



EED Regulatory Readiness Checklist (Inpatient Units)
Documentation Review

CRITERIA	Met	Not Met	Comments
<input type="checkbox"/> Review your Nurse Manager Quality Dashboard			
Confidentiality <input type="checkbox"/> Staff can speak to how patient information is protected from unauthorized access			
Advance directives/health care proxy <input type="checkbox"/> Available or documentation regarding a discussion about HCP is present in record			
Initial Nursing Assessment <input type="checkbox"/> Admission Navigator overview and assessment is completed within 24 hours			
Allergies <input type="checkbox"/> Accurate and up-to-date			
Consents <input type="checkbox"/> Present and complete for surgery/procedures			
Timeout/Universal Protocol <input type="checkbox"/> Completed for every invasive procedure that requires an informed consent			
Plan of Care (POC) <input type="checkbox"/> Individualized for the patient <input type="checkbox"/> Based on assessment and re-assessment of the patient's specific risk factors <input type="checkbox"/> Progression of problems toward end goals is up-to-date (progressing, not progressing, resolved) <input type="checkbox"/> Patients at risk for falls, pressure injury, suicide or self-harm have these problems documented in the POC activity and flowsheet <input type="checkbox"/> Discharge planning is started with documentation			
Progress Note <input type="checkbox"/> Provides a synthesis of the patient's overall progress and plan <input type="checkbox"/> Focuses on problems that are not progressing in the Plan of Care (POC) <input type="checkbox"/> Documents assessments that need to be captured outside of flowsheet			
Transfer of care <input type="checkbox"/> Note should be a synthesis, the same as a progress note <input type="checkbox"/> Reviews the POC, problems should be up-to-date and resolved if no longer active <input type="checkbox"/> Review and update the Education activity			



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<p>Flow Sheet Activity Documentation is present when indicated for patient</p> <ul style="list-style-type: none"> <input type="checkbox"/> Timeout flowsheet (aka Universal Protocol) <input type="checkbox"/> VS, Intake/Output <input type="checkbox"/> Safety risks including suicide, self-harm, falls, pressure injury are always documented on the Screening Flowsheet <input type="checkbox"/> Restrain flowsheet – documentation reflects the restraint in use for the patient <u>or</u> discontinued <input type="checkbox"/> Provider notification of critical lab values is documented in the Assessment Flowsheet <input type="checkbox"/> Blood Admin flowsheet – Transfusions are stopped and all VS are present <input type="checkbox"/> Accurate documentation of items (e.g., infusions, restraints) that need to be “stopped” to indicate that they have been discontinued 			
<p>Fall Risk</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fall risk scale is completed on admission, daily, and with any change in patient’s risk factors <input type="checkbox"/> Interventions match risk factors <input type="checkbox"/> Evaluation of interventions and patient’s response are documented <input type="checkbox"/> Staff knows unit “falls with injury” rates / can locate falls quality data <input type="checkbox"/> Staff describe unit-based strategies in place to eliminate falls 			
<p>Skin Integrity</p> <ul style="list-style-type: none"> <input type="checkbox"/> Braden scale is completed on admission, daily, and with any change in patient’s skin status <input type="checkbox"/> If skin integrity is impaired, stage of pressure injury and description are documented per standards <input type="checkbox"/> Interventions are documented <input type="checkbox"/> Evaluation of interventions and patient’s response are documented <input type="checkbox"/> Interventions match Braden scale risk factors <input type="checkbox"/> Staff know unit pressure injury rates / can locate PI quality data <input type="checkbox"/> Staff describe unit-based strategies in place to eliminate pressure injuries 			
<p>Pain</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pain assessed on admission to the hospital <input type="checkbox"/> Pain is reassessed and documented at least every 8 hours <input type="checkbox"/> Pain is assessed using an appropriate method, based on age and verbal ability <p>When pain is identified as a problem:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A pain treatment plan including stated problem, goals, interventions and individual response is noted in the Plan of Care 			



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<ul style="list-style-type: none"> <input type="checkbox"/> Goals that are not progressing should also be documented in the progress note <input type="checkbox"/> Pain is reassessed and documented after administering analgesic medications: <ul style="list-style-type: none"> a) 30 Minutes after a parenteral analgesic b) 60 minutes after an oral analgesic <input type="checkbox"/> Pain is reassessed and documented during PCA/PCEA analgesia per specific policy, respiratory rate, pain and sedation level within 1 hour after initiation of therapy and every 4 hours <input type="checkbox"/> Pain is assessed within an hour after invasive procedures that require procedural sedation or anesthesia. The assessment is documented using a navigator or flowsheet 			
<p>Blood Transfusion</p> <ul style="list-style-type: none"> <input type="checkbox"/> Staff involved in transfusion verification have completed MGH training <p>Pre-transfusion:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consent completed <input type="checkbox"/> Collect blood sample and label at bedside verifying proper patient identification <p>Administration:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check consent <input type="checkbox"/> 2-person ID check of patient ID and blood bank label, exp date, product ID on Bag matches blood bank label <input type="checkbox"/> ABO Rh compatibility donor and recipient <p>Documentation includes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In EPIC or paper, a dual signature and credentials verification <input type="checkbox"/> Stay with patient for 5 minutes of admin., Complete sets of Vital Signs (Temp, BP, HR, and RR) every 5-30 minutes and when completed <input type="checkbox"/> If transfusion reaction, stop transfusion, send blood and tubing to blood transfusion service <input type="checkbox"/> Complete Request for Investigation – transfusion Reaction Form 			
<p>Critical Results</p> <p>Staff can describe the critical results process including where the communication is documented</p> <ul style="list-style-type: none"> <input type="checkbox"/> A “read back” of the critical result, using 2 patient identifiers, occurs between the clinician (RN, MD, NP, PA) receiving the result and lab staff reporting <input type="checkbox"/> When the RN receives the critical result, it is communicated promptly to the responding provider <input type="checkbox"/> The exact time of communication, mode of communication, name and title of the responding provider are documented in the <i>Provider Notification</i> section of the Assessment Flowsheet 			



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<p>Other documentation for review Staff can show the following in the EHR:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence of implementation of Provider orders <input type="checkbox"/> The interdisciplinary plan of care and follow through is evident through summary activity including overview, patient story, and index tabs <input type="checkbox"/> Documentation that nurse-driven consults have been completed <input type="checkbox"/> Assessments by Provider-ordered consultants (e.g., PT, OT, SLP, Social Work) are documented <input type="checkbox"/> Handover/transfer of care is careful and systematic (IPASS, transfer note) <input type="checkbox"/> OR and Anesthesia notes are accessible in: chart review →encounter →anesthesia event/surgery <input type="checkbox"/> No unapproved abbreviations are used 			
<p>Infection Control Staff can describe:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proper technique for use of Personal Protective Equipment (PPE) when caring for patients on isolation <input type="checkbox"/> Measures to prevent central line-associated bloodstream infection (CLABSI) <input type="checkbox"/> Measures to prevent urinary catheter-associated infections (CAUTI) <input type="checkbox"/> Staff know unit CAUTI and CLABSI rates / can locate quality data <input type="checkbox"/> Measures to prevent surgical site infection <input type="checkbox"/> How staff is notified of need for patient to be placed on (Airbone, Airborne/Contact, Contact/Contact Plus, Droplet, or Enhanced) Isolation <input type="checkbox"/> How patient is monitored regarding ongoing need for Isolation <input type="checkbox"/> Documentation of negative / positive pressure checks when room is in use 			