



*In appreciation for all you do our gift to you this holiday is*  
**C&A's Survey Ready Checklist**  
*Arranged by Chapter, this resource is designed to assist you and your team as you organize and prioritize for the new year.*

<b>Chapter Considerations</b>	<b>Met</b>	<b>Not Met</b>	<b>Needed Actions</b>
<p><b>Accreditation Participation Requirements</b></p> <ul style="list-style-type: none"> <li>Be certain that your accreditation application is current and up to date.</li> </ul>			
<p><b>Environment of Care</b></p> <ul style="list-style-type: none"> <li>Double check those above ceiling pipes to ensure nothing is secured to them</li> <li>Double check your air exchanges, temperature, and humidity logs to ensure your performance is within acceptable/expected ranges and documentation exists for actions taken when out of range situations occur. ASHRE Table 170 defines the acceptable temperature and humidity measures.</li> </ul>			
<p><b>Emergency Management</b></p> <ul style="list-style-type: none"> <li>Mark your calendars for January 18, 2022, which is the expected end of the National Public Health Emergency. All 1135 waivers will expire within 30 days of that date.</li> <li>Track the CMS and Accrediting organizations requirements for Emergency Management as changes are in the pipeline.</li> </ul>			
<p><b>Human Resources</b></p> <ul style="list-style-type: none"> <li>Review your process for primary source verification of licenses and ensure these are sourced prior to their expiration.</li> <li>Double check to ensure that staff have completed all of the necessary Competency assessments and that your competency policy is up to date</li> </ul>			



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<p><b>Infection Prevention and Control</b></p> <ul style="list-style-type: none"> <li>Review the Instructions for Use (IFU) for all cleaning and disinfecting agents. Be certain that staff have access to the most current IFU.</li> <li>Spot quiz staff on what a “Wet Time” and what “Dry Time” is and where they would find that information.</li> </ul>			
<p><b>Information Management</b></p> <ul style="list-style-type: none"> <li>Review your Cybersecurity Program and test your Response plan</li> <li>Spot check trash cans for proper disposal of Patient Information</li> </ul>			
<p><b>Leadership</b></p> <ul style="list-style-type: none"> <li>Verify that your team has evaluated each contracted service and the results have been shared with the Medical Staff and Governing Body.</li> <li>Double check that all of your contracted vendors are ready to comply with the CMS Covid -19 vaccine mandates.</li> <li>Get back on track with your initiatives to journey to High Reliability.</li> </ul>			
<p><b>Life Safety</b></p> <ul style="list-style-type: none"> <li>Ensure there is variation of at least one hour between your scheduled monthly or quarterly fire drills.</li> <li>Routes of egress are not obstructed by equipment, holiday decorations or other items.</li> </ul>			
<p><b>Medication Management</b></p> <ul style="list-style-type: none"> <li>Clean the pill crushers and pill cutters.</li> <li>LASA, High Alert and Hazardous Medication list are available to the staff.</li> <li>Discard outdated and expired medications.</li> </ul>			
<p><b>Medical Staff</b></p> <ul style="list-style-type: none"> <li>OPPE/FPPE data is up to date and available for review. Indicators selected are pertinent to the practitioner.</li> <li>Bylaws are up to date and approved by the Board.</li> </ul>			



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<p><b>National Patient Safety Goals</b></p> <ul style="list-style-type: none"> <li>• Two identifiers are used for identifying patients (per policy).</li> <li>• Staff are sanitizing their hands at appropriate times.</li> <li>• Time out is performed immediately prior to the start of the procedure with the entire team paying attention and agreeing that the information stated is correct.</li> <li>• Surgical sites are marked per policy.</li> <li>• Medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings are labeled.</li> <li>• Patients at risk for suicide are assessed and a plan to mitigate the risk for suicide is in place. The area is free of ligature risks.</li> </ul>			
<p><b>Provision of Care, Treatment and Services</b></p> <ul style="list-style-type: none"> <li>• Review medical records. Are patients assessed and reassessed per policy?</li> <li>• Review Care plans, ensure they have interventions that are individualized to the patient, measurable and there are target dates present.</li> <li>• Fall precautions are in place for those at risk for fall per policy.</li> <li>• Pain is reassessed per policy.</li> </ul>			
<p><b>Performance Improvement</b></p> <ul style="list-style-type: none"> <li>• QAPI dashboard is up to date and contains all the required measurement indicators in PI.01.01.01 and reflects participation by all departments and services.</li> <li>• Data is analyzed and action plans put in place when goals are not met.</li> <li>• Performance Improvement Graphs and actions are posted for staff.</li> </ul>			
<p><b>Record of Care, Treatment and Services</b></p> <ul style="list-style-type: none"> <li>• Block charting is performed per the standard RC.02.01.01 EP 2</li> <li>• Immediate post operative notes are present.</li> </ul>			



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<ul style="list-style-type: none"> <li>All the components of the operative record are present.</li> <li>History and physicals, when required, are performed within 24 hours of admission and prior to invasive procedures.</li> </ul>			
<p><b>Rights and Responsibilities</b></p> <ul style="list-style-type: none"> <li>Patient Rights and Responsibilities are posted and hard copies available if requested.</li> <li>Language interpreting and translation services are available for all patients.</li> <li>Staff understand who can legally sign consents on behalf of patients</li> </ul>			
<p><b>Transplant Safety</b></p> <ul style="list-style-type: none"> <li>Organ procurement organization (OPO's) agreements are up to date.</li> <li>Tissue logs are complete, and tissue is traceable in both directions.</li> <li>Medical Records contain name, lot and expiration date for the implant and solutions used to reconstitute the implant</li> <li>Competencies are available on all staff handling tissue from the dock to the procedure site.</li> </ul>			
<p><b>Waive Testing</b></p> <ul style="list-style-type: none"> <li>Competencies for waive testing contain two methods of verification.</li> <li>Quality control result records, test result records, and instrument records for waived testing available, if requested.</li> <li>Quantitative test result reports in the medical record for waived testing are accompanied by reference intervals (normal values) specific to the test method used.</li> <li>A list of staff able to perform the waive test and the supervising staff member are documented in writing.</li> </ul>			