

THE JOINT COMMISSION

BIG BOOK OF CHECKLISTS

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CONTENTS

ASSESSMENT	DECISION	EVALUATION	PROCEDURE	TO-DO
------------	----------	------------	-----------	-------

		Accreditation Programs/Settings							
		AHC	BHC	CAH	HAP	LAB	NCC	OBS	OME
INTRODUCTION									vii
EVALUATION	Checklist Evaluation Checklist.....								xvii
CONTINUOUS COMPLIANCE									1
TO-DO	Daily Compliance Checklist.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
EVALUATION	Mock Tracer Evaluation Checklist.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TO-DO	Required Written Policies Checklist.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PERFORMANCE IMPROVEMENT									9
EVALUATION	Measurement Evaluation Checklist.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TO-DO	Required PI Documents and Data Checklist.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DECISION	Proposed PI Projects Decision Checklist.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
EVALUATION	RCA Evaluation Checklist.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURE	RCA Procedure Checklist.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ASSESSMENT	Sentinel Event Root Causes Assessment Checklist.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TO-DO	Systems and Processes Problems Factors Checklist.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ASSESSMENT	Workflow Assessment Checklist.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LEADERSHIP									23
EVALUATION	Contracted Services Evaluation Checklist.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ASSESSMENT	Patient Flow Assessment Checklist.....			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
TO-DO	Required Board Review and Approval Checklist.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TO-DO	Safety Culture Actions Checklist.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ASSESSMENT	Safety Culture Assessment Checklist.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
EVALUATION	Safety Culture Policy Evaluation Checklist.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
STAFFING AND MEDICAL STAFF									33
ASSESSMENT	FPPE Assessment Checklist.....			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
PROCEDURE	FPPE Procedure Checklist.....			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
ASSESSMENT	RN Orientation Competency Assessment Checklist.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TO-DO	Required Staff Education and Training Checklist.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DECISION	Staffing Firm Decision Checklist.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CARE OF THE PATIENT									45
EVALUATION	Discharge Summary Evaluation Checklist.....			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
EVALUATION	Interdisciplinary Care Plan Evaluation Checklist.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

		Accreditation Programs/Settings							
		AHC	BHC	CAH	HAP	LAB	NCC	OBS	OME
TO-DO	Required BHC Individual-Served Education and Information Checklist.....		☒						49
TO-DO	Required OME Patient Education and Information Checklist							☒	51
TO-DO	Required Patient Education and Information Checklist.....	☒		☒	☒		☒	☒	53
TO-DO	Required Patient Rights and Responsibilities Checklist.....	☒	☒	☒	☒		☒	☒	55
PROCEDURE	Surgical Safety Procedure Checklist			☒	☒			☒	57
HEALTH INFORMATION AND TECHNOLOGY									59
EVALUATION	Health Information Policy Evaluation Checklist	☒	☒	☒	☒	☒	☒	☒	61
DECISION	Health IT Security Decision Checklist.....	☒	☒	☒	☒	☒	☒	☒	65
DECISION	New Technology Decision Checklist.....	☒	☒	☒	☒	☒	☒	☒	66
TO-DO	Point-of-Care Medical Record Checklist.....	☒	☒	☒	☒		☒	☒	67
INFECTION PREVENTION AND CONTROL									73
EVALUATION	Antibiotic Stewardship Program Evaluation Checklist.....	☒	☒	☒	☒		☒	☒	75
PROCEDURE	Central Line Insertion Procedure Checklist			☒	☒		☒		77
PROCEDURE	Central Line Maintenance Procedure Checklist.....			☒	☒		☒		78
PROCEDURE	Daily Patient Room Cleaning Procedure Checklist			☒	☒		☒	☒	79
ASSESSMENT	Endoscope Reprocessing Assessment Checklist.....	☒		☒	☒			☒	81
ASSESSMENT PROCEDURE	Flu Patient Assessment and Procedure Checklist.....	☒	☒	☒	☒		☒	☒	83
ASSESSMENT	Infectious Disease Response Assessment Checklist.....	☒	☒	☒	☒		☒	☒	84
ASSESSMENT	Laundry Practices Infection Control Assessment Checklist.....	☒	☒	☒	☒		☒	☒	86
PROCEDURE	OR Count Discrepancy Procedure Checklist.....			☒	☒			☒	88
ASSESSMENT	SSI Risk Assessment Checklist	☒		☒	☒			☒	89
MEDICATION MANAGEMENT									91
ASSESSMENT	Emergency Cart Assessment Checklist.....	☒	☒	☒	☒		☒	☒	93
PROCEDURE	Medication Error Investigation Procedure Checklist	☒	☒	☒	☒		☒	☒	94
PROCEDURE	Medication Labeling Procedure Checklist.....	☒	☒	☒	☒		☒	☒	96
EVALUATION	Medication Reconciliation Policy Evaluation Checklist.....	☒	☒	☒	☒		☒	☒	97
ASSESSMENT	Medication Storage and Security Assessment Checklist.....	☒	☒	☒	☒		☒	☒	98
ASSESSMENT	Patient Medication Understanding Assessment Checklist	☒	☒	☒	☒		☒	☒	100
THE PHYSICAL ENVIRONMENT									103
DECISION	Construction and Design Partner Decision Checklist.....	☒	☒	☒	☒	☒	☒	☒	105
PROCEDURE	Construction Project Plan Procedure Checklist	☒	☒	☒	☒	☒	☒	☒	106
ASSESSMENT	Daily Construction Site Assessment Checklist.....	☒	☒	☒	☒	☒	☒	☒	109
ASSESSMENT	Decorations Assessment Checklist	☒	☒	☒	☒	☒	☒	☒	111
PROCEDURE	Disaster Volunteer Procedure Checklist	☒		☒	☒	☒	☒		113
ASSESSMENT	Door and Corridor Egress Assessment Checklist.....	☒	☒	☒	☒	☒	☒	☒	114
EVALUATION	EC Management Plan Evaluation Checklist	☒	☒	☒	☒	☒	☒	☒	115

		Accreditation Programs/Settings								
		AHC	BHC	CAH	HAP	LAB	NCC	OBS	OME	
PROCEDURE	EC Management Plan Procedure Checklist.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	116
ASSESSMENT	EC Rounds Risk Assessment Checklist.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	117
ASSESSMENT	Environmental Hand Hygiene Assessment Checklist.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	122
ASSESSMENT	Environmental Risks for Suicide Assessment Checklist.....			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					123
ASSESSMENT	Latch-and-Label Door Assessment Checklist.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	127
ASSESSMENT	Medical Devices Security Assessment and									
DECISION	Selection Decision Checklist.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			128
TO-DO	Required EC Documentation Checklist.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	129

Safety Culture Assessment Checklist
 Accreditation Programs/Settings: AHC, BHC, CAH, HAP, LAB, NCC, OBS, OME

Safety Culture Assessment Checklist

This checklist includes questions to assess your organization’s safety culture. It can be used to assess the current culture to see if changes need to be made. Answers to all questions should ideally be Y for Yes (unless they aren’t applicable).

Organization: _____

Date of Review: _____ Reviewer: _____

Policies and Procedures [AHC, BHC, CAH, HAP, LAB, NCC, OBS, OME]	Y	N	N/A	If N (No), Note Changes Needed
Does your organization have a code of conduct that explains appropriate behaviors in the workplace and behaviors that undermine a culture of safety?				
Does leadership have a clear and well-established process for managing unacceptable behaviors?				
Does leadership respond in a timely way to reports of behaviors that undermine a culture of safety?				
Does your organization thoroughly investigate all reports of unacceptable behavior?				
Does your organization conduct investigations in the same way for all staff, regardless of position?				
Infrastructure and Training [AHC, BHC, CAH, HAP, LAB, NCC, OBS, OME]	Y	N	N/A	If N (No), Note Changes Needed
Is your organization’s patient safety infrastructure well developed (including a patient safety committee or other dedicated staff team for patient safety)?				
Does your organization provide regular training or information on the code of conduct with all staff?				
Data and Anecdotes [AHC, BHC, CAH, HAP, LAB, NCC, OBS, OME]	Y	N	N/A	If N (No), Note Changes Needed
Does your organization have data to show that all staff embrace the culture of safety?				
Does your organization have success stories related to your organization’s safety culture?				
Does your organization have data or anecdotal stories to show that staff feel comfortable and empowered to bring safety culture concerns to leadership?				
Barriers [AHC, BHC, CAH, HAP, LAB, NCC, OBS, OME]	Y	N	N/A	If N (No), Note Changes Needed
Has your organization identified barriers to implementing a culture of safety?				
Has your organization addressed barriers to implementing a culture of safety?				

Interdisciplinary Care Plan Evaluation Checklist
 Accreditation Programs/Settings: AHC, BHC, CAH, HAP, NCC, OBS, OME

Interdisciplinary Care Plan Evaluation Checklist

This checklist cites elements that should be present in an effective interdisciplinary care plan. You can use it to determine the completeness and quality of any or every interdisciplinary care plan you write or to evaluate your organization's care plan form. Answers to all questions should ideally be Y for Yes (unless they aren't applicable).

Organization: _____ Department/Unit: _____

Date of Review: _____ Reviewer: _____

Patient Medical Record #: _____ Date of Care Plan: _____

The Care Plan	Y	N	N/A	Comments
Is the patient's name, age, admission date, and code status in the plan?				
Is the patient's pertinent medical history included?				
Are the chief complaint/admission diagnosis as well as current problems included?				
Are all providers listed (physicians, nurse practitioners, physician assistants, advanced practice nurses, nurses, therapists, dietitians, pharmacists, social workers)?				
Are the goals of care individualized to the patient?				
Are interventions required to meet the goals listed?				
Are time frames defined to meet the goals of care?				
Is there a discharge date with needs described?				
The Care Planning Process	Y	N	N/A	Comments
Is care planning done in an efficient, effective way?				
Does each team member have unfettered access to documentation provided by other team members?				
Does the team have established communication pathways and regular interdisciplinary meetings?				
Does each member of the team understand his or her role in the patient's care?				
Is there shared decision making within the team?				
Are the patient and family part of creating the plan?				
Do you use an interdisciplinary care pathway?				
Do you use an electronic interdisciplinary care plan?				
Is the planning process done in accordance with organization policies and procedures?				

New Technology Decision Checklist
 Accreditation Programs/Settings: AHC, BHC, CAH, HAP, LAB, NCC, OBS, OME

New Technology Decision Checklist

This checklist includes questions to ask when your organization is making a decision about purchasing or adopting a new technology. It can be used to help make sure you've asked all the necessary questions about the technology. An ideal outcome of the decision checklist should produce a large majority of Y (or Yes) answers.

Organization: _____ Department/Unit: _____

Date of Review: _____ Reviewer: _____

Type of Technology: _____

Questions [AHC, BHC, CAH, HAP, LAB, NCC, OBS, OME]	Y	N	N/A	Comments
Does the new technology meet the needs of a specific environment in your organization?				
Will it improve patient care, streamline work, and/or automate mundane tasks?				
Have you asked end users for input as you have been exploring options related to the new technology?				
Have you examined product safety reviews or alerts for the new technology?				
Have you consulted a third party using the technology to confirm the manufacturer's or vendor's claims?				
Have you conducted a failure mode and effects analysis or human factors analysis on the technology?				
Is it interoperable with current technologies in your organization?				
Can changes be made to the technology to address organizational policies/protocols?				
Will it fit into your current workflow processes or can you adjust workflow processes to fit?				
Have you analyzed its impact on your security and confidentiality protocols as well as HIPAA compliance?				
Can your organization train end users to use the new technology safely and effectively?				
Can the training be customized to meet the needs of various end users (physicians, nurses, pharmacists)?				
Do you have the necessary funds and other resources to maintain and update the technology, as needed?				
Do you have a plan to monitor and reassess the technology and make changes over time, as needed?				



Disaster Volunteer Procedure Checklist
 Accreditation Programs/Settings: AHC, CAH, HAP, LAB, NCC

Disaster Volunteer Procedure Checklist

This checklist outlines the steps to take for advance planning when your organization decides it will use licensed clinical volunteers during a disaster. It also supports on-site volunteer management during disasters. You can use it to help make sure you do everything you need to do in the midst of the disaster.

Organization: _____

Date of Review: _____ Reviewer: _____

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