

Washington State Department of Health, Investigations and Inspections Office

SURVEYOR WORKSHEET

Assessing Hospital Compliance with WAC 246-320-171

Improving Organizational Performance

STATE SURVEYOR WORKSHEET

Instructions: The following is a list of items, broken down into separate parts, which must be assessed during the on-site survey in order to determine compliance with the WAC Improving Organizational Performance. Items are to be assessed primarily by review of the hospital's Quality program documentation and interviews with hospital staff. Direct observation of hospital practices plays a lesser role in IOP compliance assessment, but may still be appropriate. The separate parts can be assessed in any order. Within each part there may also be flexibility to change the order in which the various items are assessed.

The interviews should be performed with the most appropriate staff person(s) for the items of interest (e.g., unit/department staff should be asked how they participate in the hospital-wide Quality program).

Citation instructions are provided throughout this instrument, indicating the applicable regulatory provision to be cited on the Form CMS-2567 when deficient practices are observed.

PART 1 – HOSPITAL CHARACTERISTICS

1.1 Hospital Name (please print)

1.2 Address, State and Zip Code (please print)

Address

City

State

Zip

1.3 Date of site visit:

		/			/					to			/			/				
m	m		d	d		Y	y	y	y		m	m		d	d		y	y	y	Y

PART 2 – BROAD QUALITY PROGRAM REQUIREMENTS AND LEADERSHIP RESPONSIBILITIES

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
2.1a Is there evidence that the hospital has a formal written Quality program and plan. Survey Task: ask the hospital to describe their overall process.	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
2.1b Is the Quality program periodically evaluated.	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
2.1c Does the Quality program clearly identify responsible staff? Survey Task: review their FTE, staff list. Does the program clearly identify responsible staff?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
2.1d Is there evidence that the Quality program is approved by the governing body?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
If no to 2.1(a)(b)(c)(d), consider citation at WAC 246-320-131(1)(c) (Tag B-120), WAC 246-320-136(9) (Tag B-290), and/or WAC 246-320-171 (1)(a) (Tag B-800)		
2.2a Is there evidence that the Quality program is a hospital-wide approach to process, design, and performance measurement, assessment, and improving patient care services according to RCW 70.41.200?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
If no to any of 2.2, consider citation at WAC 246-320-171 (1) (Tag B-795)		

PART 2 – BROAD QUALITY PROGRAM REQUIREMENTS AND LEADERSHIP RESPONSIBILITIES (CONTINUED)

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
2.3 Does the Quality program include assessment of the quality of care provided by patient care contractors? Survey Task: ask to see their complete list of contractors. Ask the hospital to describe how the contractors are evaluated. Do the contracts identify how quality will be measured?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
If no to 2.3, consider citation at WAC 246-320-171 (1) (Tag B-795)		
2.4 Does the Quality program include collection, measurement, and assessment of data on processes and outcomes related to dialysis care or contracted dialysis care? Survey Task: If the hospital provides dialysis care, ask to review that quality indicator. Ask if there are benchmarks, and if not reaching those benchmarks, ask the hospital to show you their written action plans.	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
If no to 2.4, consider citation at WAC 246-320-171 (3) (Tag B-835)		
2.5 Is there evidence that performance improvement activities are interdisciplinary and include at least one member of the governing authority?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
If no to 2.5, consider citation at WAC 246-320-171 (1) (b) (Tag B-805)		

PART 2 – BROAD QUALITY PROGRAM REQUIREMENTS AND LEADERSHIP RESPONSIBILITIES (CONTINUED)

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
<p>2.6 Can the hospital provide evidence that it has prioritized its improvement activities and has focused on areas that are high risk (severity), high volume (incidence or prevalence), or problem-prone?</p> <p>Survey Task: Ask the hospital to identify current or recent improvement activities. Ask the hospital to describe how they selected and prioritized these areas for improvement. If they cannot describe how they prioritize PI activities, ask how they decide what activities are most important. Review meeting minutes or other documentation related to prioritization.</p>	<p><input type="radio"/> YES <input type="radio"/> NO</p>	<p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p>
<p>If no to 2.6, consider citation at WAC 246-320-171 (1) (c) (Tag B-810)</p>		
<p>2.7 If the hospital has reached its performance goal, has it reviewed the improvement activity to determine whether it is appropriate to cease tracking?</p> <p>Survey Task: ask to see the process the hospital took to correct and track a past deficient practice during a state, Joint Commission, American Osteopathic Association or Det Norske Veritas surveys.</p>	<p><input type="radio"/> YES <input type="radio"/> NO</p>	<p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p>
<p>If no to 2.7, consider citation at WAC 246-320-171 (1) (c) (Tag B-810)</p>		

PART 2 – BROAD QUALITY PROGRAM REQUIREMENTS AND LEADERSHIP RESPONSIBILITIES (CONTINUED)

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
<p>2.8 Does the program include implementation and monitoring of actions taken to improve performance? Survey Task: If the hospital has created one, ask to review the hospital’s dashboard that has all of their indicators. If the dashboard or their monitoring process determines that goals are not met, ask the hospital to show you their written action plans.</p>	<p><input type="radio"/> YES <input type="radio"/> NO</p>	<p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p>
<p>If no to 2.8, consider citation at WAC 246-320-136(9) (Tag B-290) and/or WAC 246-320-171 (1) (d) (Tag B-815)</p>		
<p>2.9 Does the Quality program include staff education regarding performance improvement, patient safety, and injury prevention? Survey Task: Review selected Human Resources and/or Education files. Is there documentation that staff has received education on: safe patient handling, restraints, patient safety, medication errors, injury prevention, etc.)</p>	<p><input type="radio"/> YES <input type="radio"/> NO</p>	<p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p>
<p>If no to 2.9, consider citation at WAC 246-320-171 (1) (e) (Tag B-820)</p>		
<p>2.10 Does the Quality program provide for review of serious or unanticipated patient outcomes in a timely manner? Survey Task: Review a dashboard; make sure they are monitoring the state- required indicators. Ask to review recent grievances by patients related to accidents, injuries, treatment, and other events. Review their timeframe for resolution.</p>	<p><input type="radio"/> YES <input type="radio"/> NO</p>	<p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p>
<p>If no to 2.10, consider citation at WAC 246-320-171 (1) (f) (Tag B-825)</p>		

PART 3: DATA COLLECTION AND ANALYSIS - QUALITY INDICATOR TRACERS

Instructions for Part #3 Questions:
Select 2 quality indicators (not patient safety analyses) – 1 from the facilities dashboard and 1 from the form the facility completed for “state required quality indicators” and trace them answering the following multipart questions. Focus on indicators with related QUALITY activities or projects. At least one of the indicators must have been in place long enough for most questions to be applicable. A third indicator is required if non-compliance is found during your review.

Elements to be Assessed	Indicator #1	Indicator #2	Indicator #3
3.1 Write in indicator selected. (Ask facility to show list of current quality activities or projects; pick three indicators from list.)			
Indicator selection identified through:	<input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 5
3.2 Is the scope of data collection appropriate to the indicator, e.g., an indicator related to labor and delivery might be appropriate to all areas of that unit and the ED, but indicators related to hand hygiene would require data from multiple parts of the hospital.	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

PART 3: DATA COLLECTION AND ANALYSIS - QUALITY INDICATOR TRACERS (CONTINUED)

Elements to be Assessed	Indicator #1	Indicator #2	Indicator #3
3.3 Is the method (e.g., chart reviews, monthly observations, etc.) and frequency of data collection specified?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
3.4 Is there evidence that the data are consistently collected in the manner and frequency specified for this indicator? (E.g., Is there evidence of late, incomplete or wrong data collection?)	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
3.5 Are data that have been collected aggregated in accordance with the hospital methodology specified for this indicator?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

PART 3 DATA COLLECTION AND ANALYSIS - QUALITY INDICATOR TRACERS (CONTINUED)

Elements to be Assessed	Indicator #1	Indicator #2	Indicator #3
3.6 Are the collected data analyzed in a meaningful way?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
3.7a If the indicator is the type that measures a rate, are rates calculated for points in time and over time, and are comparisons made to performance benchmarks when available (e.g. established by nationally recognized organizations)?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Is the hospital tracking in a manner that is useful and measurable?	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

PART 3: DATA COLLECTION AND ANALYSIS - QUALITY INDICATOR TRACERS (CONTINUED)

Elements to be Assessed	Indicator #1	Indicator #2	Indicator #3
3.8 When feasible, are aggregated data broken down into subsets that allow useful comparison of performance?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
If no to any of 3.2 through 3.8, consider citation at WAC 246-320-171 (2) (Tag B-830)			
3.9 If the data analysis identified areas needing improvement, is there evidence that the hospital instituted interventions (activities and/or projects) to address them? <ul style="list-style-type: none"> • Check N/A if analysis did not lead to interventions, but the hospital could demonstrate that other areas were of higher priority. • Check NO if analysis did not lead to interventions and the hospital could not demonstrate that other improvement activities were of higher priority. 	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

PART 3: DATA COLLECTION AND ANALYSIS - QUALITY INDICATOR TRACERS (CONTINUED)

Elements to be Assessed	Indicator #1	Indicator #2	Indicator #3
3.10 Are interventions evaluated for success?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
3.11 If interventions taken were not successful, were new interventions developed?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
3.12 If interventions were successful, did evaluation continue longer to assess if success was sustained?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

If no to any of 3.9 through 3.12 consider citation at consider citation at WAC 246-320-171 (1) (Tag B-815)

PART 3: DATA COLLECTION AND ANALYSIS - QUALITY INDICATOR TRACERS (CONTINUED)

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
<p>3.13 Does the Quality program provide for systematic collection, measurement, and assessment of data on processes and outcomes related to patient care and organization functions?</p> <p style="color: red;">Survey Task: Ask to see benchmarks for their indicators. Review them to see if they are at or near their benchmarks. If benchmarks are not met, ask the hospital to show you their written action plans.</p>	<p><input type="radio"/> YES <input type="radio"/> NO</p>	<p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p>
<p>If no to 3.13, consider citation at WAC 246-320-171 (2) (Tag B-830)</p>		

PART 4 – PATIENT SAFETY – ADVERSE EVENTS AND MEDICAL ERRORS		
Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
4.1a Does the hospital have a policy and procedure for identifying, investigating, and reporting Adverse Events to the Department of Health according to RCW 70.56.020 , WAC 246-320-146, and WAC 246-320-151? Survey Task: ask to review their policy and procedure detailing their reporting process.	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
4.1b Does the hospital’s procedure direct staff to perform a root cause analysis for each event. (See Part 5 Appendix - Adverse and Reportable Events) Survey Task: review the hospital’s policy regarding RCA.	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
4.1c Did the survey team identify adverse or reportable events that the hospital failed to identify and report?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
If no to 4.1(a)(b)(c)consider citation at WAC 246-320-131 (1)(e) (Tag B-130)		
4.2a Does the hospital have a process for identifying, investigating, and analyzing non-reported adverse outcomes and near-misses and employ methods, in addition to staff incident reporting, to identify possible medical errors (including near misses/close calls) and adverse events?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

PART 4 – PATIENT SAFETY – ADVERSE EVENTS AND MEDICAL ERRORS (CONTINUED)

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
4.2b Has the hospital implemented changes related to these adverse outcomes and near - misses? <i>Survey Task: Ask what changes the hospital has made in response to recent adverse events or near misses.</i>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
4.2c Does the hospital have a policy process for informing patients of these unanticipated outcomes? <i>Survey Task: ask to review their disclosure policy. Revision or review date?</i>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
If no to 4.2(a)(b) (c) consider citation at WAC 246-320-171 (1)(f) (Tag B-825)		
4.3a Is there QAPI program collaboration with infection control officer(s) to identify and track avoidable healthcare-acquired infections? <i>Survey Task: ask to review IP meeting minutes.</i>	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
4.3b Is there evidence that problems identified by infection control officer(s) are addressed through QAPI program activities?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
If no to 4.3 (a)(b), consider citation at WAC 246-320-171 (1)(f) (Tag B-840)		

PART 4: PATIENT SAFETY – ADVERSE EVENTS AND MEDICAL ERRORS (CONTINUED)

4.4 In this multipart question evaluate if the hospital’s leadership sets expectations for patient safety? Specifically:

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
<p>4.4a Is there evidence of widespread staff training or communication to convey expectations for patient safety to all staff? (e.g. training related to steps to take in a situation that feels unsafe, how to report medical errors (including near misses/close calls) adverse events, etc.)</p> <p style="color: red; margin-top: 10px;">Survey Task: see QAPI staff interview questions.</p>	<p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p>	<p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5</p>
<p>4.4b On each unit surveyed, can staff explain what the hospital’s expectations are for their role in promoting patient safety?</p>	<p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p>	<p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5</p>

PART 4: PATIENT SAFETY – ADVERSE EVENTS AND MEDICAL ERRORS (CONTINUED)

4.5 In this multipart question evaluate if the hospital has a systematic process to identify medical errors (including near misses/close calls) and adverse events on an ongoing basis? Specifically:

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
4.5a On each unit/program surveyed, can staff describe what is meant by medical errors (including near misses/close calls) and adverse events?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
4.5b On each unit/program surveyed, can staff explain how and/or to whom they should report medical errors (including near misses/close calls) and adverse events?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

If no to any 4.5.a through 4.6.b, consider citation at WAC 246-320-171 (1)(e) (Tag B-820)

PART 5: APPENDIX –ADVERSE AND REPORTABLE EVENTS**NATIONAL QUALITY FORUM****1. SURGICAL OR INVASIVE PROCEDURE EVENTS**

1A. Surgery or other invasive procedure performed on the wrong site (updated) Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

1B. Surgery or other invasive procedure performed on the wrong patient (updated) Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

1C. Wrong surgical or other invasive procedure performed on a patient (updated) Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

1D. Unintended retention of a foreign object in a patient after surgery or other invasive procedure (updated) Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

1E. Intraoperative or immediately postoperative/postprocedure death in an ASA Class 1 patient (updated) Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices

2. PRODUCT OR DEVICE EVENTS

2A. Patient death or serious injury associated with the use of contaminated drugs, devices, or biologics provided by the healthcare setting (updated) Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

2B. Patient death or serious injury associated with the use or function of a device in patient care, in which the device is used or functions other than as intended (updated) Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

2C. Patient death or serious injury associated with intravascular air embolism that occurs while being cared for in a healthcare setting (updated) Applicable in: hospitals, outpatient/office-based surgery centers, long-term care/skilled nursing facilities

3. PATIENT PROTECTION EVENTS

3A. Discharge or release of a patient/resident of any age, who is unable to make decisions, to other than an authorized person (updated) Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

3B. Patient death or serious injury associated with patient elopement (disappearance) (updated) Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

3C. Patient suicide, attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare setting (updated) Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4. CARE MANAGEMENT EVENTS

4A. Patient death or serious injury associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration) (updated) Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4B. Patient death or serious injury associated with unsafe administration of blood products (updated) Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4C. Maternal death or serious injury associated with labor or delivery in a low-risk pregnancy while being cared for in a healthcare setting (updated) Applicable in: hospitals, outpatient/office-based surgery centers

4D. Death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy (new) Applicable in: hospitals, outpatient/office-based surgery centers

4E. Patient death or serious injury associated with a fall while being cared for in a healthcare setting (updated) Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4F. Any Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission/presentation to a healthcare setting (updated) Applicable in: hospitals, outpatient/office-based surgery centers, long-term care/skilled nursing facilities

4G. Artificial insemination with the wrong donor sperm or wrong egg (updated) Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices

4H. Patient death or serious injury resulting from the irretrievable loss of an irreplaceable biological specimen (new) Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

4I. Patient death or serious injury resulting from failure to follow up or communicate laboratory, pathology, or radiology test results (new) Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

5. ENVIRONMENTAL EVENTS

5A. Patient or staff death or serious injury associated with an electric shock in the course of a patient care process in a healthcare setting (updated) Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

5B. Any incident in which systems designated for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas, or are contaminated by toxic substances (updated) Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

5C. Patient or staff death or serious injury associated with a burn incurred from any source in the course of a patient care process in a healthcare setting (updated) Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

5D. Patient death or serious injury associated with the use of physical restraints or bedrails while being cared for in a healthcare setting (updated) Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

6. RADIOLOGIC EVENTS

6A. Death or serious injury of a patient or staff associated with the introduction of a metallic object into the MRI area (new) Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices

7. POTENTIAL CRIMINAL EVENTS

7A. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider (updated) Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

7B. Abduction of a patient/resident of any age (updated) Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

7C. Sexual abuse/assault on a patient or staff member within or on the grounds of a healthcare setting (updated) Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

7D. Death or serious injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a healthcare setting (updated) Applicable in: hospitals, outpatient/office-based surgery centers, ambulatory practice settings/office-based practices, long-term care/skilled nursing facilities

WAC 246-320-151 - REPORTABLE EVENTS

The purpose of this section is to outline each hospital's responsibility for reporting serious events that affect the operation and maintenance of the facility.

(1) Hospitals must notify the department within forty-eight hours whenever any of the following events have occurred:

(a) A failure or facility system malfunction such as the heating, ventilation, fire alarm, fire sprinkler, electrical, electronic information management, or water supply affecting patient diagnosis, treatment, or care within the facility; or

(b) A fire affecting patient diagnosis, treatment, or care within the facility.

(2) Each notice to the department must include:

(a) The hospital's name;

(b) The event type from subsection (1) of this section; and

(c) The date the event occurred.

WAC 246-320-146 ADVERSE EVENTS AND INCIDENT REPORTING SYSTEM

Medical facilities must report confirmed adverse health events to the department. A medical facility must:

- (1) Notify the department that an adverse health event has occurred within forty-eight hours of confirmation of the adverse health event. The notification must include:
 - (a) The name of the medical facility;
 - (b) The date the adverse event was confirmed;
 - (c) The type of adverse health event; and
 - (d) Any additional contextual information the medical facility chooses to provide.
- (2) Submit a report to the department within forty-five days of the confirmation of the adverse health event. The report must include a root cause analysis and corrective action plan. The root cause analysis must:
 - (a) Follow the procedures and methods of:
 - (i) The joint commission;
 - (ii) The department of veterans affairs national center for patient safety; or
 - (iii) Another nationally recognized root cause analysis methodology the department has found acceptable for the type of facility reporting an adverse health event.
 - (b) Include the following information:
 - (i) The findings regarding the root cause of the adverse health event;
 - (ii) The number of patients, registered nurses, licensed practical nurses, and unlicensed assistive personnel present in the relevant patient care unit at the time the reported adverse health event occurred;
 - (iii) The number of nursing personnel present at the time of the adverse health event who have been supplied by temporary staffing agencies, including traveling nurses; and
 - (iv) The number of nursing personnel, if any, on the patient care unit working beyond their regularly scheduled number of consecutive hours worked by each such nursing personnel at the time of the adverse health event.

The corrective action plan must be consistent with the findings of the root cause analysis and include:

 - (A) How each finding will be addressed and corrected;
 - (B) When each correction will be completed;
 - (C) Who is responsible to make the corrections;
 - (D) What action will be taken to prevent the adverse health event from reoccurring; and
 - (E) A monitoring schedule to assess the effectiveness of the corrective action plan, including who is responsible for the monitoring schedule.
- (3) If a medical facility determines there is no need to create a corrective action plan for a particular adverse health event, the medical facility must provide to the department a written explanation of the reasons for not creating a corrective action plan.
- (4) The medical facility may amend the notification or report within sixty days of the submission.
- (5) The report shall not include any identifying information for any health care professional, facility employee, or patient involved.
- (6) Notification and reporting under this rule does not remove a medical facility's responsibility to report a licensed practitioner's unprofessional conduct to the department, as defined under RCW [18.130.180](#).