

Clinical Departments: Nursing Services

Name of Hospital: _____

Date: _____ Hospital Contact: _____

Always/
Yes

Sometimes

Never/
No

N/A

DEPARTMENT MANAGEMENT

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. The nursing department has a chain-of-command policy and procedure identifying the steps staff should take when there is a conflict with physician practice, staffing concerns, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. There is a written policy and procedure that includes documentation requirements to address a patient request to leave against medical advice. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. There is a mechanism to follow if a restricted patient is demanding to smoke (e.g., physician order and staff are available to attend the patient). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. The hospital allows patients to use personal electrical equipment. |
| | | | | If yes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Use is allowed following inspection by trained personnel (e.g., maintenance department, security, nursing). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Evidence of the inspection is placed on the equipment. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. The policy is explained to the patient at the time of admission. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. There is a written policy and procedure for handling and protecting patient valuables. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. There is written policy for discharge planning procedures and documentation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. There are written procedures to follow in the event of equipment breakdown or failure. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. There are policies for monitoring postoperative patients and patients receiving pain management. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. There is a written policy and procedure for handling stat and abnormal lab values. |

HUMAN RESOURCES

Verification of Licensure and Competency

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|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. There is a process for license verification for RNs and LPNs when they are hired and at each renewal period. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Current license information is available. |

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. If certification is required per job description, there is evidence of the certification.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. If nursing assistants are required to be certified, there is verification of their certification.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Graduate nurses perform duties within the scope of the contract between the school of nursing and the hospital.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Nurses, nurse practitioners, or physician assistants employed by physicians who work in the hospital have the same qualifications and competencies required for employed individuals performing the same or similar services at the hospital.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Nursing staff is aware of each practitioner's privileges and how to access the information if questions arise.
Advanced Practice Nurses (includes nurse practitioners, clinical nurse specialists, CRNAs, CNMs, and DNPs)				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Advanced practice nurses (independent and those employed by a physician or the hospital) are granted privileges through a credentialing and privileging process.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. The advanced practice nurse's scope of practice is limited to only those acts and procedures that have been specifically authorized and directed by the supervising physician.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. The advanced practice nurses possess the licensure, certification, etc., required by applicable state statutes and hospital policies and procedures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. There is a record of these practitioners' current licensure, appropriate certifications, and professional liability insurance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. The supervising or sponsoring physician directs and reviews the work records and practice of the advanced practice nurse on an ongoing basis.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. If advanced practice nurses in this jurisdiction have prescriptive authority, medication orders/prescriptions are written in collaboration with a sponsoring member of the medical staff.

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Yes

Sometimes

Never/
No

N/A

Agency Nurses

22. If agency nurses are used:

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|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Please list the department(s) where they are used: |
| | | | | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. There is evidence of current licensure for agency nurses. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. There is documentation of the health status of the agency nurses. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. The contract has been reviewed for hold-harmless agreement and malpractice insurance requirements. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. A current certificate of malpractice insurance for agency nurses is maintained. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. There is a system for evaluating agency nurses initially and periodically. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. There is assurance of proper patient assignment within the competency/limitations of the agency nurse. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h. There is a formal, documented, unit-specific orientation for agency nurses, including chain of command and documentation system (EHR or paper). |

Internal Floating of RNs

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|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. There is a comprehensive training and/or cross-training program for nurses working within the float pool. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. Assignments are made within the float nurse's abilities. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. If float nurses are able to assume the charge role, there is additional training for this role. |

MEDICATION MANAGEMENT

Intravenous Infusions

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|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. There is an IV team. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. If there is no IV team, IV therapy is administered by personnel whose training has been documented. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28. There is a list of drugs that may be administered intravenously by nursing personnel, and the conditions under which they may be administered are outlined. |

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Admixtures are prepared under the supervision of/in consultation with the pharmacist.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. There is a definition of “keep vein open” (KVO).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. There are criteria for the use of infusion pumps.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. There is documentation of insertion site, type and gauge of needle/catheter, type and flow rate of IV solution, and name, dosage, and concentration of any medication in the solution.
				33. Infection control policies address:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. site preparation and care;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. frequency of site change;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. frequency of tubing change; and
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. nursing actions when there is tenderness, redness, or edema.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. There is documentation in the medical record that the previous sites have been monitored, especially when the IV site has been discontinued due to tenderness, redness, etc.
				Medication Storage and Administration
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Medications are securely stored per hospital pharmacy guidance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Prescription pads are secured.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Pharmacology references/compatibility charts are readily accessible.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. The unit has a limited controlled supply of stock medication maintained in an automatic dispensing unit, and pharmacy reviews usage on a regular basis.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. The pharmacist is readily available to answer clinician questions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Procedures for patient identification comply with national facility accreditation standards.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. There is a policy for recording medications.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. There is a policy that includes the definition, reporting, and evaluation of medication errors.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. The facility has implemented patient safety processes for high-alert medications and look-alike, sound-alike medications.

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44. There is a procedure for the administration of investigational drugs, including documentation of informed consent.

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45. There is a procedure for handling and reporting adverse drug reactions.

PATIENT CARE

Documentation

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46. The nursing documentation system provides for patient assessments at appropriate routine times according to the patient's acuity.

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47. The assessments are documented.

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48. The exact time of the assessment is included in the medical record.

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49. There is documentation of the patient's status upon transfer from one area to another.

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50. There is a policy on how to document corrections and addendums to the record.

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a. If the addendum is within the shift, it is dated and timed for when the actual addendum was made, along with the date and time referenced by the addendum.

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b. If not within the shift, the addendum is approved by the supervisor.

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c. The risk manager is notified of all addendums after discharge, after a patient has threatened litigation, made a claim, or after notification of pending litigation.

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51. If charting by exception is used, there are clear, normal parameters to chart against.

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52. There is evidence in the medical record of the patient's orientation to the unit, including instructions on the use of the call light, keeping the bed in the lowest position, not using the tray table for support, side rail usage, placement of valuables and dentures, etc.

ENVIRONMENT OF CARE

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53. Patient call bells are accessible to every patient.

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54. Beds are in low position when staff is not in attendance.

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55. Hallways are clear of obstructions.

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56. Exits are clear and unobstructed.

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57. Hazardous materials and infectious waste containers are labeled.

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58. Sharps containers are labeled and emptied appropriately.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59. Chemicals are stored away from patients.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60. The disaster plan, exposure control plan, infection control manual, material safety data sheets (MSDS), and hazardous communications program are readily accessible to all nursing staff.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61. Clean linens are covered.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	62. Patient privacy is maintained by unit staff, other clinicians, and physicians.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	63. For hospitals with operable windows, the windows have a safety-limiting device that limits the opening to six inches or less.
PROCESS IMPROVEMENT/PATIENT SAFETY				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	64. There is a fall-prevention program in place, including an initial assessment for fall risk and periodic review for patients at risk.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65. Restraint use and reduction are monitored and evaluated.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	66. Pain management is monitored and evaluated for effectiveness.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	67. Adverse events and near misses are reported according to policy.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. The department provides constructive and timely feedback on each reported adverse event and near miss.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Staff members are able to describe how information on adverse events and near misses is used to improve patient safety.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	68. The department has a patient safety plan with specific goals and objectives.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	69. The department collects data needed to track progress toward the department patient safety goals.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Staff members are able to describe how they use data to determine which safety projects to adopt.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Staff members are able to describe how they use data to improve patient care.

This interactive guide is not a standard of care. Any guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any action or treatment must be made by each health care practitioner in light of all circumstances prevailing in the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.