently hospitalized and discharged patients.

Scoring:

If present, score as fully met. If not, score as not met. This is an all or none standard.

Surgical Care

SC.1 (5) All surgical procedures (except in life-threatening emergencies) are performed only after appropriate history, physical examination, and indicated diagnostic tests have been completed and documented in the patient's medical record.

Survey Process:

This standard is surveyed based on a review of medical records. This can be done in three ways: 1) When visiting the post-anesthesia care unit, review medical records to determine if there is a documented history and physical examination (H&P). 2) While visiting inpatient units, review medical records and look for the date of the H&P and compare with the date of surgery (The H&P must be the same date or an earlier date than the date of surgery.) 3) If needed, this can be evaluated during the medical record interview using the same process as that used for inpatient unit visits.

Scoring:

All medical records must have a pre-operative H&P to be scored as fully met. If even one record does not have a pre-operative H&P, score it as partially met. If more than two are missing a pre-operative H&P, score it as not met.

SC.2 (5) **The pre-operative diagnosis has been recorded in the medical record for all patients prior to surgery.**

Survey process:

This is surveyed exactly as for SC.1 above.

Scoring:

This is scored exactly as for SC.1 above.

SC.3 (5) *Except in life-threatening emergencies, the surgeon must have obtained an informed consent and this must be documented in the patient's medical record.*

Survey process:

This is surveyed exactly as for SC.1 and SC.2 above.

Scoring:

This is scored exactly as for SC.1 and SC.2 above.

SC.4 (2) The nursing care of patients undergoing surgery must be planned, documented in the medical record, directed by a trained nurse, and include the following:

Survey Process:

This can be surveyed in exactly the same way as noted in SC.1–SC.3 above.

Scoring:

To be scored as fully met, at least three of the four requirements found in SC.4.1–SC.4.4 must be present.

SC.4.1 (2) Location of post-operative care

Survey Process:

This can be surveyed in exactly the same way as noted in SC.1–SC.3 above.

Scoring:

To be scored as fully met, the location of post-operative care must be present. If absent, score as not met.

SC.4.2 (2) The type of care and monitoring needed

Survey Process:

This can be surveyed in exactly the same way as noted in SC.1–SC.3 above.

Scoring:

To be scored as fully met, the type of care and monitoring needed must be present. If absent, score as not met.

SC.4.3 (2) Pain management

Survey Process:

This can be surveyed in exactly the same way as noted in SC.1–SC.3 above. (Also see PA.5.)

Scoring:

To be scored as fully met, the requirement and frequency of monitoring the patient's pain must be present. If absent, score as not met.

SC.4.4 (2) Patient's understanding of discharge instructions (if being discharged home)

Survey Process:

This can only be surveyed by a review of medical records of discharged patients.

Scoring:

To be scored as fully met, there must be evidence that the nurse has determined the patient's understanding of discharge instructions.

SC.5 (5) Operative reports are written in the patient's record immediately after surgery and include at least the following:

Survey Process:

This is best surveyed while reviewing medical records in the post-anesthesia care unit. When looking at medical records on an inpatient unit or during the medical record interview, at least determine if the date of the operative report is the same as the date of the procedure. Since the time of the operative report is rarely captured, having the same date as the procedure is acceptable. However, the best judgment is made by determining if it is completed for patients in the post-anesthesia care unit. This is a quantitative standard. The specific required components of the operative report are found in SC.5.1–SC.5.6.

Scoring:

To be scored as fully met, an operative report must be present in at least 95 percent of records reviewed and must have been completed immediately after surgery (as determined in the post-anesthesia care unit or by the date being the same as the procedure). If present in 90–94 percent of records, score as partially met. If less than 90 percent, score it as not met.

SC.5.1 (5) The procedure performed

Survey Process:

Evaluated based on review of relevant medical records.

Scoring:

If all records include the procedure performed, score it as fully met. If any record does not record the procedure performed, score it as not met. This is an all or none standard.

SC.5.2 (5) Findings during surgery

Survey Process:

Evaluated based on review of relevant medical records. The surveyor should use judgment since the findings may be self-evident by the procedure done.

Scoring:

If all relevant records (those in which the findings should have been recorded) include the findings, score as fully met. If 90–99 percent of relevant records document the findings, score as partially met. If less than 90 percent of relevant records do not reflect the findings, score as not met.

SC.5.3 (5) Post-operative diagnosis

Survey Process:

Evaluated based on review of relevant medical records. The surveyor should use judgment since the post-operative diagnosis may be self-evident by the procedure done.

Scoring:

If all relevant medical records (those in which the post-operative diagnosis should have been recorded) include the post-operative diagnosis, score it as fully met. If 90–99 percent of relevant records document the post-operative diagnosis, score it as partially met. If less than 90 percent of relevant records do not reflect the post-operative diagnosis, score it as not met.

SC.5.4 (5) Surgical specimens removed

Survey Process:

Evaluated based on review of relevant medical records. The surveyor should use judgment since the procedure may not have resulted in any removal of specimens.

Scoring:

If all relevant records (those in which a specimen would have been removed) include the specimen, score

as fully met. If 90–99 percent of relevant records document the specimen, score it as partially met. If less than 90 percent of relevant records reflect the specimen, score it as not met.

SC.5.5 (4) Name of surgeon and anesthesiologist and any scrub nurse or physicians who assisted

Survey Process:

Evaluated based on review of relevant medical records.

Scoring:

To be fully met, all medical records must include the name of the surgeon and any assistants and at least 85 percent must include the name of the anesthesiologist. If 50–84 percent do not include the name of the anesthesiologist or if any record does not include the name of the surgeon, score it as partially met. If less than 50 percent do not record the name of the anesthesiologist or more than two records do not include the name of the surgeon, score it as not met.

SC.5.6 (5) Signature of the surgeon

Survey Process:

Evaluated based on review of relevant medical records.

Scoring:

To be scored as fully met, all operative reports must be signed. If only one is missing a signature, score it as partially met. If more than one is missing a signature, score it as not met.

SC.6 (4) There is a process to positively identify the patient and ensure that the correct procedure and the correct side are confirmed prior to starting the surgery.

Survey Process:

Surveyed by discussion with surgeons and with operating theatre nurses. There are many ways this can be done. Examples include marking the site; formal “time out” before incision to review informed consent, pre-operative note, X-rays, and other records; and verification and documentation by nurses or anesthesiologists in the pre-operative area. The mechanism is not critical (although marking the site is preferable). The surveyors should determine that some type of process exists.

Scoring:

If there is a process, score it as fully met. If there is a process but not all surgeons follow it, score it as partially met. If no process exists or only a minimal number of surgeons follow it, score it as not met.

SC.7 *(5) There are processes and policies defining the appropriate safety before and during surgery, including at least the following:*

Survey Process:

Evaluated based on review of written policies for the operating suite.

Scoring:

To be scored as fully met, all four policies or procedures found in SC.7.1–SC.7.4 must be present. If any is missing, score it as not met. This is an all or none standard.

SC.7.1 *(5) Aseptic technique*

Survey Process:

Review written policies for the operating suite.

Scoring:

Score as fully met if there is a policy or written procedure. If no policy or procedure exists, score it as not met. This is an all or none standard.

SC.7.2 *(5) Sterilization and disinfections*

Survey Process:

Review written policies for the operating suite. If all sterilization is done in a central location, survey this standard there. However, there should be a specific operating theatre policy or procedure for cleaning and disinfection of the operating rooms.

Scoring:

Score as fully met if there is a policy or written procedure. If no policy or procedure exists, score it as not met. This is an all or none standard.

SC.7.3 *(3) Selection of draping and gowning*

Survey Process:

Review written policies for the operating suite.

Scoring:

Score as fully met if there is a policy or written procedure. If no policy or procedure exists, score as not met. This is an all or none standard.

SC.7.4 (5) Counting of sponges, instruments, and needles

Survey Process:

Review written policies for the operating suite.

Scoring:

Score as fully met if there is a policy or written procedure. If no policy or procedure exists, score it as not met. This is an all or none standard.

SC.8 (5) There are supplies, equipment, and instruments available for all surgeries performed according to the MOHP list.

Survey Process:

The surveyors must be aware of the MOHP requirements. Pick one or two example procedures and confirm that the requirements are met. If there are any doubts, interview surgeons to determine if anything they need is ever missing.

Scoring:

If all MOHP requirements are met in the sample, score as fully met. If only minor discrepancies are found (for example, if MOHP list calls for 10 packages of sutures and they have only nine), score as partially met. If there are significant shortages, or if surgeries have had to be cancelled due to lack of supplies, equipment, or instruments, score as not met.

Anesthesia and Sedation Care

AN.1 (5) Anesthesia care, which includes moderate and deep sedation, is planned and documented in the patient's record.

Survey Process:

Evaluated based on review of medical records (in post-anesthesia care unit, inpatient units, or during medical record interview). The plan may be a single statement on the pre-anesthesia assessment stating what anesthesia is planned to be used.

Scoring:

If there is an anesthesia plan, score it as fully met. If there is no documentation of what anesthesia is planned, score it as not met.

AN.2 *(5) A pre-anesthesia/sedation assessment has been done prior to the induction of anesthesia by a qualified physician or surgeon.*

Survey Process:

Evaluated based on review of medical records.

Scoring:

This is a critical patient safety issue. If all medical records identify a pre-anesthesia assessment, score it as fully met. If even one medical record does not have a pre-anesthesia assessment, score it as not met.

AN.2.1 *(5) The assessment determines that the patient is a safe candidate for anesthesia or moderate or deep sedation.*

Survey Process:

Evaluated based on review of the pre-anesthesia evaluation. There is no specific documentation format, but the record should reflect that the patient is a safe candidate for anesthesia or document why not. If an emergency, and even if anesthesia is risky, it is acceptable even if there is no specific documentation of anesthesia risks. Although not required, some anesthesiology departments wisely choose to use a risk score such as the American Society of Anesthesiologists score or something similar. Some surveyor judgment is required. If it is obvious from the medical record that there is no identified risk of anesthesia (such as a perfectly healthy 24-year-old for a hernia repair) and there is no specific documentation of anesthesia risk, this should be accepted. In other words, review relevant records. Ideally (surveyor consultative advice), however, as a routine, all patients should have their risk level documented.

Scoring:

To be scored as fully met, the patient's risk must be documented somewhere in the records. If there is no documentation, but the record reflects no risk, score it as fully met. If the risk is reflected in 85–99 percent of records, score it as partially met. If documentation is present in less than 85 percent of medical records, score it as not met.

AN.2.2 *(4) The patient is reassessed immediately prior to induction of anesthesia by an anesthesiologist.*

Survey Process:

Review the anesthesia record in the patient's medical record. There should be evidence that vital signs, oxygen saturation, and any other monitoring was recorded and evaluated "just" prior to induction of anesthesia. Just prior to induction means within no more than 10 minutes.

Scoring:

To be scored as fully met, all records must reflect baseline monitoring just prior to induction of anaesthesia. If only one record does not reflect this, score it as partially met. If more than one record does not reflect reassessment immediately prior to induction of anaesthesia, score it as not met.

AN.3 (4) The plan is consistent with the patient’s assessment and includes the anesthesia to be used and the method of administration.

Survey Process:

Review medical records. Surveyor judgment is required to determine whether the plan is consistent with the patient’s assessment. It should be considered OK unless there is a significant discrepancy (such as an elderly patient with multiple organ problems who is defined as “low risk” or does not have any risk defined). The anesthesia to be used and the route of administration may be self-evident and each of these does not necessarily have to be documented separately.

Scoring:

To be scored as fully met, all plans must include the anaesthesia to be used and (if relevant) the method of administration. Score as partially met only if the surveyor determines that one plan is not consistent with the patient’s assessment. Score as not met if there is more than one plan that does not document the planned anesthesia or more than two plans that are not consistent with the patient’s assessment. If there was no pre-anesthesia assessment, automatically score it as not met.

AN.4 (5) **Prior to administration of any pre-anesthesia medication, an informed consent for the use of anesthesia must be obtained and documented in the medical file.**

Survey Process:

Evaluated based on review of medical records.

Scoring:

All records must have evidence of informed consent. If any record does not have evidence of informed consent, score it as not met. This is an all or none standard.

AN.5 (5) *Each patient’s physiologic status is continuously monitored during anesthesia or sedation administration and the results of monitoring are documented in the patient’s medical record.*

Survey Process:

Evaluated based on review of medical records. Review records of both anesthetized and sedated patients (as during visits to the post-anesthesia care unit, gastroenterology endoscopy, and interventional radiology units) or during the medical record interview. There should be documentation of **continuous** monitoring (the results of monitoring may be recorded only as frequently as determined by the department or unit’s policy, but the actual monitoring must be continuous).

Scoring:

To be scored as fully met, all records of patient who were anesthetized or sedated must have evidence of all the parameters identified in AN.5.1–AN.5.4. This is an all or none standard.

AN.5.1 (5) The monitoring includes pulse rate and rhythm.

Survey Process:

Evaluated based on review of anesthesia record/medical records. Review records of both anesthetized and sedated patients (as during visits to the post-anesthesia care unit, gastroenterology endoscopy, and interventional radiology units) or during the medical record interview.

Scoring:

To be scored as fully met, all records of patient who were anesthetized or sedated must have evidence of monitoring of pulse rate and rhythm. This is an all or none standard.

AN.5.2 (5) The monitoring includes blood pressure.

Survey Process:

Evaluated based on review of anesthesia record/medical records. Review records of both anesthetized and sedated patients (as during visits to the post-anesthesia care unit, gastroenterology endoscopy, and interventional radiology units) or during the medical record interview

Scoring:

To be scored as fully met, all records of patients who were anesthetized or sedated must have evidence of monitoring of blood pressure. This is an all or none standard.

AN.5.3 (5) The monitoring includes oxygen saturation.

Survey Process:

Evaluated based on review of anesthesia/medical records. Review records of both anesthetized and sedated patients (as during visits to the post-anesthesia care unit, gastroenterology endoscopy, and interventional radiology units) or during the medical record interview

Scoring:

To be scored as fully met, all records of patients who were anesthetized or sedated must have evidence of monitoring of oxygen saturation. This is an all or none standard.

AN.5.4 (5) The monitoring includes respiratory rate.

Survey Process:

Evaluated based on review of anesthesia/medical records. Review records of both anesthetized and sedated patients (as during visits to the post-anesthesia care unit, gastroenterology endoscopy, and interventional radiology units) or during the medical record interview

Scoring:

To be scored as fully met, all records of patients who were anesthetized or sedated must have evidence of monitoring of respiratory rate. This is an all or none standard.

AN.6 (5) The anesthesia record includes medications administered.

Survey Process:

Review anesthesia record/medical records

Scoring:

To be scored as fully met, all records of patients who were anesthetized or sedated must document all medications administered, including the dosage. This is an all or none standard.

AN.6.1 (5) The anesthesia record includes fluids administered.

Survey Process:

Review anesthesia/medical records.

Scoring:

To be scored as fully met, *all* records of patients who were anesthetized or sedated must document fluids administered, including the amount. This is an all or none standard.

AN.6.2 (5) The anesthesia record includes blood or blood products administered.

Survey Process:

Review anesthesia/medical records.

Scoring:

To be scored as fully met, all records of patient who were anesthetized or sedated must document blood or blood products administered, including the amount. This is an all or none standard.

AN.6.3 (4) The anesthesia record includes the actual anesthesia used (if different from the plan).

Survey Process:

Review anesthesia/medical records. Unless there was a documented anesthesia plan (AN.1), this standard cannot be met.

Scoring:

To be scored as fully met, there must be an anesthesia plan as required in AN.1. If the anesthesia used was the one planned, score as fully met. If a different anesthesia was used, score as fully met only if the actual anesthesia used is documented. If there is no anesthesia plan or if there is no documentation of what anesthesia was administered, score as not met. This is an all or none standard.

AN.6.4 (5) The anesthesia record includes any unusual events or complications of anesthesia.

Survey Process:

Review anesthesia/medical records. This should be a rare occurrence and it is not likely that the survey team will find such a record. Since QI.8.5 requires monitoring of anesthesia and QI.11.5 requires intense evaluation of adverse anesthesia events, this can be surveyed by looking at quality improvement and patient safety information records for the department of anesthesiology. If the surveyor finds an adverse event, have that medical record pulled and see if it is documented in the medical record.

Scoring:

This is scored by exception. In other words, the default score is fully met unless the surveyor finds evidence that an adverse event occurred and it was not documented in the medical record, in which case it is scored as not met.

AN.6.5 (5) The anesthesia record includes the condition of the patient at the conclusion of anesthesia.

Survey Process:

Review anesthesia record/medical records. This is most commonly found on an anesthesia flow sheet. This standard relates to the patient's condition at the conclusion of anesthesia. AN.9 relates to the patient's condition after recovery from anesthesia.

Scoring:

To be scored as fully met, the patient's condition at the conclusion of anesthesia must be documented. This is an all or none standard.

AN.6.6 (4) The anesthesia record includes the time of start and finish of anesthesia.

Survey Process:

Review anesthesia/medical records. This is most commonly found on an anesthesia flow sheet.

Scoring:

To be scored as fully met, the time of start and finish of anesthesia must be documented. This is an all or none standard.

AN.7 (5) The patient is monitored during the post-anesthesia/surgery recovery period and the results of monitoring are documented in the patient’s medical record.

Survey Process:

Review anesthesia record/medical records. Determine if there are any anesthesiology department policies or guidelines on the extent of monitoring. This may vary by type of anesthesia, expected duration of the case, and the patient’s condition (any co-morbid conditions, etc.).

Scoring:

Whatever level of monitoring that was done must be documented to be scored as fully met. Score as partially met only if, in the surveyor’s judgment, the level of monitoring was not sufficient for the patient’s condition or the anesthesia used. Score as not met if the monitoring is not documented.

AN.7.1 (3) The time of arrival and discharge from anesthesia recovery are recorded.

Survey Process:

Review anesthesia/medical records.

Scoring:

To score as fully met, both the time of arrival and the time of discharge from the post-anesthesia care unit must be documented. If only one of these is documented, score as partially met. If neither is documented, score as not met.

AN.8 (5) Patients are recovered from anesthesia/sedation in an area that has at least the following:

Survey Process:

This is surveyed by observation and interview during visit to the post-anesthesia care unit.

Scoring:

To be scored as fully met, all the elements found in AN.8.1 and AN.8.3–AN.8.6 must be met. Since safe recovery from anesthesia is critical, if any element (equipment is not present or is not in good working order) is not present, score as not met.

AN.8.1 (5) Qualified nurses

Survey Process:

Review the human resources file of at least one nurse to determine if his/her qualifications match the job description requirements.

Scoring:

Score as fully met if all job description requirements are met. Score as partially met if there are only minor variances (such as four years versus the required five years of experience). Score as not met if there is no evidence of the individual's qualifications in the file or if there is no job description.

AN.8.2 (5) Equipment present, as required by MOHP regulations, but at least the following:

Survey Process:

This is surveyed by observation. The surveyors will have to be familiar with the MOHP requirements.

Scoring:

To be scored as fully met, all the equipment in AN.8.3–AN.8.6 must be present and in good working order. If any required equipment is not present or not in good working order, score it as not met. This is an all or none standard.

AN.8.3 (5) Oxygen source

Survey Process:

This is evaluated by observation.

Scoring:

If present, score as fully met. If absent, score as not met.

AN.8.4 (5) Ability to monitor O2 saturation

Survey Process:

This is evaluated by observation.

Scoring:

If present, score as fully met. If absent, score as not met.

AN.8.5 (5) Suction

Survey Process:

This is evaluated by observation.

Scoring:

If present, score as fully met. If absent, score as not met.

AN.8.6 (5) Ability to monitor blood pressure, pulse, and heart rate and rhythm

Survey Process:

This is evaluated by observation.

Scoring:

If present, score as fully met. If absent, score as not met.

AN.9 (5) The anesthesiologist, or other qualified physician, must make the decision to discharge the patient from post-anesthesia care, and this decision must be based on documented results of monitoring during anesthesia recovery.

Survey Process:

Review anesthesia/medical records and interview staff. Evidence that the anesthesiologist made the decision to discharge could be found in a nurse's note.

Scoring:

To be fully met, the monitoring results must be documented (AN.7) and the medical record must reflect that the anesthesiologist or other qualified physician made the decision to discharge the patient. If there is a clear practice that only the anesthesiologist or surgeon makes decisions to discharge, but the medical record does not document this, score as partially met. If no monitoring of discharge is documented, score as not met.

AN.9.1 (3) The anesthesiologist, or other qualified physician, must sign the discharge order.

Survey Process:

Review anesthesia/medical records.

Scoring:

To be fully met, all anesthesia/medical records must have a signature. The surveyors should use judgment and if there is only a rare oversight and no signature is present, still consider the standard to be fully met. However, if two medical records do not have the required signature, score as partially met. If more than two records do not have the discharge order signed, score as not met.

Medication Use and Pharmacy Services

MU.1 (5) The pharmacy and medication use practices comply with applicable laws and regulations.

Survey Process:

The surveyors must be familiar with the applicable laws and regulations.

Scoring:

Since this is a legal requirement, all laws and regulations must be followed for it to be fully met. If any are not, score it as not met. This is an all or none standard.

MU.2 (5) The hospital has written policies and procedures that have been implemented for at least the following:

Survey Process:

Review the policies to determine if all the required policies found in MU.2.1–MU.2.4 are present. The survey process to determine implementation is described in MU.2.1–MU.2.4.

Scoring:

To be scored as fully met, all the policies found in MU.2.1–MU.2.3 must be present and implemented. If all policies are present, but one has not been implemented, score as partially met. If more than one is either not present or not implemented, score it as not met.

MU.2.1 (4) Acquisition of medications, including when the pharmacy is closed

Survey Process:

Review the policies and interview pharmacy staff to determine how the policy has been implemented.

Scoring:

Score as fully met if policies are present and implemented. Score as partially met if there is a policy and/or a procedure but it has not been implemented. If there is no policy or procedure, score it as not met.

MU.2.2 (5) Safe prescribing, ordering, storage, administration, and monitoring of the effect of medications

Survey Process:

Review the policies. Interview pharmacy, nursing, and medical staff members and review medical records to determine if the policies have been implemented.

Scoring:

Score as fully met if all five policies are present and have been implemented. If only four of the five policies are present or if only four have been implemented, score as partially met. If fewer than four of the policies are present or have been implemented, score as not met.

MU.2.3 (3) Who may order and who may administer medications

Survey Process:

Review the policy and review medical records to determine if the policy is being followed.

Scoring:

Score as fully met if the policy is present and is being followed. Score as partially met if there is a policy, but it has not been implemented. If there is no policy, score as not met.

MU.2.4 (2) Where medication orders are uniformly written in the medical record

Survey Process:

Review the policy and review medical records to determine if the policy is being followed. See MR.23 for all other orders.

Scoring:

Score as fully met if the policy is present and has been implemented. Score as partially met if there is a policy, but it has not been implemented. If there is no policy, score as not met.

MU.3 (5) A licensed pharmacist is available at all times and is responsible for supervising all pharmaceutical services.

Survey Process:

Interview pharmacy staff. Available can mean any of the following: in-house, on-call, or available by phone from another hospital.

Scoring:

If a pharmacist is available at all times, score as fully met. If not available at all times, score as not met. This is an all or none standard.

MU.4 (5) There are sufficient certified pharmacists and support personnel to meet the needs of the hospital.

Survey Process:

This requires surveyor judgment. In general this standard will be met if MU.3 is met. However, if there seems to be significant delays in receiving medications from the pharmacy, review the work schedule in the pharmacy to determine how many pharmacists or support personnel are on duty during each shift.

Scoring:

If there are no significant issues with pharmacy support as determined by an interview of nurses and physicians, score as fully met. If only occasional delays or problems are noted, score as partially met. If there are significant gaps in pharmacy support, score as not met, but only with the concurrence of the entire survey team.

MU.5 (4) **Pharmacists actively participate in developing and monitoring implementation of the hospital policy on antibiotic and other medication usage.**

Survey Process:

This will require some surveyor judgment. Look for the following types of evidence: documented “pharmacy intervention program,” i.e., a log or other document of when a pharmacist had to call a physician or otherwise intervene to change or clarify a medication order; pharmacist membership on committees that deal with medication use; pharmacy review of new medications added to the hospital’s drug list; and pharmacy review of the essential drug list.

Scoring:

This is a “weight of evidence” standard. If there is pharmacist involvement in the activities listed in the survey process, score as fully met. If there is only some or occasional involvement, score as partially met. If the pharmacy only dispenses medications and never questions the physician’s judgment, score as not met.

MU.6 (5) ***There is a system to ensure availability, safety, and security of required emergency and lifesaving drugs 24 hours a day.***

Survey Process:

This is surveyed by observation. If during unit visits (inpatient, operating theatre, ICU, emergency room) emergency lifesaving drugs are readily available (within 1 minute) and are secured from loss or non-emergency use, the surveyor can assume the system is effective.

Scoring:

Score as fully met if emergency lifesaving drugs are present and secure and readily available in all patient-care areas (they do not necessarily have to be physically present in each area, but must be available within less than one minute). If there are only one to two areas where the drugs could not be readily obtained within one minute and these are low-risk areas (such as outpatient clinics), score as

partially met. If they are either absent or not readily available or not secured in inpatient areas, score as not met.

MU.7 (5) There are written policies for distribution and control of narcotics in compliance with laws and regulations.

Survey Process:

The surveyors must be familiar with the laws and regulations. Review the policy.

Scoring:

To be scored as fully met, there must be a policy and it must comply with all applicable laws and regulations. If there is no policy, or it does not comply with laws and regulations, score it as not met. This is an all or none standard.

MU.8 (4) Pharmacists actively participate in the quality improvement program related to pharmacy services and related medication use activities.

Survey Process:

Review minutes of the hospital's quality improvement committee to see if pharmacy is represented. Review the quality improvement program of the pharmacy.

Scoring:

This requires surveyor judgment. If there is sufficient evidence of involvement of pharmacy representatives in quality improvement activity related to medication use and there is a pharmacy quality improvement program, score as fully met. If there is only some pharmacy involvement in hospitalwide activities, score as partially met. If there is no hospitalwide involvement or if there is no pharmacy quality improvement program, score as not met.

MU.9 (5) Medication dispensed from the pharmacy is labeled with at least the following before being administered to the patient:

Survey Process:

When visiting patient care units, inspect the medication storage area during the tour of the unit.

Scoring:

To be scored as fully met, all medications must indicate the patient's name, name of the drug and its concentration/strength, and directions for administration. If only the expiration date is missing, score it as partially met. If any of the other three elements required in MU.9.1–MU.9.4 is not present, score it as not met.

MU.9.1 (5) The patient's name

Survey Process:

When visiting patient care units, inspect the medication storage area during the tour of the unit. The patient's name is not required for bulk storage of medications. However, if medication is dispensed from the pharmacy for a particular patient, the name is mandatory.

Scoring:

To be fully met, all medications must have the patient's name. If any drug is missing the patient's name, score it as not met.

MU.9.2 (5) The name of the drug and its concentration/strength

Survey Process:

When visiting patient care units, inspect the medication storage area during the tour of the unit. This is mandatory for all medications, including bulk storage items.

Scoring:

To be fully met, all medications must indicate the name of the drug and its concentration/strength. If any drug is missing this information, score it as not met.

MU.9.3 (3) The expiration date

Survey Process:

When visiting patient care units, inspect the medication storage area during the tour of the unit.

Scoring:

To be scored as fully met, at least 90 percent of all medications must indicate the expiration date. If between 75–89 percent have the expiration date, score as partially met. If less than 75 percent, score as not met.

MU.9.4 (5) Written instructions for use/administration

Survey Process:

When visiting patient care units, inspect the medication storage area during the tour of the unit. Written instructions are not required for bulk storage of medications. However, if medications are dispensed from the pharmacy for a particular patient, written instructions for use/administration are mandatory.

Scoring:

To be scored as fully met, all medications must have the patient's name, name of the drug and its concentration/strength, and directions for administration. If only the expiration date is missing, score as partially met. If any of the other three elements required in MU.9.1–MU.9.4 is not present, score as not met.

MU.10 (4) Outpatients receive appropriate information about the prescribed drug from a pharmacist. The information includes at least the following :

Survey Process:

Check to see if there is an outpatient pharmacy policy or procedure. The information can be provided to the patient either through written material or verbal discussion. If there is no written material or policy or procedure (not specifically required), interview a pharmacist and ask what he/she tells patients when dispensing medication to an outpatient.

Scoring:

Since all three pieces of information in MU.10.1– MU.10.3 are important, all three must be provided to the patient in order to be scored as fully met. If any one is not met, score it as not met. This is an all or none standard.

MU.10.1 (4) Direction on the use and administration of the drug

Survey Process:

Follow same process as for MU.10.

Scoring:

If information on use (reason for taking) and administration (directions) is provided, score it as fully met. If not provided, score it as not met.

MU.10.2 (4) Potential significant side effects

Survey Process:

Follow same process as for MU.10.

Scoring:

If information on potential side effects is provided, score as fully met. If not provided, score as not met.

MU.10.3 (3) The importance of following the directions

Survey Process:

Follow same process as for MU.10.

Scoring:

If the importance of following directions is emphasized, score it as fully met. If not provided, score it as not met.

MU.11 (5) For inpatients, the pharmacist ensures that the medication is appropriately labeled and provides information to nursing and medical staff on the medication's use, administration, and side effects, including potential adverse reactions.

Survey Process:

While visiting patient care units, review stored medication. This is a two-part standard: labeling and education of staff. The requirements for labeling are already scored in MU.9–MU.9.4. Therefore, this standard is surveyed only to determine the pharmacist's role in providing education to nurses and doctors. Interview pharmacists, nurses, and doctors to see if they can describe what information has been provided. (It is not expected that this standard requires that the pharmacist do this for every patient or for every medication. The intent is that the pharmacist is a resource to nurses and doctors.)

Scoring:

If there is evidence that pharmacists have provided information at least when requested, score as fully met. If it seems that this never happens, score as not met. This is an all or none standard.

MU.12 (5) **The hospital has a medication recall system.**

Survey Process:

Interview pharmacy personnel. Review of policy or procedure for drug recalls.

Scoring:

If there is a process or procedure, score as fully met. If there is no policy or procedure, score as not met.

MU.13 (5) **There are defined written processes and procedures to dispense medications that ensure the medication is given according to the following:**

Survey Process:

There should be a written policy or procedure on the administration of medication that defines all the requirements in MU.13.1–MU.13.5. Interview pharmacy personnel, nurses, and doctors to see if they know of the procedures and follow them.

Scoring:

To be fully met, all the requirements in MU.13.1–MU.13.5 must be met. Since this is one of the most critical patient safety issues, if any are missing, score it as not met.

MU.13.1 (5) To the right patient**Survey Process:**

Review policy and interview a sample of personnel who administer medications to patients. They should describe at least two ways to positively identify the patient (such as name, birth date, medical record number). Do not accept an answer that says, “I know my patients.”

Scoring:

To be scored as fully met, not only must there be a policy or procedure, but nurses or any others who administer medication must be able to describe how they positively identify patients prior to administering medication. If only one or two staff members cannot describe the process, score as partially met. If few or none can describe how they positively identify the patient, score as not met.

MU.13.2 (5) The right drug**Survey Process:**

Review policy and interview a sample of personnel who administer medications to patients. They should be able to describe how they know that they are giving the correct drug (such as checking the label on the drug with the physician’s order, checking the label on the drug with the patient’s name on the label).

Scoring:

To be scored as fully met, not only must there be a policy or procedure, but nurses or any others who administer medication must be able to describe how they positively identify that they have the correct medication prior to administering medication. If only one or two staff members cannot describe the process, score it as partially met. If few or none can describe how they positively identify the correct medication, score it as not met

MU.13.3 (5) In the right dose**Survey Process:**

Review policy and interview a sample of personnel who administer medications to patients. They should be able to describe how they know that they are giving the correct dose (such as checking the label on the drug to verify the dose, verifying the dose with the physician’s order, checking the label on the drug with the patient’s name on the label).

Scoring:

To be scored as fully met, not only must there be a policy or procedure, but nurses or any others who administer medication must be able to describe how they positively identify that they have the correct

dose prior to administering medication. If only one or two staff members cannot describe the process, score as partially met. If few or none can describe how they positively identify the correct dose, score as not met

MU.13.4 (5) By the correct route of administration

Survey Process:

Review policy and interview a sample of personnel who administer medications to patients. They should be able to describe how they know that they are giving the medication by the correct route of administration (such as checking the label on the drug to verify the route, verifying the route with the physician's order, checking the label on the drug with the patient's name on the label).

Scoring:

To be scored as fully met, not only must there be a policy or procedure, but nurses or any others who administer medication must be able to describe how they positively identify that they have the correct route of administration prior to administering medication. If only one or two staff members cannot describe the process, score it as partially met. If few or none can describe how they positively identify the correct route of administration, score it as not met

MU.13.5 (5) At the right time

Survey Process:

Review policy and interview a sample of personnel who administer medications to patients. Review a sample of medical records. There should be a policy that defines the times of the day for scheduled medication administration. For example, if medication is ordered four times daily, then the routine is to give at 1200, 1800, 2500, and 0600. There should be evidence in the medical record of the times when medications were administered, including those ordered to be given immediately. The surveyor should compare these times with the order and with the policy on routine administration times.

Scoring:

If the time of administration of all medications is documented in the medical records and follows the policy and the doctor's order, or there is only a rare delay or missed dose, score it as fully met. If there is a policy, but the times of administration are documented in more than 85 percent of cases, score it as partially met. If the time the medication was administered is documented in less than 85 percent of cases and there is no policy, score it as not met.

MU.14 (4) The hospital has a written definition of a medication error. The definition includes the following:

Survey Process:

Review the written definition.

Scoring:

To be scored as fully met, there must be a written definition of a medication error and at least four of the five elements found in MU.14.1–MU.14.5 must be included. If there is a written definition, but only three of the elements found in MU.14.1–MU.14.5 are present, score it as partially met. If there is no written definition or only two of the elements found in MU.14.1–MU.14.5 are present, score it as not met.

MU.14.1 (4) Medication given to the wrong patient**Survey Process:**

Review the written definition.

Scoring:

If the definition includes the wrong patient, score it as fully met. If it does not include this, score it as not met. This is an all or none standard.

MU.14.2 (4) The wrong medication administered**Survey Process:**

Review the written definition.

Scoring:

If the definition includes the wrong medication, score as fully met. If it does not include this, score as not met. This is an all or none standard.

MU.14.3 (4) Medication given in the wrong dose**Survey Process:**

Review the written definition.

Scoring:

If the definition includes the wrong dose, score as fully met. If it does not include this, score as not met. This is an all or none standard.

MU.14.4 (4) Medication given by the wrong route of administration**Survey Process:**

Review the written definition.

Scoring:

If the definition includes the wrong route, score as fully met. If it does not include this, score as not met. This is an all or none standard.

MU.14.5 (3) Medication given at the wrong time, including missed doses

Survey Process:

Review the written definition.

Scoring:

If the definition includes the wrong time, score as fully met. If it does not include this, score as not met. This is an all or none standard.

MU.14.6 (3) The definition has been provided to nursing staff, to pharmacy staff, and to all physicians.

Survey Process:

Interview nursing, pharmacy, and medical staff members about their understanding of the definition of a medication error. A sample question could be: “When would you report a medication error, and how do you report it?” Determine if any formal communication (memo, pharmacy newsletter, presentation at committee meeting) is documented.

Scoring:

If there is a formal means of communicating the definition of a medication error and at least 70 percent of staff members interviewed are aware of it, score it as fully met. If between 50–70 percent of staff members know that there is a definition, even if they cannot recite all the specifics, score it as partially met. If there has been no communication concerning the definition of a medication error and less than 50 percent of staff members have ever heard that there is a definition, score it as not met.

MU.15 (3) There is a system for reporting medication errors.

Survey Process:

Review the written process in the document review. Interview nurses, pharmacy personnel, and physicians – ask how they would know to report a medication error and how to do it. To see if the process is actually working, the surveyors should ask how many medication errors have been reported and how many medication doses have been dispensed from the pharmacy over the six months prior to the survey. Although there are no international data concerning this, U.S. data indicate that the number of medication errors reported should equate to about 10/1000 medication doses.

Scoring:

This is scored based on evidence that the reporting process or system actually works. If the number of errors reported is equal to at least 2/1000 doses dispensed from the pharmacy, score it as fully met. If the

number of medication errors reported is greater than 0.5/1000 doses dispensed, score it as partially met. If either no medication errors have been reported or the number is less than 0.5/1000 doses dispensed, score it as not met.

MU.15.1 (4) The hospital leadership creates a “blame-free” process for reporting.

Survey Process:

This standard is intended to set the stage for a change in culture and will require surveyor judgment. Interview the hospital director and senior leaders (department heads and nursing leaders). Sample question: “What do you do if someone reports an error?” If the answer is that they want to know who caused the error, the surveyor should be concerned. The ideal answer is “I thank them.” The most sensitive issue with this standard will be for one discipline to only report errors they think someone else made.

Scoring:

If in the surveyor’s judgment there is a “blame-free” reporting system, score as fully met.

If in the surveyor’s judgment there is an effort by leadership to create a “blame-free” reporting system, but it is not yet successful, score as partially met. If, in the surveyor’s judgment, reporting is not occurring because of fear of retribution, score as not met.

MU.15.2 (3) Aggregate data about medication errors are analyzed to identify ways to reduce the most common type of errors.

Survey Process:

Also see QI.8.4. Review data and its analysis. There should be evidence of data collection, aggregation of these data, analysis of these data, and actions if the analysis so indicates. This standard cannot be met if there is no definition of medication errors (MU.13), or if there is inadequate reporting (MU.15).

Scoring:

If data have been collected, aggregated, and analyzed, and actions taken, score as fully met. If data have been collected but never aggregated and analyzed, or if no action was taken (when the data analysis indicated a potential problem – no problem, no action needed), score as partially met. If no data have been collected or no action needed as a result, score as not met (requires surveyor judgment).

MU.16 (4) **The Essential Drug List (EDL), or equivalent therapeutic categories, is adopted and listed by generic name.**

Survey Process:

The surveyors should know what drugs are on the EDL, or equivalent therapeutic categories. Review the drug inventory of what is available at the hospital and compare with the EDL or equivalent therapeutic categories. This will require some surveyor judgment since all hospitals will not need all therapeutic groups of drugs. For example, a psychiatric or OB/GYN hospital would not be expected to have anti-

tuberculosis drugs although they are on the EDL or equivalent therapeutic categories. This standard covers the availability of individual drugs. MU.16.1 relates to availability of therapeutic groups of drugs.

Scoring:

If all drugs on the EDL or equivalent therapeutic categories (appropriate therapeutic groups of drugs for the hospital) are available, score as fully met. If three drugs or fewer on the EDL or equivalent therapeutic categories are not available in the hospital, score as partially met. If at least four drugs on the EDL or equivalent therapeutic categories are not available at the hospital, score as not met.

MU.16.1 (3) The EDL, or equivalent therapeutic categories, includes all therapeutic groups of drugs.

Survey Process:

The surveyors will need to exercise judgment. The hospital should have all the therapeutic groups that are appropriate to the services the hospital provides and the patients it treats. The availability of individual drugs within the therapeutic group is covered by MU.16.

Scoring:

If the hospital has all the appropriate therapeutic groups, score as fully met. If only one appropriate therapeutic group is absent, score as partially met. If more than one appropriate therapeutic group is absent, score as not met.

MU.16.2 (3) The EDL, or equivalent therapeutic categories, is distributed to all physicians.

Survey Process:

Evaluate if there has been any formal communication (such as a published list of drugs on the EDL or equivalent therapeutic categories, pharmacy newsletter, email, or other form of communication).

Scoring:

If there is evidence that the EDL, or equivalent therapeutic categories, has been distributed to all physicians, score as fully met. If the EDL, or equivalent therapeutic categories, has been distributed to some but not all (some departments, or only to department heads), score as partially met. If there is no evidence that it has been distributed at all, score as not met.

MU.16.3 (2) The EDL, or equivalent therapeutic categories, is updated at least annually.

Survey Process:

Since the EDL is published by the MOHP, look for the date of the most recent MOHP update and confirm whether the hospital has the most recent version (or versions if the update was only for some therapeutic groups). If the hospital has created its own list, compare that list with the available drugs.

Scoring:

If the hospital has the most recent version or versions, score as fully met. If it does not have the most recent version, score as not met. If the hospital's own list has been reviewed and updated at least annually, score as fully met. If it has been updated at least once in the past two years, score as partially met. If there is no list, or if it has never been updated, score as not met.

Blood Bank and Transfusions Services

BB.1 *(5) The hospital has written policies and/or procedures for hospital blood bank services that cover all services offered.*

Survey Process:

Review the written scope of services. Then compare the services offered to the policies to determine if there are policies and/or procedures for all services.

Scoring:

If all services have corresponding policies and/or written procedures, score as fully met. If not all are covered, score as not met. This is an all or none standard.

BB.2 *(5) All hospital blood bank staff including technicians are certified and/or licensed and have appropriate training and experience.*

Survey Process:

Sample two or three human resources files (or files that may be kept in the blood bank) to determine if personnel have the appropriate certification or license, training, and experience required by the job description.

Scoring:

If all files checked indicate that the individual meets the qualifications required by the job description or if there are only minor variances (such as a little less experience than required by the job description), score as fully met. If any do not have the required license or certification or do not have the required level of training, score as not met. This is an all or none standard.

BB.3 *(5) Hospital blood bank supplies and equipment are adequate for their function.*

Survey Process:

This requires some surveyor judgment. Ask if there has been any procedure that had to be postponed for more than a few hours due to inadequate supplies or equipment failure.

Scoring:

If there have never been work stoppages and the blood bank head states that supplies and equipment have never been a problem, score as fully met. If any procedure had to be postponed for more than a few (three to four) hours due to inadequate supplies or equipment malfunction, score as partially met if the blood bank had a backup plan for emergencies (such as sending the specimen to another blood bank). If the blood bank did not have a backup plan or if any procedure had to be postponed for more than one day, score as not met.

BB.4 (5) Blood and blood products are maintained to meet the amount specified by the hospital according to the size of the hospital and its scope of services.

Survey Process:

The blood bank should have a specified inventory level for all products and components.

Determine if the current supply meets the stated inventory level.

Scoring:

If the current supply meets the stated inventory level, score as fully met. If there are only minimal variations (for example, if the inventory level calls for 10 units of 0+ blood, but currently there are only nine, score as partially met). However, this should be scored as partially met only if meeting the inventory level is a recurrent problem. A one-time visit may be misleading since a single patient could deplete the supply and there may be a delay before replenishing the supply. If records indicate that the blood bank consistently is unable to keep a supply that meets its stated inventory level, score as not met. Also then ask if they have validated that the inventory level is overstated.

BB.5 (5) A record is kept to ensure easy tracing of a unit of blood from drawing (or receipt) until final disposition.

Survey Process:

Review a logbook or other documentation that allows tracking of all units.

Scoring:

If there is a document that allows tracking of all units, score as fully met. If not, score as not met. This is an all or none standard.

BB.6 (5) Testing of donors is performed as per routine acceptable standards for screening of communicable diseases and blood type and Rh.

Survey Process:

Check that there is a defined process for testing all donors for communicable diseases and for their blood type and Rh.

Scoring:

If all donors are tested according to the defined procedure, score as fully met. If any donor is not tested or not completely tested, score as not met. This is an all or none standard.

BB.7 *(5) There are specific written procedures that are followed for all blood bank tests done in the hospital.*

Survey Process:

This standard requires specific technical procedures for all tests. BB.1 is nearly the same, but is broader and covers all policies, not just the technical procedures. Review list of all technical procedures and determine if there are specific written procedures for each test.

Scoring:

To be scored as fully met, there must be specific written procedures for all tests performed. If any are missing, score as not met. This is an all or none standard.

BB.8 *(5) Blood and blood components are collected, stored, and handled in such a manner that they retain their maximum potency and safety.*

Survey Process:

There should be specific policies on collection, storage, processing, and distribution.

Scoring:

To be stored as fully met, there must be policies on collection, storage, processing, and distribution. If any are not present, score as not met. This is an all or none standard.

BB.9 *(5) There is a written policy on screening of blood donors that follows the national selection criteria.*

Survey Process:

The surveyor must be familiar with the national selection criteria. Review the policy to determine if it meets the national selection criteria.

Scoring:

To be scored as fully met, the policy must address all the national selection criteria. If the policy does not meet all the criteria, score as not met. This is an all or none standard.

BB.10 *(5) All blood products are labeled with at least the identification number, name of the product, required storage condition, expiration date, production date, and name of the blood bank.*

Survey Process:

Check a sample of blood (including products and components) stored in the blood bank to determine if each is labeled with all six elements required.

Scoring:

To be scored as fully met, all blood products must be labeled with all six required elements. If any product does not have all the elements, score as not met. This is an all or none standard.

BB.11 *(5) Blood warming systems are monitored so that blood is not warmed above 38° C.*

Survey Process:

Determine where (if used anywhere) blood warming systems are used in the hospital (most likely in the operating theatre). Then look for a process or procedure that ensures monitoring so that the temperature does not exceed 38° C. This may be documented somewhere, but is not required. Simply confirm that all personnel who use the system are aware of the temperature limitation.

Scoring:

If there is a clear process and/or procedure to monitor the temperature, score as fully met. If not, score as not met. This is an all or none standard.

BB.12 *(5) Donor blood not intended for preparation of platelets is refrigerated at a temperature of 2° to 6° C.*

Survey Process:

Check the temperature log (for the past one to two months) of the refrigerator where this type of blood is stored.

Scoring:

Score as fully met if the temperature log is consistently between 2° and 6° C. If any reading was outside this range, the standard can still be scored as fully met if there is evidence that the correct procedure was followed (BB.17).

BB.13 *(5) Frozen plasma components are stored at a temperature of -18° C or below.*

Survey Process:

Check the temperature log (for the past one to two months) of the freezer where this type of blood is stored.

Scoring:

Score as fully met if the temperature log is consistently below -18°C . If any reading was warmer than -18°C , the standard can still be scored as fully met if there is evidence that the correct procedure was followed (BB.17).

BB.14 (5) Refrigerators or freezers in which blood, blood components, or derivatives are stored are used only for storage of donor samples, patient samples, or blood bank reagents.

Survey Process:

Surveyed by observation. Look in the refrigerators and freezers for any items other than donor samples, patient samples, or reagents.

Scoring:

If no extraneous items are found, score as fully met. If any extraneous items are found, score as not met. This is an all or none standard.

BB.15 (5) Refrigerators and freezers for storage have central electronic monitors or 24-hour chart recorders to ensure all blood and components are continuously stored at acceptable temperature.

Survey Process:

Check to see if there are 24-hour central electronic temperature monitors or chart recorders. Review at least the last month's data to determine that temperatures were in the correct range. This is a summary of the findings of BB.12 and BB.13.

Scoring:

If there are 24 hour/day central electronic monitors or chart recorders and they demonstrate that the temperature was consistently in the correct range or that rapid corrective action was taken when out of range (BB.12 and BB.13), score as fully met. If there are neither 24 hour/day central electronic monitors nor chart recorders, score as partially met (see BB.15.1). If temperatures were outside the acceptable range and prompt corrective action as defined in BB.17 was not done, score as not met.

BB.15.1 (5) If there is no continuous automated recording, temperatures are manually recorded at least every four hours.

Survey Process:

Review the last month's log or other documentation that demonstrates if the temperatures were manually checked at least every four hours.

Scoring:

If there is evidence that the temperature was checked every four hours, or there were no more than six instances in which the time of checking was less than one hour delayed, score as fully met. If the

temperature was checked but there are more than six instances in which the time of checking was delayed by less than one hour, score as partially met. If there is no monitoring or monitoring is inconsistent (more than three missed four-hour checks), score as not met.

BB.15.2 (5) The recorded temperature on all systems is checked at least once daily.

Survey Process:

This relates to the automated systems in BB.15. Review the records to determine if a responsible person in the blood bank has checked this record at least once per day.

Scoring:

If there is documentation that the record was checked at least once per day, score as fully met. If there is no documentation, score as not met. This is an all or none standard.

BB.16 (5) Temperature recording charts and manual temperature logs show at least the following:

Survey Process:

Check the automated records or the manual temperature logs.

Scoring:

To be scored as fully met, all the requirements of BB.16.1–16.7 must be documented on the record or log. If any of the elements in BB.16.1–BB.16.7 are missing, score as not met. This is an all or none standard.

BB.16.1 (5) Identity of the refrigerator or freezer

Survey Process:

Check the automated records or the manual temperature logs.

Scoring:

To be scored as fully met, the identity of the refrigerator or freezer must be included. If not, score as not met. This is an all or none standard.

BB.16.2 (5) Dates of temperature reading

Survey Process:

Check the automated records or the manual temperature logs.

Scoring:

To be scored as fully met, the dates of temperature recording must be included. If not, score as not met. This is an all or none standard.

BB.16.3 (5) Acceptable temperature range**Survey Process:**

Check the automated records or the manual temperature logs.

Scoring:

To be scored as fully met, the acceptable temperature range must be included. If not, score as not met. This is an all or none standard.

BB.16.4 (4) Identity of personnel inserting/removing charts or logging temperatures**Survey Process:**

Check the automated records or the manual temperature logs.

Scoring:

To be scored as fully met, the identity of the person inserting or removing automated charts or manually logging temperatures must be included. If not, score as not met. This is an all or none standard.

BB.16.5 (5) Any temperature fluctuations falling outside acceptable range**Survey Process:**

Check the automated records or the manual temperature logs. Either the chart or the log should clearly identify any measurements outside the acceptable range. The intent of this standard is that blood bank personnel should know as soon as possible when the temperatures are outside an acceptable range so that appropriate corrective action can be taken (BB.16.6 and BB.16.7).

Scoring:

If the chart or manual log is designed to show any measurements outside the acceptable range, score as fully met. If neither the chart nor the log can easily identify temperatures outside the acceptable range, but some other annotation was made when there was an unacceptable fluctuation, score as fully met. If there is no way to determine when the temperature was known to be outside the acceptable range, score as not met.

BB.16.6 (5) Name and telephone number of person to be notified when malfunction occurs

Survey Process:

Check the automated records or the manual temperature logs or prominently posted name and telephone number on the refrigerator or freezer. Ask at least one blood bank technician what he/she would do if the temperature is outside the acceptable range.

Scoring:

If the name and telephone number of the person to be notified if there is a malfunction (as demonstrated by temperatures that are outside the acceptable range) is on the chart or log or prominently posted on the refrigerator or freezer, score as fully met. If there is no conspicuous posting of the name and phone number of the person to be notified, score as not met.

BB.16.7 (4) Action taken

Survey Process:

Check the automated records or the manual temperature logs or any other documentation that demonstrates what action was taken. This should be a rare occurrence, and if there were no significant temperature variances, then action was not needed and this standard would be non-applicable.

Scoring:

If action was required and the action taken is documented, score as fully met. If action was required, but there is no documentation of action taken, score as not met. This is an all or none standard.

BB.17 (5) There are written procedures to follow if temperature limits are exceeded.

Survey Process:

Review the written procedures.

Scoring:

If there are written procedures, score as fully met. If there are none, score as not met. This is an all or none standard.

BB.17.1 (3) These instructions are posted on or near the refrigerator or freezer.

Survey Process:

This standard defines what is to be done if the temperature is outside the acceptable range. Standard BB.16.6 addresses what to do if there is a malfunction (the refrigerator or freezer does not seem to be working). An individual reading that is outside the acceptable range may not indicate a malfunction.

Scoring:

If there are written instructions explaining what to do if the reading is outside acceptable range, score as fully met. If there are no written instructions, score as not met. This is an all or none standard.

BB.18 (5) There is an alarm system, which is tested at least once per week.

Survey Process:

Observe whether there is an alarm system. Review a log or other document prepared for at least one previous month that provides evidence that it is checked at least once per week.

Scoring:

If there is an alarm system and there is evidence (documentation) that it has been tested at least once per week, score as fully met. If there is no alarm system or if there is one but it has not been checked at least once per week (no exceptions), score as not met.

BB.18.1 (4) The tests are documented.

Survey Process:

Review documentation.

Scoring:

If the alarm system tests are consistently documented, score as fully met. If there is even one week in which the test was not documented, score as not met. This is an all or none standard.

BB.19 (5) *There are defined procedures to ensure positive identification of the patient prior to obtaining a specimen for typing and cross-matching and before administration of blood.*

Survey Process:

This is surveyed in exactly the same way as MU.13.1. Review policy and interview a sample of personnel who obtain specimens or who administer blood to patients. They should describe at least two ways to positively identify the patient (such as name, birth date, medical record number). Do not accept an answer of “I know my patients.”

Scoring:

To be scored as fully met, not only must there be a policy or procedure, but nurses or any others who draw specimens for typing and cross-matching must be able to describe how they positively identify patients prior to administering medication. If only one or two staff members cannot describe the process, score as partially met. If few or none can describe how they positively identify the patient, score as not met.

Emergency Care

EM.1 (2) The physical location of the emergency room must support at least the following:

Survey Process:

This standard and the standards EM.1.1–EM.1.4 require surveyor judgment and are based on observation while visiting the emergency area and other areas of the hospital.

Scoring:

To be scored as fully met, the requirements in at least EM.1.1–EM.1.4 must all be met. If all are not met, at least the requirements of EM.1.1 and EM.1.2 must be met to be scored as partially met. If neither of these is met, or only one of the requirements in EM.1.1 and 1.2 are met, score it as not met.

EM.1.1 (2) Ready access by ambulance, car, or walking

Survey Process:

This requires surveyor judgment. “Ready” means that a patient arriving by ambulance could reach the emergency room within 30 seconds. The same timeframe would apply to patients arriving at the ambulance entrance via private car. Patients who walk in should be able to reach the emergency area without more than two to three minutes of walking.

Scoring:

This requires surveyor judgment. To be scored as fully met, patients arriving by ambulance or by car must be able to reach the emergency room within 30 seconds of arrival at the hospital. If access is readily accessible to all patients (such as being on the ground floor), score it as fully met. If there are only minor impediments or delays, score it as partially met. If there are obstacles such as stairs or long corridors, score it as not met.

EM.1.2 (2) Readily identified by signage, both within the hospital and from the outside

Survey Process:

This requires surveyor judgment. When approaching the hospital by car, look for signs that would direct a car or ambulance to the emergency room entrance. If access for ambulatory patients is in a different location than for ambulances and cars, look for signs that clearly identify the entrance.

Scoring:

If the signage is clear, score as fully met. If there is any confusion, score as partially met. If there are no signs or if they are so confusing that the surveyor must ask directions to the emergency room, score as not met.

EM.1.3 (2) Ease of access to other services such as X-ray

Survey Process:

This requires surveyor observation.

Scoring:

If the X-ray department is adjacent to the emergency room or at least on the same floor, score as fully met. If the X-ray department is on a different floor, but there is an elevator dedicated to emergency patients, score as partially met. If the X-ray department is on a different floor and emergency patients must queue for an elevator, score it as not met.

EM.1.4 (2) Entrance and exit without going through other areas of the hospital

Survey Process:

This requires surveyor observation. The emergency room should have a separate entrance that can be accessed directly from outside the hospital.

Scoring:

If there is a separate entrance for the emergency room, score as fully met. If the only entrance requires transiting through other parts of the hospital, score as not met. This is an all or none standard.

EM.2 (5) *The facility ensures the presence of qualified staff 24 hours a day.*

Survey Process:

Review work schedules for the emergency room and, if necessary, interview staff members. If the hospital has an emergency room, there must be a physician or physicians and a nurse(s) available to the emergency room 24 hours/day. Available means that they are in-house. In smaller hospitals, it is permissible that the physicians and other nurses are on duty in the hospital, but not necessarily physically present in the emergency room. However, they must be able to respond (be physically present) in the emergency room within less than one minute and a qualified nurse must be physically present at all times to conduct the initial screening of arriving patients to determine the urgency of their care (AC.1.4). If physicians and nurses are not physically present in the emergency room 24 hours/day, interview them to determine what they do if there is an urgent need for them in the emergency room (do they have conflicting responsibilities for other units). The surveyor must use judgment — in a smaller hospital the emergency room physician may be tasked to respond to in-house emergencies. If they are doing so and there is an emergent type emergency room patient, the surveyor should ask how they will prioritize which patient to see and how they might ask for additional assistance.

Scoring:

If there is evidence that physicians and nurses are physically present in the emergency room at all times, or, if not, they can be present within one minute and there is a qualified nurse physically present in the emergency room 24 hours/day, score as fully met. If there is a qualified nurse constantly available in the emergency room, but physicians and other nurses have other responsibilities that might take precedence

and thus delay their response to the emergency room for more than five minutes, even if the emergency room patient is deemed critical, score as partially met. If there is neither a nurse nor a physician present and there is no system to have them respond when needed, score as not met.

EM.2.1 (2) The hospital has a plan on how to staff the emergency room.

Survey Process:

Typically, staffing the emergency room is based on historical workload (time of day and day of week). Ask the head of the emergency room how he/she determines what staffing is needed (professional and support). Review, if needed, the work schedule.

Scoring:

If there is a staffing plan and schedule that is based on some data (such as historical patterns of visits), score as fully met. If there is a plan/schedule, but it is not based on any data, score as partially met. If there is no plan/schedule, score as not met.

EM.3 (5) **All emergency room staff are trained in CPR, emergency care, and the use of emergency equipment.**

Survey Process:

Review a sample of human resources or files kept in the emergency room. Determine if the following are documented: cardiopulmonary resuscitation (CPR) training at least every two years (HR.7); training on clinical pathways (EM.5–EM.5.6); and use of emergency equipment. Having at least one fully trained person on duty at all times is a critical safety issue for patients.

Scoring:

If all emergency room staff (doctors and nurses) are trained in CPR, emergency care (use of clinical pathways), and the use of emergency equipment, or if on every shift (review the work schedule) at least 50 percent of the doctors and nurses on duty are fully trained, score as fully met. If, on any shift, less than 50 percent of doctors and nurses are fully trained, but at least 25 percent are fully trained, score as partially met. If less than 25 percent are fully trained, score as not met.

EM.4 (4) **The record of every patient receiving emergency care includes at least the following:**

Survey Process:

Review a sample of emergency room records. This is an overall standard and may be met based on percentages. Standards EM.4.1–EM.4.4 are scored as fully met or not met.

Scoring:

To be scored as fully met, all the elements found in EM.4.1–EM.4.4 must be documented in 90 percent of the record reviewed. If only one element is missing in 25 percent or less of the records reviewed, score as partially met. If one element is missing in more than 25 percent or if any record is missing two elements, score as not met.

EM.4.1 (3) The time of arrival

Survey Process:

Review a sample of emergency room records.

Scoring:

If present in all records reviewed, score as fully met. If missing in any record, score as not met. This is an all or none standard.

EM.4.2 (5) The conclusions at termination of treatment

Survey Process:

Review a sample of emergency room records.

Scoring:

If present in all records reviewed, score as fully met. If missing in any record, score as not met. This is an all or none standard.

EM.4.3 (5) The patient's condition at discharge and time of leaving the emergency room

Survey Process:

Review a sample of emergency room records.

Scoring:

If the patient's condition is present in all records reviewed, score as fully met. If missing in any record, score as not met. This is an all or none standard.

EM.4.4 (5) Follow-up care instructions

Survey Process:

Review a sample of emergency room records.

Scoring:

If follow-up care is present in all records reviewed, score as fully met. If missing in any record, score as not met. This is an all or none standard.

EM.5 (3) The hospital must have and use clinical guidelines on emergency care. The guidelines must include at least the following:

Survey Process:

This is an overall standard. To be scored as fully met, all the clinical guidelines required by EM.5.1–EM.5.4 must be present and used. The surveyor should review the guidelines and then randomly review one to two records of patients covered by the guidelines to see if they were followed. Alternatively, if the emergency room has data indicating that they have reviewed compliance with the guidelines, this may be used. When reviewing emergency room records, if a guideline was not followed, look for a note by the physician explaining why. If there is a note, consider that the record “passes.” If the hospital has elected to create more guidelines for high-risk patients rather than for most common diagnoses or those presenting complaint, this is acceptable.

Scoring:

If all the guidelines are present (there should be at least five) and more than 90 percent of records reviewed show that the guidelines were followed, score as fully met. If all five guidelines are present and were followed in 75–90 percent of cases, score as partially met. If any of the guidelines required by EM.5.1–EM.5.3 is missing, or if only one of the two guidelines required by EM.5.4 is present and used, score it as not met.

EM.5.1 (3) Emergency stabilization and treatment of chest pain

Survey Process:

Review the guideline and emergency room record, if applicable to the services the hospital provides.

Scoring:

If the guideline is present and consistently followed in more than 90 percent of cases, score as fully met. If followed in 75–89 percent of cases, score as partially met. If the guideline is either not present or not followed, score as not met.

EM.5.2 (3) Emergency stabilization and treatment of shock

Survey Process:

Review the guideline and emergency room record, if applicable to the services the hospital provides.

Scoring:

If the guideline is present and consistently followed in more than 90 percent of cases, score as fully met. If followed in 75–89 percent of cases, score as partially met. If either the guideline is not present or not followed, score as not met.

EM.5.3 (3) Emergency stabilization and treatment of polytrauma

Survey Process:

Review the guideline and emergency room record, if applicable to the services the hospital provides.

Scoring:

If the guideline is present and consistently followed in more than 90 percent of cases, score as fully met. If followed in 75–89 percent of cases, score as partially met. If either the guideline is not present or not followed, score as not met.

EM.5.4 (2) Two additional guidelines for the most common diagnoses or presenting complaints

Survey Process:

Review the guidelines and emergency room record.

Scoring:

If both additional guidelines are present and consistently followed in more than 90 percent of cases, score as fully met. If only one of the two is present, or if both are present but followed in 75–89 percent of cases, score as partially met. If neither is present or if both are present but followed in less than 75 percent of cases, score as not met.

EM.5.5 (3) The clinical guidelines must be reviewed at least every two years and updated when indicated by current literature.

Survey Process:

Review the date of the guidelines to determine when last reviewed.

Scoring:

If the guidelines have been reviewed in the past two years, score as fully met. If no more than 30 months have passed since the last review, score as partially met. If it has been more than 30 months since the last review, score as not met.

EM.6 (5) Essential emergency equipment, as required by MOHP rules and regulations, is available and in good working order.

Survey Process:

The surveyors must be familiar with the MOHP requirements. This is surveyed by observation and interviews with staff.

Scoring:

If all required equipment is present in the emergency room and is in good working order, score as fully met. If any required piece of equipment is not present, or is not functional, score it as not met. This is an all or none standard.

EM.7 (5) EDL medications and lifesaving drugs for emergency care must be available and secure at all times in each emergency room area.

Survey Process:

The surveyors must know what medications are required. During the tour of the emergency department, ensure that all EDL and lifesaving drugs are present. The lifesaving drugs must be secured from loss or non-emergency use. "Secured" may include stored in a locked cabinet or box, stored in a medication room that is not accessible to anyone other than emergency room personnel, or checked daily (with a documented log) to ensure that all are present.

Scoring:

If all essential drug list medications and lifesaving drugs are present and secured, score as fully met. If only two or three essential drug list medications are not physically present in the emergency room area but are readily available (as through the pharmacy), score as partially met. If any lifesaving drug is not physically present or is not secured, or if more than two essential drug list items are not available at all, score as not met.

EM.8 (5) Support diagnostic services are available 24 hours a day.

Survey Process:

For a small hospital, "available" may be on call provided the response time is no more than 45 minutes. Check schedules in laboratory and radiology.

Scoring:

If diagnostic services are available 24 hours/day and if on call, the response time is no more than 45 minutes, score as fully met. If the on-call response time is more than 45 minutes but less than 90, score as partially met. If there is not 24 hour/day availability or the response time is greater than 90 minutes, score as not met.

EM.9 (5) All hospitals either have an ambulance or have an arrangement for ambulance services.

Survey Process:

Interview head of emergency services.

Scoring:

If the hospital has, or has arrangements for, an ambulance service, score as fully met. If the hospital does not have an ambulance service and has not made arrangements for one, score as not met. This is an all or none standard.

EM.10 (4) **The hospital ensures that the ambulance service meets the requirements of the MOHP rules and regulations.**

Survey Process:

The surveyors must be familiar with the MOHP requirements. Check these requirements against what the hospital provides. If ambulance services are provided through arrangements, rather than by the hospital itself, there must be documentation that the ambulance service that is used meets the MOHP rules and regulations.

Scoring:

If the ambulance service (either the hospital's or some other used) meets MOHP requirements, score as fully met. If any requirement is not met or if the hospital does not know if the ambulance service with which they have arrangements meets these requirements, score as not met. This is an all or none standard.

EM.11 (4) The hospital should have an emergency plan to deal with internal disasters such as the arrival of one or more seriously injured patients. The plan should include the following:

Survey Process:

Findings here may also reflect on compliance with ES.8 under environmental safety. This is an overall standard. The components of the plan are covered in EM.11.1–EM.11.4.

Scoring:

If there is a plan and it covers all the requirements in EM.11.1–EM.11.4, score as fully met. Since emergency response is a critical patient safety issue, if any of the requirements in EM.11.1–EM.11.4 are not included in the plan, score as not met. This is an all or none standard.

EM.11.1 (4) A list of emergency response members, including physicians, nurses, and technicians for laboratory and radiology, and the list is posted in the emergency room

Survey Process:

During the visit to the emergency room, the surveyor should ask to see this list.

Scoring:

If there is a list and it is posted, score as fully met. If there is no list or staff members do not know where it is, score as not met. This is an all or none standard.

EM.11.2 (3) The ability of the team to reach the emergency room within half an hour

Survey Process:

This is difficult to quantify. The surveyor should interview doctors to determine if there have been problems with response times. This will take surveyor judgment to evaluate the reply.

Scoring:

Score as fully met unless the surveyor has any concerns. To score as less than fully met, there should be concurrence of the entire survey team.

EM.11.3 (2) A list of referral centers

Survey Process:

The emergency room staff should have a list of referral centers and these should be known or available to all physicians.

Scoring:

If there is a list and, when interviewed, physicians either know which referral centers to use or know how to find out, score as fully met. If there is no list, or physicians are unaware of where to refer specific types of patients and cannot find out, score as not met.

EM.11.4 (3) A plan to mobilize hospital staff and distribute responsibilities among them

Survey Process:

There should be a “recall roster” with names, phone numbers, and addresses (if needed).

Scoring:

If there is a recall roster, score as fully met. If not, score as not met. This is an all or none standard.

EM.12 (5) *The hospital has a plan and process for responding to resuscitation emergencies anywhere in the hospital, which includes personnel who will respond; required emergency lifesaving drugs, including their location, types, and security; and required equipment.*

Survey Process:

There should be a written plan for responding to resuscitation emergencies anywhere in the hospital, and it should include all the requirements.

Scoring:

To be scored as fully met, there must be a plan and it must include all the requirements. If there is no plan, or if it does not include all the requirements, score as not met. This is an all or none standard.

Baby-Friendly Care

BC.1 (3) In hospitals with mother-baby units, care is provided according to clinical guidelines as noted in QI.6.3.1–QI.6.3.3.

Survey Process:

Review the clinical guidelines to determine if they meet the requirements of QI.6.3.1–QI.6.3.3. Review selected medical records to determine if the guidelines are being followed.

Scoring:

If all the guidelines are present (there should be at least eight) and more than 90 percent of records reviewed show that the guidelines were followed, score as fully met. If all eight guidelines are present and are followed in 75–90 percent of cases, score as partially met. If any of the guidelines required by QI.6.3.1–QI.6.3.3 are missing or if at least six of the eight guidelines required by QI.6.3.1–QI.6.3.3 are present and used, score as partially met. If fewer than six are present or if the guidelines are followed in less than 75 percent of cases, score as not met.

BC.2 (2) There is a clinical guideline for supporting and encouraging breastfeeding that follows the recommendations of UNICEF and the World Health Organization (WHO).

Survey Process:

There must be a clinical guideline for breastfeeding. Adherence to the guideline can be determined by interviewing mothers.

Scoring:

If there is a guideline and it follows the recommendations of UNICEF and WHO, score as fully met. If there is no guideline, or it does not follow the recommendations of UNICEF and WHO, score as not met.

Additional Survey Process for Breastfeeding:

General areas where a mother-infant dyad exists are in the antepartum, delivery rooms, labor wards where mother is observed after delivery, postpartum wards, or maternity wards for cases of vaginal or Cesarean deliveries.

Surveyors should observe the following points when doing an assessment:

- ▲ The assessment information is obtained by personal *interview* with five **randomly selected**, consenting mothers with babies (three vaginal and two Cesarean births), with study of their *records* and *observation* of at least two mothers giving birth vaginally *if possible* (optional)

and *interviews with two mothers* whose babies are in the special care baby unit.

- ▲ An interview should be conducted with the director of the hospital, director of nursing, and chief medical and nursing staff in charge of pediatric, neonatal, and obstetric wards. QI coordinator should confirm the presence of a QI committee for appraising, monitoring, and continuously improving baby-friendly hospital (BFH) practices according to the global criteria of UNICEF and WHO, national policy, and hospital policy for promoting, protecting, and supporting breastfeeding through hospitals and maternity centers.
- ▲ A list of medical indications for the few acceptable medical reasons for giving supplemental feeding is available.
- ▲ A list of medications that are incompatible with lactation is available.
- ▲ Educational material given or displayed to mothers that describes the benefits of breastfeeding and the practices that support successful breastfeeding is available in a simple language and illustration form for mothers to understand.
- ▲ The BFH committee representative members produce evidence showing that the hospital accepts no free supplies of infant formula (or items covered by scope of code) from any company nor are their sales personnel allowed to come in contact with mothers or leave material for health workers that can be displayed or handed out to mothers or their families and influence their decision not to exclusively breastfeed.
- ▲ Staff in pediatric, neonatal, and obstetric wards confirm the presence of lactation specialists and/or International Board Certified Lactation Consultants (IBCLCs) who provide professional assistance to mothers and babies in breastfeeding in the postnatal and pediatric wards.
- ▲ The neonatal care unit policy allows mothers to access their babies regularly (or they are admitted with baby in a nearby ward) and mothers are shown how to express their milk or feed their babies with cup or spoon, not bottle or nipple, and the unit has facilities for storing the expressed milk (a refrigerator, containers without nipple, and breast pump).

The following are examples of the type of information to collect during interviews with mothers:

1. The mother in delivery ward received information about hospital policy for promotion, protection, and support of breastfeeding (during prenatal visits to hospital outpatient department or after delivery).
2. At delivery, the mother was given her baby to hold skin-to-skin for some time (15–30 minutes) if she was conscious, or as soon as she was conscious after Cesarean delivery.
3. The mother confirms being assisted in holding her newborn and initiating breastfeeding within one-half hour of delivery if conscious (vaginal delivery) or as soon as she became conscious (Cesarean section).
4. The mother confirms being shown how to breastfeed her baby at breast during the first instances of breastfeeding by a trained lactation counselor.
5. The mother confirms being roomed with her baby over the 24 hours or being separated for no

- less than one hour for procedures unless medically indicated.
6. The mother confirms being assisted to exclusively breastfeed, and staff cautioned her and her family of the dangers of unnecessary supplements to her breastfed baby.
 7. The mother confirms not being offered any nipples or bottles or pacifiers for her baby from birth and is informed of the dangers of offering them to her baby.
 8. The mother confirms being encouraged to breastfeed on demand with no restrictions on duration or frequency and offers breastfeeding from to 12-18 times over the day.
 9. The mother of a preterm baby confirms being shown how to maintain her breast milk by frequent milk expression at least six times a day and how to feed this milk to her baby by spoon or cup until the baby is able to suckle.
 10. The mother confirms being discharged on establishment of full breastfeeding and that she and her supporting family member have received education about the importance of continuing to exclusively breastfeed for six months (with no supplements, bottles, or teats).
 11. The mother shows that she has received clearly written instructions about the following:
 - △ How to maintain milk supply in case of separation or work
 - △ How to introduce suitable complementary food after six months of exclusively breastfeeding, with continued breastfeeding for two years
 - △ How to use suitable family planning methods with breastfeeding
 12. Name and address of referral center for maternal and child follow-up.

5. Clinical Safety

The following documents should be reviewed sometime during the survey.

- ▲ Infection control plan
- ▲ Terms of reference for the infection control committee
- ▲ Infection control committee minutes
- ▲ Infection control policies and procedures (IC.9.1–IC.9.10)
- ▲ Sterilization policy manual
- ▲ Employee health policy manual
- ▲ Occupational hazard survey

Infection Control

IC.1 (5) *The hospital has an active program to reduce the risks of nosocomial infections.*

Survey Process:

An active program is defined as having at least the following activities: a committee, a qualified nurse or physician who manages the program, collection of data for all high-risk areas, evidence of aggregation and analysis of these data, and evidence of effective action when indicated based on findings.

Scoring:

This does require some surveyor judgment. Score as fully met if the program meets most of the definition of “active.” Only score as less than fully met with the concurrence of the entire survey team.

IC.1.1 (4) The program covers patients, staff, and visitors.

Survey Process:

Review the infection control plan. Coverage of patients should be obvious. Look to see if there is anything covering staff (may be in employee health documents or in procedures specific to the department or unit where staff work) and visitors. Visitor coverage may be demonstrated in several ways other than being specifically mentioned in the infection control plan. These could include instructions visitors receive when visiting a patient in isolation, limitation of visitors in certain high-risk areas, handwashing instruction given to visitors in certain areas, and instruction in other practices.

Scoring:

If the program covers patients, staff, and visitors, score as fully met. If only visitors are not covered, score as partially met. If visitors and staff members are not covered, score as not met.

IC.1.2 (5) The program is based on current scientific knowledge, accepted practice guidelines, and applicable laws and regulations.

Survey Process:

Ask the person or persons responsible for the program what scientific resources were used to develop the program and/or modify it. The surveyors will need to be familiar with applicable laws and regulations.

Scoring:

If there is evidence that relevant scientific resources were used to develop or modify the program and it meets all applicable laws and regulations, score as fully met. If there is no evidence of the use of scientific sources, or if any law or regulation is not followed, score as not met. This is an all or none standard.

IC.2 (5) **The hospital has established a functioning infection control committee.**

Survey Process:

To be considered as “functioning,” the committee should be meeting all the terms of reference in IC.4.

Scoring:

If the committee is actually performing all the requirements of the terms of reference in IC.4, score as fully met. If the committee is not performing all these requirements, score as not met. This is an all or none standard.

IC.3 (4) **All relevant disciplines are represented on the committee.**

Survey Process:

The definition of “relevant” will require some surveyor judgment. However, at least the following disciplines must be represented: physicians, nurses, infection control coordinator, laboratory, and quality improvement coordinator.

Scoring:

To be scored as fully met, all relevant disciplines, including at least physicians, nurses, infection control coordinator, laboratory, and quality improvement coordinator, must be represented. If in the survey team’s judgment there is at least one other discipline that should be represented but is not, score it as partially met. If one or more of the disciplines required for a fully met score are not represented, score it as not met.

IC.4 (5) There are clear terms of reference for the infection control committee.

The terms of reference include the following:

- ▲ **Approving the qualifications of the infection control nurse and physician**
- ▲ **Approving the surveillance activities**
- ▲ **Reviewing, aggregating, and analyzing infection control data**
- ▲ **Taking or recommending action (including education) when infection control issues are identified**
- ▲ **Reviewing the effectiveness of these actions**
- ▲ **Periodically reviewing the infection control plan and program**

Survey Process:

Review the terms of reference.

Scoring:

If the committee has terms of reference and they include all six requirements, score as fully met. If only requirement 1 (Approving the qualifications of the infection control nurse and physician) is missing, score as partially met. If any of the requirements in 2 through 6 is not present, score as not met.

IC.5 (4) A qualified physician oversees the infection control activities.

Survey Process:

The definition of qualified should be found in any one of the following places: a human resources file, if this is a full- or part-time position; the infection control plan; or the minutes of the infection control committee.

Scoring:

If the physician's qualifications match those found in any of the documents mentioned in the survey process, score as fully met. If there are only minor variances from the definition of qualified, such as a little less experience, score as partially met. If in the opinion of the entire survey team, the physician is not qualified for this position, score as not met.

IC.6 (4) A qualified nurse (at least one) assists in infection control activities.

Survey Process:

The definition of qualified should be found in any one of the following places: a human resources file, if this is a full- or part-time position; the infection control plan; or the minutes of the infection control committee.

Scoring:

If the nurse's qualifications match those found in any of the documents mentioned in the survey process, score as fully met. If there are only minor variances from the definition of qualified, such as a little less experience, score as partially met. If in the opinion of the entire survey team, the nurse is not qualified for this position, score as not met.

IC.7 (5) The hospital has identified those procedures and processes associated with increased risk of infection. At a minimum, these include the following (when relevant to the hospital's services):

Survey Process:

The procedures and processes associated with increased risk of infection should be found in the infection control plan or should be reflected in the surveillance activities.

Scoring:

To be scored as fully met, all the elements found in IC.7.1–IC.7.4 must be included in the infection control program. If any are not, score as not met. This is an all or none standard.

IC.7.1 (5) Respiratory tract infections associated with intubation, ventilator support, or tracheostomy

Survey Process:

Review infection control plan and surveillance data.

Scoring:

If respiratory tract infections associated with intubation, ventilator support, or tracheostomy are included, score as fully met. If not included, score as not met. This is an all or none standard.

IC.7.2 (5) Urinary tract infections associated with catheters

Survey Process:

Review infection control plan and surveillance data.

Scoring:

If urinary tract infections associated with catheters are included, score as fully met. If not included, score as not met. This is an all or none standard.

IC.7.3 (5) Blood stream infections associated with intravascular devices

Survey Process:

Review infection control plan and surveillance data.

Scoring:

If blood stream infections associated with intravascular devices are included, score as fully met. If not included, score as not met. This is an all or none standard.

IC.7.4 (5) Surgical wound infections

Survey Process:

Review infection control plan and surveillance data.

Scoring:

If surgical wound infections are included, score as fully met. If not included, score as not met. This is an all or none standard.

IC.8 (4) The hospital has written infection control policies and procedures. The policies and procedures are followed and include, but are not limited to, the following:

Survey Process:

Review at least the index of the infection control policies and procedures manual. There may not be time to review each and every one of the policies. Evaluate whether there are policies and procedures for all the requirements in IC.8.1–IC.8.10. The surveyors should observe any compliance or noncompliance with the policies and procedures while visiting patient care units.

Scoring:

The observations of noncompliance will require agreement of the entire survey team.

IC.8.1 (5) Handwashing

Survey Process:

Review the policy or determine it exists.

Scoring:

If there is a handwashing policy and surveyor observation indicates it is followed, score as fully met. If there are only occasional observations of noncompliance, score as partially met. If multiple instances of noncompliance are observed, score as not met after concurrence of the entire survey team.

IC.8.2 (5) Isolation policy, including the management and reporting of patients with suspected communicable diseases

Survey Process:

Review the policy or determine it exists. During the tour of patient care units where there is a patient in isolation, the surveyors should observe if the policy is being followed. Review what communicable diseases must be reported and ask for documentation that this actually occurred.

Scoring:

If there is an isolation policy and surveyor observation indicates it is followed, and there is documented evidence that communicable diseases are reported when required, score as fully met. If there is an isolation policy and surveyor observation indicates it is followed, but there is no evidence that not all communicable diseases (when identified) were reported, score as partially met. If there is no isolation policy or it is not consistently followed (requires agreement of the entire survey team), or if communicable diseases are not reported, score as not met.

IC.8.3 (4) Management of patients who are immunocompromised

Survey Process:

Review the policy or determine it exists. During the tour of patient care units where there is an immunocompromised patient (most likely on an oncology unit or an HIV unit), the surveyors should observe if the policy is being followed. If no such patient is currently hospitalized, evaluate compliance based on the presence of the policy.

Scoring:

If there is a policy and it is being followed, score as fully met. If there is no policy or it is not being followed, score as not met. A score of not met should be based on agreement of the entire survey team.

IC.8.4 (4) Prevention of blood-borne infections among hospital staff, including proper disposal of sharps

Survey Process:

Review the policy or determine it exists. During patient care unit visits, if the opportunity presents, observe a staff member disposing of a sharp. If this opportunity does not occur, survey only the policy.

Scoring:

If there is a policy, score as fully met. If there is no policy, score as not met. The survey team can only score this standard as partially or not met if there are opportunities to observe staff disposing of sharps and members of the survey team are in agreement as to the results of their observation.

IC.8.5 (5) Prevention of surgical site infections

Survey Process:

Review the policy or determine it exists. It may not be possible for the surveyors to spend the time required to observe the procedures. If the surgical site infection rate is low, the surveyors can assume that the policy is being followed. However, if the surgical site infection rate is higher than the hospital expects, look for evidence that there has been surveillance of adherence to the policy and procedures.

Scoring:

If the policy exists, score as fully met. If there is no policy, score as not met. Only if there is evidence (agreed to by the entire survey team) that the policy and procedures are not being followed should this standard be scored as partially or not met.

IC.8.6 (5) Prevention of hospital-acquired respiratory tract infections

Survey Process:

Review the policy or determine it exists. During the tour of patient care units where there is a patient on a ventilator or with a tracheostomy, the surveyors should observe if the policy and procedures are being followed. If observation is not feasible, the surveyors could interview a nurse or doctor to see if they know the proper procedures.

Scoring:

If there is a policy and observation or interview indicates it is being followed, score as fully met. If there is a policy, but observation and/or interview indicates it is not consistently followed, score as partially met. If there is no policy, or it is not being followed (with the agreement of the survey team), score as not met.

IC.8.7 (2) Selection and uses of antiseptics and disinfectants

Survey Process:

Review minutes of the infection control committee or a policy to determine if selection has been approved. Then look at what agents are being used and evaluate if they have been approved for use.

Scoring:

If the selection and use have been approved, score as fully met; if not, score as not met.

IC.8.8 (4) Infection control surveillance and data collection

Survey Process:

There should be a policy on surveillance and data collection. Review the infection control plan and the minutes of the infection control committee to determine what surveillance is done and what data are collected. At a minimum, this must include the requirements in IC.7.1–IC.7.4.

Scoring:

If the infection control plan and minutes of the infection control committee indicate that all required surveillance activities and data collection are occurring, score as fully met. If any of the requirements are missing, score as not met. This is an all or none standard

IC.8.9 (5) Management of outbreaks of infections

Survey Process:

There should be a policy of management of outbreaks of infections. Unless there has been an outbreak, the surveyors will only be able to evaluate the management of outbreaks if a policy exists.

Scoring:

If there is a policy for outbreaks, score as fully met. If there is no policy, score as not met.

IC.8.10 (3) Policies for specific high-risk areas applicable to the hospital including, but not limited to, the following:

Survey Process:

This standard is intended to ensure that all high-risk areas that are present in the hospital are covered by the infection control program. The surveyors should have a clear understanding of what services the hospital offers and review the infection control policy manual (at least the index of policies) to determine if there are policies for each area, or when visiting these areas, they should ask about their infection control program. The areas (if applicable to the hospital) should include the following:

- ▲ Operating theatre
- ▲ Neonatal units
- ▲ Burn units
- ▲ Laboratory
- ▲ Emergency department
- ▲ Dialysis units
- ▲ Intensive care units

- ▲ Organ transplantation units
- ▲ Kitchen
- ▲ Laundry
- ▲ Post-mortem areas
- ▲ Sterilization areas
- ▲ Patient-related procedures such as central line insertion and urinary catheters
- ▲ Policies for patient ventilator management
- ▲ Policies for staff health
- ▲ Disposal of infectious waste and body fluids
- ▲ Policies on management of hemorrhagic patients
- ▲ Hospital cleaning policy
- ▲ Cultures surveillance in high-risk areas (operating rooms, nurseries, ICU, and others)
- ▲ Training of staff.

Scoring:

If all the applicable areas are covered by the infection control program, score as fully met. To score as partially met or not met, the survey team will need to agree that some important areas (related to the services the hospital provides) are not covered by the infection control program. This will require the agreement of the entire surveyor team.

IC.9 (4) Infection control policies and procedures are disseminated to all concerned departments after being approved by the infection control committee.

Survey Process:

Look for evidence in minutes of the infection control committee that all policies and procedures have been reviewed and approved. Interview selected department representatives (NOT just the department head) to determine if they have been informed of the relevant (to their department) policies and procedures.

Scoring:

This is a “weight of evidence” standard. If there is documented evidence that all policies and procedures were approved by the infection control committee and that all appropriate staff members know of them, score as fully met. If some, but not all, policies and procedures were approved by the infection control committee or if more than 25 percent of staff members are not aware of them, score as partially met. If

most (more than 50 percent) of policies and procedures have not been approved by the infection control committee or less than 50 percent of staff interviewed know of them, score as not met.

IC.10 (3) Infection control policies and procedures are reviewed and updated regularly by the infection control committee at least every two years, and the review is based on current professional literature.

Survey Process:

Review the date on the policies and procedures to determine the date of creation or last review. Interview the infection control coordinator to determine what professional/scientific sources were used during the review.

Scoring:

If all policies and procedures have been reviewed at least every two years and the review was based on scientific/professional literature, score as fully met. If the last review was more than 30 months ago, but was based on current professional literature, score as partially met. If there has been no review, or the review was not based on scientific/professional literature, score as not met.

IC.11 (4) All relevant staff have been oriented and trained in the applicable infection control policies and procedures as relevant to their position or job.

Survey Process:

Although it is not possible for the survey team to evaluate every employee's training record, the surveyors should pick a random sample of personnel from those areas identified in IC.9.10 and review whether these employees have had appropriate training (and this is documented in their human resource file).

Scoring:

If more than 95 percent of personnel files reviewed document orientation and training in applicable infection control policies and procedures, score as fully met. If 85–94 percent document this information, score as partially met. If less than 85 percent of personnel files document orientation and training, score as not met

IC.12 (3) When relevant to the hospital's services, there are special isolation rooms in the hospital, including negative pressure rooms, for isolating infection cases.

Survey Process:

During visits to relevant patient care units, the surveyors should ask about the availability of special isolation rooms and rooms with negative pressure. The judgment as to whether the hospital should have these rooms available, based on the types of patients the hospital cares for, is a surveyor decision and should be based on agreement of the entire surveyor team.

Scoring:

Surveyor judgment is necessary. If the isolation rooms are appropriate for the types of patients served, score as fully met. If this standard is to be scored as less than fully met, it must be based on agreement of all survey team members.

IC.13 (5) There are hand hygiene facilities in each isolation room.

Survey Process:

This is surveyed by observation. Look for either a sink with water and soap or an alcohol-based handwashing station in each room.

Scoring:

If each isolation room has a hand hygiene facility, score as fully met. If any isolation room does not have hand hygiene facilities, score as not met. This is an all or none standard.

IC.14 (3) The surveillance data of hospital-acquired infections, and the effectiveness of the program, are regularly aggregated and analyzed by the infection control committee.

Survey Process:

This should be reflected in minutes of the infection control committee. The term “regularly” should be interpreted based on the frequency of data collection. If data are collected frequently, these data should be aggregated and analyzed perhaps quarterly. If data are collected only infrequently, the aggregation and analysis will also be less frequent. This is a surveyor judgment. The most common problem is that the aggregation and analysis is too frequent, leading to confusing results based on small numbers. If the analysis indicates that action is needed, look for documentation in the minutes of what happened and whether follow-up data show that the action was effective.

Scoring:

If there is documented evidence that surveillance data have been regularly aggregated and analyzed, and effective action was taken (if indicated), score as fully met. If the frequency of data aggregation and analysis is inappropriate in the view of the entire survey team, score as partially met. If data have been collected but never aggregated and analyzed (only raw data are reported), score as not met.

IC.14.1 (3) The results are disseminated to concerned departments or units and, when relevant, are utilized by them for improving the quality of care.

Survey Process:

Surveyors should interview the infection control committee. Ask how the results of the infection control activities are communicated to concerned departments. Ask for an example, and then interview that department or unit head and determine what they did with this information.

Scoring:

If it is clear that relevant findings from the infection control activities were communicated and that any action needed was taken and was effective, score as fully met. If finding were communicated, but needed action has not yet occurred, score as partially met. If no communication of relevant findings has occurred, score as not met.

IC.15 (5) All communicable diseases are reported, as required by MOHP regulations.

Survey Process:

The surveyors should review reports to determine if the required reporting has been done. Also, determine how the appropriate person (usually the infection control coordinator) is aware of the diagnosis of a communicable disease. Particularly focus on outpatient clinic notification.

Scoring:

If there is a system for notifying the appropriate person of the diagnosis of a communicable disease and there is documented evidence of the required reporting, score as fully met. If the system for notifying the appropriate person of the diagnosis of a communicable disease only works sporadically, or if the reports are not uniformly sent as required by MOHP rules, score as partially met. If there is no system for notifying the appropriate person of the diagnosis of a communicable disease, or there have been no required reports, score as not met.

Sterilization

ST.1 (5) The hospital has a central sterilization supply department (CSSD), or defined unit.

Survey Process:

There may not be an actual CSSD, but look at the organization chart to determine for certain. During the visit, determine if the hospital at least has a separate physical location or unit where central sterilization and supply is located even if it is not a separate department. There may be small sterilizers in certain locations for emergency use (such as in the operating theatre), but these must be under the central control (also see ST.12).

Scoring:

If there is a central location and central control/oversight of where sterilization is done and sterile supplies are stored, score as fully met. If there is no central location, but sterilization and storage of sterile supplies is fragmented into more than one area and there is no central control/oversight, score as not met.

ST.1.1 (3) The department is managed by an individual who is qualified by education and/or training.

Survey Process:

Review the job description requirements and compare with the individual's qualifications.

Scoring:

If the individual meets all the qualifications in the job description, score as fully met. If there are minor variances such as a little less experience than called for by the job description, score as partially met. If in the opinion of the entire survey team the individual is not qualified, score as not met.

ST.2 (5) The functions of cleaning, processing, and sterile storage and distribution are physically separated.

Survey Process:

This is surveyed by observation. Look for separation of these functions either by different spaces that prevent cross-contamination or by physical barriers (such as plexiglass partitions).

Scoring:

If there is adequate separation of the functions to prevent cross-contamination, score as fully met. If cross-contamination could possibly occur, score as partially met. If the functions are co-mingled without any separation, score as not met.

ST.3 (2) In all areas where instruments are cleaned there must be airflow that prevents cross-contamination and prevents contaminated material from exiting the area.

Survey Process:

Such an area should have an exhaust fan or other means of providing negative pressure so that potentially contaminated material is evacuated to the outside and not into the area where cleaned instruments are placed or into other areas of the hospital. This may be an exhaust fan or air conditioner that clearly draws or forces air from the clean area toward the contaminated area. If there are air conditioners, the filters must be changed at least once per month.

Scoring:

If there is demonstrated airflow that ensures the area has negative pressure or airflow from clean to contaminated areas, score as fully met. If there is no system to ensure airflow from clean to contaminated areas, score as not met.

ST.4 (5) There are means of preventing cross-contamination in the cleaning area.

Survey Process:

This is surveyed by observation. Look for physical barriers or sufficient space between contaminated and already cleaned items so that cross-contamination would not occur. Negative pressure in the cleaning area is another possible method. A simple test to determine if there is negative pressure in the area is to hold a piece of tissue paper and see which way it blows. It should blow away from the area where already cleaned items are located.

Scoring:

If there are reports demonstrating negative pressure, the tissue paper test is positive, or there are physical barriers or sufficient space that separate dirty from cleaned items, score as fully met. To score as partially met requires surveyor judgment that there is a reasonable but small chance of cross-contamination. If there are no means to prevent cross-contamination, score as not met.

ST.5 *(5) Based on the services provided and the size of the hospital, the sterilization area has at least one functioning autoclave.*

Survey Process:

The only exception to this requirement (that can be surveyed by observation) would be a specialty hospital that has almost no need for sterile instruments or supplies (such as a psychiatric hospital). The hospital may use an oven as a backup, but not as the primary technique for sterilization.

Scoring:

If there is at least one functioning autoclave and oven, score as fully met. If neither are present, score as not met. This is an all or none standard.

ST.6 *(5) Boiling water is not used as a sterilization technique.*

Survey Process:

This is surveyed by observation and interview.

Scoring:

If boiling water is never used, score as fully met. If boiling water is ever used as a sterilization technique, score as not met. This is an all or none standard.

ST.7 *(5) Whatever sterilization technique is used (including chemical cleaning/sterilization of scopes), there is documented evidence that complete sterilization has been accomplished.*

Survey Process:

There should be a log that documents the results of testing. There should be a policy and procedure for checking sterilization such as the Bowie Dick test and biologic testing. The policy should also state how frequently the tests are to be done and how they are to be documented.

Scoring:

If there is evidence that testing is done according to the technique and frequency defined in the policy and the results prove complete sterilization has been accomplished, score as fully met. If any testing indicated that complete sterilization had not occurred, look for evidence of corrective action and re-sterilization of the items after correction occurred. If so, continue to score as fully met. If testing has not been done according to the technique and at the frequency defined in the policy, score as not met. Since sterilization is critical, there is no partially met score.

ST.8 (5) There are specific policies and procedures that are followed for each sterilization technique or device used, including manufacturer’s manuals.

Survey Process:

Review at least the index of the policies and procedures to confirm that they exist for each technique or device used.

Scoring:

If specific policies and procedures are followed for each sterilization technique or device used, score it as fully met. If any are not available or not followed, score it as not met. This is an all or none standard.

ST.9 (3) There is documented evidence in employees’ human resources files that staff are trained in these procedures.

Survey Process:

Review a sample of human resources files or a training log. This training should occur as part of initial orientation, repeat refresher training if indicated by results of sterilization testing, and when any new technique or device is put into use.

Scoring:

If the training is documented, score as fully met. If no training is documented, score as not met.

ST.10 (5) Policies and procedures have been developed and used for all processes, including the following:

Survey Process:

Review the policy manual, or at least the index, to determine if all the policies required by ST.10.1–ST.10.6 are present.

Scoring:

If all policies and procedures required by ST.10.1–ST.10.6 are present, score as fully met. If any are not present, score as not met. This is an all or none standard.

ST.10.1 (5) Receipt, decontamination, cleaning of used items, and disinfection or sterilization.

Survey Process:

Review the policy manual, or at least the index.

Scoring:

If the policy is present, score as fully met. If there is no policy, score as not met. This is an all or none standard.

ST.10.2 (5) Preparation and processing of sterile packs

Survey Process:

Review the policy manual, or at least the index.

Scoring:

If the policy is present, score as fully met. If there is no policy, score as not met. This is an all or none standard.

ST.10.3 (3) Appropriate inventory levels

Survey Process:

Review the policy manual, or at least the index.

Scoring:

If the policy is present, score as fully met. If there is no policy, score as not met. This is an all or none standard.

ST.10.4 (5) Emergency (“flash”) sterilization

Survey Process:

Review the policy manual, or at least the index.

Scoring:

If the policy is present, score as fully met. If there is no policy, score as not met. This is an all or none standard.

ST.10.5 (5) Expiration dates for sterilized items

Survey Process:

Review the policy manual, or at least the index.

Scoring:

If the policy is present, score as fully met. If there is no policy, score as not met. This is an all or none standard.

ST.10.6 (4) Storage of sterile supplies

Survey Process:

Review the policy manual, or at least the index.

Scoring:

If the policy is present, score as fully met. If there is no policy, score as not met. This is an all or none standard.

ST.11 (2) There is a risk management program, and environmental safety policies are readily available.

Survey Process:

Review the policy manual, or at least the index, to confirm that there is an environmental safety policy.

Scoring:

If the policy and the associated procedures are present in the sterilization area and staff members know where to find them, score as fully met. If the policy and the associated procedures are present in the sterilization area, but staff members are unaware of them or what they require, score as partially met. If there is no policy, score as not met.

ST.12 (5) *Quality control processes and all policies and procedures are uniformly applied in all areas where sterilization is done.*

Survey Process:

This may take a bit of snooping. Determine by observation and interview all locations where sterilization is done. There must be documented evidence that all policies and procedures and all quality control activities are uniformly applied in all locations where sterilization is done.

Scoring:

If quality control processes and all policies and procedures are uniformly applied in all areas where sterilization is done, score as fully met. If there is any location where all relevant quality control processes and all policies and procedures are not followed, score as not met. This is an all or none standard.

Employee Health

EH.1 (5) The hospital has an employee health program that is described in policies and procedures and covers all new and existing employees, and the program conforms to government laws and regulations.

Survey Process:

Review the employee health policies to determine whether there are policies covering all requirements of this chapter, both current and new employees are covered, and the policies and procedures conform to existing laws and regulations.

Scoring:

If the policy manual includes all required policies, covers all current and new employees, and conforms to laws and regulations, score as fully met. If only one or two formal policies are missing (such as no specific policy defining how often employees must be reevaluated) but in practice the procedure does occur, score as partially met. If the policies and procedures cover less than 50 percent of the requirements of this chapter or if any policy does not conform to laws and regulations, score as not met.

EH.2 (5) The hospital has policies and procedures that have been implemented to identify and deal with occupational hazards.

Survey Process:

There should be at least one specific policy and procedure to identify and manage occupational hazards. Different hazards may be covered in different policies and procedures. A portion of this may be found in the environmental safety (ES) standards, specifically ES.6.1 (general safety) and ES.9.1 and 9.2 (hazardous materials and waste).

Scoring:

If there are policies that cover all occupational hazards, including identification and management, score as fully met. If there is no more than one significant hazard (surveyor judgment agreed to by the entire team) that is not covered, score as partially met. (An example might be that gluteraldehyde is used to clean colonoscopes, but exposure to gluteraldehyde has not been identified as an occupational hazard.) If there is more than one hazard that has not been identified (only with concurrence of the entire survey team), or if there is no procedure to identify hazards, score as not met.

EH.2.1 (4) The hospital has completed and documented an occupational hazard survey.

Survey Process:

Review the survey, or at least determine if it was done. If no more than one significant hazard (based on surveyor judgment agreed to by the entire team) has not been identified, score as partially met (see ES.2 above for example). If more than one significant hazard has not been identified (only with concurrence of the entire survey team), or if there has been no hazard survey, score as not met.

Scoring:

If there has been a documented occupational hazard survey and it is comprehensive, score as fully met.

EH.2.2 (4) The employee health program is based on this survey and on government laws, rules, and regulations.

Survey Process:

Select at least one current employee health file from at least two different areas where occupational hazards are present. Then review the scope of the employee's evaluation to determine if the evaluation considered the potential hazards to which the employee might be exposed and if it includes the required protection activities. To determine this, the surveyors must be familiar with government laws, rules, and regulations.

Scoring:

If the program seems to be specific to the hazards faced by individual employees and conforms to government laws, rules, and regulations, score as fully met. If there are only minor variances (only one potential minor exposure for the employees whose files were reviewed), score as partially met. If the evaluation of employees (current and new) is not based on the hazard survey but is the same for all employees, or if the evaluation does not conform to all law, rules, and regulations, score as not met.

EH.3 (5) *Each current employee who may have direct or indirect contact with patients has an evaluation as required by law or by the hospital (as relevant to the occupational hazards for each department and job position).*

Survey Process:

The survey process is almost identical to that for EH.2.2.

Scoring:

If the evaluations meet both the hospital's requirements and those required by law, score as fully met. If not, score as not met. This is an all or none standard.

EH.3.1 (5) The employees are reevaluated periodically as required by law and regulation or by the hospital.

Survey Process:

Select at least one current employee health file from at least two different areas where occupational hazards are present. The surveyors must know the frequency and scope of reevaluation as required by law and regulation and by the hospital. The hospital may require more frequent reevaluation or a more comprehensive evaluation than required by law. If so, the surveyors should evaluate the hospital to the higher standard (either the law or the hospital's requirement).

Scoring:

If the files reviewed confirm that the reevaluation was done at the appropriate interval and included everything in the required scope of reevaluation, score as fully met. If there are minor variances in the frequency (one to two months), score as partially met. If there are no reevaluations, or if the scope does not meet the hospital or government requirement (whichever is higher), score as not met.

EH.3.2 (4) When screening results or investigations are positive, there is a policy and procedure that guides the action to be taken.

Survey Process:

Review the policy. The surveyors should be sensitive to evidence that the policy may not have been followed in all cases. If the surveyors are concerned that this process may not always be followed, they should ask for an example of a positive screen (there must be at least some) and then evaluate what was done.

Scoring:

If there is a policy that defines what to do when screening results or investigations are positive and there is convincing evidence that it is uniformly applied, score as fully met. If there is no policy or procedure or there is evidence (agreed to by the entire survey team) that it has not been followed, score as not met. This is an all or none standard.

EH.4 (5) *Each new hire that might have direct or indirect contact with patients has a complete pre-employment evaluation as required by law or by the hospital (as relevant to the occupational hazards for each department and job).*

Survey Process:

Review one or two files of new hires (within six months prior to survey) to determine if the pre-employment evaluation met the requirements of the law and regulation and/or of the hospital.

Scoring:

If the scope of the evaluation meets the requirements of the law and regulation or of the hospital, score as fully met. If any legal requirement is not met, score as not met. This is an all or none standard.

EH.4.1 (4) When screening results or investigations are positive, there is a policy that guides the action to be taken.

Survey Process:

Review the policy. If the surveyors have any concerns about whether this policy is actually followed, ask to see the record of an employee whose screening tests were positive. Check to see what happened.

Scoring:

If there is a policy governing what to do if results or investigations are positive, score as fully met. If there is a policy, but there is evidence that it is sometimes not followed and there is documentation as to why the policy was not followed, score as partially met. If there is no policy, or if the policy is not followed, score as not met.

EH.5 (4) The hospital staff is trained in occupational health hazards and safety procedures, the training is included in initial orientation, and additional training is provided when new procedures or equipment presents new hazards.

Survey Process:

Review either department or human resources files to determine if the training has occurred. This training should be done in initial orientation, for new equipment, and/or for refresher training. The surveyors will have to exercise judgment about what staff members should have been trained.

Scoring:

If all appropriate staff have been trained and the training is documented, score as fully met. If in the surveyor's judgment, some important staff have not been trained, score as partially met (but only with the agreement of the entire survey team). If there is no documentation of training, score as not met.

6. Environmental Safety

The following documents should be reviewed sometime during the survey:

1. Overall plan to manage the physical environment
2. Physical facility inspection
3. Plans for correction of any deficiencies
4. Reports or other documents related to the fire safety plan

Sample surveyor checklist while visiting units, areas, or departments.

All surveyors should evaluate the physical environment even though only one might have been assigned the responsibility to write the report on environmental safety. The following represents a partial checklist that can be used; however, no checklist can ever substitute for surveyor observation and judgment:

1. Furniture is sturdy and unbroken and is routinely checked for safety.
2. Electric sockets are secure: no electric wires exposed from walls or machines.
3. No-smoking signs are clearly placed and visible in all public areas, walkways, and examination rooms.
4. No-smoking policy is enforced. No one is seen smoking during the visit.
5. Fire extinguishers are properly located in visible and accessible places throughout the hospital.
6. Fire extinguishers are checked according to planned schedule (check the label and validity).
7. There is a fire and/or smoke alarm system.
8. There are clearly marked emergency exit signs. These are battery operated or connected to emergency power sources.
9. Security personnel are available at each exit 24 hours/day.
10. Locks are available on all main doors and doors are locked when not attended.
11. There is a weekly schedule of security personnel covering different shifts during 24 hours of the day.
12. There is at least one wheel chair available at each entrance of the facility (main reception, emergency room).

13. Running water is available in bathroom sinks and toilets at all times.
14. Toilets are functioning.
15. Source of water is connected to the main public pipes.
16. There is a functioning sanitary drainage system in all areas.
17. Medical equipment is free of dust and otherwise clean.
18. Medical equipment is functioning properly.
19. The hospital has a maintenance budget.
20. A maintenance schedule is attached to each piece of medical equipment.
21. The hospital has a system of timely reporting of maintenance problems and timely response for fixing these problems.
22. An in-house maintenance or a contract, with a company or engineer, is available for maintaining all medical and non-medical equipment in the hospital.
23. An inventory list of all medical and non-medical equipment is available at the facility and includes the name of equipment and model and serial number, name of manufacturing company, date of manufacturing, maintenance schedule, and maintenance agent if needed.
24. Catalogue or user manual exists for each type of equipment.
25. There is a list of staff trained in the use of medical and non-medical equipment and a certificate or any document that proves they attended training.
26. There is a schedule for preventive maintenance visits for the building and documentation of its implementation as scheduled. Visits occur at least once every six months to verify operation of water, ventilation, electricity, and sewage discharge.
27. There is a process by which notification has been made.
28. Action has been taken by individuals in charge to solve the problem.
29. Timeliness of response is noted.
30. There is demonstrated evidence that equipment was checked and fixed properly and on time.
31. Water cultures are done at least once monthly and the results are documented.
32. A chemical analysis is done every three months.
33. Non-health care waste bags are collected separately from health care waste and are labeled with a differentiated color.
34. Wastes are handled with health care gloves.

35. Health care waste bags are sealed before they are completely full.
36. Health care waste bags are collected from containers at least once every 24 hours.
37. There is a written agreement with a designated disposal site that meets government rules and regulations.
38. Written procedures are available for the safe handling of medical and laboratory wastes within the hospital and during transportation from the facility to the collectors, e.g. wear gloves, cover containers.
39. There is an appropriate waste collection schedule according to the type and volume of generated waste materials.
40. The waste collection site is properly covered, maintained, and secured from animals and unauthorized persons.
41. A separate box is used for the collection of needles. The box is made of materials that cannot be penetrated (puncture resistant).
42. Used needles and sharps are not recapped before being disposed (noted by observation).
43. The box is sealed when it is three-fourths full.
44. If there are air conditioners in the central sterilization area, check that the filters are changed at least once per month.
45. Check if there are hepafilters or equivalent filters in the heating ventilation and air conditioning system in the operating theatre.

ES.1 (5) The hospital is aware of all laws, regulations, and facility inspection requirements that relate to management of the physical environment, and the leadership has ensured compliance.

Survey Process:

The surveyors must be familiar with all laws, regulations, and inspection requirements. Survey this by interviewing facility management staff to determine if they are aware of all requirements. Check any documents that demonstrate compliance.

Scoring:

If all relevant facility management staff members are aware of the legal requirements and there is documented evidence of full compliance, score as fully met. If there is no documented evidence of compliance or there is actual evidence of noncompliance, score as not met. Since this is a legal requirement, there can be no partially met score.

ES.2 ***(5) The hospital has an overall plan to manage the physical environment.
The plan includes at least the following:***

Survey Process:

Review the plan to determine if it covers all seven requirements found in ES.2.1–ES.2.7. This standard only requires that there be an overall plan with at least seven components. The details of what each component must include are found in standards ES.6–ES.12.

Scoring:

If there is a plan and it includes all seven requirements, score as fully met. If any component of the plan is missing, score as not met. This is an all or none standard.

ES.2.1 ***(5) General safety and security***

Survey Process:

Review the plan.

Scoring:

If the plan includes general safety and security, score as fully met. If it does not, score as not met. This is an all or none standard.

ES.2.2 ***(5) Fire safety***

Survey Process:

Review the plan.

Scoring:

If the plan includes fire safety, score as fully met. If it does not, score as not met. This is an all or none standard.

ES.2.3 ***(3) Emergency response***

Survey Process:

Review the plan.

Scoring:

If the plan includes emergency response, score as fully met. If it does not, score as not met. This is an all or none standard.

ES.2.4 (5) Hazardous materials and waste

Survey Process:

Review the plan.

Scoring:

If the plan includes hazardous materials and waste, score as fully met. If it does not, score as not met. This is an all or none standard.

ES.2.5 (5) Medical equipment

Survey Process:

Review the plan.

Scoring:

If the plan includes medical equipment, score as fully met. If it does not, score as not met. This is an all or none standard.

ES.2.6 (5) Utility systems

Survey Process:

Review the plan.

Scoring:

If the plan includes utility systems, score as fully met. If it does not, score as not met. This is an all or none standard.

ES.2.7 (4) Training of relevant staff

Survey Process:

Review the plan.

Scoring:

If the plan includes training of relevant staff, score as fully met. If it does not, score as not met. This is an all or none standard.

ES.3 ***(5) The plan has been implemented.***

Survey Process:

This is a “weight of evidence” standard. If the remaining standards in this chapter are fully or at least partially met, this demonstrates that the plan has been implemented. Also, if data are available as required in ES.4, this will provide further evidence that the plan has been implemented.

Scoring:

If all seven components of the plan have been implemented, score as fully met. If only the emergency response component has not been implemented, score as partially met. If any of the other six components have not been implemented, score as not met.

ES.4 ***(4) All seven components of the overall plan are monitored with collection, aggregation, and analysis of data to identify areas for correction.***

Survey Process:

Review to determine whether data have been collected, aggregated, and analyzed, and whether effective action has been taken, if indicated. The key element is “monitored.” The surveyors should look for evidence that there is a mechanism to evaluate if the component of the plan is effective. Data collection is one way, but observation, inspection reports, hazardous material inventories, medical equipment files on maintenance, utility system test logs, and other documents may also allow understanding of whether the plan is effective.

Scoring:

If there is evidence that all seven components are being monitored, score as fully met. If only the emergency response has not yet been monitored, score as partially met. If any of the other six components has not been monitored, score as not met.

ES.5 ***(5) All programs are operated continuously.***

Survey Process:

“Continuously” means that there are no significant gaps in the program where requirements were not being attended to. The surveyors should look for no more than a two-month interruption. Specifically look at each component of the plan to determine the frequency with which an activity is to take place and determine if this actually happened.

Scoring:

If each component of the plan has been operated continuously with no gaps, score as fully met. If any component has a gap of less than two months, score as partially met. If any component has a gap of more than two months, score as not met.

ES.6 (5) There is an overall plan and implemented program to manage general safety and security.

Survey Process:

Review the plan and other documents to determine if all the requirements in ES.6.1–ES.6.4 are accomplished. Security refers to prevention of loss of property or harm to patients, staff, and visitors from physical assault or abduction. There should also be an ongoing process to identify safety or security risks. The plan should identify this ongoing process.

Scoring:

If there is evidence that all the requirements of ES.6.1–ES.6.4 are occurring or are in place and are ongoing, score as fully met. If all requirements in ES.6.1–ES.6.4 are present but there is no ongoing risk assessment process, score as partially met. If any requirement in ES.6.1–ES.6.4 is not present, score as not met.

ES.6.1 (4) The hospital has a documented, current, and accurate inspection of its physical facilities.

Survey Process:

There must be a documented, current, and accurate inspection of the hospital’s physical facilities. This should be done at least every two years and there must be an ongoing process to identify safety or security risks.

Scoring:

If there is a documented, current, and accurate inspection of the hospital’s physical facilities and it is less than two-years old, score as fully met. If there is a documented, current, and accurate inspection of the hospital’s physical facilities but it is more than two-years old, or if there is no ongoing risk assessment process, score as partially met. If there is no documented, current, and accurate inspection of the hospital’s physical facilities, score as not met.

ES.6.2 (5) There are measures to protect against infant abduction and to protect patients, visitors, and staff from harm, including assault.

Survey Process:

This is difficult to quantify and requires surveyor judgment. Interview staff in mother-baby units and ask how the hospital protects against infant abduction. Ask if there has been a security risk assessment and what security measures are in place (guards, areas that are locked, means to identify persons in an area where they should not be, ways to prevent unwanted visitors if the patient requests).

Scoring:

To score this standard, the entire survey team should be in agreement. The standard should be scored based on the “weight of evidence” and can be scored as fully, partially, or not met, depending on the survey team.

ES.6.3 (4) There is a plan for correction of identified deficiencies in safety and security. The plan includes priorities for correction.

Survey Process:

Review the plan for correction and compare it with the inspection (ES.6.1) and the findings from any ongoing risk identification process. The plan should prioritize the corrections; or it should at least identify all of them.

Scoring:

If there is a corrective action plan and it addresses all the identified deficiencies, score as fully met. If the plan only omits minor deficiencies (based on surveyor judgment), score as partially met. If there is no corrective action plan or if it does not address significant risks, score as not met.

ES.6.4 (3) The plan for correction is being implemented.

Survey Process:

This standard does not require that all deficiencies identified in the corrective action plan be addressed quickly. However, there should be established priorities and evidence that the top priorities have at least begun to be addressed.

Scoring:

If there is evidence that the most important deficiencies identified have at least started to be addressed (this requires action and not just a plan or a promise), score as fully met. If action has been taken on only one of the top priorities, or if the only action taken has been on lower priorities, score as partially met. If there is no evidence of action taken, score as not met.

ES.7 (5) *There is a fire safety plan and an implemented program that addresses prevention, early detection, response, and safe exit when required by fire or other emergencies. The plan includes at least the following:*

Survey Process:

Review the plan. This is an overall standard. To be scored as fully met, all the requirements in ES.7.1–ES.7.5 must be included. There must also be relevant documentation.

Scoring:

If there is a fire safety plan and it addresses prevention, early detection, response, and safe exit, in addition to all five requirements in ES.7.1–ES.7.5, score as fully met. Since fire safety is a critical issue, if any of the elements in ES.7.1–ES.7.5 is not present, score it as not met. This is an all or none standard.

ES.7.1 (5) Frequency of inspecting fire detection and suppression systems

Survey Process:

Review the plan. Fire suppression systems include fire extinguishers, automated systems such as overhead sprinklers, and automated chemical systems such as those located in cooking areas. Then review a logbook or other documentation (such as inspection tags on fire extinguishers) that demonstrates that the inspections have occurred at the frequency required.

Scoring:

If there is documentation that all inspections have occurred at the required frequency, score as fully met. If there are only minor variances (only occasional devices were not inspected on time requires surveyor judgment since a large hospital might have several hundred fire extinguisher bottles), score as partially met. If there is no inspection schedule or documentation, or if multiple examples of uninspected devices are noted (based on surveyor judgment), score as not met.

ES.7.2 (5) Maintenance and testing of fire protection and abatement systems

Survey Process:

Review the plan to determine what systems are included and the required frequency of maintenance and testing. Protection and abatement systems are fire alarms and smoke detectors.

Scoring:

If there is documented evidence that all systems have been maintained and tested according to the schedule, score as fully met. If there are only minor variances to the schedule (no more than one to two systems that are no more than one to two months overdue), score as partially met. If there is any system that has not been maintained or tested, or if any system is more than two months' overdue, score as not met.

ES.7.3 (3) At least annual testing of the facility's evacuation plan

Survey Process:

This standard does not require that the facility be evacuated to test the plan. However, there must be at least an annual "walk-through" drill. The drill may occur by individual unit, in which case there must be evidence that all units in the hospital have been tested once each year. If the hospital elects to do a "whole-house" drill, this only needs to be done once per year. In fact, unit drills are more realistic since it is rare that an entire hospital must be evacuated. The purpose of the drill is to evaluate that all involved staff members know their responsibilities in the event of evacuation. The results of the drill and "lessons learned" must be documented and corrective action taken if indicated. The corrective action may include refresher training.

Scoring:

If there is documented evidence that either all units have been tested at least once per year or that there has been one "whole-house" drill during the past year, score as fully met. If less than 10 percent of

individual units have not been tested in the past year, or a “whole-house” drill has not been conducted during the past 15 months, score as partially met. If more than 10 percent of individual units were not tested in the past year and there has been no “whole-house” drill, score as not met.

ES.7.4 (4) Documentation of staff training in fire response and evacuation

Survey Process:

All key staff members should have received training on evacuation. Frequently a hospital will have trained one or more groups who have the responsibility to initially respond to a fire and thus only a small group will need to have been trained. However, all personnel must know how to report a fire and the immediate steps to take until the formal fire responders arrive. This can be evaluated from two potential sources. First, facility management personnel may keep a list of all staff members who received training on response and evacuation. Second, the training should be documented in the individual’s human resource file. The most important aspect is for surveyors to interview a sample of staff members to determine if they know their responsibilities and how to carry them out.

Scoring:

If it is apparent that more than 90 percent of key personnel have been trained in evacuation procedures and that there is always at least one trained member on duty in each unit, area, or department at all times, score as fully met. If 75–90 percent of key personnel have been trained in evacuation procedures and there is always at least one trained member on duty in each unit, area, or department at all times, score as partially met. If less than 75 percent of key personnel have been trained in evacuation procedures, or if less than 100 percent of fire responders have been trained, score as not met. If less than 75 percent of staff members know how to report a fire or what to do until the formal fire responders arrive, also score as not met.

ES.7.5 (3) Enforcement of the law prohibiting smoking in the hospital

Survey Process:

This is surveyed by observation. Look for evidence that smoking has occurred in the hospital (cigarette butts in hallways, smell of smoke).

Scoring:

If there is no evidence of smoking, score it as fully met. If there is only a rare piece of evidence (based on survey team’s judgment), score it as partially met. If there is frequent evidence (based on survey team’s judgment), score it as not met.

ES.7.6 (4) Documentation of all inspections, maintenance, testing, and training

Survey Process:

This is a summary standard and is surveyed based on the “weight of evidence” from documentation of the other standards in the ES.7 series. This is a documentation standard; the critical factor is that the inspections, maintenance, testing, and training actually took place.

Scoring:

If more than 95 percent of inspections, maintenance, testing, and training are documented, score as fully met. If 80–95 percent are documented, score as partially met. If less than 80 percent are documented, score as not met.

ES.8 (5) **There is an emergency preparedness plan to respond to likely community or internal emergencies.**

Survey Process:

Review the plan. This is an overall standard (there is or is not a plan). The specific requirements for the plan are found in ES.8.1–ES.8.2.

Scoring:

If there is a plan, score as fully met. If there is no plan, score as not met. This is an all none standard.

ES.8.1 (3) The plan for response to external emergencies is developed according to government guidelines relating to the responsibility of the hospital in the event of an external emergency.

Survey Process:

Interview the hospital director to determine what, if any, role the hospital is tasked to play in the event of an external disaster/emergency. If there is a role, determine specifically what it is and review the emergency plan to confirm that it addresses the hospital's assigned responsibilities. If there is no role, then this standard is non-applicable.

Scoring:

If the hospital has been assigned a role to play in the event of an external disaster or emergency and the plan addresses this responsibility, score as fully met. If there is a role, and the plan addresses most but not all the requirements (based on surveyor judgment), score as partially met. If there is an assigned role, but the plan either does not address this at all or only minimally, score as not met.

ES.8.2 (4) The plan for response to internal emergencies includes an immediate response team; a personnel recall system; alternate care sites, if needed; and alternate sources of medical supplies, utilities, and communication.

Survey Process:

Review the plan for response to internal emergencies to determine if it includes all the required elements.

Scoring:

If the plan includes an immediate response team (EM.11.1), a personnel recall system; alternate care sites, if needed; and alternate sources of medical supplies, utilities, and communication, score as fully met. If any element is missing, score as not met.

ES.8.3 (3) The hospital has tested its plan.

Survey Process:

There should have been at least one exercise of the plan. If the hospital is tasked to respond to external disasters or emergencies, this exercise should have been conducted with other government agencies. All hospitals should have conducted at least one exercise of their internal emergency plan. If there has been an actual internal emergency (such as loss of a major utility) and the response to this is documented, it may fulfill the requirement of an exercise.

Scoring:

If there has been at least one exercise of the plan, score as fully met. If there has been no exercise of the plan, score as not met. This is an all or none standard.

ES.9 (5) *There is a hazardous materials and waste management plan and an implemented program for the use, handling, storage, and disposal of hazardous materials and waste. The plan includes at least the following:*

Survey Process:

Review the plan. This is the overall standard. The specific components of the plan are found in ES.9.1–ES.9.5.

Scoring:

If the plan includes all the elements in ES.9.1–ES.9.5, score as fully met. If there is a plan, but it does not cover all the elements in ES.9.1–ES.9.5, score as partially met. If there is no plan, or if none of the elements in ES.9.1–ES.9.5 are included in the plan, score as not met.

ES.9.1 (5) **An inventory of the types and locations of hazardous materials and waste**

Survey Process:

Review the inventory to determine if it covers all areas of the hospital where hazardous materials and waste might be used, stored, or disposed. There should be an ongoing process to periodically (at least once per year) update the plan. There should be a way to coordinate with purchasing to identify when hazardous materials are ordered.

Scoring:

If there is an inventory and there are no obvious oversights (such as not including the laboratory or nuclear medicine), score as fully met. If the inventory is more than 18 months old with no update, or if a few low-risk areas have not been inventoried, score as partially met. If there is no inventory, or if one or more high-risk areas have not been inventoried, score as not met.

ES.9.2 (4) Safety requirements for the handling, storage, and response to spills or exposures

Survey Process:

These requirements should be specific to the particular hazardous material or waste. Relevant department, area, or unit heads should be aware of these requirements. The surveyor should look for the availability and use of protective devices when touring areas where hazardous materials and waste are located.

Scoring:

If the plan addresses safety requirements for handling, storing, and responding to spills or exposures, score as fully met. If it does not, score as not met. This is an all or none standard.

ES.9.3 (4) Disposal in accordance with applicable laws or regulations

Survey Process:

The surveyors should be familiar with the legal requirements.

Scoring:

If disposal meets legal requirements, score as fully met. If not, score as not met. This is an all or none standard.

ES.9.4 (5) Labeling of hazardous materials and waste

Survey Process:

The plan or procedure should define the labeling requirements for hazardous materials and waste.

Scoring:

If the plan defines labeling requirements, score as fully met. If it does not, score as not met. This is an all or none standard.

ES.9.5 (3) Monitoring data on incidents to allow corrective action

Survey Process:

There should be some data or other documents (such as incident reports) that keep track of incidents related to hazardous materials and waste. There should be evidence that action was taken when an incident occurred and that more definitive action was taken if there are repeated incidents.

Scoring:

If there are data or other documents that keep track of incidents related to hazardous materials and waste and corrective action occurred when indicated, score as fully met. If there are data or other documents,

but no evidence of the actions taken, score as partially met. If there are no data or other documents, score as not met.

ES.10 (5) *There is a plan and an implemented program for inspecting, maintaining, and testing medical equipment. The plan includes at least the following:*

Survey Process:

Review the plan to determine if it includes all the requirements in ES.10.1–ES.10.3. Surveyors should look for inventory tags on all medical equipment. There should be a system to ensure that the scheduled maintenance and testing have been done. Each surveyor should pick two to three pieces of equipment, write down the inventory number, or if there is no inventory tag, write down the type and model of the equipment and its location. Then have one surveyor compare this list of equipment with the hospital’s inventory and inspection, testing, or maintenance schedule.

Scoring:

If there is a plan that includes all the requirements in ES.10.1–ES.10.3, and there is evidence that it has been completely implemented, score as fully met. If all the requirements in ES.10.1–ES.10.3 are present but there are minor delays (less than one month) in the scheduled maintenance, inspection, or testing for more than 10 pieces of equipment, score as partially met. If any of the requirements in ES.10.1–ES.10.3 is not present, or if more than 10 percent of equipment has not received its scheduled maintenance, inspection, or testing, or if more than 10 pieces of equipment are found that are not on the inventory, score as not met.

ES.10.1 (5) *Inventory of all medical equipment*

Survey Process:

Review the inventory system (tagging or some other mechanism) that ensures all equipment is accounted for. As noted in the survey process for ES.10, have each surveyor pick two to three pieces of equipment, write down the inventory number, or if there is no inventory tag, write down the type and model of the equipment and its location. Then have one surveyor compare this list of equipment with the hospital’s inventory.

Scoring:

If fewer than 10 pieces of medical equipment are not on the inventory list, score as fully met. If more than 10, but less than 20, are missing, score as partially met. If more than 20 are missing, score as not met.

ES.10.2 (5) *Schedule for inspection and preventive maintenance according to manufacturer’s recommendations*

Survey Process:

Being able to demonstrate that there is an inspection and preventive maintenance schedule is contingent upon having an accurate inventory. Review the schedule to determine if it seems to cover all equipment. There should be a rationale for the schedule that is based either on a risk classification system or on a manufacturer’s recommendation.

Scoring:

If there is a schedule and there is a rationale for it and it covers all equipment, score as fully met. If there are minor delays (less than one month) for the scheduled inspection and preventive maintenance of no more than 10 pieces of equipment, score as partially met. If there is no schedule or no inventory, or if more than 10 pieces of equipment are found to not have had their inspection or preventive maintenance at all, score as not met.

ES.10.3 (3) Testing of all new equipment before use and repeat testing when required

Survey Process:

This requirement must be in the plan. While visiting patient care units, each surveyor should ask if there is any new piece of equipment that has been put into service in the past six months, and if so, write down either the inventory tag number or the type, model number, and location of the equipment. Then have one surveyor compare this list of equipment with the documentation in biomedical engineering to confirm that it was tested prior to use. The biomedical equipment shop may have a risk-analysis process to determine what types of equipment must be tested prior to use (many low-risk items do not require testing).

Scoring:

If there is documentation that all new equipment has been tested prior to use, score as fully met. If only one to two low-risk pieces were not tested prior to use, score as partially met. If there is no process to test prior to use or if any high-risk item was not tested, score as not met.

ES.11 (5) *There is a plan and an implemented program for regular inspection, maintenance, and repair of essential utilities. The plan covers at least the following:*

Survey Process:

Review the plan to determine if it includes all the utilities and requirements for inspection, maintenance, and repair listed in ES.11.1–ES.11.10. This is a summary standard. However, since loss or malfunction of one or more utilities places patients, staff, and visitors at risk, meeting all its requirements is of critical importance.

Scoring:

To be scored as fully met, all the standards in ES.11.1–ES.11.10 must be scored as fully met. If any of the standards in ES.11.1–ES.11.10 is scored as partially met, this standard should also be scored as partially met. If any of the standards in ES.11.1–ES.11.10 is scored as not met, this standard will also be scored as not met.

ES.11.1 (5) **Electricity, including stand-by generators**

Survey Process:

The hospital must have a stand-by generator of sufficient capacity to provide electricity to all critical areas such as operating theatres; labor and delivery suites; ICUs; basic, if not all, radiology and laboratory services; and emergency rooms. The generator must be tested at least once a month, and once every three

months it must be tested under a sufficient load to ensure that it can deliver its required output. There should be at least a 72 hour fuel supply and definite plans for obtaining additional fuel if needed. If the hospital does not have a stand-by generator, it must have an alternate source of electrical power. The hospital's normal electrical source should be periodically checked to ensure there are no fluctuations that might damage equipment, and the distribution system must have regular inspection, maintenance, and repair, if necessary. The main electrical distribution system (switches, relays) must have a schedule for regular inspection, maintenance, and repair.

Scoring:

To be scored as fully met, the hospital must have a stand-by generator (or other immediately available electrical source) that provides power to all critical areas, and there must be evidence that it is inspected, tested, and maintained according to the schedule in the plan. In addition, the main electrical distribution system (switches, relays) must have a schedule for regular inspection, maintenance, and repair. If there are only minor (a few days) delays in the scheduled inspection, testing, and maintenance, score as partially met. If there is no stand-by generator or alternate source immediately available, score as not met.

ES.11.2 (5) Water

Survey Process:

The main water source should be tested for chemical and biological contamination at least every three months. There must be a regular schedule for inspection, testing, and maintenance of the water distribution systems (pumps, pipes, valves). If the main water source is interrupted (this is rather common during construction in or near the hospital), there must be an alternate source that can be available within no more than two hours.

Scoring:

If the main water source has been tested at least every three months; there is documentation of meeting the schedule for inspection, testing, and maintenance of the water distribution systems; and there is an alternate water source, score as fully met. If the testing of the main water source or the distribution system is documented and is no more than one month overdue any schedule, score as partially met. If there has been no testing, or only sporadic testing (not scheduled), of the main water source or the distribution system, score as not met.

ES.11.3 (5) Heating, ventilation, and air conditioning

Survey Process:

There must be a schedule for and documentation of inspection, maintenance, and repair of the heating, ventilation, and air conditioning (HVAC) systems.

Scoring:

If there is a schedule and it has been followed, score as fully met. If there are only minor (a few days) delays in the scheduled inspection, testing, and maintenance, score as partially met. If there has been no, or only a sporadic, scheduled inspection, maintenance, and repair of the HVAC systems, score as not met.

ES.11.4 (5) Medical gases

Survey Process:

The most critical thing to look for is that all medical gases have specific connectors, both in patient care areas and in the bulk storage area (where the supplier refills the storage tanks) that absolutely prevent the wrong medical gas from being instilled into the storage tank or administered to the patient. There must be a schedule for inspection, maintenance, and repair of the medical gas storage and distribution system. If bottled gases are used, there must also be either a different connector or a clear color code and prominent labeling of the bottle.

Scoring:

To be scored as fully met, the following must be present: all connectors (supply to storage and storage to administration) must have connectors that absolutely prevent the wrong medical gas from being instilled into the storage tank or administered to the patient and there must be a schedule for inspection, maintenance, and repair of the medical gas storage and distribution system. If there are only minor (a few days) delays in the scheduled inspection, testing, and maintenance, score as partially met. If there has been no, or only sporadic, scheduled inspection, maintenance, and repair of the medical gas systems, or if even one connector anywhere might allow the wrong gas to enter the system or be administered to a patient, score as not met.

ES.11.5 (5) Communications

Survey Process:

Communication systems include telephones, fax machines, overhead or personal pagers, and radios (for communication with ambulance services). Personal mobile phones are not included unless the hospital requires their use. Computers are included in this requirement only when they are the sole means of communication (an example would be for laboratory reports). There must be a schedule for inspection, maintenance, and repair of applicable communication systems. The schedule for some systems may be “as needed.” For example, there is no specific need for routine scheduled inspection and maintenance of telephones, fax machines, and two-way radios.

Scoring:

If there is a schedule and there is documentation of inspection and maintenance of appropriate communication systems, and there is evidence of prompt (based on surveyor judgment) response when repair is needed, score as fully met. If there is no schedule or if response when repair was needed was excessive (based on surveyor judgment), score as not met. To score this standard as either partially or not met requires the agreement of the entire survey team.

ES.11.6 (4) Waste disposal

Survey Process:

There must be a program for inspection, maintenance, and repair, if necessary, for hospital-operated waste disposal systems. These may include toilets and bedpan emptying devices. There must be a plan for disposal of other waste as well, and if this is done by the hospital (e.g., through an incinerator), there must

be a schedule of regular inspection, maintenance, and repair of equipment when needed. If waste disposal is handled by contract, this should be evaluated under ML.4.7, which requires oversight of all contract services.

Scoring:

If there is a scheduled program for inspection, maintenance, and repair, if necessary, for hospital-operated waste disposal systems, including an incinerator if present, and the program is followed, score as fully met. If there are only minor (a few days) delays in the scheduled inspection, testing, and maintenance, score as partially met. If there has been no scheduled, or only sporadic, inspection, maintenance, and repair, score it as not met. Also, if waste disposal is handled by contract and there is no oversight of the contract, score it as not met and possibly as partially met under ML.4.7.

ES.11.7 (5) Regular inspections

Survey Process:

The plan should define the schedule for regular inspections for each applicable utility listed in ES.11.1–ES.11.6. This is a standard that requires a plan. Implementation is scored under each standard.

Scoring:

If the plan defines the schedule for inspection of all applicable utilities, score as fully met. If the plan does not include the schedule for inspection of all applicable utilities, score as not met. This is an all or none standard.

ES.11.8 (5) Regular testing

Survey Process:

The plan should define for each applicable utility listed in ES.11.1–ES.11.6 the schedule for regular testing. This is a standard that requires a plan. Implementation is scored under each standard.

Scoring:

If the plan defines the schedule for regular inspection of all applicable utilities, score as fully met. If the plan does not include the schedule for testing of all applicable utilities, score as not met. This is an all or none standard.

ES.11.9 (5) Regularly scheduled maintenance

Survey Process:

The plan should define for each applicable utility listed in ES.11.1–ES.11.6 the schedule for regularly scheduled maintenance. This is a standard that requires a plan. Implementation is scored under each standard.

Scoring:

If the plan defines the schedule for regularly scheduled maintenance of all applicable utilities, score as fully met. If the plan does not include the schedule for testing of all applicable utilities, score as not met. This is an all or none standard.

ES.11.10 (4) Correction of deficiencies identified**Survey Process:**

Interview the physical plant management staff. Ask for examples of deficiencies that were found and the corrective actions taken. If the surveyors are skeptical, review a sample (there will not be enough time to review all) of inspections to find deficiencies and the corrective actions taken.

Scoring:

If the plan defines the schedule for regular inspection of all applicable utilities, score as fully met. If the plan does not include the schedule for testing of all applicable utilities, score as not met. This is an all or none standard.

ES.12 (3) For each plan, there is documentation that appropriate staff members have been trained.**Survey Process:**

The surveyor will need to use judgment to decide what type of staff members other than facility management staff play an important role in each component of the plan. All staff members should have some training in general safety and security and fire safety. However, only selected staff members would need training in emergency response, hazardous materials and waste, medical equipment use, and utility systems.

Scoring:

If more than 90 percent of relevant staff members have been trained and this is documented, score as fully met. If between 60–90 percent have been trained, and there is at least one trained individual on duty in each relevant area, score as partially met. If less than 60 percent of appropriate staff members have been trained, score as not met.

ES.12.1 (2) The staff's knowledge is periodically evaluated.**Survey Process:**

Interview appropriate department heads about how they ensure that staff members retain their competence. There may be evidence in department files, in reports of exercises, in refresher training, in department minutes, or other documents. The most important survey activity is to interview appropriate staff members to see if they understand their responsibilities. If each surveyor asks one or two staff members, this would be an acceptable sample.

Scoring:

This is not easily quantified without the survey team spending too much time. Score as fully, partially, or not met based on a consensus of the survey team.

7. Support Services

Sometime during the survey, the following policies and documents should be reviewed:

- ▲ Housekeeping policies and procedures
- ▲ Food service and kitchen policies and procedures
- ▲ Laundry and linen service policies and procedures

Housekeeping

HK.1 *(5) The hospital has standardized procedures for cleaning, including instructions for the use of disinfectants.*

Survey Process:

Review the housekeeping policy and procedures manual or at least the index. There should be specific procedures for each high-risk area such as the operating theatres, contaminated rooms, emergency rooms, areas with body fluid spills (such as after polytrauma), ICUs, pediatric wards, mother-baby units, and delivery rooms. There should be specific procedures for cleaning patient rooms and for cleaning general use areas.

Scoring:

If there are standardized procedures, including use of disinfectants, and there are specific procedures for high-risk areas, score as fully met. If there are some standardized procedures but one to two high-risk areas are not included, score as partially met. If there are no standardized procedures, or more than two high-risk areas are not covered, score as not met.

HK.1.1 *(4) The procedures are described in policies that have been approved by the infection control committee.*

Survey Process:

The policy and procedures manual, each individual policy and/or procedure, or minutes of the infection control committee must document approval of the policies required by HK.1.2.

Scoring:

If policies have been approved by the infection control committee, score as fully met. If there is no evidence that the required policies were approved by the infection control committee, score as not met. This is an all or none standard.

HK.1.2 (4) The policies include at least a cleaning schedule, cleaning and disinfection solutions to be used in various areas, high-risk area policies, and specific general cleaning procedures to be used, including specific areas where dry sweeping is permitted.

Survey Process:

Review the policy manual to confirm that all required policies are present.

Scoring:

If there are policies/procedures for a cleaning schedule; cleaning and disinfection solutions to be used in various areas; high-risk area policies; and specific general cleaning procedures to be used, including specific areas where dry sweeping is permitted, score as fully met. If the only policy missing is general cleaning, score as partially met. If any other policy is not met, score as not met.

HK.2 (4) All cleaning staff are aware of cleaning procedures and have been trained in proper techniques.

Survey Process:

This is surveyed mostly by observation. Once the surveyors have a general understanding of the procedures that should be used, observe if they are followed. Determine training either through records kept by the head of housekeeping or by the review of a sample of human resource files of members of the housekeeping staff.

Scoring:

This is a “weight of evidence” standard. It should default to a score of fully met unless the survey team, based on observations and team agreement, finds sufficient deficiencies to score as either partially met or not met.

HK.3 (3) There is an adequate supply (three months) of approved cleaning material and disinfectants.

Survey Process:

This is surveyed by a quick visit to the area where housekeeping supplies are stored, or by an interview with the head of housekeeping. If the supplies are readily available for purchase, there is no specific reason for a three-month supply in the inventory. However if they are difficult to obtain and ordering them or gaining approval of the purchase request takes more than one to two months, then look for the hospital to have at least a three-month supply.

Scoring:

This requires some surveyor judgment. If there is an adequate supply of cleaning and disinfection supplies, and there is no evidence that cleaning or disinfection was ever delayed or interrupted due to a supply shortage, score as fully met. If there is evidence that cleaning or disinfection has sometimes been delayed or interrupted due to a supply shortage, score as partially met. If there is any evidence that cleaning or disinfection was not done because of supply shortages, score as not met.

HK.4 (3) The housekeeping supervisor ensures there are an adequate number of cleaning staff per shift according to the size of the hospital and the scope of services it provides.

Survey Process:

Interview nurses in various areas (operating theatre, emergency room, ICU, general medical/surgical inpatient units) to determine if there are delays in housekeeping response. If no concerns are expressed, this is sufficient evidence to suggest there is an adequate number of staff. If there are concerns, review the housekeeping schedule to learn how the head of housekeeping determined the number of personnel required for each shift and how the concerns are being addressed.

Scoring:

If there are no generalized concerns about the availability and responsiveness of housekeeping (discount the occasional “gripe” or anecdote; look for a pattern), score as fully met. If there is a repeatedly expressed concern and the head of housekeeping has a plan for correction and is attempting to implement the plan, score as partially met. If there are widespread complaints and no action has been taken, score as not met.

Food Service and Kitchen

FS.1 (5) *The kitchen and food services are managed according to applicable laws and regulations, and hospital leaders are knowledgeable of these laws and regulations and ensure compliance.*

Survey Process:

The surveyor must be familiar with the laws and regulations that govern the operation of hospital food service, or food services in general. Based on interviews and observation, the surveyor must determine whether these laws and regulations are being adhered to.

Scoring:

If all applicable laws and regulations are followed, score as fully met. If any are not followed, score as not met. This is an all or none standard.

FS.2 (4) There are policies and procedures that have been implemented and include at least the following:

Survey Process:

This is an overall standard that requires that the kitchen and food service be operated according to policies and procedures. The specifics are found in FS.2.1–FS.2.8.

Scoring:

If there are policies and procedures and they include all the requirements in FS.2.1–FS.2.8, score as fully met. If there are policies and procedures and they include at least seven of the eight requirements in

FS.2.1–FS.2.8, score as partially met. If there are no policies and procedures, or if fewer than seven of the requirements in FS.2.1–FS.2.8 are present, score as not met.

FS.2.1 (2) A current list of acceptable suppliers of foodstuff and supplies

Survey Process:

Review the policy, procedure, or list.

Scoring:

If there is a current list of acceptable suppliers of foodstuff and supplies, score as fully met. If it is not present, score as not met. This is an all or none standard.

FS.2.2 (3) Appropriate storage of perishable food and nonperishable items, including expiration dates

Survey Process:

Review the policy and procedures manual.

Scoring:

If there is a policy or procedure on appropriate storage of perishable food and nonperishable items, including expiration dates, score as fully met. If it is not present, score as not met. This is an all or none standard.

FS.2.3 (3) **Standards of sanitation for all food handlers**

Survey Process:

Review the policy and procedures manual.

Scoring:

If there is a policy or procedure on standards of sanitation for all food handlers, score as fully met. If it is not present, score as not met. This is an all or none standard.

FS.2.4 (5) **Procedures, which have been approved by the infection control committee, for cleaning and/or sterilization of all items used in food preparation**

Survey Process:

Review the policy and procedures manual.

Scoring:

If there is a procedure or procedures on cleaning and/or sterilization of all items used in food preparation and there is evidence that it was approved by the infection control committee, score as fully met. If there

is a procedure or procedures but they have not been approved by the infection control committee, score as partially met. If there are no written procedures, score as not met.

FS.2.5 (3) A kitchen safety program, including fire prevention and suppression

Survey Process:

Review the policy and procedures manual.

Scoring:

If there is a kitchen safety program, including fire prevention and suppression, score as fully met. If it is not present, score as not met. This is an all or none standard.

FS.2.6 (3) A list of all special diets available

Survey Process:

Review the policy and procedures manual.

Scoring:

If there is a list of all special diets available, score as fully met. If a list is not present, score as not met. This is an all or none standard.

FS.2.7 (2) A schedule for meals and a process to ensure their timely distribution

Survey Process:

Review the policy and procedures manual. Surveyors should interview nurses and patients to determine if they perceive that meal distribution is timely. The surveyors may also ask whether satisfaction with food service is part of a patient satisfaction survey (PR.9), although this is not a specific requirement.

Scoring:

If there is a schedule for meals and a process to ensure their timely distribution and the surveyors find no significant concerns with food distribution, score as fully met. If concerns or issues with food distribution have been identified and the head of food service is aware of these and is trying to implement a corrective action plan, score as partially met. If there is no schedule or if significant issues or concerns have not been addressed, score as not met.

FS.2.8 (2) In conjunction with nursing and medical staff, a policy on how to deal with food brought in by family members

Survey Process:

Review the policy and procedures manual.

Scoring:

If there is a policy on how to deal with food brought in by family members, score as fully met. If there is no policy, score as not met.

- FS.3** (3) The kitchen and food service manager maintains a work schedule that ensures that there is an adequate number of staff for each shift.

Survey Process:

The surveyors should review the work schedule. The surveyors will need to use judgment as to whether food service should be available for all shifts. In a hospital with a mother-baby unit, it is important that the mother be able to receive food after delivering her baby, regardless of the time of day. A hospital specializing in eye care may not need 24 hour/day food service. If interviews with nurses or patients indicate concerns in these areas, the surveyor must make a judgment about whether these concerns/issues relate to staffing levels, management (ML.7 series of standards), or training of staff (FS.4).

Scoring:

If the schedule seems adequate and the survey team finds no significant patterns of complaints or other issues, score as fully met. If there are significant patterns of complaints or other issues relating to staffing and the head of food service is aware of them and is trying to implement corrective action, score as partially met. If there are significant patterns of complaints or other issues relating to staffing, and these are not being addressed, score as not met.

- FS.4** (4) All food service workers are trained.

Survey Process:

Look for documentation of training in the food service department files or in a random selection of the human resources files of food service personnel. If interviews with nurses or patients indicate concerns, the surveyor must make a judgment about whether these concerns/issues relate to staffing levels, management (ML.7 series of standards), or training of staff (FS.4).

Scoring:

If there are no significant patterns of complaints or issues that relate to training and there is documentation of the training, score as fully met. If there are significant patterns of complaints or other issues relating to training and the head of food service is aware of them and is trying to implement corrective action, score as partially met. If there are significant patterns of complaints or other issues relating to training, and these are not being addressed, score as not met.

Laundry and Linen Services

- LL.1** (5) *Laundry and linen services are operated according to specific policies and procedures. These policies, all of which must have been approved by the infection control committee, include at least the following:*

Survey Process:

Review the policies and procedures manual or individual policies and procedures to confirm they include all those required by LL.1.1–LL.1.6. For each element in LL.1.1–LL.1.6, surveyor observation is required.

Scoring:

To be scored as fully met, all the requirements in LL.1.1–LL.1.6 must be included. If any is not, score as not met. This is an all or none standard.

LL.1.1 (3) Collection of soiled linen**Survey Process:**

Review the policy and procedures.

Scoring:

If there is a policy or procedure on collection of soiled linen, score as fully met. If there is a policy or procedure, but the surveyors observe occasional inappropriate action, score as partially met. If there is no policy or procedure, or the surveyors see frequent evidence inappropriate collection, score as not met.

LL.1.2 (4) Specific procedures for handling, including labeling, of materials contaminated with hazardous materials or body fluids**Survey Process:**

Review the policy and procedures manual. During unit visits, observe how contaminated linen is handled and labeled. The labeling may be by different colored bags or some other measure that make contaminated linen obvious.

Scoring:

If there are specific procedures for handling, including labeling, of materials contaminated with hazardous materials or body fluids and observation shows they are followed, score as fully met. If rare (one to two) deviations from the procedures are noted, score as partially met. If there is no procedure, or if there are frequently observed deviations from the procedure, score as not met.

LL.1.3 (3) Policies and procedures for cleaning of contaminated materials**Survey Process:**

Review the policy and procedures manual. Only if the surveyors have concerns about the procedure should they attempt to observe the procedure in the laundry.

Scoring:

If there are policies or procedures for cleaning of contaminated linen, score as fully met. If there are no policies or procedures, score as not met.

LL.1.4 (2) Cleaning supplies approved by the infection control committee for use

Survey Process:

Review the policy and procedures manual. There should be evidence that the cleaning supplies being used have been approved by the infection control committee.

Scoring:

If there is a policy and the supplies have been approved by the infection control committee, score as fully met. If there is no evidence of infection control approval, score as not met. This is an all or none standard.

LL.1.5 (3) Quality control program, including measure of water temperatures

Survey Process:

There must be a documented quality control program that includes measurement of water temperatures.

Scoring:

If there is a documented quality control program and it includes at least measurement of water temperatures, score as fully met. If there is no quality control program, or if there is one but it does not address water temperatures, score as not met.

LL.1.6 (2) Storage and distribution of clean linen

Survey Process:

Review the policy and procedures manual. The surveyors should check that clean linen carts have covers to prevent dust accumulation or airborne contamination and that carts have solid bottoms to prevent mopping from contaminating the linen on the bottom, or that clean linen is wrapped with an impervious material.

Scoring:

If there is a policy on storage and distribution of clean linen, and all the carts have dust covers and solid bottoms or the clean linen is wrapped with an impervious material, score as fully met. If only an occasional cart does not have a dust cover that is being used or a solid bottom, or is not wrapped lined, score as partially met. If most carts do not have any means of protecting the clean linen from possible contamination, score as not met.

LL.2 (5) There is at least one fully functioning automatic washing machine.

Survey Process:

This is based on observation or interview.

Scoring:

If there is at least one fully functioning automatic washing machine, score as fully met. If there is no fully functioning automatic washing machine, score as not met. This is an all or none standard.

LL.3 (2) Adequate supplies and washing detergents are available.

Survey Process:

This is a “weight of evidence” standard. This is surveyed by a quick visit to the area where laundry supplies are stored, or by an interview with the head of housekeeping. If the supplies are readily available for purchase, and ordering them or gaining approval of the purchase request is easy, look no further.

Scoring:

This requires some surveyor judgment. If there is an adequate supply of washing detergents, and there is no evidence that laundry services have ever been delayed or interrupted due to a supply shortage, score as fully met. If there is evidence that laundry services have sometimes been delayed or interrupted due to a supply shortage, score as partially met. If there is any evidence that laundry services have not been available because of supply shortages, score as not met.

LL.4 (5) Contaminated linen is separated from clean linen.

Survey Process:

This is surveyed by observation. This is very similar to the requirement in the standards on sterilization (ST.2). The laundry area must have either physical barriers or sufficient separate space to eliminate the possibility of cross-contamination of clean linen from contaminated linen. This requires surveyor judgment.

Scoring:

If there is either no or only a remote possibility of contaminated linen contaminating clean linen, score as fully met. To score as either partially met or not met, the entire survey team must be in agreement.

LL.5 (2) The laundry supervisor ensures sufficient staff are available for each shift.

Survey Process:

This surveyed by an interview with nurses. If interviews with nurses or patients indicate concerns about linen supply, the surveyor must make a judgment about whether these concerns/issues relate to staffing levels, management (ML.7 series of standards), or training of staff (LL.6).

Scoring:

If there are no significant patterns of complaints or issues that relate to staffing, score as fully met. If there are significant patterns of complaints or other issues relating to staffing and the head of laundry and linen services is aware of them and is trying to implement corrective action, score as partially met. If there are significant patterns of complaints or other issues relating to staffing, and these are not being addressed, score as not met

LL.6 (2) **All laundry workers are trained.**

Survey Process:

This surveyed by an interview with nurses. If interviews with nurses or patients indicate concerns about the linen supply, the surveyor must make a judgment about whether these concerns/issues relate to staffing levels, management (ML.7 series of standards), or training of staff (LL.6).

Scoring:

If there are no significant patterns of complaints or issues that relate to training and there is documentation of the training, score as fully met. If there are significant patterns of complaints or other issues relating to training and the head of food service is aware of them and is trying to implement corrective action, score as partially met. If there are significant patterns of complaints or other issues relating to training, and these are not being addressed, score as not met.

LL.7 (5) **If laundry and linen services are performed through an outside contract, there must be documentation that the requirements of standards LL.1–LL.6 are met by the contractor (also see ML.4.7).**

Survey Process:

If laundry and linen services are provided through an outside contract, review any available documentation (including the contract) to determine if the contractor is meeting the requirements of LL.1–LL.6. Since this could be a very time-consuming process, if the nurses interviewed express no pattern of concerns about linen services, there is no need to look further. Review the contract only if there is a valid reason to do so. This would be a “weight of evidence” standard.

Scoring:

By default, this would be scored as fully met unless the entire survey team agrees that it should be scored as only partially met or not met.

8. Quality Improvement and Patient Safety

Sometime during the survey, the following documents should be reviewed:

- ▲ Terms of reference for the quality improvement and patient safety committee
- ▲ Quality improvement and safety plan
- ▲ Incident-reporting policy
- ▲ Agenda for new employee orientation
- ▲ List of clinical guidelines being used
- ▲ Last six months of minutes of the quality improvement and patient safety committee
- ▲ Any documents (minutes, reports) that provide evidence of intensive assessment when significant unexpected events and undesirable trends and variations occurred

QI.1 *(5) The hospital has a quality improvement and patient safety committee assigned to improving the quality of care at the hospital.*

Survey Process:

This is straightforward; there is either a committee or not.

Scoring:

If there is a quality improvement and patient safety committee, score as fully met. If there is none, score as not met.

QI.1.1 *(3) The committee is chaired by the hospital director.*

Survey Process:

Determine who is designated as the committee chairperson.

Scoring:

If the committee is chaired by the hospital director, score as fully met. If not, score as not met.

QI.1.2 (4) The membership is multidisciplinary and includes senior members of the medical and nursing staff, other department representatives, and the QI coordinator.

Survey Process:

The membership of the committee should be listed either in the quality improvement plan or in the minutes of a meeting. Check to confirm that committee members at least include senior members of the medical and nursing staff and the QI coordinator. There should be sufficient representatives of other departments (clinical and support such as pharmacy, infection control, facility management, and food services) to ensure a truly multidisciplinary representation. Most importantly, this cannot be a physician-only committee. Surveyor judgment is needed to decide if the membership is adequately representative. The intent of “multidisciplinary” cannot be met if all non-physician members are non-voting.

Scoring:

All scoring will require agreement of the entire survey team. If in the collective opinion of the survey team the membership is multidisciplinary, score as fully met. If some key representatives are not included in the membership, but the members include at least senior members of the medical and nursing staff and the QI coordinator, score as partially met. If either nurses or the QI coordinator are not members, or if only physicians are permitted to vote, score as not met.

QI.1.3 (4) There are terms of reference for the committee, which include the following:

Survey Process:

This is an overall standard that requires the existence of terms of reference for the committee. The specific requirements are found in QI.1.3.1–QI.1.3.6.

Scoring:

If there are terms of reference and they include all six of the requirements in QI.1.3.1–QI.1.3.6, score as fully met. If any requirement in QI.1.3.1–QI.1.3.6 is not met, score as not met.

QI.1.3.1 (4) Ensuring that all identified departments participate

Survey Process:

Review the terms of reference for the committee and the findings in QI.1.2.

Scoring:

If the terms of reference ensure that all identified departments participate, score as fully met. If the terms of reference do not have this requirement, score as not met. This is an all or none standard.

QI.1.3.2 (4) Establishing hospitalwide priorities for improvement

Survey Process:

Review the terms of reference for the committee.

Scoring:

If the terms of reference include establishing hospitalwide priorities for improvement, score as fully met. If the terms of reference do not have this requirement, score as not met. This is an all or none standard.

QI.1.3.3 (4) Ensuring that all required measurements are done

Survey Process:

Review the terms of reference for the committee.

Scoring:

If the terms of reference include ensuring that all required measurements are done, score as fully met. If the terms of reference do not have this requirement, score as not met. This is an all or none standard.

QI.1.3.4 (4) Reviewing the analysis of aggregate data, including the frequency of data collection and analysis

Survey Process:

Review the terms of reference for the committee.

Scoring:

If the terms of reference include review of the analysis of aggregate data, including the frequency of data collection and analysis, score as fully met. If the terms of reference do not have this requirement, score as not met. This is an all or none standard.

QI.1.3.5 (4) Using authority to direct action in response to identified quality improvement or patient safety issues

Survey Process:

Review the terms of reference for the committee.

Scoring:

If the terms of reference include the committee's authority to direct action in response to identified quality improvement or patient safety issues, score as fully met. If the terms of reference do not have this requirement, score as not met. This is an all or none standard.

QI.1.3.6 (4) Reporting information, both upward to leaders and downward to staff members

Survey Process:

Review the terms of reference for the committee.

Scoring:

If the terms of reference include information reporting both upward to leaders and downward to staff members, score as fully met. If the terms of reference do not have this requirement, score as not met. This is an all or none standard.

QI.2 (5) *There is an assigned quality improvement coordinator whose role is to coordinate QI activities.*

Survey Process:

This is straightforward; there either is or is not an assigned quality improvement coordinator.

Scoring:

If there is an assigned quality improvement coordinator, score as fully met. If there is not one, score as not met.

QI.2.1 (4) The QI coordinator is a member of all relevant hospital committees.

Survey Process:

This will require surveyor judgment as to what committees the QI coordinator serves on as a member.

Scoring:

If, in the opinion of the entire survey team, the QI coordinator is a member of all relevant hospital committees, score as fully met. If, in the opinion of the entire survey team, there is only one relevant committee in which the QI coordinator should be a member but is not, score as partially met. If, in the opinion of the entire survey team, there is more than one relevant committee in which the QI coordinator should be a member but is not, score as not met.

QI.2.2 (5) **There is a written job description for the QI coordinator.**

Survey Process:

Review the job description.

Scoring:

If there is a job description, score as fully met. If there is no job description, score as not met.

QI.3 ***(5) The hospital has a written quality improvement and patient safety plan. The plan includes at least the following:***

Survey Process:

Review the plan. This standard requires that there be a plan. The details of what the plan should include are found in standards QI.3.1–QI.3.6.

Scoring:

If there is a written quality improvement and patient safety plan, and it includes all the requirements in QI.3.1–QI.3.6, score as fully met. If there is a written quality improvement and patient safety plan but it does not describe the methodology (QI.3.1), score as partially met. If there is no plan, or if the plan does not include all the requirements in QI.3.2–QI.3.6, score as not met.

QI.3.1 ***(5) A description of the methodology to be used***

Survey Process:

Review the plan.

Scoring:

If the plan describes the quality improvement methodology to be used, score as fully met. If the plan does not, score as not met. This is an all or none standard.

QI.3.2 ***(4) The membership of the quality improvement and patient safety committee***

Survey Process:

Review the plan.

Scoring:

If the plan describes the membership of the quality improvement and patient safety committee, score as fully met. If the plan does not, score as not met. This is an all or none standard.

QI.3.3 ***(4) Authority of the committee***

Survey Process:

Review the plan.

Scoring:

If the plan describes the authority of the committee, score as fully met. If the plan does not, score as not met. This is an all or none standard.

QI.3.4 (4) Criteria for establishing priorities

Survey Process:

Review the plan.

Scoring:

If the plan describes the criteria for establishing priorities, score as fully met. If the plan does not, score as not met. This is an all or none standard.

QI.3.5 (4) Information flow

Survey Process:

Review the plan.

Scoring:

If the plan describes the information flow, score as fully met. If the plan does not, score as not met. This is an all or none standard.

QI.3.6 (4) Description of required measurements

Survey Process:

Review the plan. The plan should include all the requirements identified in QI.8–QI.9.9.

Scoring:

This is an all-or-none standard: If the terms of reference include information reporting both upward to leaders and downward to staff members, score as fully met. If the terms of reference do not have this requirement, score as not met.

QI.4 (5) There is an incident-reporting policy describing a system with written procedures on the following:

Survey Process:

This is an overall standard requiring an incident-reporting system.

Scoring:

If there is an incident-reporting system with written procedures that includes all the requirements in QI.4.1–QI.4.4, score as fully met. If not all requirements in QI.4.1–QI.4.4 are included, score as not met. This is an all or none standard.

QI.4.1 (4) A list of reportable incidents

Survey Process:

Review the policy.

Scoring:

If there is an incident-reporting policy or procedure that includes a list of reportable incidents, score as fully met. If the incident-reporting system does not include this, score as not met. This is an all or none standard.

QI.4.2 (4) Persons responsible for initiating reports

Survey Process:

Review the policy.

Scoring:

If there is an incident-reporting policy or procedure that defines the persons responsible for initiating reports, score as fully met. If the incident-reporting system does not include this, score as not met. This is an all or none standard.

QI.4.3 (4) How, when, and by whom incidents are investigated

Survey Process:

Review the policy.

Scoring:

If there is an incident-reporting policy or procedure that includes how, when, and by whom incidents are investigated, score as fully met. If the incident-reporting system does not include this, score as not met. This is an all or none standard.

QI.4.4 (4) Corrective action plan and assigned responsibilities

Survey Process:

Review the policy.

Scoring:

If there is an incident-reporting policy or procedure that describes a corrective action plan and assigned responsibilities, score as fully met. If the incident-reporting system does not include this, score as not met. This is an all or none standard.

QI.5 (4) As part of their orientation, all employees receive basic training in the principles and practice of quality improvement.

Survey Process:

Review the agenda for new employee orientation to confirm that it includes an introduction to the principles and practice of quality improvement.

Scoring:

If new employee orientation includes an introduction to the principles and practice of quality improvement, score as fully met. If the new employee orientation does not include an introduction to the principles and practice of quality improvement and there is no alternate mechanism for this training, score as not met.

QI.6 (4) The hospital has developed, disseminated, and adopted clinical practice guidelines for priority clinical services and procedures provided.

Survey Process:

Review the list of clinical guidelines. This standard only requires that the hospital has developed and is using *some* clinical guidelines. QI.6.3.1–QI.6.3.3 cover the specifics.

Scoring:

If any clinical guidelines are being used, score as fully met. If there are none, score as not met. This is an all or none standard.

QI.6.1 (5) Clinical practice guidelines are based on current professional literature.

Survey Process:

This may be based on surveyor judgment. Ask the appropriate department representative what professional sources were used to develop the guidelines. The intent of this standard is to ensure that clinical guidelines are based on professional sources and not on personal preference.

Scoring:

If there is evidence that clinical guidelines are based on professional sources, score as fully met. If there is no scientific or professional source from which the guidelines were developed, score as not met. This is an all or none standard.

QI.6.2 (4) Relevant staff are educated about the guidelines.

Survey Process:

If the guidelines are being used, this is sufficient evidence that appropriate staff have been educated. However, if the guidelines are not being used, the surveyor will need to decide (based on interviews) if this is due to lack of education.

Scoring:

If clinical guidelines are being used with only rare exceptions, score as fully met. If the clinical guidelines are used occasionally and the physicians who do not use them are unaware of their existence, score as partially met. If the guidelines are not being used at all, or rarely, and the surveyor determines this is due to lack of education, score as not met.

QI.6.3 (3) Clinical practice guidelines cover the three most common diagnoses in each medical department.

Survey Process:

Determine the most common diagnoses by questioning staff, and then determine if there are clinical guidelines for these diagnoses.

Scoring:

If there are clinical guidelines for at least three of the five most common diagnoses, score as fully met. If there is only one guideline for the five most common diagnoses, score as partially met. If there are none, score as not met.

QI.6.4 (3) Clinical guidelines cover the three most common procedures in each applicable medical department.

Survey Process:

If the department does invasive procedures, determine the most often performed of these procedures.

Scoring:

If there are clinical guidelines for at least three of the five most common procedures, score as fully met. If there is only one guideline for the five most common procedures, score as partially met. If there are no guidelines, score as not met.

QI.6.5 (3) Clinical practice guidelines cover at least two high-risk diagnoses and two high-risk procedures (if applicable) in each medical department.

Survey Process:

The types of diagnoses and procedures that are high risk should be self-evident. If the department does not do any high-risk procedures, score only on the basis of high-risk diagnoses. In some departments, the clinical guidelines for the most common diagnoses or procedures may already cover the requirement for high risk.

Scoring:

If there are clinical guidelines for two high-risk diagnoses and two high-risk procedures (if applicable), score as fully met. If there is only one high-risk clinical guideline, score as partially met. If there are no high-risk clinical guidelines, score as not met.

QI.6.6 (3) Each medical department develops and implements at least one additional clinical practice guideline each year.

Survey Process:

Early in the accreditation process, this may be difficult to determine since most of the effort should appropriately have been spent complying with the requirements in QI.6.4 and QI.6.5. Ask about plans for future development. Depending on the timing of the survey, this standard may be non-applicable.

Scoring:

If one additional clinical practice guideline has been developed and implemented in the past year, score as fully met. If one has been developed, but not yet implemented, or if there are realistic plans to develop an additional guideline, score as partially met. If no additional guidelines have been developed and there are no plans to do so, score as not met.

QI.6.7 (2) Clinical practice guidelines are reviewed at least every two years and are revised when needed, based on current professional literature.

Survey Process:

Check the dates of the guideline.

Scoring:

If there is evidence that the guideline is less than two years old, score as fully met. If it is more than two years, but less than 2 ½ years, score as partially met. If it is more than 2 ½ years, score as not met.

QI.6.8 (3) As part of the quality improvement program, the hospital collects, aggregates, and analyzes data about compliance with the clinical practice guidelines.

Survey Process:

Review minutes of the quality improvement committee or any other document that demonstrates that the hospital collects, aggregates, and analyzes data about compliance with the clinical practice guidelines.

Scoring:

If data have been collected, aggregated, and analyzed for all clinical practice guidelines, score as fully met. Score as partially met if data have been collected but not aggregated and analyzed. If no data have been collected, score as not met.

QI.7 (5) **The hospital provides QI training to its staff.**

Survey Process:

Standard QI.5 already covers initial orientation of new employees. The intent of this standard is that individuals who are participating in QI activities receive training specific to their role. At a minimum, this should include all members of the senior leadership team, all members of the quality improvement and patient safety committee, and members of any team that is analyzing an issue of quality or safety. This is best surveyed by interview with selected personnel.

Scoring:

This will be scored as fully, partially, or not met on the basis of the entire team's judgment.

QI.8 (5) *The hospital monitors clinical care by collection, aggregation, and analysis of data related to at least the following:*

Survey Process:

The required measures in QI.8.1–QI.8.9 should be reflected in minutes of the quality improvement and patient safety committee.

Scoring:

To be scored as fully met, all nine requirements in QI.8.1–QI.8.9 must have evidence of data collection, aggregation, and analysis. If only eight of the nine are present, or if data have been collected but not aggregated and analyzed, score as partially met. If data have been collected on seven or fewer of the nine requirements, score as not met.

QI.8.1 (5) **Patient assessment**

Survey Process:

Review the data or minutes of the quality improvement and patient safety committee.

Scoring:

If there are data on patient assessment and these data have been aggregated and analyzed, score as fully met. If data have been collected, but not aggregated and analyzed, score as partially met. If no data have been collected, score as not met.

QI.8.2 (5) Laboratory and radiology safety and quality control programs

Survey Process:

Review the data or minutes of the quality improvement and patient safety committee.

Scoring:

If there are data on laboratory and radiology safety and quality control programs and these data have been aggregated and analyzed, score as fully met. If data have been collected, but not aggregated and analyzed, score as partially met. If no data have been collected, score as not met.

QI.8.3 (5) Surgical and invasive procedures

Survey Process:

Review the data or minutes of the quality improvement and patient safety committee.

Scoring:

If there are data on surgical and invasive procedures and these data have been aggregated and analyzed, score as fully met. If data have been collected, but not aggregated and analyzed, score as partially met. If no data have been collected, score as not met.

QI.8.4 (5) Use of antibiotics, other medications, and medication errors

Survey Process:

Review the data or minutes of the quality improvement and patient safety committee.

Scoring:

If there are data on the use of antibiotics, other medications, and medication errors and these data have been aggregated and analyzed, score as fully met. If data have been collected, but not aggregated and analyzed, score as partially met. If no data have been collected, score as not met.

QI.8.5 (5) Use of anesthesia and moderate and deep sedation

Survey Process:

Review the data or minutes of the quality improvement and patient safety committee.

Scoring:

If there are data on the use of anesthesia and moderate and deep sedation and these data have been aggregated and analyzed, score as fully met. If data have been collected, but not aggregated and analyzed, score as partially met. If no data have been collected, score as not met.

QI.8.6 (5) Use of blood and blood products**Survey Process:**

Review the data or minutes of the quality improvement and patient safety committee.

Scoring:

If there are data on the use of blood and blood products and these data have been aggregated and analyzed, score as fully met. If data have been collected, but not aggregated and analyzed, score as partially met. If no data have been collected, score as not met.

QI.8.7 (5) Medical records, including availability and content**Survey Process:**

Review the data or minutes of the quality improvement and patient safety committee.

Scoring:

If there are data on medical records, including availability and content and these data have been aggregated and analyzed, score as fully met. If data have been collected, but not aggregated and analyzed, score as partially met. If no data have been collected, score as not met.

QI.8.8 (5) Infection control**Survey Process:**

Review the data or minutes of the quality improvement and patient safety committee.

Scoring:

If there are data on infection control and these data have been aggregated and analyzed, score as fully met. If data have been collected, but not aggregated and analyzed, score as partially met. If no data have been collected, score as not met.

QI.8.9 (5) Adherence to rules on clinical research**Survey Process:**

Review the data or minutes of the quality improvement and patient safety committee.

Scoring:

If there are data on adherence to rules on clinical research and these data have been aggregated and analyzed, score as fully met. If data have been collected, but not aggregated and analyzed, score as partially met. If no data have been collected, score as not met.

QI.9 (4) Managerial monitoring includes at least the following:

Survey Process:

The required measures in QI.9.1–QI.9.9 should be reflected in minutes of the quality improvement and patient safety committee.

Scoring:

To be scored as fully met, all nine requirements in QI.9.1–QI.9.9 must have evidence of data collection, aggregation, and analysis. If only eight of the nine are present, or if data have been collected but not aggregated and analyzed, score as partially met. If data have been collected on seven or fewer of the nine requirements, score as not met.

QI.9.1 (3) Procurement of routinely required supplies and medications essential to meet patient needs

Survey Process:

Review the data or minutes of the quality improvement and patient safety committee.

Scoring:

If there are data on procurement of routinely required supplies and medications essential to meet patient needs and these data have been aggregated and analyzed, score as fully met. If data have been collected, but not aggregated and analyzed, score as partially met. If no data have been collected, score as not met.

QI.9.2 (3) Reports as required by law and regulation

Survey Process:

Review the data or minutes of the quality improvement and patient safety committee.

Scoring:

If there are data on reports as required by law and regulation and these data have been aggregated and analyzed, score as fully met. If data have been collected, but not aggregated and analyzed, score as partially met. If no data have been collected, score as not met.

QI.9.3 (3) Risk management

Survey Process:

Review the data or minutes of the quality improvement and patient safety committee. Risk management includes all activities that reduce the risk to the physical safety (environmental safety) of patients, staff, and visitors and which reduce the chance of the facility losing its assets (security). If data have been collected, aggregated, and analyzed as required in ES.4, this can be used as evidence of compliance with standard QI.9.3.

Scoring:

If there are data on risk management and these data have been aggregated and analyzed, score as fully met. If data have been collected, but not aggregated and analyzed, score as partially met. If no data have been collected, score as not met.

QI.9.4 (3) Utilization management

Survey Process:

Review the data or minutes of the quality improvement and patient safety committee.

Scoring:

If there are data on utilization management and these data have been aggregated and analyzed, score as fully met. If data have been collected, but not aggregated and analyzed, score as partially met. If no data have been collected, score as not met.

QI.9.5 (3) Patient and family expectations and satisfaction

Survey Process:

Review the data or minutes of the quality improvement and patient safety committee.

Scoring:

If there are data on patient and family expectations and satisfaction and these data have been aggregated and analyzed, score as fully met. If data have been collected, but not aggregated and analyzed, score as partially met. If no data have been collected, score as not met.

QI.9.6 (2) Staff expectations and satisfaction

Survey Process:

Review the data or minutes of the quality improvement and patient safety committee.

Scoring:

If there are data on staff expectations and satisfaction and these data have been aggregated and analyzed, score as fully met. If data have been collected, but not aggregated and analyzed, score as partially met. If no data have been collected, score as not met.

QI.9.7 (2) Patient demographics and diagnoses and procedures**Survey Process:**

Review the data or minutes of the quality improvement and patient safety committee.

Scoring:

If there are data on patient demographics and diagnoses and procedures and these data have been aggregated and analyzed, score as fully met. If data have been collected, but not aggregated and analyzed, score as partially met. If no data have been collected, score as not met.

QI.9.8 (1) Finance**Survey Process:**

Review the data or minutes of the quality improvement and patient safety committee.

Scoring:

If there are data on finance and these data have been aggregated and analyzed, score as fully met. If data have been collected, but not aggregated and analyzed, score as partially met. If no data have been collected, score as not met.

QI.9.9 (5) Identified patient safety issues**Survey Process:**

Review the data or minutes of the quality improvement and patient safety committee

Scoring:

If there are data on identified patient safety issues and these data have been aggregated and analyzed, score as fully met. If data have been collected, but not aggregated and analyzed, score as partially met. If no data have been collected, score as not met.

QI.10 (4) Individuals with appropriate experience, knowledge, and skills systematically aggregate and analyze data in the hospital.

Survey Process:

This is surveyed by looking at the outcome. If the minutes of the quality improvement and patient safety committee consistently reflect that data are aggregated and analyzed, this represents evidence that there are individuals with appropriate experience, knowledge, and skills. If this is not evident, the surveyors should ask who does the aggregation and who does the analysis and review their qualifications.

Scoring:

If the minutes of the quality improvement and patient safety committee consistently reflect that data are aggregated and analyzed, score as fully met. If the data are consistently aggregated and analyzed and only some of the individual or individuals responsible for doing so are trained, score as partially met. If the entire team agrees that there is no one with adequate experience, knowledge, and skills, score as not met.

QI.11 (5) *Intensive assessment is done when significant unexpected events and undesirable trends and variation occur. Significant events that will be analyzed in detail include at least the following:*

Survey Process:

This is the overall standard that requires evidence that intensive assessment is done when significant unexpected events and undesirable trends and variation occur. QI.11.1–QI.11.6 list the specific events or trends that must be intensively evaluated. The quality improvement and patient safety plan should include all six requirements in QI.11.1–QI.11.6. Evidence of intensive assessment should be documented and may be found in a variety of minutes, reports, or other documents. The surveyors will need to ask the hospital to provide the appropriate documentation. It is possible that some of the requirements have not been done because no such event occurred in the six months prior to the survey (this may be particularly true in small or specialty hospitals). If so, that particular standard can default to a score of fully met if there is evidence of the following: there is a reporting system that the surveyors are comfortable would identify the event if it occurs, and the quality improvement and patient safety plan requires intensive assessment if it does occur.

Scoring:

Score as fully met if all events or trends that were identified were intensively evaluated and all six requirements are included in the plan. Also score as fully met if no events were identified, and the survey team is comfortable that the identification and reporting system will work should an event occur. The entire survey team will have to be in agreement to score it as partially or not met.

QI.11.1 (5) **Unexpected deaths**

Survey Process:

If the hospital reports that there were no unexpected deaths, the survey team (depending on the size of the hospital or the specialty if a specialty hospital) should interview sufficient staff members to be convinced

that if there had been an unexpected death, it would have been reported. This will take the collective judgment of the survey team.

Scoring:

If unexpected deaths were intensively assessed, score as fully met. If there were no unexpected deaths and the survey team is convinced that if there had been an unexpected death, it would have been reported, score as partially met. Score as not met under the following circumstances: if there were one or more unexpected deaths and they were not intensively assessed, if there is no requirement to do so in the quality improvement and patient safety plan, or if the surveyors are not convinced that if there had been an unexpected death, it would have been reported.

QI.11.2 (5) Confirmed transfusion reactions

Survey Process:

If the hospital reports that there were no confirmed transfusion reactions, the survey team (depending on the size of the hospital or the specialty if a specialty hospital) should interview sufficient staff members to be convinced that if there had been an unexpected death, it would have been reported. This will take the collective judgment of the survey team.

Scoring:

If confirmed transfusion reactions were intensively assessed, score as fully met. If there were no confirmed transfusion reactions and the survey team is convinced that if there had been one, it would have been reported, score as partially met. Score as not met under these circumstances: if there were one or more confirmed transfusion reactions and they were not intensively assessed, if there is no requirement in the quality improvement and patient safety plan to assess a confirmed transfusion reaction, or if the surveyors are not convinced that if there had been a confirmed transfusion reaction, it would have been reported.

QI.11.3 (5) Significant adverse drug reactions that cause harm to a patient

Survey Process:

If the hospital reports that there were no significant adverse drug reactions that cause harm to a patient, the survey team (depending on the size of the hospital or the specialty if a specialty hospital) should interview sufficient staff members to be convinced that if there had been such a reaction, it would have been reported. This will take the collective judgment of the survey team.

Scoring:

If significant adverse drug reactions that caused harm to a patient were intensively assessed, score as fully met. If there were no significant adverse drug reactions that caused harm to a patient and the survey team is convinced that if there had been one, it would have been reported, score as partially met. Score as not met under these circumstances: if there were one or more significant adverse drug reactions that caused harm to a patient and they were not intensively assessed, if there is no requirement in the quality improvement and patient safety plan to assess adverse drug reactions, or if the surveyors are not

convinced that if there had been a significant adverse drug reaction that caused harm to a patient, it would have been reported.

QI.11.4 (5) Significant medication errors that cause harm to a patient

Survey Process:

If the hospital reports that there were no significant medication errors that caused harm to a patient, the survey team (depending on the size of the hospital or the specialty if a specialty hospital) should interview sufficient staff members to be convinced that if there had been one, it would have been reported. This will take the collective judgment of the survey team.

Scoring:

If significant medication errors that caused harm to a patient were intensively assessed, score as fully met. If there were none and the survey team is convinced that if there had been a significant medication error that caused harm to a patient, it would have been reported, score as partially met. Score as not met under these circumstances: if there were one or more significant medication errors that caused harm to a patient and they were not intensively assessed, if there is no requirement to do so in the quality improvement and patient safety plan, or if the surveyors are not convinced that if there had been a significant medication error that caused harm to a patient, it would have been reported.

Q.11.5 (5) Significant anesthesia events that caused harm to a patient

Survey Process:

If the hospital reports that there were no significant anesthesia events that caused harm to a patient, the survey team (depending on the size of the hospital or the specialty if a specialty hospital) should interview sufficient staff members to be convinced that if there had been one, it would have been reported. This will take the collective judgment of the survey team.

Scoring:

If significant anesthesia events that caused harm to a patient were intensively assessed, score as fully met. If there were no significant anesthesia events that caused harm to a patient and the survey team is convinced that if there had been one, it would have been reported, score as partially met. Score as not met under these circumstances: if there were one or more significant anesthesia events that caused harm to a patient and they were not intensively assessed, if there is no requirement to do so in the quality improvement and patient safety plan, or if the surveyors are not convinced that if there had been a significant anesthesia event that caused harm to a patient, it would have been reported.

QI.11.6 (5) Significant differences between pre- and post-operative diagnoses, including surgical pathology findings

Survey Process:

If the hospital reports that there were no significant differences between pre- and post-operative diagnoses, including surgical pathology findings, the survey team (depending on the size of the hospital or the specialty if a specialty hospital) should interview sufficient staff members to be convinced that if

there had been one, it would have been reported. This will take the collective judgment of the survey team.

Scoring:

If significant differences between pre- and post-operative diagnoses, including surgical pathology findings, that caused harm to a patient were intensively assessed, score as fully met. If there were none and the survey team is convinced that if there had been a significant difference between pre- and post-operative diagnoses, including surgical pathology findings, that caused harm to a patient, it would have been reported, score as partially met. Score as not met under these circumstances: if there were one or more significant differences between pre- and post-operative diagnoses, including surgical pathology findings, that caused harm to a patient and they were not intensively assessed, if there is no requirement to do so in the quality improvement and patient safety plan, or if the surveyors are not convinced that if there had been a significant difference between pre- and post-operative diagnoses, including surgical pathology findings, that caused harm to a patient, it would have been reported.

QI.12 (5) The hospital data are analyzed and used by hospital management for decision making.

Survey Process:

This is a “weight of evidence” standard. During the interview with the leadership team the surveyors might ask what data analysis led to a decision to change something or to start something. This is a surveyor judgment.

Scoring:

This will be scored as fully, partially, or not met based on the agreement of the entire survey team.

QI.13 (4) The governing body, hospital director, and heads of departments actively participate in the planning and monitoring of the quality improvement and patient safety program.

Survey Process:

This is a “weight of evidence” standard. Evidence of active participation may be found in meeting minutes, in reports, and by interview. This standard looks for the exception: the board that is only interested in finance and never receives quality reports, the hospital director who rarely attends the quality improvement committee or refuses to chair this committee, the department head that refuses to participate, and so forth. This standard requires the collective judgment and agreement of the entire survey team.

Scoring:

Scoring as fully, partially, or not met is based on the agreement of the entire survey team.

9. Medical Records

Sometime during the survey, the following documents should be reviewed:

- ▲ **Written definition of the minimum acceptable scope of the history and physical examination (H&P)**
- ▲ **Written timeframes for diagnostic tests, both emergent and routine**
- ▲ Policy or other written document that defines who may make entries into medical records
- ▲ Previous six months of minutes from a medical record committee
- ▲ Any policy on the timeliness of completion of H&Ps (such as for ICU admissions)
- ▲ Policy on using H&Ps that were done prior to admission
- ▲ Policy or other documents defining the frequency of physician progress notes
- ▲ Policy or other document that defines how soon after discharge the medical record must be completed
- ▲ Policies or other documents that define the content of outpatient visits

MR.1 (5) *The hospital has a medical record for each patient evaluated or treated.*

Survey Process:

Surveyors should interview the head of medical records. In addition to ensuring the hospital has a record for every patient, look for whether there may be more than one record for a patient and, if so, how the hospital merges them so that all information is available in one place.

Scoring:

If there is a record for every patient, or if there is more than one record, there is a way to retrieve and consolidate the information so that all patient information is available in one place, score as fully met. If a record is not kept for every patient, score as not met. This is an all or none standard.

MR.2 (5) **Each medical record contains sufficient information to do the following:**

Survey Process:

This is the overall standard. The specific requirements are found in MR.2.1–MR.2.5. Surveyed based on review of medical records.

Scoring:

If 95 percent of all records contain the information required by MR.2.1–MR.2.5, score as fully met. If 85–95 percent contain all the required information, score as partially met. If less than 85 percent contain all the required information, score as not met.

MR.2.1 (4) Identify the patient, including name, address, and date of birth

Survey Process:

Review medical records.

Scoring:

If all records identify the patient, including name, address, and date of birth, score as fully met. If any record does not identify the patient, including name, address, and date of birth, score as not met.

MR.2.2 (3) Promote continuity of care

Survey Process:

Review medical records. This standard may not be applicable to all records. There will need to be some surveyor judgment. Look for missing transfer summaries, incomplete discharge summaries, missing operative reports, physician progress notes that are illegible, and other similar items.

Scoring:

Since this is a surveyor judgment standard, it will require agreement by the entire survey team, but general guidelines are that if less than 5 percent of records do not, for any reason, promote continuity of care, score as fully met. If less than 10 percent do not promote continuity of care, score as partially met. If more than 10 percent do not promote this, score as not met.

MR.2.3 (5) Support the diagnosis

Survey Process:

Review medical records. Look for the physician's H&P, physician's progress notes, results of investigations, surgical findings, and other similar information.

Scoring:

If 100 percent of records support the diagnosis, score as fully met. If less than 5 percent do not support the diagnosis, score as partially met. If more than 5 percent do not, score as not met.

MR.2.4 (5) Justify the treatment

Survey Process:

Review medical records. Frequently the diagnosis itself will justify the treatment. Look for pre-operative diagnoses, the care plan, and physician progress notes.

Scoring:

If 100 percent of records justify the treatment, score as fully met. If less than 5 percent do not justify the treatment, score as partially met. If more than 5 percent, score as not met.

MR.2.5 (5) Document the patient's course and results of treatment

Survey Process:

Review medical records. Review both physician's and nurse's notes. In addition, vital signs (for example, the patient with an infection that becomes afebrile, weight loss in a patient who is being treated for congestive heart failure with diuretics) may show the patient's response.

Scoring:

If 95 percent of records document the patient's course and results of treatment, score as fully met. If 90–95 percent document the patient's course and results of treatment, score as partially met. If less than 90 percent document this, score as not met.

MR.3 (5) *The hospital and its medical staff have defined in writing the minimum acceptable scope of the history and physical examination, which may vary depending on the patient's needs and the setting of care or the specialty.*

Survey Process:

Review the written definition or definitions.

Scoring:

If there is a written definition or definitions of the minimum acceptable scope of the H&P, score as fully met. If there is none, score as not met.

MR.3.1 (4) The hospital and its medical staff have defined in writing the minimum acceptable scope of the comprehensive history and physical examination for inpatient admission for adults and children, including inpatient surgery.

Survey Process:

Review the written definition or definitions.

Scoring:

If the hospital and its medical staff have defined in writing the minimum acceptable scope of the H&P for inpatient admission for adults and children, including inpatient surgery, score as fully met. If there is no definition, score as not met. This is an all or none standard.

MR.3.2 (4) Outpatient surgery and other invasive procedures**Survey Process:**

Review the written definition or definitions.

Scoring:

If the hospital and its medical staff have defined in writing the minimum acceptable scope of the H&P for outpatient surgery and other invasive procedures, score as fully met. If there is no definition, score as not met. This is an all or none standard.

MR.3.3 (4) Emergency room patients**Survey Process:**

Review the written definition or definitions.

Scoring:

If the hospital and its medical staff have defined in writing the minimum acceptable scope of the H&P for emergency room patients, score as fully met. If there is no definition, score as not met. This is an all or none standard.

MR.3.4 (4) Psychiatry admissions**Survey Process:**

Review the written definition or definitions.

Scoring:

If the hospital and its medical staff have defined in writing the minimum acceptable scope of the H&P for psychiatry admissions, score as fully met. If there is no definition, score as not met. This is an all or none standard.

MR.3.5 (4) Obstetrical admissions**Survey Process:**

Review the written definition or definitions.

Scoring:

If the hospital and its medical staff have defined in writing the minimum acceptable scope of the H&P for obstetrical admissions, score as fully met. If there is no definition, score as not met. This is an all or none standard.

MR.3.6 (4) Inpatient short-stay (less than 48 hours) patients

Survey Process:

Review the written definition or definitions.

Scoring:

If the hospital and its medical staff have defined in writing the minimum acceptable scope of the H&P for inpatient short-stay (less than 48 hours) patients, score as fully met. If there is no definition, score as not met. This is an all or none standard.

MR.3.7 (4) Hospital outpatient visits

Survey Process:

Review the written definition or definitions. This may acceptably vary by specialty and type of visit (new patient versus return visit).

Scoring:

If the hospital and its medical staff have defined in writing the minimum acceptable scope of the H&P hospital outpatient visits, score as fully met. If there is no definition, score as not met. This is an all or none standard.

MR.4 (5) Results of all diagnostic tests are documented in the patient's medical record and are received within the timeframe established by each department that does diagnostic tests.

Survey Process:

While reviewing medical records look at the physician orders for diagnostic tests and then check to see if the results are in the medical record. This is the same process as used to survey the timeliness of laboratory and radiology reports (LB.1.6 and RD.16).

Scoring:

If 100 percent of results (except those that would not yet be expected to be on the record – such as a blood culture ordered yesterday) are on the record in the appropriate timeframe, score as fully met. If 95 percent of results are on the record and at least 90 percent are on time, score as partially met. If less than 95 percent of results are in the medical record or less than 90 percent are timely, score as not met.

MR.4.1 (4) The timeframes are defined for emergent and routine tests results.

Survey Process:

Review the written timeframes for all departments that do diagnostic testing.

Scoring:

If all applicable departments have defined timeframes, score as fully met. If any department has not defined timeframes, score as not met. This is an all or none standard.

MR.5 (5) *All diagnoses are recorded and updated according to the results of investigations and/or reassessments.*

Survey Process:

Primarily review physician's progress notes, results of investigations, and any consultations. This standard has two parts: one – all diagnoses must be recorded, and two – they must be updated when indicated. (An example of updating would be a patient whose admission diagnosis was appendicitis but a CT [computerized tomography] of the abdomen revealed a cecal mass suggestive of colon cancer – the change in diagnosis must be documented.)

Scoring:

If all diagnoses and any updates are documented, score as fully met. If any medical record does not have a diagnosis documented, or if any does not have documentation of the change in diagnosis when indicated, score as not met. This is an all or none standard.

MR.6 (5) *All treatments, including medications administered, are recorded when given and are signed by the person providing the treatment.*

Survey Process:

Review medical records, particularly nurse's notes. Review physician's orders to determine what treatment was ordered and then check a sample of orders to see if there is documentation that the treatment was given to the patient. "When given" refers to documentation of the time the treatment or medication was given and does not mean that the documentation must occur simultaneously.

Scoring:

This is difficult to quantify without requiring the surveyors to spend excessive time on this single standard. The surveyors should use their judgment. If when sampling records, the overwhelming majority (with rare exception) shows that treatments and their time are documented, default to a score of fully met. To score as partially or not met requires the agreement of the entire team.

MR.7 (4) The medical record documents that physicians and/or other health professionals explained to all patients the diagnosis and treatment and any follow-up steps.

Survey Process:

Review medical records to determine if there is documentation of education provided to patients. This may be an education form, a physician's progress note, a nurse or other health professional's note, discharge instructions, or other documentation. The format of documentation is not important; any format is acceptable provided it is in the patient's medical record.

Scoring:

If 90 percent of records document that education/training/explanation about the diagnoses, treatment, and follow-up (if applicable) was provided, score as fully met. If 75–90 percent of records have this documentation, score as partially met. If less than 75 percent have this documentation, score as not met.

MR.7.1 (2) There is documentation that the physician or other health professional ensured that patients understood the message through feedback.

Survey Process:

Review medical records to determine if there is documentation that patients understood the education. This may be an education form, a physician's progress note, a nurse or other health professional's note, discharge instructions, or other form of documentation. The format of documentation is not important; any format is acceptable provided it is in the patient's medical record.

Scoring:

If 90 percent of records document that education/training/explanation about the diagnoses, treatment, and follow-up (if applicable) was understood, score as fully met. If 75–90 percent of records have this documentation, score as partially met. If less than 75 percent have this documentation, score as not met.

MR.7.2 (3) There is documented evidence that patients were educated on their diagnosis or condition.

Survey Process:

Review medical records.

Scoring:

If 90 percent of records document that education/training/explanation about the diagnoses or condition was provided to patients, score as fully met. If 75–90 percent of records have this documentation, score as partially met. If less than 75 percent have this documentation, score as not met.

MR.7.3 (3) When relevant to the patient’s diagnosis, there is documentation of education concerning diagnostic tests, treatments, medication, and use of any medical equipment.

Survey Process:

Review medical records.

Scoring:

If 90 percent of records document that education/training/explanation about the diagnoses or condition was provided, score as fully met. If 75–90 percent of records have this documentation, score as partially met. If less than 75 percent have this documentation, score as not met.

MR.7.4 (2) When relevant to the patient’s diagnosis or condition, there is documentation of education that includes information on risk reduction: diet, exercise, smoking cessation, and other health-related practices.

Survey Process:

Review medical records. The key element of this standard is “when relevant.”

Scoring:

If 90 percent of records document that education was provided on risk-reduction practices, when relevant to the patient’s diagnosis or condition, score as fully met. If 75–90 percent of records have this documentation, score as partially met. If less than 75 percent have this documentation, score as not met.

MR.7.5 (2) When relevant to the patient’s diagnosis or condition (diabetes, asthma, etc.), education includes community resources available to the patient.

Survey Process:

Review medical records. The key element of this standard is “when relevant.”

Scoring:

If 90 percent of records document that education was provided about community resources available to the patient when relevant to the patient’s diagnosis or condition, score as fully met. If 75–90 percent of records have this documentation, score as partially met. If less than 75 percent have this documentation, score as not met.

MR.7.6 (1) When relevant to the patient’s diagnosis or condition, education includes any special education classes.

Survey Process:

Review medical records. The key element of this standard is “when relevant.”

Scoring:

If 90 percent of records document that education was provided about special education classes, when relevant to the patient’s diagnosis or condition, score as fully met. If 75–90 percent of records have this documentation, score as partially met. If less than 75 percent have this documentation, score as not met.

MR.7.7 (2) When relevant to the patient’s diagnosis or condition, education includes food and drug interactions.

Survey Process:

Review medical records. The key element of this standard is “when relevant.”

Scoring:

If 90 percent of records document that education was provided about food and drug interactions, when relevant to the patient’s diagnosis or condition, score as fully met. If 75–90 percent of records have this documentation, score as partially met. If less than 75 percent have this documentation, score as not met.

MR.7.8 (3) When relevant to the patient’s diagnosis or condition, education includes nutrition.

Survey Process:

Review medical records. The key element of this standard is “when relevant.”

Scoring:

If 90 percent of records document that education was provided about nutrition, when relevant to the patient’s diagnosis or condition, score as fully met. If 75–90 percent of records have this documentation, score as partially met. If less than 75 percent have this documentation, score as not met.

MR.7.9 (3) When relevant to the patient’s diagnosis or condition, education includes physical rehabilitation.

Survey Process:

Review of medical records. The key element of this standard is “when relevant.”

Scoring:

If 90 percent of records document that education was provided about physical rehabilitation, when relevant to the patient’s diagnosis or condition, score as fully met. If 75–90 percent of records have this documentation, score as partially met. If less than 75 percent have this documentation, score as not met.

MR.8 (4) All diagnostic and therapeutic orders are authenticated by the appropriate department.

Survey Process:

All orders should have been signed by an appropriate department representative. This should be the signature of the physician who wrote the order. There should be a policy or at least an understood practice that, except in a life-threatening emergency, orders will not be carried out unless they are signed.

Scoring:

If all orders are signed by a physician, score as fully met. If only one to two unsigned orders are found, score as partially met. If more than two unsigned orders are found, score as not met.

MR.9 (5) A comprehensive operative note is entered in the medical record immediately after surgery or invasive procedures.

Survey Process:

This standard only requires that there is an operative report entered in the medical record immediately after surgery or an invasive procedure. Standards SC.5–SC.5.6 define the required content. This is best surveyed while reviewing medical records in the post-anesthesia care unit. If looking at the medical record in an inpatient unit or during the medical record interview, at least determine if the date of the operative report is the same as the date of the procedure. Since the time of the operative report is rarely captured, having the same date as the procedure is acceptable. However, the best judgment is made by determining if it was completed for patients in the post-anesthesia care unit.

Scoring:

To be scored as fully met, an operative report must be present in at least 95 percent of records reviewed and must have been completed immediately after surgery (as determined in the post-anesthesia care unit or by having the same date as the procedure). If it is present in 90–94 percent of records, score as partially met. If less than 90 percent meet this standard, score as not met. (Note that the survey process and scoring are the same as for SC.5–SC.5.6.)

MR.10 (3) The hospital has defined who is authorized to make entries in the medical record.

Survey Process:

Look for a policy or other written document.

Scoring:

If the hospital has defined who is authorized to make entries in the medical record, score as fully met. If the hospital has not, score as not met.

MR.11 (5) The author of all entries in the medical record can be identified by name and title (physician, nurse, physical therapist).

Survey Process:

Review medical records.

Scoring:

If at least 95 percent of all entries in the medical record identify both the author and title, score as fully met. If at least 95 percent of all entries identify the author and between 80–95 percent also identify the title, score as partially met. If either less than 95 percent identify the author or less than 80 percent identify the title, score as not met.

MR.12 (5) In event of transfer of the patient to another facility, a copy of the transfer summary written by the physician will go with the patient. The original is placed in the hospital record.

Survey Process:

Ask to see at least three records of patients who were transferred to another facility. This standard can be evaluated while reviewing compliance with Access and Continuity of Care standards AC.7–AC.7.6.

Scoring:

If all records have the original of the transfer summary, score as fully met. If this is not found in all records, score as not met. This is an all or none standard.

MR.12.1 (3) The reason for the transfer is explained to the patient.

Survey Process:

This will be impossible to survey directly. Look for some documentation in the medical record that the reason for the transfer was explained to the patient. If the transfer was an emergency, do not expect to find this documentation.

Scoring:

If there is some documentation (except in an emergency) that the reason for the transfer was explained to the patient in all records, score as fully met. If it is missing in only one record, score as partially met. If missing in more than one record, score as not met.

MR.13 (3) The hospital uses standardized diagnosis and procedure codes.

Survey Process:

Interview the head of medical records or the head of the section that codes medical records. Look for something like ICD 9 or 10. The important issue is that the same diagnosis and procedure codes must be used uniformly throughout the hospital.

Scoring:

If there are standardized codes used uniformly throughout the hospital, score as fully met. If there are no standardized codes or if different ones are used in some departments, score as not met. This is an all or none standard.

MR.14 (5) *The hospital has a process for review of medical records. The process includes the following:*

Survey Process:

Interview the head of medical records. Review minutes of a medical records committee or any other document that demonstrates the medical record review process.

Scoring:

If there is a process and it includes all three requirements in MR.14.1–MR.14.3, score as fully met. If there is no process or if it does not include all three requirements in MR.14.1–MR.14.3, score as not met. This is an all or none standard.

MR.14.1 (3) Involvement of representatives of all disciplines who make entries in the medical record

Survey Process:

Interview the head of medical records. Review minutes of a medical records committee or any other document that demonstrates the medical record review process.

Scoring:

If the process includes representatives of all disciplines who make entries in the medical record, score as fully met. If only one discipline is missing, score as partially met. If more than one discipline that makes entries in the medical record is not represented, score as not met.

MR.14. (4) Review of the completeness (content) and legibility of entries

Survey Process:

Interview the head of medical records. Review minutes of a medical records committee or any other document that demonstrates the medical record review process.

Scoring:

If the review process includes the completeness (content) and legibility of entries, score as fully met. If the review process includes the completeness (content) but does not consistently include legibility, score as partially met. If there is no review of completeness (content) and legibility of entries, score as not met.

MR.14.3 (3) Review of a representative sample

Survey Process:

Interview the head of medical records. Review minutes of a medical records committee or any other document that demonstrates the medical record review process. A representative sample includes size and scope. The size of the sample should be large enough to give accurate results. As a guide, the size of the sample should represent 5 percent of the total or a raw number of 30, whichever is greater. The scope should include all major services provided by the hospital. The scope can be covered over the space of a year and does not have to be reflected in each review.

Scoring:

If the sample is representative in both size and scope, score as fully met. If not, score as not met. This is an all or none standard.

Inpatient Records

MR.15 (5) *A history and physical examination is recorded in the patient's medical record within 24 hours of admission, or earlier, if indicated by the patient's condition.*

Survey Process:

Review any policies that define when an H&P must be completed sooner than 24 hours after admission. This is most common for ICU or other special care units. Review while looking at medical records on inpatient units and/or during the medical record review interview. Since the exact time of the H&P will not be recorded, accept it if it is the same day or the next day after admission.

Scoring:

To be scored as fully met, no more than three records should be found in which the H&P was not completed within 24 hours (or sooner if required by hospital or unit policy). If fewer than six records did not have a timely H&P, score as partially met. If more than six records reflected a delay in recording an H&P or if any record does not have one at all, score as not met.

MR.16 (5) *The history and physical examination is recorded in the patient's medical record prior to surgery or any invasive procedure.*

Survey Process:

Review medical records in the post-anesthesia care unit, on inpatient units, during visits to outpatient surgery units, and during the medical records interview.

Scoring:

To be scored as fully met, all records must document that the H&P was completed prior to surgery or an invasive procedure except in life-threatening emergencies. If any (even one) record does not document that the H&P was recorded before the surgery or invasive procedure, score as not met. This is an all or none standard.

MR.17 (5) If the history and physical examination has been completed prior to admission, a legible copy may be used provided it is no more than 30 days old and the physician enters a note in the medical record defining any subsequent changes, based on reassessment of the patient.

Survey Process:

Determine if there is a policy defining the requirements for use of an H&P that was completed prior to admission. If the surveyors happen to identify a record of an older H&P, evaluate it to see if the requirements are met. It is likely that the survey team may not find such a record, in which case the survey is based on the policy.

Scoring:

If there is a policy on the use of H&Ps that were completed prior to admission and it includes the fact that they cannot be more than 30 days old and that there must be an “interval note,” score as fully met. If the survey team finds a record that reflects adherence to these requirements, also score as fully met. If there is no policy or if the surveyors find a record that demonstrates that these requirements were not met, score as not met.

MR.18 (5) A comprehensive history and physical examination includes at least the following:

Survey Process:

Review medical records during inpatient unit visits and during the medical record interview. Review the policy or other written documents that define the scope of a comprehensive H&P. This standard relates only to comprehensive inpatient H&Ps and does not relate to all H&Ps (which may vary in minimum content depending on the definitions in MR.3.1–MR.3.7).

Scoring:

To be scored as fully met, all requirements in MR.18.1–MR.18.9 must be included in all applicable records. If less than 10 percent are missing only one requirement, score as partially met. If more than 10 percent are missing only one requirement, or if more than 5 percent are missing two or more requirements, score as not met.

MR.18.1 (5) The main complaint

Survey Process:

Review medical records during inpatient unit visits and during the medical record interview.

Scoring:

Since this is a critically important element of the H&P, it must be present in 100 percent of all records to be scored as fully met. If it is missing in any record, score as not met.

MR.18.2 (5) Details of the present illness**Survey Process:**

Review medical records during inpatient unit visits and during the medical record interview.

Scoring:

Since this is a critically important element of the H&P, it must be present in 100 percent of all records to be scored as fully met. If it is missing in any record, score as not met.

MR.18.3 (5) Past history including the following**Survey Process:**

Review medical records during inpatient unit visits and during the medical record interview.

Scoring:

If past history is included in 95 percent of medical records reviewed, score as fully met. If it is present in between 90–95 percent, score as partially met. If present in less than 90 percent, score as not met.

MR.18.3.1 (5) Previous admissions and surgery, if applicable**Survey Process:**

Review medical records during inpatient unit visits and during the medical record interview. This may be included in the past history.

Scoring:

If included in 95 percent of medical records reviewed, score as fully met. If present in between 90–95 percent, score as partially met. If present in less than 90 percent, score as not met.

MR.18.3.2 (5) Allergies**Survey Process:**

Review medical records during inpatient unit visits and during the medical record interview. Even if there are no allergies, this must be documented (documentation of pertinent negative).

Scoring:

Review medical records during inpatient unit visits and during the medical record interview.

MR.18.3.3 (5) Adverse drug reactions, if any**Survey Process:**

Review medical records during inpatient unit visits and during the medical record interview.

Scoring:

This is difficult to positively survey. The default should be to a score of fully met unless the surveyor happens to learn that the patient had a previous adverse drug reaction and this fact is not documented.

MR.18.3.4 (5) Medications the patient has been taking, if any**Survey Process:**

Review medical records during inpatient unit visits and during the medical record interview.

Scoring:

To be scored as fully met, all records reviewed must document the medications the patient has been taking. Even if the patient has not been taking any medications, this fact must be documented (documentation of pertinent negative).

MR.18.4 (4) Psychosocial history, including emotional, behavior, and social status**Survey Process:**

Review medical records during inpatient unit visits and during the medical record interview.

Scoring:

If included in 90 percent of medical records reviewed, score as fully met. If present in between 80–90 percent, score as partially met. If present in less than 80 percent, score as not met.

MR.18.5 (5) Family history**Survey Process:**

Review medical records during inpatient unit visits and during the medical record interview.

Scoring:

If included in 90 percent of medical records reviewed, score as fully met. If present in between 80–90 percent, score as partially met. If present in less than 80 percent, score as not met.

MR.18.6 (5) For pediatric patients, the H&P must include the parent’s report or other documentation of the patient’s immunization status and a growth and development chart for ages established by department policy.

Survey Process:

Review medical records during inpatient unit visits and during the medical record interview.

Scoring:

To be scored as fully met, 95 percent of records must include both requirements. If no more than 10 percent are missing one of the two requirements, score as partially met. If more than 5 percent are missing both requirements, or more than 10 percent are missing one requirement, score as not met.

MR.18.7 (5) A comprehensive current physical examination including vital signs and positive findings

Survey Process:

Review the hospital’s policy on the content of comprehensive H&Ps. Review medical records during inpatient unit visits and during the medical record interview.

Scoring:

To be scored as fully met, 95 percent of records must meet the requirements in the hospital’s policy. If only 10 percent or less are missing no more than one requirement, score as partially met. If more than 10 percent are missing at least one of the requirements, score as not met.

MR.18.8 (5) A statement of the conclusion or impressions drawn from the admission history and physical examination

Survey Process:

Review medical records during inpatient unit visits and during the medical record interview.

Scoring:

Since this is a critical element, 100 percent of all records reviewed must contain a statement of the conclusion or impressions drawn from the admission H&P to be scored as fully met. If less than 5 percent do not have this statement, score as partially met. If more than 5 percent are missing it, score as not met.

MR.18.9 (5) The initial management plan, including investigations and treatment

Survey Process:

Review medical records during inpatient unit visits and during the medical record interview.

Scoring:

Since this is a critical element, 100 percent of all records reviewed must contain an initial management plan, including investigations and treatment, to be scored as fully met. If less than 5 percent do not have this, score as partially met. If more than 5 percent are missing it, score as not met.

MR.19 (5) Medical progress notes are made by the medical staff with a frequency according to the severity of illness, hospital policy, and patient's condition.

Survey Process:

Review the policy or other documents that define the required frequency of physician progress notes. Review medical records during inpatient unit visits and during the medical record interview. Surveying against the hospital's policy is straightforward. Surveyor judgment is needed to decide if progress notes are frequent enough based on the patient's condition or severity of illness. Judgment should be made on a recurring pattern and not on isolated cases.

Scoring:

If at least 95 percent of records document that the hospital's policy is being followed and there is no pattern of noncompliance relating to severity of illness or patient condition (surveyor judgment), score as fully met. If 90–95 percent of records document that the hospital's policy is being followed and there is only occasional noncompliance relating to severity of illness or patient condition (surveyor judgment), score as partially met. If less than 90 percent of records document that the hospital's policy is being followed or there is a recurring pattern of noncompliance relating to severity of illness or patient condition (surveyor judgment), score as not met.

MR.19.1 (5) In all acute care settings, physician's progress notes are made at least once per day.

Survey Process:

Acute care settings are all inpatient units except long-term care units. Review medical records during inpatient unit visits and during the medical record interview.

Scoring:

If more than 95 percent of records have a progress note at least once per day, score as fully met. If 90–95 percent of records have a daily progress note, score as partially met. If less than 90 percent have a daily progress note, score as not met.

MR.20 (2) Type of diet provided according to the patient's condition is documented in the medical record.

Survey Process:

The most critical issue is that documentation exists in the patient's medical record if he or she is on a special diet. Less critical is documentation of regular diets. However, an order for all diets for all patients should be included in medical records. This includes orders for oral intake, tube feedings, and parenteral nutrition. Review medical records during inpatient unit visits and during the medical record interview.

Scoring:

To be scored as fully met, 100 percent of patients on oral special diets or on enteral or parenteral nutrition must have an order. If less than 10 percent of patients on regular or general diets do not have an order, score as partially met. If any patient on a special oral diet or on enteral or parenteral nutrition does not have an order, or if more than 10 percent of patients on regular or general diets do not have an order, score as not met.

MR.21 (3) Records of discharged patients are completed within a period of time not exceeding 15 days of the date of discharge.

Survey Process:

Review the policy and the data. The medical records department should keep data on the number of medical records that have not been completed within 15 days of discharge. Look for an average over the past six months and do not simply consider what the data show during the survey itself. This is reviewed during the medical record interview.

Scoring:

If the average over the previous six months shows that less than 10 percent of records are not completed within 15 days of discharge, score as fully met. If between 10–20 percent of records are not completed within 15 days of discharge, score as partially met. If the average is greater than 20 percent, score as not met.

MR.22 (5) *Patient record must contain a copy of the discharge summary. The discharge summary must include at least the following:*

Survey Process:

This standard requires that there be a discharge summary. The specific information that is required to be in the discharge summary is found in MR.22.1–MR.22.7. Since this requires a review of the records of patients who have been discharged, this is reviewed during the medical record interview.

Scoring:

To be scored as fully met, 100 percent of records must have a discharge summary and all must have all of the elements in MR.22.1–MR.22.7. If less than 5 percent do not have a discharge summary or do not include all the elements, score as partially met. If more than 5 percent do not have a discharge summary, score as not met.

MR.22.1 (5) **The reason for admission**

Survey Process:

Review medical records of discharged patients.

Scoring:

To be scored as fully met, 100 percent of medical records must include the reason for admission. If any do not, score as not met. This is an all or none standard.

MR.22.2 (5) Significant findings, including investigations**Survey Process:**

Review medical records of discharged patients.

Scoring:

To be scored as fully met, 100 percent of medical records must include the significant findings, including investigations. If any do not, score as not met. This is an all or none standard.

MR.22.3 (5) Procedures performed**Survey Process:**

Review medical records of discharged patients.

Scoring:

To be scored as fully met, 100 percent of medical records must include any procedures performed. If any do not, score as not met. This is an all or none standard.

MR.22.4 (5) Any diagnoses made**Survey Process:**

Review medical records of discharged patients.

Scoring:

To be scored as fully met, 100 percent of medical records must include any diagnoses made. If any do not, score as not met. This is an all or none standard.

MR.22.5 (5) Medications or other treatments, if applicable**Survey Process:**

Review medical records of discharged patients.

Scoring:

To be scored as fully met, 100 percent of medical records must include medications or other treatment if applicable. If any do not, score as not met. This is an all or none standard.

MR.22.6 (4) Patient's condition at discharge

Survey Process:

Review medical records of discharged patients.

Scoring:

To be scored as fully met, 100 percent of medical records must include the patient's condition at the time of discharge. If any do not, score as not met. This is an all or none standard.

MR.22.7 (5) Discharge medications and follow-up instructions

Survey Process:

Review medical records of discharged patients.

Scoring:

To be scored as fully met, 100 percent of medical records must include discharge medications and follow-up instructions. If any do not, score as not met. This is an all or none standard.

MR. 23 (4) There is a policy that is followed that defines where in the medical records all orders, including those for medications, must uniformly be written or recorded.

Survey Process:

See MU.2.4 for medication orders. Review the policy and review medical records to determine if the policy is being followed.

Scoring:

See MU.2.4.

Outpatient Records

MR.24 (5) The hospital defines the minimum content of outpatient medical records for new patients for comprehensive assessment.

Survey Process:

Review the policy or other documents that define the content of outpatient medical records for new patients for comprehensive assessment.

Scoring:

If the minimum content has been defined, score as fully met. If it has not been defined, score as not met.

MR.25 (5) The hospital defines the minimum content of outpatient medical records for outpatient procedures.

Survey Process:

Review the policy or other documents that define the content of outpatient medical records for outpatient procedures.

Scoring:

If the minimum content has been defined, score as fully met. If it has not been defined, score as not met.

MR.26 (5) The hospital defines the minimum content of outpatient medical records for brief illness or injury-related visits.

Survey Process:

Review the policy or other documents that define the content of outpatient medical records for brief illness or injury related visits.

Scoring:

If the minimum content has been defined, score as fully met. If it has not been defined, score as not met.

MR.27 (5) The hospital defines the minimum content of outpatient medical records for return visits.

Survey Process:

Review the policy or other documents that define the content of outpatient medical records for return visits.

Scoring:

If the minimum content has been defined, score as fully met. If it has not been defined, score as not met.

10. Management of Information

Sometime during the survey, the following documents should be reviewed:

- ▲ Information management plan or plans
- ▲ Policy on the retention time of records, data, and information
- ▲ Any documents that demonstrate the use of external databases, including those required by law or regulation

IM.1 *(5) The hospital has a written plan or plans to meet information needs. The plan(s) is based on at least the following:*

Survey Process:

Review the plan or plans for management of information. The details of what should be included in the plan are found in standards IM.1.1–IM.1.5.

Scoring:

To be scored as fully met, there must be an information management plan and it must include all five of the requirements in IM.1.1–IM.1.5. If there is a plan and it includes four of the five requirements, score as partially met. If there is no plan, or if it addresses three or fewer of the requirements, score as not met.

IM.1.1 (3) The identified information needs of clinical and managerial leaders of the hospital

Survey Process:

Review the plan or plans. This is frequently referred to as a “needs assessment.”

Scoring:

If the plan is based on a documented assessment of the needs of clinical and managerial leaders, score as fully met. If the plan is only based on the managerial needs and does not include clinical needs, score as partially met. If there is no plan, or there is no evidence it was based on a needs assessment, score as not met.

IM.1.2 (3) The size and types of services provided by the hospital

Survey Process:

Review the plan or plans.

Scoring:

This will require surveyor judgment. It will usually default to a score of fully met unless in the judgment of the entire survey team there are significant areas that are not addressed. For example: if the plan only addresses management needs, if there are major services (such as pharmacy) that are not included, or if the scope of the plan is so small that it does not fit with the hospital's scope of services. This standard should only be scored as partially or not met with the agreement of the entire survey team.

IM.1.3 (3) Confidentiality and security of data and information and protection from loss or damage

Survey Process:

Review the plan or plans. The plan should also address paper records and not just electronic data and records.

Scoring:

If the plan(s) includes how to ensure confidentiality and security of data and information, score as fully met. If there is no plan(s) or if the plan(s) does not address confidentiality and security of data and information, score as not met.

IM.1.4 (3) Determination of levels of required access to data and information

Survey Process:

Review the plan or plans. See also AC.4 (access to medical records). For electronic data/files, look for a password process.

Scoring:

If the plan addresses levels of required access to data and information, score as fully met. If there is no plan(s) or if the plan(s) does not address levels of required access to data and information, score as not met

IM.1.5 (3) Requirement for standardized diagnosis and procedure codes

Survey Process:

Review the plan or plans. Also see MR.14.

Scoring:

If the plan addresses the requirement for standardized diagnosis and procedure codes, score as fully met. If there is no plan(s) or if the plan(s) does not address requirement for standardized diagnosis and procedure codes, score as not met

IM.2 (2) The plan is being implemented.

Survey Process:

This requires surveyor judgment. All parts of the plan do not have to have been implemented. However, there should be an implementation plan (ideally with timeframes) and some evidence of progress.

Scoring:

This is a “weight of evidence” standard. The decision to score this standard as fully, partially, or not met requires the agreement of the entire survey team.

IM.3 (3) Clinical and managerial staff participate in selecting, integrating, and using information management technology.

Survey Process:

Although not a specific requirement of this standard, look for an information management committee and its membership or other group that includes both clinical and managerial staff. Management is almost always involved; however, specifically look for evidence of involvement by medical staff, nursing, and major services such as pharmacy, laboratory, and radiology.

Scoring:

This requires surveyor judgment. The decision to score this standard as fully, partially, or not met requires the agreement of the entire survey team.

IM.4 (3) The organization has a policy on the retention time of records, data, and information.

Survey Process:

Review the policy.

Scoring:

If there is a policy on the retention time of records, data, and information, score as fully met. If there is no policy, score as not met.

IM.5 (5) **Records and information are protected from loss, destruction, tampering, and unauthorized access or use.**

Survey Process:

The surveyors should, during visits to places such as the medical record storage area or other areas where critical or sensitive information is stored, look for ways to protect against fire, tampering, or other damage that could occur to paper information. For electronic records, look for a password process. For electronic data/files, look for a password process. Medical records should never be left unattended in a public area. The medical record storage area(s) should be locked when unattended. When the medical record storage

area(s) is closed, there should be an implemented policy that determines who may have access to the area(s).

Scoring:

This is a “weight of evidence” standard. To score as fully, partially, or not met requires the agreement of the entire survey team.

IM.6 (3) The hospital contributes to external databases in accordance with the law or regulation.

Survey Process:

The surveyors should be familiar with what external (to the hospital) databases the hospital is required to contribute. Conduct interviews and review reports.

Scoring:

If the hospital contributes to external databases as required by law and regulation, score as fully met. If not, score as not met.

IM.7 (3) The organization uses external reference databases, including infection control, for comparative purposes.

Survey Process:

This standard does not require that the hospital contributes to these databases, but that it has used at least some (there are innumerable ones available) to allow comparison of its own data. The use may be documented in minutes, reports, or any other documents. The surveyors should ask the hospital to provide this evidence.

Scoring:

If there is documented evidence of the use of external databases for comparison purposes, score as fully met. If there is no evidence, score as not met

11. Human Resources

Sometime during the survey the following documents should be reviewed:

- ▲ Written staffing plan for each department
- ▲ Copy of the agenda for the hospitalwide orientation program
- ▲ Provider and staff satisfaction survey results

HR.1 (4) Each department has a written staffing plan. The plan defines the following:

Survey Process:

This is the overall standard. The specifics of the plans are in HR.1.1–HR.1.4. Review the staffing plans. The human resources department should have an index that shows that each department has a staffing plan.

Scoring:

If each department has a staffing plan that incorporates all the requirements of HR.1.1–HR.1.4, score as fully met. If fewer than two departments do not have a staffing plan, or more than one does not have a plan that includes the four requirements in HR.1.1–HR.1.4, score as partially met. If more than two departments do not have a staffing plan or more than two do not have a plan that includes the four requirements in HR.1.1–HR.1.4, score as not met.

R.1.1 (3) The total number of staff members needed to fulfill the department’s responsibility

Survey Process:

Review the department staffing plans.

Scoring:

If all department plans include the total number of staff members needed to fulfill the department’s responsibility, score as fully met. If two or fewer departments do not have a staffing plan that includes the total number of staff members needed to fulfill the department’s responsibility, score as partially met. If more than two departments do not have a plan that defines the total number of staff members needed to fulfill the department’s responsibility, score as not met.

HR.1.2 (3) The types of staff members needed

Survey Process:

Review the department staffing plans.

Scoring:

If all department plans include the types of staff members needed, score as fully met. If two or fewer departments do not have a staffing plan that includes the types of staff members needed, score as partially met. If more than two departments do not have a plan that defines the types of staff members needed, score as not met.

HR.1.3 (3) The required education, skills, knowledge, and experience required for each position

Survey Process:

Review the department staffing plans.

Scoring:

If all department plans include the required education, skills, knowledge, and experience required for each position, score as fully met. If two or fewer departments do not have a staffing plan that includes the required education, skills, knowledge, and experience required for each position, score as partially met. If more than two departments do not have a plan that defines the required education, skills, knowledge, and experience required for each position, score as not met.

HR.1.4 (2) The plan is periodically reviewed and updated as required, but at least every two years.

Survey Process:

Review the department staffing plans to determine if the last date the plan was reviewed or updated was within the past two years.

Scoring:

If all department plans have been reviewed within the previous two years, score as fully met. If two or fewer departments have a staffing plan that has not been reviewed in the previous two years, score as partially met. If more than two departments do not have a plan that has been reviewed in the previous two years, score as not met.

HR.2 *(5) Each employee has a current job description. The job description includes the required education, skills, knowledge, and experience and a description of the responsibilities of the individual.*

Survey Process:

This standard only requires that each employee has a job description. During the human resources interview, the survey team should select 20 names of employees representing a reasonable cross-section of the types of employees. Two surveyors will conduct the human resources interview while the third conducts the medical staff interview (10 records – MD.1 and MD.2). Check to see if there is a job description.

Scoring:

If 95 percent of files have a current job description that includes the required education, skills, knowledge, and experience and a description of the responsibilities of the individual, score as fully met. If only 90 percent have a current job description or if only 85 percent have both the required education, skills, knowledge, and experience and a description of the responsibilities of the individual, score as partially met. If less than 90 percent have a current job description, or less than 85 percent have both the required education, skills, knowledge, and experience and a description of the responsibilities of the individual, score as not met.

HR.2.1 *(5) There is documentation in each employee’s file that the job description has been discussed with the employee.*

Survey Process:

Review the employee’s human resource file. Look for the employee’s signature or other evidence (note by the supervisor) that the job description was discussed with the employee

Scoring:

If all files document that the job description has been discussed with the employee, score as fully met. If even one file does not document this, score as not met.

HR.3 *(2) There is an implemented process that is uniformly applied for recruiting staff.*

Survey Process:

Interview head of human resources or discuss during the leadership interview.

Scoring:

If there is a uniform process and there is no evidence that it is ignored, score as fully met. If there is no uniform process, or if it is ignored, score as not met.

HR.4 (3) There is an implemented process that is uniformly applied for evaluating the qualifications of new staff.

Survey Process:

The intent of this standard is that before allowing the new employee to work without direct supervision, there is a process to ensure that the employee can perform competently. The standard steps in this process include the following: a job description that defines employee’s responsibilities; a skills checklist if the position requires any specific skills (such as technical skills); an orientation or probationary period during which the new employee’s competency is evaluated; and a final “sign-off” by the supervisor that the employee can now work competently without direct supervision. The actual content of the orientation and the skills checklist will vary by the specific job and/or the previous experience of the employee.

Scoring:

If there is a uniform process for evaluating the competence of new staff members, score as fully met. If no more than two departments fail to have such a process, or if some departments do not include all four steps, score as partially met. If there is no process, or more that three departments do not use it, score as not met.

HR.5 (3) There is an implemented process that is uniformly applied for appointing new staff members.

Survey Process:

Interview human resources. This standard applies to a standard way of employing a new staff member. The steps in this process include the following: ensuring that there is a job description for the position; evaluating the potential employee’s qualifications (credentials) to determine if he or she meets the requirements; and orienting the employee to the hospital, the department, and the specific job. This should be an all or none standard to reduce the likelihood of staff members being appointed due to “political” pressure.

Scoring:

If there is an implemented process for appointing new staff members that is uniformly applied, score as not met. If there is no uniform process or it has not been implemented, or if it is not uniformly applied, score as not met.

HR.6 (5) There is an implemented process that is uniformly applied for reevaluation of each category of employees, including the frequency of reevaluation.

Survey Process:

The process may vary by category of employee (physicians, nurses, laboratory technicians); however, the process must be uniformly applied for each category. Interview the head of human resources and, if necessary, department heads. This is an important standard. If the process for reevaluation is not uniformly applied, the risk of favoritism is heightened.

Scoring:

If there is a uniformly applied process for reevaluation of each category of employee that includes the frequency of reevaluation, score as fully met. If there is a uniform process but only between 80–95 percent of employees or medical staff members have been reevaluated within the timeframe required, score as partially met. If there is no uniform process for any category of employee or medical staff member, if there is no stated or actual frequency for the reevaluation, or if there is a uniform process but less than 80 percent have been reevaluated within the required timeframe, score as not met.

HR.7 (5) *A personnel file is maintained for each employee. Each file must contain, when applicable to that employee, the following seven elements:*

- ▲ *Copies of diplomas, licenses, certifications*
- ▲ *Work history*
- ▲ *Current job description*
- ▲ *Evidence of orientation to the hospital, the assigned department, and the specific job*
- ▲ *Evidence of initial evaluation of the employee's competence to perform the assigned job*
- ▲ *In-service education received*
- ▲ *Copies of annual evaluations*

Survey Process:

During the human resources interview, the survey team should select 20 names of employees representing a reasonable cross-section of the types of employees at the hospital. Two surveyors will conduct the human resources interview while the third conducts the medical staff interview (10 records – MD.1 and MD.2). The human resource personnel should be tasked to flag each file with documentation of the seven specific requirements and bring these files to the interview.

Scoring:

If more than 90 percent of all files contain all the applicable requirements in HR.7.1–HR.7.7, score as fully met. If 75–90 percent of files contain all seven required applicable requirements, score as partially met. If less than 75 percent contain all seven requirements, score as not met.

HR.8 (5) *There is a formal orientation program for all employees: The program should include three levels of orientation: hospitalwide, departmental, and job specific.*

HR.8.1 (3) Orientation to hospital structure and administration, provided by hospital management.

Survey Process:

This can be surveyed based on existence of an agenda for hospitalwide orientation, and on interviews with the head of human resources, leadership personnel, and department heads. Evidence of employee

attendance at an orientation can be obtained from interviews with staff members (asking about their role in fire safety, for example), and on documentation in their human resources files (HR.7).

Scoring:

If there is a formal orientation program for all employees and at least 95 percent of employees hired in the previous six months have evidence of having been oriented, score as fully met. If 85–95 percent of new employees (hired within the previous six months) have been oriented, score as partially met. If less than 85 percent have been, score as not met.

HR.8.2 (3) Orientation to hospital policies, including all environmental safety programs, infection control, and quality improvement

Survey Process:

Review the hospitalwide orientation agenda and a sample of departmental orientation agendas to make sure presentation of hospital policies is included. In addition, as in HR.8.1, interviews with management and staff and review of human resource files help to document orientation to hospital policies. The score of this standard is fully met or not met (qualitative standard).

Scoring:

If the hospitalwide orientation program and it includes policies, including all environmental safety programs, infection control, and quality improvement, score as fully met. If the hospitalwide orientation program does not include all environmental safety programs, infection control, and quality improvement, score as not met.

HR.8.3 (3) Orientation to the assigned department

Survey Process:

Review human resource files, interview department heads, and interview randomly selected staff members to determine if they were oriented.

Scoring:

If there is a formal departmental orientation program for all employees and at least 95 percent of employees hired in the previous six months have evidence of having been oriented, score as fully met. If 85–95 percent of new employees (within the previous six months) have been oriented, score as partially met. If less than 85 percent, score as not met.

HR.8.4 (3) Orientation to the specific job within the department

Survey Process:

Review human resources files, interview department heads, and interview randomly selected staff members to see if they were oriented to their jobs. Note that if there is evidence that the new employee was evaluated and determined to be competent prior to being permitted to work without supervision (HR.4), this is acceptable evidence of orientation to the specific job.

Scoring:

If there is a formal departmental orientation program that includes orientation to the specific job within the department for all employees and at least 95 percent of employees hired in the previous six months have evidence of having been oriented, score as fully met. If 85–95 percent of new employees (within the previous six months) have been oriented, score as partially met. If less than 85 percent have been oriented, score as not met.

HR.9 (4) There are programs in each department for ongoing in-service training.

Survey Process:

Review human resource files, interview a sample of department heads, and interview randomly selected staff. Ongoing means at least two in-service trainings each year.

Scoring:

If all departments have ongoing in-service programs, score as fully met. If fewer than two departments do not have an in-service program, or if three or fewer departments have offered less than two in-service programs during the previous year, score as partially met. If more than two departments do not have an in-service program, or if more than three departments offered only one program a year, score as not met.

HR.9.1 (2) The education is based on evaluation of the employees' needs.

Survey Process:

This will need surveyor judgment. Interview department heads and ask at least two questions: One – What in-service programs did your department have during the past year? Two – Why did you pick those topics? Unless the answer to the second question includes evaluating the employees' needs, ask the third question. Three – How do you evaluate the training needs of your employees?

Scoring:

There is no numerical score needed since this question does not need to be asked of every department head. It is a surveyor judgment as to whether to score as fully, partially, or not met.

HR.10 (4) **All staff members who provide direct patient care have received training in basic cardiopulmonary resuscitation and the training is repeated at least every two years.**

Survey Process:

The hospital should have a list of employees (by name) who require basic CPR training and a list of those who have been trained. Review the list. Since at the time of the initial survey a two-year track record was not required, evaluate the credibility of the method the hospital intends to use to ensure that the training is repeated at least every two years.

Scoring:

If 95 percent of those employees requiring CPR training have documentation of having received it, score as fully met. If 85–95 percent of those employees requiring CPR training have documentation of having received it, score as partially met. If less than 85 percent have documentation, score as not met.

HR.11 (2) There are facilities and materials appropriate to the identified training needs.

Survey Process:

This is purely a survey team judgment.

Scoring:

Unless the entire team determines there are serious deficiencies in appropriate training materials or facilities, score as fully met. Score as partially or not met with the agreement of the entire team.

HR.11.1 (2) There is a library with materials appropriate to the services provided by the hospital.

Survey Process:

The issue of whether there is or is not a library is straightforward. Whether the library has appropriate materials is a survey team judgment. An obvious example would be a library that has no materials at all related to nursing.

Scoring:

If there is a library, score as fully met, unless the entire team determines there are serious deficiencies in its materials. If there is no library, score as not met. Score as partially or not met based on the materials present, with the agreement of the entire team.

HR.12 (2) The hospital surveys provider and other staff satisfaction at least once per year.

Survey Process:

Review the results of provider and staff satisfaction survey results.

Scoring:

If there has been a provider and staff satisfaction survey within the past year, score as fully met. If there has been a provider and staff satisfaction survey within the past two years, score as partially met. If there has never been a provider and staff satisfaction survey, or if it is more than two years' old, score as not met.

HR.12.1 (2) The data from the survey are aggregated and analyzed at least once per year.

Survey Process:

Review the data to determine if they have been aggregated and analyzed.

Scoring:

If the data have been aggregated and analyzed, score as fully met. If not, score as not met.

HR.13 (2) Decision makers and other staff members are trained in the principles of information management, as appropriate to their responsibilities or job description.

Survey Process:

This is difficult to quantify and should be evaluated as an “outcome.” If those individuals who need to use, interpret, collect, aggregate, or analyze data or whose job requires use of automated (computer) systems seem to do it well, consider that as sufficient evidence of compliance with this standard.

Scoring:

Unless the survey team agrees that there are significant and frequent gaps in individuals’ knowledge of the principles of information management, score as fully met. Score as partially or not met with the agreement of the entire team.

12. Management and Leadership

Sometime during the survey, the following documents should be reviewed:

1. Hospital mission statement
2. Hospital organizational chart
3. Job description for hospital director
4. Any document that describes the duties of department heads; if there is no such document, review at least a sample of job descriptions of department heads
5. Written description of the scope of services of each department

ML.1 *(5) The hospital has a clear mission statement developed and agreed upon by the hospital council.*

Survey Process:

Review the mission statement and any documents that demonstrate that it was agreed upon by the hospital council.

Scoring:

If there is a mission statement and it was agreed to by the hospital council, score as fully met. If there is a mission statement but there is no evidence that it was agreed to by the hospital council, score as partially met. If there is no mission statement, score as not met.

ML.1.1 (3) The mission statement is made public.

Survey Process:

Look for signs posted in prominent places or inclusion in patient brochures or other written material.

Scoring:

If the mission statement is made public, score as fully met. If not, score as not met.

ML.2 (5) There is a clear system/process for coordination and communication between the director and the staff.

Survey Process:

Interview the leadership. Look for meetings or committees that the hospital director either chairs or attends. While visiting areas during the survey, be sensitive to any evidence that communication and coordination either does or does not work well.

Scoring:

This is a “weight of evidence” standard. The entire survey team should agree on scoring as fully, partially, or not met.

ML.3 (3) The facility has a clear and written organizational structure with clear lines of authority.

Survey Process:

Review the organizational chart.

Scoring:

If there is an organizational chart, score as fully met. If there is none, score as not met.

ML.4 (5) *A full-time director is appointed by the governing body and is assigned to manage the hospital in accordance with applicable laws and regulations. The director has a clear written job description. The job description defines at least the following responsibilities:*

Survey Process:

To be considered as “full time,” there should be evidence that the individual is physically present at the hospital (or doing hospital business outside the hospital) during the time that the hospital administrative offices are open, or that the individual spends the amount of time managing the hospital that is defined in his or her job description or as required by the hospital’s governing body. Review the director’s job description.

Scoring:

To be scored as fully met, the director must be full time and the job description must include all seven requirements in ML.4.1–ML.4.7. If the director is full time, but if the job description only includes six of the seven requirements in ML.4.1–ML.4.7, score as partially met. If the director is not full time or if the job description includes five or fewer of the requirements, score as not met. Standards ML.4.1–ML.4.7 only require that the job description include these elements. If these duties are not being carried out even though they are in the job description, score as partially or not met with the agreement of the entire survey team.

ML.4.1 (5) Providing oversight of day-to-day operations

Survey Process:

Check to see if the job description includes oversight of day-to-day operations.

Scoring:

If the job description includes oversight of day-to-day operations, score as fully met. If it does not, score as not met. If these duties are not being carried out even though they are in the job description, score as partially or not met with the agreement of the entire survey team.

ML.4.2 (5) Ensuring that necessary policies and procedures are developed and approved by the governing body when required

Survey Process:

Check to see if the job description includes ensuring that necessary policies and procedures are developed and approved by the governing body when required.

Scoring:

If the job description includes ensuring that necessary policies and procedures are developed and approved by the governing body when required, score as fully met. If it does not, score as not met. If these duties are not being carried out even though they are in the job description, score as partially or not met with the agreement of the entire survey team.

ML.4.3 (5) Ensuring that the hospital complies with all laws and regulations

Survey Process:

Check to see if the job description includes ensuring that the hospital complies with all laws and regulations.

Scoring:

If the job description includes ensuring that the hospital complies with all laws and regulations, score as fully met. If it does not, score as not met. If these duties are not being carried out even though they are in the job description, score as partially or not met with the agreement of the entire survey team.

ML.4.4 (5) Providing oversight of human, financial, and physical resources

Survey Process:

Check to see if the job description includes ensuring that the hospital complies with all laws and regulations.

Scoring:

If the job description includes oversight of human, financial, and physical resources, score as fully met. If it does not, score as not met. If these duties are not being carried out even though they are in the job description, score as partially or not met with the agreement of the entire survey team.

ML.4.5 (5) Ensuring that there is a functional hospitalwide program for quality improvement and patient safety

Survey Process:

Check to see if the job description includes ensuring that there is a functional hospitalwide program for quality improvement and patient safety.

Scoring:

If the job description includes ensuring that there is a functional hospitalwide program for quality improvement and patient safety, score as fully met. If it does not, score as not met. If these duties are not being carried out even though they are in the job description, score as partially or not met with the agreement of the entire survey team.

ML.4.6 (4) Ensuring appropriate response to reports from any inspecting or regulatory agencies, including accreditation

Survey Process:

Check to see if the job description includes ensuring appropriate response to reports from any inspecting or regulatory agencies, including accreditation.

Scoring:

If the job description includes ensuring appropriate response to reports from any inspecting or regulatory agencies, including accreditation, score as fully met. If it does not, score as not met. If these duties are not being carried out even though they are in the job description, score as partially or not met with the agreement of the entire survey team.

ML.4.7 (2) Ensuring oversight of all contract services

Survey Process:

Check to see if the job description includes ensuring oversight of all contract services.

Scoring:

If the job description includes ensuring oversight of all contract services, score as fully met. If it does not, score as not met. If these duties are not being carried out even though they are in the job description, score as partially or not met with the agreement of the entire survey team.

ML.5 (5) The hospital director has appropriate training and/or experience in health management as defined in the job description.

Survey Process:

Review the job description and compare with the director's qualifications.

Scoring:

If the qualifications match those required by the job description, score as fully met. If there are only minor variations (such as a little less experience than required by the job description) score as partially met. Only score as not met with the agreement of the entire survey team.

ML.6 (4) The hospital director and all department managers ensure that there is a planned, written, and documented orientation program for all employees.

Survey Process:

In essence this is an "outcome" standard. Look for a hospitalwide orientation program and an orientation program in each department.

Scoring:

If there is a hospitalwide orientation program and an orientation program in each department, score as fully met. If there is a hospitalwide orientation program and only one to two departments do not have a department-specific program, score as partially met. If there is no hospitalwide program or if more than two departments do not have a program, score as not met.

ML.7 (5) A department head is assigned to each of the administrative and medical departments. The responsibility of department heads includes at least the following:

Survey Process:

Review any document that describes the responsibilities of department heads or review a sample of job descriptions. This is a two-part standard; each department must have an assigned head and each department head must have defined duties (in a job description or other official document).

Scoring:

If each department has an assigned head and each has defined duties that include all the requirements in ML.7.1–ML.7.6, score as fully met. If all departments have an assigned head and no more than two department heads do not have defined duties that include all the requirements of ML.7.1–ML.7.6, score as partially met. If any department does not have an assigned head (except for temporary vacancies), or if three or more department heads do not have defined duties that include all the requirements of ML.7.1–ML.7.6, score as not met.

ML.7.1 (5) Providing a written description of the services provided by the department

Survey Process:

Review at least a sample of the written description of the department’s scope of services. This may be done while visiting the department or at any convenient time during the survey.

Scoring:

If all departments have a written description of the services provided, score as fully met. If fewer than three departments do not have a written description of the services provided, score as partially met. If more than three departments do not have a written description of the services provided, score as not met.

ML.7.2 (4) Ensuring coordination and integration of these services with other departments when relevant

Survey Process:

This is a “weight of evidence” standard.

Scoring:

Scoring as only partially met or not met requires the agreement of the entire survey team.

ML.7.3 (3) Recommending space, staffing, and other resources needed to fulfill the department’s responsibility

Survey Process:

This can be surveyed by interviewing department heads and/or by reviewing the process for developing the hospital’s budget. Department head input on space, staffing, and other resources needed to fulfill the department’s responsibility most typically occurs during the development of the next year’s budget.

Scoring:

Scoring as fully, partially, or not met requires the agreement of the entire survey team. This standard should default to a score of fully met unless there is clear evidence that the department heads have little or no opportunity to recommend space, staffing, and other resources needed to fulfill the department’s responsibility.

ML.7.4 (4) Defining the education, skills, and experience needed by each category of employee in the department

Survey Process:

Interview the head of human resources and department heads. Look for evidence that the department head has the primary initial responsibility for defining the education, skills, and experience needed by each category of employee in the department.

Scoring:

If it is clear that the department head has the primary initial responsibility for defining the education, skills, and experience needed by each category of employee in the department, score as fully met. If fewer than three departments have had no opportunity to have initial input into defining the education, skills, and experience needed by each category of employee in the department, score as partially met. If more than three departments have not had this responsibility, score as not met.

ML.7.5 (5) Ensuring that there is an orientation and continuing education program for the department's employees

Survey Process:

See ML.6. Look for an orientation program in each department. This can be done while visiting the department. Or, if the head of human resources has the oversight responsibility for the orientation program, determine if each department has an orientation program while conducting the human resources interview.

Scoring:

If there is an orientation program in each department, score as fully met. If only one to two departments do not have a department-specific program, score as partially met. If more than two departments do not have a program, score as not met.

ML.7.6 (5) Developing and implementing a department quality improvement program

Survey Process:

Review each department's quality improvement program during the visit to the unit or determine that each department has one when conducting the quality improvement and patient safety interview.

Scoring:

If every department has a quality improvement and patient safety program, score as fully met. If it is absent in fewer than two departments, score as partially met. If absent in more than two departments, score as not met

13. Medical Staff

Sometime during the survey, the following documents should be reviewed:

1. Hospital policy on appointment of medical staff members
2. Written policy, approved by the governing council for managing medical staff
3. Policy or other document defining what disciplines are eligible for membership on the medical staff (may be incorporated in previous bullet)
4. Medical staff rules, regulations, and policies
5. Policy or procedure on supervision of physicians in training

MD.1 *(5) The hospital maintains a record for every member of the medical staff that contains a copy of all documents related to license, education, experience, and certification.*

Survey Process:

During the human resources interview, the physician surveyor should randomly select 10 names of medical staff members that are reasonably reflective of the specialties represented at the hospital and ask that their files be pulled. These files should be reviewed to see if they contain all documents related to license, education, experience, and certification.

Scoring:

If there is a file for each medical staff member and each file contains all documents related to license, education, experience, and certification, score as fully met. If only nine of the 10 members selected have a file, or if all 10 have a file but only nine have all the required documents, score as partially met. If eight or fewer have a file, or if all have a file but eight or fewer have all the required documents, score as not met.

MD.2 *(5) Appointment of medical staff members is done according to the hospital policy, is approved by the governing council, and is in accordance with MOHP rules and regulations.*

Survey Process:

Review hospital policy on appointment of medical staff. The surveyors should be familiar with the MOHP rules and regulations. Determine that all appointments were approved by the governing body. The governing body may elect how to do this (directly, by subcommittee, or by delegating this authority). Review this on the same 10 members selected for evaluating MD.1. Note that if any of the 10 members selected for MD.1 did not have a file, it will automatically mean that that member must not have met the intent of MD.2.

Scoring:

If all medical staff members were appointed according to the hospital's policy, approved by the governing body, and in accordance with MOHP rules and regulations, score as fully met. If any of the 10 members selected were not appointed according to the hospital's policy, approved by the governing body, and in accordance with MOHP rules and regulations, score as not met. This is an all or none standard.

MD.3 (3) The hospital has a written policy, approved by the governing council, for managing medical staff.

Survey Process:

Review to determine that there is a written policy or other document (such as medical staff bylaws) and that it was approved by the governing body.

Scoring:

If there is a written policy or other document (such as medical staff bylaws) for managing the medical staff and it was approved by the governing body, score as fully met. If there is a policy or other document but it has not been approved by the governing body, score as partially met. If there is no policy or other document, score as not met.

MD.4 (4) The medical staff includes licensed physicians and dentists and may include other licensed individuals permitted by law to provide patient care services independently in the hospital.

Survey Process:

Review the policy or other document that defines eligibility for membership on the medical staff.

Scoring:

If the membership matches the hospital's policy and the law, score as fully met. If it does not, score as not met.

MD.5 (5) All medical staff members have delineated clinical privileges that define the scope of patient care services they may provide independently in the hospital.

Survey Process:

Review for each of the medical staff members whose files are reviewed. There should be a definition of the patient care services they are permitted to provide.

Scoring:

If all files contain a definition of the patient care services they are permitted to provide, score as fully met. If any do not, score as not met. This is an all or none standard.

MD.6 (5) All medical staff members and all others with delineated privileges are subject to medical staff rules, regulations, and policies.

Survey Process:

Review the policies and/or rules and regulations to determine if they apply to all medical staff members.

Scoring:

If there is evidence that the medical staff policies and/or rules and regulations apply to all medical staff members, score as fully met. If they do not apply to all medical staff members, score as not met. This is an all or none standard.

MD.7 (5) All senior medical staff participate in quality improvement activities in their department and in the hospital.

Survey Process:

Review minutes of the hospitalwide quality improvement and patient safety committee and department programs. Each department must have a program. For the hospitalwide committee, however, look for some senior (not all) medical staff membership.

Scoring:

If there is evidence that senior medical staff members participate in hospitalwide quality improvement and patient activities and each department has a program, score as fully met. If there is no senior medical staff participation in hospitalwide activities or if any department does not have a program, score as not met.

MD.8 (3) The performance of all individual medical staff members is reviewed once per year to determine their continued competence to provide patient care services.

Survey Process:

Review the files of the selected medical staff members to determine if their performance has been reviewed within the past year. Since only a six-month “track record” is required for the initial survey, the review should have taken place during that time.

Scoring:

If nine of the 10 files document a review of performance, score as fully met. If eight have this documentation, score as partially met. If seven or fewer have this documentation, score as not met.

MD.9 (3) The hospital has a functioning continuous medical education program. All medical staff members receive continuing medical education.

Survey Process:

Interview senior medical staff members to determine if there is a continuing medical education program. Look for documentation in each of the files reviewed.

Scoring:

If there is a continuing medical education program (it may be departmental) and nine of the 10 files document continuing medical education, score as fully met. If there is a continuing medical education program (it may be departmental) and eight of the 10 files document continuing medical education, score as partially met. If there is no continuing medical education program (it may be departmental) and seven or fewer of the 10 files document continuing medical education, score as not met.

MD.10 (5) Each department has a designated head.

Survey Process:

Interview senior medical staff leaders or look at the organizational chart.

Scoring:

If all departments have a designated head (except for temporary vacancies), score as fully met. If any department does not have a designated head, score as not met. This is an all or none standard.

MD.11 (2) The head of the department is certified in an appropriate specialty and has appropriate experience.

Survey Process:

Review a small sample of the files of department heads. If any are not board certified, look for experience that demonstrates their qualifications.

Scoring:

If all are board certified and have appropriate experience, score as fully met. To score as partially or not met requires the agreement of the entire survey team.

MD.12 (4) Each department head has a written job description defining their responsibilities, including active support of the quality improvement and patient safety program.

Survey Process:

Review a small sample of the files of department heads to determine if there is a job description and it includes the requirement to actively support the quality improvement and patient safety program. There may be a “generic” job description for department heads.

Scoring:

If all department heads have a job description and it includes the requirement to actively support the quality improvement and patient safety program, score as fully met. If all have a job description and only one or two do not mention quality improvement, score as partially met. If any department head does not have a job description or if more than two to three do not mention quality improvement, score as not met.

MD.13 (4) In hospitals participating in professional graduate education programs, physicians in training are supervised by a qualified medical staff member in carrying out their patient care responsibilities.

Survey Process:

Review any policy or procedure for supervision of physicians in training.

Scoring:

If there is a policy or procedure, score as fully met. If there is no policy or procedure, score as not met. This is an all or none standard.

14. Nursing Services

Sometime during the survey, the following documents should be reviewed:

1. Written nursing policies, including standards of care
2. Written scope of nursing assessment which may vary by unit and type of patients
3. Agenda for orientation program for nurses
4. Documentation of annual training review for all nursing staff

NS.1 (5) The hospital nurse director/executive is a registered nurse and is qualified by education and managerial experience, as required by the job description.

Survey Process:

Review the job description of the nurse director and compare it with the individual's qualifications.

Scoring:

If the qualifications of the nurse director match those required in the job description, score as fully met. If there are only minor variations (a little less experience than the job description requires), score as partially met. If no job description is available, or if in the opinion of the entire survey team the nurse surveyor is not qualified, score as not met.

NS.2 (5) *The nurse director is a member of the senior leadership team of the hospital.*

Survey Process:

This is a "weight of evidence" standard. Did the nurse executive attend the leadership interview during the survey? Did she/he participate? Do minutes of any meetings demonstrate the presence and participation of the nurse executive? When interviewing heads of clinical departments of the medical staff, do they know who the nurse director is? How do they interact with the nurse director?

Scoring:

Based on the "weight of evidence," the entire survey team must agree on a score of fully, partially, or not met.

NS.2.1 (4) The nurse director attends the senior leadership staff meetings.

Survey Process:

Review the previous six months' minutes of senior leadership staff minutes.

Scoring:

If the nurse director, or designated representative, attended all meetings, score as fully met. If the nurse director, or designated representative, attended 90 percent of meetings, score as partially met. If attendance was at less than 90 percent, score as not met.

NS.3 (5) The nurse executive is responsible for determining nursing standards of practice and their implementation. These standards include at least the following:

Survey Process:

Review the written nursing policies and/or standards of nursing care.

Scoring:

If there are nursing policies that include specific standards of nursing care and they include all five of the requirements of NS.3.1–NS.3.5, score as fully met. If there are nursing standards of care that include at least four of the five requirements in NS.3.1–NS.3.5, score as partially met. If there are no standards of nursing care, or if there are standards but they include three or fewer of the requirements, score as not met. To measure implementation, review medical records while visiting patient units and during the medical record interview.

NS.3.1 (5) A documented nursing assessment

Survey Process:

Review the written nursing policies and/or standards of nursing care and review medical records.

Scoring:

If there is a standard for nursing assessment and at least 80 percent of medical records document this assessment, score as fully met. If 50–80 percent of medical records document that the nursing assessment meets the nursing standard of care, score as partially met. If less than 50 percent of medical records document that the nursing assessment meets the nursing standard of care, score as not met.

NS.3.2 (4) A documented nursing diagnosis or diagnoses

Survey Process:

Review the written nursing policies and/or standards of nursing care and review medical records.

Scoring:

If there is a standard requiring a nursing diagnosis or diagnoses and at least 80 percent of medical records document this, score as fully met. If 50–80 percent of medical records document a nursing diagnosis or diagnoses, score as partially met. If less than 50 percent of medical records document a nursing diagnosis or diagnoses, score as not met.

NS.3.3 (4) A documented nursing care plan

Survey Process:

Review the written nursing policies and/or standards of nursing care and review medical records.

Scoring:

If there is a standard requiring a documented nursing care plan and at least 80 percent of medical records document this, score as fully met. If 50–80 percent of medical records document a documented nursing care plan, score as partially met. If less than 50 percent of medical records document a nursing care plan, score as not met.

NS.3.4 (5) Documentation of nursing treatments and reassessments

Survey Process:

Review the written nursing policies and/or standards of nursing care and review medical records.

Scoring:

If there is a standard requiring documentation of nursing treatments and reassessments and at least 80 percent of medical records document this, score as fully met. If 50–80 percent of medical records document nursing treatments and reassessments, score as partially met. If less than 50 percent of medical records document nursing treatments and reassessments, score as not met.

NS.3.5 (5) Evaluation of the effectiveness of nursing treatments

Survey Process:

Review the written nursing policies and/or standards of nursing care and review medical records.

Scoring:

If there is a standard requiring documentation of the evaluation of the effectiveness of nursing treatments and at least 80 percent of medical records document this, score as fully met. If 50–80 percent of medical records document the evaluation of the effectiveness of nursing treatments, score as partially met. If less than 50 percent of medical records document the evaluation of the effectiveness of nursing treatments, score as not met.

NS.4 (5) In conjunction with the leaders of the medical staff, the nursing executive determines the scope of nursing assessment.

Survey Process:

This will take some surveyor judgment and may represent one of the most difficult cultural changes required by the accreditation standards. This standard represents a new concept of expanding the assessment role of nurses. Look for any evidence of meetings, discussions, or any other documents that demonstrate that there is a collaborative dialogue between nursing and physician leaders about expanding the assessment responsibilities of nurses.

Scoring:

This is based on surveyor judgment. To score as fully, partially, or not met requires the agreement of the entire survey team. It is critical that the team evaluate the current status against the expectations of this standard and not against the traditional role of nursing.

NS.4.1 (5) There is a written description of the scope of nursing assessment that may vary by unit or type of patient.

Survey Process:

Review a sample of units to determine if there is a written definition of the scope of nursing assessment. Check in at least three different units that care for different types of patients (such as obstetrics, pediatrics, psychiatry, general medicine, or surgery).

Scoring:

If there is a written scope of nursing assessment in at least three different units that take care of different types of patients, score as fully met. If there is no written scope of assessment in more than one unit, score as partially met. If no unit has a written scope of assessment, score as not met.

NS.4.2 (4) Nurses document directly in the patient's medical record.

Survey Process:

Review records during unit visits and during the medical record interview.

Scoring:

If 100 percent of records include nursing documentation, score as fully met. If 75–90 percent of records include nursing documentation, score as partially met. If less than 75 percent include it, score as not met.

NS.5 ***(5) The nurse director and other nursing leaders participate with the leader of the governing body, management, and medical staff in the development, ongoing review, and implementation of all relevant hospital plans, programs, and policies.***

Survey Process:

This is a “weight of evidence” standard. Look in minutes of meetings, task forces, quality improvement teams, and other relevant areas for evidence of nursing leaders’ participation. Interview the nurse director.

Scoring:

Score as fully, partially, or not met based on the agreement of the entire survey team.

NS.6 ***(4) The nurse director identifies staffing needs and participates in recruiting plans.***

Survey Process:

This is a “weight of evidence” standard. Review nursing staffing plan(s), review budget submission by nursing, interview nurse director.

Scoring:

Score as fully, partially, or not met based on the agreement of the entire survey team.

NS.7 ***(5) The nurse director ensures that schedules assigning jobs to the staff members, according to the overall workload, are completed.***

Survey Process:

Review nursing schedules in a sample of units visited.

Scoring:

If all units sampled have a nursing schedule, score as fully met. If any unit does not have a nursing schedule, score as not met. This is an all or none standard.

NS.8 ***(3) Nursing assignments are made on the basis of the job description and the evaluation of the individual nurse’s competence.***

Survey Process:

This is the nursing part of some of the requirements in the human resources standards. Survey exactly as for HR.2 (requirement for job description for all employees), HR.4 (evaluating new staff), and HR.6 (reevaluating staff).

Scoring:

Score the same as for HR.2, HR.4, and HR.6.

NS.9 (5) Nurses participate in hospital committees including, but not limited to, the following:

Survey Process:

Review the minutes of the five committees listed in NS.9.1–NS. 9.5 to determine if nurses are members or at least attend all meetings.

Scoring:

If nurses participate in all five committees, score as fully met. If nurses participate in four of the five, score as partially met. If nurses participate in fewer than four, score as not met.

NS.9.1 (5) Quality improvement

Survey Process:

Review the minutes for attendance.

Scoring:

If there is nursing participation, score as fully met. If there is no nursing participation, score as not met. This is an all or none standard.

NS.9.2 (5) Infection control

Survey Process:

Review the minutes for attendance.

Scoring:

If there is nursing participation, score as fully met. If there is no nursing participation, score as not met. This is an all or none standard.

NS.9.3 (3) Drug utilization

Survey Process:

Review the minutes for attendance.

Scoring:

If there is nursing participation, score as fully met. If there is no nursing participation, score as not met. This is an all or none standard.

NS.9.4 (4) Medical records

Survey Process:

Review the minutes for attendance.

Scoring:

If there is nursing participation, score as fully met. If there is no nursing participation, score as not met. This is an all or none standard.

NS.9.5 (3) Safety

Survey Process:

Review the minutes for attendance.

Scoring:

If there is nursing participation, score as fully met. If there is no nursing participation, score as not met. This is an all or none standard.

NS.10 (5) *The nursing department develops and implements written policies and procedures guiding nursing care and specifies type of care they are permitted to provide. These policies and procedures include, but are not limited to, the following:*

Survey Process:

Review nursing policies to determine if they include the eight requirements in NS.10.1–NS.10.8.

Scoring:

If there are policies covering all eight requirements in NS.10.1–NS.10.8, score as fully met. If only seven of the eight have a policy, score as partially met. If fewer than eight have a policy, score as not met.

NS.10.1 (5) Scope of nursing assessment

Survey Process:

Review the policy.

Scoring:

If there is a policy, score as fully met. If there is no policy, score as not met. This is an all or none standard.

NS.10.2 (5) Infection control

Survey Process:

Review the policy.

Scoring:

If there is a policy, score as fully met. If there is no policy, score as not met. This is an all or none standard.

NS.10.3 (5) Basic hygiene

Survey Process:

Review the policy.

Scoring:

If there is a policy, score as fully met. If there is no policy, score as not met. This is an all or none standard.

NS.10.4 (5) Patient safety

Survey Process:

Review the policy.

Scoring:

If there is a policy, score as fully met. If there is no policy, score as not met. This is an all or none standard.

NS.10.5 (5) Medication administration

Survey Process:

Review the policy.

Scoring:

If there is a policy, score as fully met. If there is no policy, score as not met. This is an all or none standard.

NS.10.6 (5) Parenteral therapy

Survey Process:

Review the policy.

Scoring:

If there is a policy, score as fully met. If there is no policy, score as not met. This is an all or none standard.

NS.10.7 (5) Skin care and prevention of pressure sores

Survey Process:

Review the policy.

Scoring:

If there is a policy, score as fully met. If there is no policy, score as not met. This is an all or none standard.

NS.10.8 (5) Administration of blood and blood products

Survey Process:

Review the policy.

Scoring:

If there is a policy, score as fully met. If there is no policy, score as not met. This is an all or none standard.

NS.11 (4) There is a planned and documented orientation program for new nurses. The plan includes at least the following:

Survey Process:

Review the agenda (content) of the orientation program for new nurses to determine if it includes the six requirements in NS.11.1–NS.11.6.

Scoring:

If all six requirements in NS.11.1–NS.11.6 are included in the orientation of new nurses, score as fully met. If any of the six requirements are missing, score as not met.

NS.11.1 (3) Organization policies and procedures

Survey Process:

Review the content of the orientation program for new nurses.

Scoring:

If the orientation includes organization policies and procedures, score as fully met. If it does not, score as not met. This is an all or none standard.

NS.11.2 (5) Nursing department policies and procedures

Survey Process:

Review the content of the orientation program for new nurses.

Scoring:

If the orientation includes nursing department policies and procedures, score as fully met. If it does not, score as not met. This is an all or none standard.

NS.11.3 (5) Individual job description

Survey Process:

Review the content of the orientation program for new nurses.

Scoring:

If the orientation includes review of the individual's job description, score as fully met. If it does not, score as not met. This is an all or none standard.

NS.11.4 (5) Nursing QI program

Survey Process:

Review the content of the orientation program for new nurses.

Scoring:

If the orientation includes the nursing QI program, score as fully met. If it does not, score as not met. This is an all or none standard.

NS.11.5 (5) Fire and disaster plan, and safety training

Survey Process:

Review the content of the orientation program for new nurses.

Scoring:

If the orientation program includes a fire and disaster plan and safety training, score as fully met. If it does not, score as not met. This is an all or none standard.

NS.11.6 (5) Infection control policies and procedures

Survey Process:

Review the content of the orientation program for new nurses.

Scoring:

If the orientation includes infection control policies and procedures, score as fully met. If it does not, score as not met. This is an all or none standard.

NS.12 (4) **There is a nursing continuing training program in all nursing practice areas.**

Survey Process:

In larger hospitals there may be an individual who oversees the nursing continuing education program. If so, interview this individual and review documentation. Otherwise, interview the nurse director and/or a sample of heads of nursing units.

Scoring:

If there is a nursing continuing training program in all nursing practice areas, score as fully met. If two or fewer units do not have a nursing continuing education program, score as partially met. If more than two units do not have a nursing continuing education program, score as not met.

NS.13 (4) There is a documented annual training review for all nursing staff in at least infection control, fire and disaster plan, and safety.

Survey Process:

Review the documentation of the annual training review for nursing staff to determine if it includes training in infection control, fire and disaster plan, and safety.

Scoring:

If training includes infection control policies and procedures, a fire and disaster plan, and safety, score as fully met. If any one of these areas is not included, score as not met. This is an all or none standard.

NS.14 (3) Nursing care is an essential part of the overall patient care process.

Survey Process:

This is a “weight of evidence” standard. Look for participation of nursing in committees, in leadership meetings, in the budget preparation, in documentation in medical records, in nursing assessments, in participation in patient education, and other areas. This standard is to be surveyed on the basis of the new standards, not on the traditional role of nursing.

Scoring:

To score as fully, partially, or not met requires the agreement of the entire survey team.

NS.15 (3) Collaboration of nurses with physicians and other workers for patient care is planned and documented.

Survey Process:

This requires survey team judgment. Look for collaboration in committee deliberations, in quality improvement teams, and in documentation in the medical records (seen in nursing care plans).

Scoring:

To score as fully, partially, or not met requires the agreement of the entire survey team.

NS.16 (3) Nurses participate in patient education, including during the discharge process.

Survey Process:

Look for documentation in the medical record.

Scoring:

If at least 60 percent of medical records document some participation by nurses in patient education, score as fully met. If 40–60 percent of records document some participation by nurses in patient education, score as partially met. If less than 40 percent document participation, score as not met

Annex A. Sample Survey Agendas

Five-Day, Three-Surveyor Agenda

DAY ONE			
	Physician	Nurse	Administrator
07:45 - 08:15	Opening Conference		
08:15 - 08:45	Hospital's Overview of Organizational Structure		
08:45 - 10:45	Document Review		
10:45 - 12:00	Management and Leadership Interview		
12:00 - 13:00	LUNCH		
13:00 - 15:00	Patient Unit Visit	Patient Unit Visit	Facility (Environmental Safety) Tour
15:00 - 17:00	Anesthetizing locations where moderate or deep sedation is used	Operating Room, Post-Anesthesia Recovery Room	
DAY TWO			
08:00 - 08:30	Debriefing		
08:30 - 10:30	Emergency Services Visit and Interview	Patient Unit Visit	Facility (Environmental Safety) Tour continued
10:30 - 12:30	Patient Unit Visit Intensive Care Unit	Patient Unit Visit	Review of Environmental Safety Documents
12:30 - 13:30	LUNCH with Medical Staff	LUNCH with Nursing Leadership	LUNCH with CEO
13:30 - 15:00	Radiology Visit	Infection Control Interview	Pharmacy Visit and Medication Use Interview
15:00 - 17:00	Interview for medical staff including review of files	Interview for nursing personnel including review of files	Human Resources interview including review of files
DAY THREE			
08:00 - 08:30	Debriefing		
08:30 - 10:30	Patient Unit Visit, or optional document review	Patient Unit Visit, or optional document review	Patient Unit Visit, or optional document review
10:30 - 12:30	Patient Records Interview		Management of Information Interview
12:30 - 13:30	LUNCH		
13:30 - 15:00	Quality Improvement and Patient Safety Interview		
15:00 - 17:00	Pathology and Clinical Laboratory Visit	Patient Unit Visit	Patient Unit Visit

DAY FOUR			
08:00 – 08:30	Debriefing		
08:30 – 10:30	Patient Unit Visit	Patient Unit Visit	Patient Unit Visit
10:30 – 12:30	Patient Unit Visit	Patient Unit Visit	Patient Unit Visit
12:30 – 13:30	LUNCH		
13:30 – 15:30	Patient Unit Visit	Patient Unit Visit	Patient Unit Visit
15:30 – 17:00	Patient Unit Visit	Patient Unit Visit	Patient Unit Visit
DAY FIVE			
08:00 - 08:30	Debriefing		
08:30 - 10:00	Patient Unit Visit	Patient Unit Visit	Patient Unit Visit
10:00 - 12:00	Interview of any additional standards not yet evaluated		
12:00 - 13:00	WORKING LUNCH		
13:00 - 15:00	Integrate Findings		
15:00 - 16:30	Exit Summary		

Three-Day, Two-Surveyor Agenda

DAY ONE		
	Physician	Nurse/Administrator
08:00 – 08:30	Opening Conference (Plan Agenda and Facility Tour)	
08:30 – 09:00	Hospital Presentation of Organizational Structure and Approach to Quality Improvement and Patient Safety	
09:00 – 11:00	Document Review	
11:00 – 12:00	Leadership Interview	
12:00 – 13:00	WORKING LUNCH Review Environmental Safety Documents	
13:00 – 16:30	Anesthetizing Locations Visits Endoscopy Labor Rooms Minor Operating Rooms	Operation Room-Major Rooms Post-Anesthesia Recovery Room and Intensive Care Unit
DAY TWO		
	Physician	Nurse/Administrator
08:00 – 08:30	Debriefing	
08:30 – 10:00	Pathology and Clinical Laboratory Services Visit	Facility Tour
10:00 – 12:00	Human Resources Interview for Medical Staff	Facility Tour
12:00 – 13:00	LUNCH with Medical Staff Leadership (Medical Staff standards)	LUNCH with Nursing Leadership
13:00 – 15:00	Patient Unit Visit	Human Resources Interview for Nursing and Other Hospital Personnel
15:00 – 16:30	Medical Records Interview	
16:30-17:00	Remaining Document Review	

DAY THREE		
	Physician	Nurse/Administrator
08:00 – 08:30	Debriefing	
08:30 – 10:30	Radiology and Imaging Services Nuclear Med MRI/CT Scan Ultra Sonography	Infection Control Interview Other issues if time permits
10:30 – 12:00	Patient Unit Visit	Patient Unit Visit
12:00 – 13:00	Quality Improvement and Patient Safety and Patient Care Interview	
13:00 – 15:00	WORKING LUNCH and Integration of Findings	
15:00 – 16:00pm	Leadership Exit Session – Report Findings	

Annex B. Applicable Laws, Rules, and Regulations

Surveyors will have to be familiar with the following laws, rules, and regulations.

Patients' Rights:

1. Laws and regulations governing when someone other than the patient can give consent
2. Patients' rights as defined by laws and regulations, including those of the Medical Syndicate

Assessment of Patients:

1. Laws and regulations on education, training, license, or certification of laboratory personnel
2. Licensing and accreditation requirements for laboratories
3. MOHP radiology guidelines
4. Laws and regulations of the Executive Office of Radiation Safety
5. MOHP rules and regulations on coverage of radiology departments
6. MOHP rules and regulations on radiology supplies and equipment

Care of Patients:

1. MOHP list of required supplies, equipment, and instruments for surgery
2. MOHP list of required anesthesia equipment
3. All laws, rules, and regulations governing management of pharmacy services
4. The Essential Drug List
5. National selection criteria for blood donors
6. MOHP rules and regulations for equipment, medications, and supplies in the emergency room
7. MOHP rules and regulations for ambulance services

Clinical Safety:

1. Laws and regulations for infection control

2. MOHP rules on what communicable diseases must be reported and to whom
3. Laws and regulations concerning employee health (in general and specifically in hospitals), including initial evaluation, periodic reevaluation, and the frequency of reevaluation

Environmental Safety:

1. All laws, regulations, and facility inspection requirements that relate to management of the physical environment
2. Laws and regulations for disposal of hazardous materials and waste

Support Services:

1. Laws and regulations governing food service in general and hospital food service in particular

Annex C. Medical Record Checklist

	Standard Number	Documentation Requirement in the Medical Record	Standard is applicable to the record being reviewed		Documentation of standard requirement is present	
			YES	NO	YES	NO
1.	PR.2.1	If consent is given by some one other than the patient, this is documented in the patient's medical record				
2.	PR.4.	The patient's signature or other documentation of consent is in the patient's medical record.				
3.	PR.12.1	A copy of the consent, or other documentation of the patient's participation in the research project, is in the patient's medical file.				
4.	AC.1.8	Transfers from one hospital unit to another, including documentation of the process in the patient's medical record.				
5.	AC.5.1	The medical record must document the reason for the transfer.				
6.	AC.6	Patient records must contain a copy of discharge summary.				
7.	AC.6.1	The reason for admission.				
8.	AC.6.2	Significant findings, including investigations.				
9.	AC.6.3	Procedures performed.				
10.	AC.6.4	Any diagnoses made.				
11.	AC.6.5	Medications and/or other treatments.				
12.	AC.6.6	Patient's condition at discharge.				
13.	AC.6.7	Discharge instructions, including medications and follow-up instructions.				
14.	AC.7	The original referral form is retained in the patient's record				
15.	AC.7.1	Reason for referral/transfer.				
16.	AC.7.2	Significant findings, including investigations.				
17.	AC.7.3	Procedures, medications, and/or other treatments.				
18.	AC.7.4	Patient's condition at time of referral or transfer.				
19.	AC.7.5	Name of the facility to which the patient is being transferred.				
20.	AC.7.6	Transportation means and required monitoring.				
21.	PA.1	All patients have their health care needs evaluated by defined assessment processes.				
22.	PA.5	When relevant to their condition, each patient has his or her pain assessed, treated, and reassessed to determine the effectiveness of treatment.				
23.	RD.14	The radiology report of examination is kept in the patient's medical record.				
24.	GC.1	All care is planned and documented.				
25.	GC.1.1	The care plan includes all disciplines that are providing care to the patient.				
26.	SC.1	All surgical procedures (except in life-threatening emergencies) are performed only after appropriate history, physical examination, and indicated diagnostic tests have been completed and documented in				

	Standard Number	Documentation Requirement in the Medical Record	Standard is applicable to the record being reviewed		Documentation of standard requirement is present	
		the patient's medical record.				
27.	SC.2	The preoperative diagnosis has been recorded in the medical record for all patients prior to surgery.				
28.	SC.3	Except in life-threatening emergencies, the surgeon must have obtained an informed consent and this must be documented in the patient's medical record.				
29.	SC.4.	The nursing care of patient undergoing surgery must be planned and documented in the medical record.				
30.	SC.5	Operative reports are written in the patient's record immediately after surgery.				
31.	AN.1	Anesthesia care, which includes moderate and deep sedation, is planned and documented in the patient's record.				
32.	AN.2	A pre-anesthesia/sedation assessment has been done by a qualified physician or surgeon prior to the induction of anesthesia.				
33.	AN.4	Prior to administration of any pre-anesthesia medication, an informed consent for the use of anesthesia must be obtained and documented in the medical record.				
34.	AN.5	Each patient's physiologic status is continuously monitored during anesthesia or sedation administration and the results of monitoring are documented in the patient's medical record.				
35.	AN.9.1	The anesthesiologist, or other qualified physician, must sign the discharge order.				
36.	EM.4	The record of every patient receiving emergency care includes at least the following: time of arrival, conclusions at termination of treatment, patient's condition at discharge, and follow-up care instructions				
37.	MR.2	Each medical record contains sufficient information to perform the following:				
	MR.2.1	Identify the patient, including name, address, and date of birth				
	MR.2.2	Promote continuity of care				
	MR.2.3	Support the diagnosis				
	MR.2.4	Justify the treatment				
	MR.2.5	Document the patient's course and results of treatment				
38.	MR.4	Results of all diagnostic tests are documented in the patient's medical record within the timeframe established by each department that does diagnostic tests.				
39.	MR.5	All diagnoses are recorded and updated according to the results of investigations and/or reassessments.				
40.	MR.6	All treatments, including medications administered, are recorded when given and are signed by the person providing the treatment.				
41.	MR.7	The medical record documents that physicians and/or other health professionals explain to all patients the diagnosis and treatment and any follow-up steps.				
	MR.7.1	There is documentation that the physician or other health professional ensures that patients understood the message through feedback.				
	MR.7.2	There is documentation of education provided to the patient on his or her diagnosis or condition.				
	MR.7.3	When relevant to the patient's diagnosis, there is documentation of education concerning diagnostic tests, treatments, medication, and use of any medical equipment.				

	Standard Number	Documentation Requirement in the Medical Record	Standard is applicable to the record being reviewed		Documentation of standard requirement is present	
	MR.7.4	When relevant to the patient's diagnosis or condition, there is documentation of education that includes information on risk reduction: diet, exercise, smoking cessation, and other health-related practices.				
	MR.7.5	When relevant to the patient's diagnosis or condition, education includes community resources available to the patient; (diabetic, asthmatic)				
	MR.7.6	When relevant to the patient's diagnosis or condition, education includes any special education classes.				
	MR.7.7	When relevant to the patient's diagnosis or condition, education includes food and drug interactions.				
	MR.7.8	When relevant to the patient's diagnosis or condition, education includes nutrition.				
	MR.7.9	When relevant to the patient's diagnosis or condition, education includes physical rehabilitation.				
42.	MR.8	All diagnostic and therapeutic orders are authenticated by the appropriate department.				
51.	MR.9	A comprehensive operative note is entered in the medical record immediately after surgery or invasive procedures				
52.	MR.11	The author of all entries in the medical record can be identified by name and title (physician, nurse, physical therapist).				
53.	MR.12	In event of transfer of the patient to another facility, a copy of the transfer summary written by physician will go with the patient. The original is placed in the hospital record.				
54.	MR.15	A history and physical examination is recorded in the patient's medical record within 24 hours of admission, or earlier, if indicated by the patient's condition.				
55.	MR.16	The history and physical examination is recorded in the patient's medical record prior to surgery or any invasive procedure.				
56.	MR.17	If the history and physical examination has been completed prior to admission, a legible copy may be used provided it is no more than 30 days old and the physician enters a note in the medical record defining any subsequent changes, based on reassessment of the patient.				
57.	MR.18	A comprehensive history and physical examination includes at least the following:				
	MR.18.1	The main complaint				
	MR.18.2	Details of the present illness				
	MR.18.3	Past history including				
	MR.18.3.1	Previous admissions and surgery, if applicable				
	MR.18.3.2	Allergies				
	MR.18.3.3	Adverse drug reactions, if any				
	MR.18.3.4	Medications the patient has been taking, if any				
	MR.18.4	Psychosocial history, including emotional, behavior, and social status				
	MR.18.5	Family history				
	MR.18.6	For pediatric patients, the H&P must include the parent's report or other documentation of the patient's immunization status and a growth and development chart for ages established by department policy.				

	Standard Number	Documentation Requirement in the Medical Record	Standard is applicable to the record being reviewed		Documentation of standard requirement is present	
	MR.18.7	A comprehensive current physical examination, including vital signs and positive findings				
	MR.18.8	A statement of the conclusion or impressions drawn from the admission history and physical examination				
	MR.18.9	The initial management plan, including investigations and treatment				
58.	MR.19	Medical progress notes are made by the medical staff with a frequency according to the severity of illness, hospital policy, and patient's condition				
	MR.19.1	In all acute care settings, physician's progress notes are made at least once per day				
59.	MR.20	Type of diet provided according to the patient's condition is documented in the medical record				
60.	MR.22	Patient's record must contain a copy of the discharge summary. The discharge summary must include at least the following:				
	MR.22.1	The reason for admission				
	MR.22.2	Significant findings, including investigations				
	MR.22.3	Procedures performed				
	MR.22.4	Any diagnoses made				
	MR.22.5	Medications or other treatments, if applicable				
	MR.22.6	Patient's condition at discharge				
	MR.22.7	Discharge medications and follow-up instructions				