

Standard	EP	Description	Does the quality department have the data?	Does the data indicate any adverse trends or significant outlier data points in the past 12 months?	Are there sufficient details or is the most appropriate display tool used to help identify variance?	Has the medical staff and board reviewed and approved the data?	What group of subject matter experts is responsible for the detailed analysis of trends/patterns?	Is there a conclusion from the subject matter experts on acceptability of results?
Performance Improvement								
PI.01.01.01	1&2	The GB and leaders set priorities for PI, but TJC establishes the lengthy list of mandates	Y / N	Y / N	Y / N	Y / N		Y / N
	3	The hospital collects data on operative and other procedures	Y / N	Y / N	Y / N	Y / N		Y / N
	4	The hospital collects data on significant discrepancies between pre- and post-operative diagnoses	Y / N	Y / N	Y / N	Y / N		Y / N
	5	The hospital collects data on adverse events related to moderate, deep sedation and anesthesia	Y / N	Y / N	Y / N	Y / N		Y / N
	6	The hospital collects data on the use of blood and blood components	Y / N	Y / N	Y / N	Y / N		Y / N
	7	The hospital collects data on all reported and confirmed transfusion reactions	Y / N	Y / N	Y / N	Y / N		Y / N
	10	The hospital collects data on the results of resuscitation	Y / N	Y / N	Y / N	Y / N		Y / N
	12	The hospital collects data on significant medication errors	Y / N	Y / N	Y / N	Y / N		Y / N
	13	The hospital collects data on significant adverse drug reactions	Y / N	Y / N	Y / N	Y / N		Y / N
	14	The hospital collects data on patient perceptions of the safety and quality of care, treatment, and services	Y / N	Y / N	Y / N	Y / N		Y / N
	34	The hospital collects data on thermal injuries from MRI	Y / N	Y / N	Y / N	Y / N		Y / N
	35	The hospital collects data on the incidence where ferromagnetic objects unintentionally enter the MRI scanner room, and data on any injuries resulting	Y / N	Y / N	Y / N	Y / N		Y / N
40	The hospital collects data on pain assessment and pain management including the types of interventions	Y / N	Y / N	Y / N	Y / N		Y / N	
PI.02.01.01	6	The hospital reviews and analyzes incidents where the radiation dose index (computed tomography dose index [CTDIvol], dose length product [DLP], or size-specific dose estimate [SSDE]) from diagnostic CT examinations exceeded expected dose index ranges identified in imaging protocols. Incidents are compared to external benchmarks	Y / N	Y / N	Y / N	Y / N		Y / N
	7	The hospital analyzes its organ procurement conversion rate data as provided by the organ procurement organization (OPO) - Same considerations: incident reports, who collects and aggregates, what committee reviews, when does it get to QA, LD, and Board? - Do you also analyze 1-hour OPO call compliance?	Y / N	Y / N	Y / N	Y / N		Y / N
	12	Analyze staffing in SE and incidents	Y / N	Y / N	Y / N	Y / N		Y / N

13	When analysis reveals a staffing concern, the leaders of the patient safety program are notified	Y / N	Y / N	Y / N	Y / N		Y / N
14	At least once a year, a roll-up summary on results and actions taken is sent to leadership	Y / N	Y / N	Y / N	Y / N		Y / N
18	The hospital analyzes data collected on pain assessment and pain management to identify areas that need change to increase safety and quality for patients	Y / N	Y / N	Y / N	Y / N		Y / N
19	The hospital monitors the use of opioids to determine if they are being used safely (i.e. the tracking of adverse events such as respiratory depression, naloxone use, and the duration and dose of opioid prescriptions)	Y / N	Y / N	Y / N	Y / N		Y / N
20	For hospitals that provide fluoroscopic services: The hospital reviews and analyzes instances where the radiation exposure and skin dose threshold levels identified by the organization are exceeded	Y / N	Y / N	Y / N	Y / N		Y / N
21	Provide incidence data to key stakeholders on MDRO, CLBSI, CAUTI and SSI	Y / N	Y / N	Y / N	Y / N		Y / N

Leadership

LD.03.09.01	7	At least every 18 months, the hospital conducts a proactive risk assessment of a high-risk process (FMEA standard)	Y / N	Y / N	Y / N	Y / N		Y / N
LD.04.03.09	All	Clinical contracting standards: <ul style="list-style-type: none"> - There should be a list of all clinical contracts in the Day One Documents - Surveyors pick 1 or 2 to evaluate - Performance expectations are communicated with the contractor - Contractor performance evaluations in fulfilling those expectations - Performance evaluations are approved by defined leaders 	Y / N	Y / N	Y / N	Y / N		Y / N
LD.04.03.11	5	The hospital measures and sets goals for components of the flow process	Y / N	Y / N	Y / N	Y / N		Y / N
	6	The hospital measures and sets goals to mitigate the boarding of patients in the ED	Y / N	Y / N	Y / N	Y / N		Y / N
	7	The individual who manages the flow process assesses the goals and leaders take action to improve flow when goals are not attained	Y / N	Y / N	Y / N	Y / N		Y / N
	9	When the hospital determines that it has a population at risk for boarding due to behavioral health emergencies, hospital leaders communicate with behavioral health providers and authorities to foster better coordination of care	Y / N	Y / N	Y / N	Y / N		Y / N

National Patient Safety Goals

NPSG.15.01.01	7	Monitor implementation and effectiveness of P+P for screening, assessment, and management of patients at risk for suicide and take action as needed to improve compliance (*newest)	Y / N	Y / N	Y / N	Y / N		Y / N
NPSG.02.03.01	3	Evaluate the critical results reporting process	Y / N	Y / N	Y / N	Y / N		Y / N
NPSG.07.01.01	2&3	Set goals for, and monitor hand hygiene compliance	Y / N	Y / N	Y / N	Y / N		Y / N
NPSG.03.05.01	2	Evaluate anticoagulation safety practices, take actions to improve, and measure the effectiveness	Y / N	Y / N	Y / N	Y / N		Y / N

Medication Management								
MM.08.01.01	1	Collect data on the performance of the medication management process	Y / N	Y / N	Y / N	Y / N		Y / N
MM.09.01.01	7	Collect and analyze data relative to the antibiotic stewardship program of the hospital	Y / N	Y / N	Y / N	Y / N		Y / N
Infection Control								
IC.02.01.01	1	Surveillance	Y / N	Y / N	Y / N	Y / N		Y / N
IC.02.04.01	8	Improve influenza vaccination rates for staff	Y / N	Y / N	Y / N	Y / N		Y / N
IC.02.05.01	2&3	Set goals for, and monitor MDRO, CLABSI, CAUTI, SSI	Y / N	Y / N	Y / N	Y / N		Y / N
Provision of Care								
PC.03.05.19	1	Report violent and self-destructive behavior restraint deaths to CMS	Y / N	Y / N	Y / N	Y / N		Y / N
	3	Log nonviolent, non-self-destructive behavior restraint deaths internally	Y / N	Y / N	Y / N	Y / N		Y / N
Environment of Care								
EC.04.01.01	All	<p>The hospital establishes a process(es) for continually monitoring, internally reporting, and investigating the following:</p> <ul style="list-style-type: none"> - Injuries to patients or others within the hospital's facilities - Occupational illnesses / staff injuries - Incidents of damage to its property or the property of others - Security incidents involving patients, staff, or others within its facilities - Hazardous materials and waste spills and exposures - Fire safety management problems, deficiencies, and failures - Medical or laboratory equipment management problems, failure, and use errors - Utility system failures 	Y / N	Y / N	Y / N	Y / N		Y / N
Emergency Management								
EM.03.01.01	All	Evaluate the effectiveness of emergency management planning	Y / N	Y / N	Y / N	Y / N		Y / N
Additional Comments								
		The governing body should establish additional PI priorities for high-risk, problem-prone processes or any other practice identified by external reviewers and regulators	Y / N	Y / N	Y / N	Y / N		Y / N