DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Center for Clinical Standards and Quality/ Survey & Certification Group

REF: S&C: 13-03-Hospital

DATE: **November 9, 2012**

TO: State Survey Agency Directors

FROM: Director
Survey & Certification Group

SUBJECT: Patient Safety Initiative FY 2013 Pilot Phase – Revised Draft Surveyor Worksheets

Memorandum Summary

- ***Patient Safety Initiative*:** The Centers for Medicare & Medicaid Services (CMS) is continuing to test revised surveyor worksheets for assessing compliance with three hospital Conditions of Participation (CoPs): Quality Assessment and Performance Improvement (QAPI), Infection Control, and Discharge Planning. We are focusing on compliance with these CoPs as a means to reduce hospital-acquired conditions (HACs), including healthcare associated infections (HAIs), and preventable readmissions.

- ***Draft Worksheets Made Public:*** Via this memorandum we are making the revised draft worksheets publicly available. As was the case previously, there may be additional revisions to the worksheets at the end of FY 2013.

Patient Safety Initiative Pilot Phase

The Survey & Certification Group (SCG) Patient Safety Initiative is continuing to pilot test three revised surveyor worksheets designed to help surveyors assess compliance with the hospital CoPs for QAPI, infection control, and discharge planning. In S&C-12-01 released October 14, 2011 and in S&C-12-32 released May 18, 2012, we made available to the public copies of the initial and revised draft surveyor worksheets. These worksheets were used during the pre-test and pilot phases of the SCG initiative, from September 2011 through September 2012.

The three worksheets have been further revised, both to refine some questions and to make clearer the non-punitive nature of the pilot test, which is designed not only to develop effective tools for future surveyor use in assessing compliance, but also to serve as a risk management assessment tool for hospitals. To emphasize the non-punitive nature of this pilot, in FY 2013 no citations will be issued at either the standard- or condition-level on the Form CMS 2567,

Statement of Deficiencies and Plan of Correction, unless an Immediate Jeopardy situation is identified. At the same time, the revised worksheets have eliminated citation instructions and instead identify areas at in which a hospital might potentially be at risk of non-compliance in the future.

In contrast to FY 2012, in FY 2013 surveyors in all State Survey Agencies (SAs) will be testing the three surveyor worksheets together in one integrated survey of one hospital campus. Multi-campus hospitals will only need to be surveyed at one inpatient hospital location, although additional campuses may also be included. During the course of FY 2013, SAs will be required to perform from one to nine integrated PSI surveys in their States, based on the number of Medicare-certified hospitals in each State. As was the case in both the pre-test and FY 2012 pilot phases, hospitals will be selected for a pilot survey based on a combination of risk-adjusted all-cause Medicare readmissions data and/or other factors.

Since no citations will be issued, hospitals will not be required to submit Plans of Correction as part of these PSI surveys. Surveyors will provide feedback based on the draft tools at the end of the survey to hospital staff, detailing areas at risk. SAs will document only the completion of the survey on the Form CMS 2567, which will be used for internal CMS administrative purposes. No Form CMS 2567 will be issued to the hospital. A copy of each completed worksheet that is submitted to CMS as part of our evaluation of this pilot will also be provided to the hospital.

Public Distribution

The three hospital surveyor worksheets are being publicly distributed via this memo. We encourage all hospitals to voluntarily utilize the worksheets for self assessment of their practices related to QAPI, infection control and discharge planning. Feedback from hospitals after utilizing the worksheets is welcome. We also welcome feedback from the hospital industry at large, from patients and consumer groups, and others committed to quality and patient safety.

Please submit all questions to PFP.SCG@cms.hhs.gov.

/s/
Thomas E. Hamilton

Attachments: (3)

Patient Safety Initiative Pilot Hospital QAPI Worksheet 2013
Patient Safety Initiative Pilot Hospital Infection Control Worksheet 2013
Patient Safety Initiative Pilot Hospital Discharge Planning Worksheet 2013

cc: Survey & Certification Regional Office Management

HOSPITAL PATIENT SAFETY INITIATIVE

DRAFT RISK EVALUATION TOOL

Quality Assessment & Performance Improvement (QAPI)

State Agency Name _____

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 QAPI Condition of Participation. Items are to be assessed primarily by review of the hospital's QAPI program documentation and interviews with hospital staff. Direct observation of hospital practices plays a lesser role in QAPI 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 QAPI program).

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 CMS Certification Number (CCN) | | | | | | |

1.4 Date of site visit:

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

1.5 Number of State Agency surveyors who participated in this survey: | | |

1.6 Approximate time spent on site performing this survey (hours): | | |

1.7 Does the hospital participate in Medicare via accredited "deemed" status?

- ○ YES
- ○ NO

1.8a If YES, which AO(s)? (Check all that apply)

- ○ American Osteopathic Association (AOA)/HFAP
- ○ DNV Healthcare (DNV)
- ○ The Joint Commission (TJC)

1.8b If YES, according to the hospital, what was the end date of the most recent accreditation survey?

m	m	/	d	d	/	y	y	y	y

PART 3: DATA COLLECTION AND ANALYSIS - QUALITY INDICATOR TRACERS			
Instructions for Part #3 Questions: **Select 3 quality indicators (not patient safety analyses) and trace them answering the following multipart question. Focus on indicators with related QAPI activities or projects. At least one of the indicators must have been in place long enough for most questions to be applicable.**			
Elements to be Assessed	**Indicator #1**	**Indicator #2**	**Indicator #3**
3.1 Write in indicator selected.			
Indicator selection identified through:	○ 1 ○ 3 ○ 5	○ 1 ○ 3 ○ 5	○ 1 ○ 3 ○ 5
3.1.a Can the hospital provide evidence that each quality indicator selected is related to improved health outcomes? (e.g. based on QIO, guidelines from a nationally recognized organization, hospital specific evidence, peer-reviewed research, etc.)	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

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

Elements to be Assessed	Indicator #1	Indicator #2	Indicator #3
3.1.b 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.	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3.1.c Is the method (e.g., chart reviews, monthly observations, etc.) and frequency of data collection specified?	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3.1.d Is there evidence that the data are actually collected in the manner and frequency specified for this indicator? E.g., Is there evidence of late, incomplete, or wrong data collection?	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

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

Elements to be Assessed	Indicator #1	Indicator #2	Indicator #3
3.1.e If unit staff play a role in data collection, is collection consistent with the specifications for how the data are to be collected?	○ YES ○ NO ○ N/A	○ YES ○ NO ○ N/A	○ YES ○ NO ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3.1.f Are data that have been collected aggregated in accordance with the hospital methodology specified for this indicator?	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3.1.g Are the collected data analyzed?	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

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

Elements to be Assessed	Indicator #1	Indicator #2	Indicator #3
3.1.h 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)?	○ YES ○ NO ○ N/A	○ YES ○ NO ○ N/A	○ YES ○ NO ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3.1.i When feasible, are aggregated data broken down into subsets that allow comparison of performance among hospital units covered by the indicator? For example, a hand hygiene indicator should allow comparison among different inpatient units.	○ YES ○ NO ○ N/A	○ YES ○ NO ○ N/A	○ YES ○ NO ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to any of 3.1.a through 3.1.i, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(a)(1), (a)(2), (b)(1), & (b)(3) (Tag A-273)			

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

Elements to be Assessed	Indicator #1	Indicator #2	Indicator #3
3.1.j If the data analysis identified areas needing improvement, is there evidence that the hospital instituted interventions (activities and/or projects) to address them? • 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.	○ YES ○ NO ○ N/A	○ YES ○ NO ○ N/A	○ YES ○ NO ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3.1.k Are interventions evaluated for success?	○ YES ○ NO ○ N/A	○ YES ○ NO ○ N/A	○ YES ○ NO ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

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

Elements to be Assessed	Indicator #1	Indicator #2	Indicator #3
3.1.l If interventions taken were not successful, were new interventions developed?	○ YES ○ NO ○ N/A	○ YES ○ NO ○ N/A	○ YES ○ NO ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3.1.m If interventions were successful, did evaluation continue longer to assess if success was sustained?	○ YES ○ NO ○ N/A	○ YES ○ NO ○ N/A	○ YES ○ NO ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to any of 3.1.j through 3.1.m, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(b)(2)(ii), (c)(1), & (c)(3) (Tag A-283)			

PART 4 – APPLYING QUALITY INDICATOR INFORMATION - ACTIVITIES AND PROJECTS		
Elements to be Assessed		**Manner of Assessment Code (Enter all that apply) & Surveyor Notes**
4.1 Can the hospital provide evidence that its improvement activities focus on areas that are high risk (severity), high volume (incidence or prevalence), or problem-prone?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to 4.1, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(c)(1)(i) & (ii) (Tag A-283)		
4.2 Can the hospital provide evidence that it conducts distinct performance improvement projects?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4.3 Is the number of projects proportional to the scope and complexity of the hospital's services and operations? No fixed ratio is required, but smaller hospitals with a smaller number of distinct services would be expected to have fewer projects than a large hospital with many different services.	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

PART 4 - APPLYING QUALITY INDICATOR INFORMATION – ACTIVITIES AND PROJECTS (CONTINUED)

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
4.4 Does the scope of projects reflect the scope and complexity of the hospital's services and operations? For example, if the hospital offers more complex services, such as neonatal intensive care, or open heart surgery, have there been QAPI project(s) related to any of those services?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to any of 4.2 through 4.4, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(d)(1) (Tag A-297)		
4.5 Can the hospital provide evidence showing why each project was selected? *(NOTE: If the project is a QIO cooperative project or an IT project, such as computer ordered physician entry for medications or an electronic medical record, no rationale is required. Check N/A in these cases)*	○ YES ○ NO ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to 4.5, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(d)(3) (Tag A-297)		

PART 5 – PATIENT SAFETY – ADVERSE EVENTS AND MEDICAL ERRORS		
Elements to be Assessed		**Manner of Assessment Code (Enter all that apply) & Surveyor Notes**
5.1 In this multipart question evaluate if the hospital's leadership sets expectations for patient safety? Specifically:		
5.1.a 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.)	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
5.1.b Is there evidence that the hospital has adopted policies supporting a non-punitive approach to staff reporting of medical errors (including near misses/close calls), adverse events, and situations they consider unsafe?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
5.1.c On each unit surveyed, can staff explain what the hospital's expectations are for their role in promoting patient safety?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to 5.1.a, 5.1.b, or 5.1.c, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(e)(3) (Tag A-286)		

PART 5: PATIENT SAFETY – ADVERSE EVENTS AND MEDICAL ERRORS (CONTINUED)

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
5.2. 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:		
5.2.a On each unit/program surveyed, can staff describe what is meant by medical errors (including near misses/close calls) and adverse events?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
5.2.b 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?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
5.2.c Does the hospital employ methods, in addition to staff incident reporting, to identify possible medical errors (including near misses/close calls) and adverse events? (Examples of other methods include, but are not limited to, retrospective medical record reviews, review of claims data, unplanned readmissions, or patient complaints/grievances, interview or survey of patients, etc.)	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

PART 5: PATIENT SAFETY – ADVERSE EVENTS AND MEDICAL ERRORS (CONTINUED)

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
5.2.d Can the hospital provide evidence of medical errors (including near misses/close calls) and adverse events identified through staff reports or other methods?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to any 5.2.a through 5.2.d, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(a)(2) & 482.21(c)(2) (Tag A-286)		
5.3 Is there QAPI program collaboration with infection control officer(s) to identify and track avoidable healthcare-acquired infections?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
5.4 Is there evidence that problems identified by infection control officer(s) are addressed through QAPI program activities?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to 5.3 or 5.4, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(b)(1) (Tag A-756) and 482.21(a)(2) (Tag A-286)		

PART 5: PATIENT SAFETY – ADVERSE EVENTS AND MEDICAL ERRORS (CONTINUED)

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
5.5 Does the QAPI program identify and track medication administration errors, adverse drug reactions, and drug related incompatibilities?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to 5.5, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.25(b)(6) (Tag A-508) and 42 CFR 482.21(a)(2) (Tag A-286)		
5.6 Is there a QAPI program process for staff to report blood transfusion reactions, and reviews of reported blood transfusion reactions to identify medical errors (including near misses/close calls) and/or adverse events?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to 5.6, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.23(c)(4) (Tag A-410) and 42 CFR 482.21(a)(2) (Tag A-286)		
5.7 Did the survey team have prior knowledge of, or identify while on-site, serious preventable adverse events that the hospital failed to identify?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If yes to 5.7, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(a)(2) (Tag A-286)		

PART 5: PATIENT SAFETY – ADVERSE EVENTS AND MEDICAL ERRORS (CONTINUED)

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
5.8 Has the hospital conducted causal analyses of all serious preventable adverse events it has identified? Use as your sample all serious preventable events identified by the hospital in the period 12 months prior to the survey date? (Note: for events that occurred less than 2 months prior to the survey date, the hospital may have started, but not yet completed a causal analysis.)	○ YES ○ NO ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to 5.8, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(a)(2) (Tag A-286)		

PART 5: CAUSAL ANALYSIS TRACERS

Instructions for Questions #5.9 and 5.10: If the answer to Question #5.9 is "yes", select three causal analyses the hospital has completed for adverse events or near misses (close calls) during the last 12 - 24 months. Analyses may be of a single event/near miss or a group of similar types of events/near misses. Answer the questions in #5.10 for each analysis selected. (For at least one causal analysis selected, there should be sufficient time after implementation of preventive measures for the hospital to have evaluated the impact of those measures.) For initial certification surveys of new hospitals, this section may not apply, depending on whether any serious preventable adverse events have occurred and been identified.

5.9 Has the hospital conducted any causal analyses in the 12 – 24 months prior to the survey date? If yes continue, if no, skip 5.10 and all 5.10 sub-questions	○ YES ○ NO

Elements to be Assessed	Causal Analysis #1	Causal Analysis #2	Causal Analysis #3
5.10 Write in selected causal analysis, using a code or other means to avoid capturing identifiable information on this worksheet.			
Causal analysis selection identified through (check all that apply):	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

PART 5: CAUSAL ANALYSIS TRACERS (CONTINUED)

Elements to be Assessed	Causal Analysis #1	Causal Analysis #2	Causal Analysis #3
5.10.a Has the hospital identified potential underlying causes?	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
5.10.b Has the hospital identified all parts of the hospital utilizing similar processes/at similar risk?	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
5.10.c Has the hospital developed and implemented preventive actions based on the analysis in at least one area of the hospital?	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

PART 5: CAUSAL ANALYSIS TRACERS (CONTINUED)

Elements to be Assessed	Causal Analysis #1	Causal Analysis #2	Causal Analysis #3
5.10.d Has the hospital evaluated the impact of the preventive actions, including tracking reoccurrences of similar events/near misses?	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
5.10.e If evaluation showed the intervention(s) did not meet goals, did the hospital implement a revised intervention and evaluate it?	○ YES ○ NO ○ N/A	○ YES ○ NO ○ N/A	○ YES ○ NO ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
5.10.f Has the hospital implemented preventive actions found to be effective in all parts of the hospital utilizing similar processes/at similar risk, unless there are documented reasons for not doing so?	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to any, 5.10.a through 5.10.f, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(a)(1) & (a)(2) & (c)(2) (Tag A-286)			

PART 6 – BROAD QAPI REQUIREMENTS AND LEADERSHIP RESPONSIBILITIES		
Elements to be Assessed		**Manner of Assessment Code (Enter all that apply) & Surveyor Notes**
6.1 Is there evidence that the hospital has a formal QAPI program - including written policies and procedures, budgeted resources, and clearly identified responsible staff - approved by the governing body after input from the CEO and medical staff leadership?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to 6.1, for pilot only, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(e)(1) & (2) (Tag A-309)		
6.1.a Has the hospital maintained and made available for surveyor review evidence of its QAPI program?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to 6.1.a, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21 (Tag A-263)		
6.2 In this multipart question evaluate if the hospital's QAPI program is hospital-wide. Specifically:		
6.2.a Using information on services offered from the Hospital/CAH Data Base Worksheet, can the QAPI manager provide evidence of QAPI monitoring related to each service?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to 6.2.a, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21 (Tag A-263 or A-308)		

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
6.2.b Using information from the hospital identifying services provided under arrangement (contract), can the QAPI manager provide evidence of QAPI monitoring for each service related to clinical care provided under contract or arrangement? (Exclusively administrative contractual services, e.g., payroll preparation, are not required to be included in the QAPI program.)	○ YES ○ NO ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to 6.2.b, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.12(e) and 482.21 (Tags A-083 and either A-263 or A-308)		
6.3 Is there evidence that the governing body, hospital CEO, Medical Staff leadership, and other senior administrative officials, e.g., Director of Nursing, each play a role in QAPI program planning and implementation?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to 6.3, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(e)(2) (Tag A-309)		
6.4 Is there evidence, e.g. in minutes, that the hospital's governing body:		
6.4.a Approves QAPI program indicators selected and frequency of data collection?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to 6.4.a, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(b)(3) (Tag A-273)		

PART 6 – BROAD QAPI REQUIREMENTS AND LEADERSHIP RESPONSIBILITIES (CONTINUED)

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
6.4.b Ensures the QAPI program annually determines the number of distinct QAPI projects to be conducted in the coming year?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
6.4.c Actively reviews the results of QAPI data collection, analyses, activities, projects and makes decisions based on such review?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to either, 6.4.b or 6.4.c, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(e)(2) & (e)(5) (Tag A-309)		
6.4.d Holds the CEO accountable for the effectiveness of the QAPI program?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to 6.4.d, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(e)(2) and 482.12(b) (Tags A-309 & A-057)		

PART 6 – BROAD QAPI REQUIREMENTS AND LEADERSHIP RESPONSIBILITIES (CONTINUED)

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes
6.5 Regarding resource allocation:		
6.5.a Is there evidence of the amount of resources (funding and personnel) dedicated to the hospital's QAPI program and the functions for which those resources are used?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to 6.5.a, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(e)(4) (Tag A-315)		
6.5.b If there are condition-level QAPI program deficiencies, is there evidence that lack of QAPI resources are a significant contributing cause of these deficiencies?	○ YES ○ NO ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If yes to 6.5.b, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(e)(4) (Tag A-315)		

HOSPITAL PATIENT SAFETY INITIATIVE (PSI)

DRAFT RISK EVALUATION TOOL

Infection Control

Name of State Agency: _____

Instructions: The following is a list of items that must be assessed during the on-site survey, in order to determine compliance with the Infection Control Condition of Participation. Items are to be assessed by a combination of observation, interviews with hospital staff, patients and their family/support persons, review of medical records, and a review of any necessary infection control program documentation. **During the survey, observations or concerns may prompt the surveyor to request and review specific facility policies and procedures. Surveyors are expected to use their judgment and review only those documents necessary to investigate their concern(s) or to validate their observations.**

The interviews should be performed with the most appropriate staff person(s) for the items of interest, as well as with patients, family members, and support persons.

Section 1 Hospital Characteristics

1. Hospital name: _____
2. Address, State, Zip Code: _____

   _____
3. CMS Certification Number (CCN): | | | | | | |

4. Date of site visit:

		/			/					to			/			/				

5. Number of State Agency surveyors who participated in this survey:

6. Approximate time spent on site performing this survey (hours):

7. Does the hospital participate in Medicare via accredited "deemed" status?

   a. If YES, which Accrediting Organization(s)?

      i. ○ American Osteopathic Association (AOA)/Healthcare Facilities Accreditation Program (HFAP)

      ii. ○ Det Norske Veritas Healthcare (DNV)

      iii. ○ The Joint Commission (TJC)

   b. If YES, according to the hospital, what was the end date of the most recent accreditation survey:

		/			/				

Interview = 1 Observation = 2 Infection Control Document Review = 3 Medical Record Review = 4 Other Document Review = 5

Module 1: Infection Control/Prevention Program

Section 1. A. Infection control/prevention program and resources

Elements to be assessed		Manner of Assessment Code (check all that apply) & Surveyor Notes
1. A.1 The hospital has designated one or more individual(s) as its Infection Control Officer(s).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
1. A.2 The hospital has evidence that demonstrates the Infection Control Officer(s) is qualified and maintain(s) qualifications through education, training, experience or certification related to infection control consistent with hospital policy.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
1. A.3 The Infection Control Officer(s) can provide evidence that the hospital has developed general infection control policies and procedures that are based on nationally recognized guidelines and applicable state and federal law.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
1. A.4 The hospital has infection control policies and procedures relevant to construction, renovation, maintenance, demolition, and repair. An infection control risk assessment (ICRA) to define the scope of the project and need for barrier measures is performed before a project gets underway.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to any of 1.A.1 through1.A.4, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a) (Tag A-749)		

Interview = 1 Observation = 2 Infection Control Document Review = 3 Medical Record Review = 4 Other Document Review = 5

1. A.5 The AIIR meets generally accepted specifications: • at least 6 (existing facility) or 12 (new construction/renovation) air changes per hour or per state licensure rules) and; • direct exhaust of air to outside, if not possible air returned to air handling system or adjacent spaces if directed through HEPA filters and; • when AIIR is in use for a patient on Airborne Precautions, documentation that monitoring of air pressure is done daily with visual indicators (smoke tubes, flutter strips), regardless of differential pressure sensing devices (i.e. manometers): and • AIIR door kept closed when not required for entry and exit	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a)(1) (Tag A-749)		

Section 1. B. Hospital QAPI systems related to Infection Prevention and Control

Elements to be assessed		Manner of Assessment Code (check all that apply) & Surveyor Notes
The hospital infection prevention program is coordinated into the hospital QAPI program as evidenced by:		
1. B.1 The Infection Control Officer(s) can provide evidence that problems identified in the infection control program are addressed in the hospital QAPI program (i.e., development and implementation of corrective interventions, and ongoing evaluation of interventions implemented for both success and sustainability).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(b)(1) (Tag A-0756)		
1. B.2 Is there evidence that the hospital has adopted policies supporting a non-punitive approach to staff reporting of hospital acquired infections, adverse events, and situations they consider unsafe?	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR §482.21(e)(3) (Tag A-286)		

Interview = 1 Observation = 2 Infection Control Document Review = 3 Medical Record Review = 4 Other Document Review = 5

1. B.3 Hospital leadership, including the CEO, Medical Staff, and the Director of Nursing Services ensures the hospital implements successful corrective action plans in affected problem area(s).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(b)(2) (Tag A-0756)		
1. B.4 The hospital utilizes a risk assessment process to prioritize selection of quality indicators for infection prevention and control.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
No citation risk; for information only.		

Section 1. C. Systems to prevent transmission of MDROs and promote antibiotic stewardship, Surveillance

Elements to be assessed		Manner of Assessment Code (check all that apply) & Surveyor Notes
1. C.1 The hospital has policies and procedures to minimize the risk of transmission of multidrug-resistant organisms (MDROs) within the hospital (between or amongst patients and health care personnel).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
1. C.2 The primary interview participants can provide evidence that the hospital identifies patients with MDROs and has implemented policies and procedures aimed at preventing the development and transmission of MDROs.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
1. C.3.a Facility has a multidisciplinary process in place to review antimicrobial utilization, local susceptibility patterns, and antimicrobial agents in the formulary *and* there is evidence that the process is followed.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Interview = 1 Observation = 2 Infection Control Document Review = 3 Medical Record Review = 4 Other Document Review = 5

1. C.3.b Systems are in place to prompt clinicians to use appropriate antimicrobial agents (e.g., computerized physician order entry, comments in microbiology susceptibility reports, notifications from clinical pharmacist, formulary restrictions, evidenced based guidelines and recommendations).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
1. C.3.c Antibiotic orders include an indication for use.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
1. C.3.d There is a mechanism in place to prompt clinicians to review antibiotic courses of therapy after 72 hours of treatment.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
1. C.3.e The facility has a system in place to identify patients currently receiving intravenous antibiotics who might be eligible to receive oral antibiotic treatment.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
1. C.4 The hospital has established systems with a clinical microbiology laboratory that ensures prompt notification of IP staff or medical director/designee when a novel resistance pattern is detected.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
No citation risk for 1.C.1 through 1.C.4; for information only.		
1. C.5 Patients and healthcare personnel identified by laboratory culture as colonized or infected with MDROs are identified and isolated according to facility policies. (Note: The hospital is not required to perform routine surveillance of patients or healthcare personnel).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a)(2) (Tag A-749)		

Interview = 1 Observation = 2 Infection Control Document Review = 3 Medical Record Review = 4 Other Document Review = 5

1. C.6 The hospital has a system for identifying those present on admission infections in order to control (prevent spread of) those infections and communicable diseases in the hospital. (This does not require the hospital to perform cultures on all patients admitted to the hospital.)	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a)(1) (Tag A-749)		
1. C.7 The Infection Control Officer can provide evidence that an updated list of diseases reportable to the local or state public health authority is available.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
No citation risk; for information only.		
1. C.8 The Infection Control Officer can provide evidence that reportable diseases are documented and submitted as required by the local health authority.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a) (Tag A-749)		

Section 1. D Personnel Education System / Infection Control Training

Elements to be assessed		Manner of Assessment Code (check all that apply) & Surveyor Notes
1.D.1 Healthcare personnel receive job-specific training on hospital infection control practices, policies, and procedures upon hire and at regular intervals	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
1. D.2 The hospital infection control system trains healthcare personnel that are in contact with bloodborne pathogens on the bloodborne pathogen standards upon hire and when problems are identified.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Interview = 1 Observation = 2 Infection Control Document Review = 3 Medical Record Review = 4 Other Document Review = 5

1. D.3 The hospital infection control system addresses needle sticks, sharps injuries, and other employee exposure events.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
1. D.4 Following an exposure event, post-exposure evaluation and follow-up, including prophylaxis as appropriate, is available.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
1. D.5 The hospital infection control system ensures healthcare personnel with TB test conversions are provided with appropriate follow-up.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to any of 1.D.1 through 1.D.5, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a) (Tag A-749)		
1. D.6 The hospital infection control system ensures the facility has a respiratory protection program that details required worksite-specific procedures and elements for required respirator use.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
1. D.7 The hospital infection control system ensures that respiratory fit testing is provided at least annually to appropriate healthcare personnel.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
1. D.8 Hospital has well-defined policies concerning contact of personnel with patients when personnel have potentially transmissible conditions. These policies should include: * work-exclusion policies that encourage reporting of illnesses and do not penalize with loss of wages, benefits, or job status * education of personnel on prompt reporting of illness to supervisor and occupational health	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

1. D.9 Aggregated rates of TB-test conversion are periodically reviewed by the Infection Control Officer to determine the need for corrective action plans.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
No citation risk for 1.D.6 through D.9; for information only.		
1. D.10 Healthcare personnel competency and compliance with job-specific infection prevention policies and procedures are ensured through routine training and when problems are identified by the Infection Control Officer.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
1. D.11 If the hospital has had healthcare personnel infection exposure events, the hospital evaluates event data and develops/ implements corrective action plans to reduce the incidence of such events.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to 1.D.10 or-1.D.11, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(b)(1) (Tag A-0756)		
1. D.12 The hospital infection control system provides Hepatitis B vaccine and vaccination series to all employees who have occupational exposure and conducts post-vaccination screening after the third vaccine dose is administered.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
1. D.13 The hospital infection control system ensures that all healthcare personnel (paid and unpaid) who have potential for exposure to TB are screened for TB upon hire and, if negative, based upon facility risk classification thereafter.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
1. D.14 The hospital infection control system ensures that all healthcare personnel are offered annual influenza vaccination.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
No citation risk for 1.D.12 – 14; for information only.		

Module 2: General Infection Control Elements - to be applied to all locations (e.g., general wards, critical care units, labor and delivery, emergency department, endoscopy suites, radiology)

Section 2. A Hand Hygiene

Elements to be assessed		Manner of Assessment Code (check all that apply) & Surveyor Notes		Manner of Assessment Code (check all that apply) & Surveyor Notes
Hand hygiene is performed in a manner consistent with hospital infection control practices, policies, and procedures to maximize the prevention of infection and communicable disease including the following:				
2. A.1 Soap, water, and a sink are readily accessible in patient care areas including but not limited to direct care areas (such as food and medication preparation areas).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
2. A.2 Alcohol-based hand rub is readily accessible and placed in appropriate locations.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
2.A.3 Healthcare personnel perform hand hygiene: • Before contact with the patient or their immediate care environment (even if gloves are worn) • Before exiting the patient's care area after touching the patient or the patient's immediate environment (even if gloves are worn) • Before performing an aseptic task (e.g., insertion of IV or urinary catheter, even if gloves are worn) • After contact with blood, body fluids or contaminated surfaces, (even if gloves are worn)	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Interview = 1 Observation = 2 Infection Control Document Review = 3 Medical Record Review = 4 Other Document Review = 5

2. A.4 Healthcare personnel perform hand hygiene using soap and water when hands are visibly soiled (e.g., blood, body fluids) or after caring for a patient with known or suspected *C. difficile* or norovirus during an outbreak) *Note: In all other situations, alcohol-based hand rub is preferred.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
2. A.5 Healthcare personnel who have direct contact with high-risk patients (e.g., those in intensive care units or ORs) do not wear artificial fingernails or extenders	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to any of 2. A.1 through 2. A.5, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a) (Tag A-749)				

Section 2. B Injection Practices and Sharps Safety (Medications, Saline, Other Infusates)

Elements to be assessed		Manner of Assessment Code (check all that apply) & Surveyor Notes		Manner of Assessment Code (check all that apply) & Surveyor Notes
Injections are given and sharps safety is managed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:				
2. B.1 Injections are prepared using aseptic technique in an area that has been cleaned and free of visible blood, body fluids, or contaminated equipment.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
2. B.2 Needles are used for only one patient.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
2. B.3 Syringes are used for only one patient (this includes manufactured prefilled syringes and insulin pens).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Interview = 1 Observation = 2 Infection Control Document Review = 3 Medical Record Review = 4 Other Document Review = 5

2. B.4 The rubber septum on a medication vial is disinfected with alcohol prior to piercing.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
2. B.5 Medication vials are entered with a new needle. Note - Reuse of syringes and/or needles to enter a medication vial contaminates the contents of the vial making the vial unsafe for use on additional patients. If a surveyor sees needles or syringes being reused to enter a vial to obtain additional medication for the same patient, no citation should be made if the vial is discarded immediately.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
2. B.6 Medication vials are entered with a new syringe. Note - Reuse of syringes and/or needles to enter a medication vial contaminates the contents of the vial making the vial unsafe for use on additional patients. If a surveyor sees needles or syringes being reused to enter a vial to obtain additional medication for the same patient, no citation should be made if the vial is discarded immediately.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
2. B.7 Single dose (single-use) medication vials are used for only one patient.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
2. B.8 Bags of IV solution are used for only one patient (and not as a source of flush solution for multiple patients).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

2. B.9 Medication administration tubing and connectors are used for only one patient.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
2. B.10 Multi-dose vials are dated when they are first opened and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial. Note: This is different from the expiration date for the vial. The multi-dose vial can be dated with either the date opened or the discard date as per hospital policies and procedures, so long as it is clear what the date represents and the same policy is used consistently throughout the hospital.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
2. B.11 If multi-dose vials are used for more than one patient, they do not enter the immediate patient treatment area (e.g., operating room, patient room, anesthesia carts). Note: If multi-dose vials are found in the patient care area they must be dedicated for single patient use and discarded after use.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
2. B.12 All sharps are disposed of in a puncture-resistant sharps container.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
2. B.13 Sharps containers are replaced when the fill line is reached and disposed of in accordance with State medical waste rules.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to any of 2.B.1 through 2.B.13, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a) (Tag A-749)) ***See notes on 2.B.5 and 2.B.6 if "no" is checked.**				

Interview = 1 Observation = 2 Infection Control Document Review = 3 Medical Record Review = 4 Other Document Review = 5

Section 2. C Personal Protective Equipment/Standard Precautions

Elements to be assessed		Manner of Assessment Code (check all that apply) & Surveyor Notes		Manner of Assessment Code (check all that apply) & Surveyor Notes
Personal protective equipment is utilized in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:				
2. C.1 Supplies for adherence to Standard and Transmission-based Precautions (e.g., gloves, gowns, mouth, eye, nose, and face protection) are available and located near point of use.	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5
2. C.2 HCP wear gloves for procedures/activities where contact with blood, body fluids, mucous membranes, or non-intact skin is anticipated.	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5
2. C.3 HCP change gloves and perform hand hygiene before moving from a contaminated body site to a clean body site.	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5
2. C.4 Gowns are worn to prevent contamination of skin and clothing during procedures/activities where contact with blood, body fluids, secretions, or excretions are anticipated.	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5
2. C.5 Gowns and gloves are removed and hand hygiene is performed immediately before leaving the patient's environment.	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5

Interview = 1 Observation = 2 Infection Control Document Review = 3 Medical Record Review = 4 Other Document Review = 5

2. C.6 Appropriate mouth, nose, eye protection is worn for aerosol-generating procedures and/or procedures/activities that are likely to generate splashes or sprays of blood or body fluids.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
2. C.7 Surgical masks are worn by HCP when placing a catheter or injecting materials into the epidural or subdural space.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to any of 2.C.1 through 2.C.7, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a) (Tag A-749)				

Section 2. D Environmental Services

Elements to be assessed		Manner of Assessment Code (check all that apply) & Surveyor Notes
Environmental service are provided in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:		
2. D.1 HCP wear appropriate PPE to preclude exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
2. D.2 Objects and environmental surfaces in patient care areas that are touched frequently (e.g., bed rails, side table, call button) are cleaned and then disinfected when visibly contaminated or at least daily with an EPA-registered disinfectant.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
2. D.3 For terminal cleaning (i.e., after patient discharge), all surfaces are thoroughly cleaned and disinfected and towels and bed linens are replaced with clean towels and bed linens.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
2. D.4 Cleaners and disinfectants, including disposable wipes, are used in accordance with manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Interview = 1 Observation = 2 Infection Control Document Review = 3 Medical Record Review = 4 Other Document Review = 5

2. D.5 Clean, (laundered if not disposable), cloths are used for each room or corridor.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
2. D.6 Mop heads and cleaning cloths are laundered at least daily using appropriate laundry techniques (e.g., following manufacturer instructions when laundering microfiber items).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
2. D.7 The facility decontaminates spills of blood or other body fluids according to its policies and procedures.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
2. D.8 Facility has established and follows a cleaning schedule for areas/equipment to be cleaned/serviced regularly (e.g., HVAC equipment, refrigerators, ice machines, eye wash stations, scrub sinks, aerators on faucets).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
Laundry is processed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:		
2. D.9 HCP handle soiled textiles/linens in a manner that ensures segregation of dirty from clean textiles/linens and ensure that there is not cross contamination of clean textiles/linens prior to use.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
2. D.10 Soiled textiles are bagged at the point of collection and kept in a covered leak-proof container or bag at all times until they reach the laundry facility.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
2. D.11 There is clear separation of soiled laundry space from clean laundry areas and soiled laundry is maintained.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Reprocessing of non-critical items is accomplished in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:		
2. D.12 Reusable noncritical patient-care devices (e.g., blood pressure cuffs, oximeter probes) are disinfected when visibly soiled and on a regular basis (such as after use on each patient or once daily or once weekly), and there is clear delineation of responsibility for this among healthcare personnel. Note: For patients on Contact Precautions, if dedicated, disposable devices are not available, noncritical patient-care devices are disinfected after use on each patient.	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5
2. D.13 Manufacturers' instructions for cleaning noncritical medical equipment are followed.	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5
2. D.14 Hydrotherapy equipment (e.g., Hubbard tanks, tubs, whirlpools, spas, birthing tanks) are drained, cleaned, and disinfected using an EPA-registered disinfectant according to manufacturer's instructions after each patient use.	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5
If no to any of 2.D.1 through 2.D.14, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a) (Tag A-749)		

Module 3: Equipment Reprocessing

Section 3.A. Reprocessing of Semi-Critical Equipment

Elements to be assessed		Manner of Assessment Code (check all that apply) & Surveyor Notes		Manner of Assessment Code (check all that apply) & Surveyor Notes
High-Level Disinfection of Reusable Instruments and Devices is accomplished in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including: Note: Hospital policies should address what to do when there are discrepancies between manufacturer's instructions for a device and manufacturer's instructions for a device reprocessor.				
3. A.1 All reusable semi-critical items receive at least high-level disinfection.	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5

Interview = 1 Observation = 2 Infection Control Document Review = 3 Medical Record Review = 4 Other Document Review = 5

3. A.2 High-level disinfection is performed on-site. Continue if "yes." If "no," skip to 3.A.14. If the response is No, no citation is made in response to this question.	○ Yes ○ No	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3. A.3 Flexible endoscopes are inspected for damage and leak tested as part of each reprocessing cycle.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3.A.4 Items are thoroughly pre-cleaned according to manufacturer instructions and visually inspected for residual soil prior to high-level disinfection. Note: for lumened instruments (e.g., endoscopes), pre-cleaning must include all device channels and lumens with cleaning brushes appropriate for size of instrument channel or port.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3. A.5 Enzymatic cleaner or detergent is used and discarded according to manufacturer's instructions (typically after each use).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3. A.6 Cleaning brushes are disposable or cleaned and high-level disinfected or sterilized (per manufacturer's instructions) after each use.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3. A.7 For chemicals used in high-level disinfection, manufacturer's instructions are followed for: • preparation • testing for appropriate concentration • replacement (e.g., prior to expiration or loss of efficacy).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

3. A.8 If automated reprocessing equipment is used, proper connectors are used to assure that channels and lumens are appropriately disinfected.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3. A.9 Devices are disinfected for the appropriate length of time as specified by manufacturer's instructions.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3. A.10 Devices are disinfected at the appropriate temperature as specified by manufacturer's instructions.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3. A.11 After high-level disinfection, devices are rinsed with sterile water, filtered water, or tap water followed by a rinse with 70% - 90% ethyl or isopropyl alcohol.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3. A.12 Devices are dried thoroughly prior to reuse. Note: for lumened instruments (e.g., endoscopes) this includes flushing channels with alcohol and forcing air through the channels.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3. A.13 Routine maintenance procedures for high-level disinfection equipment conform to manufacturer's instruction; confirm maintenance records are available.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3. A.14 After high-level disinfection, devices are stored in a manner to protect from damage or contamination (Note: endoscopes must be hung in a vertical position).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3. A.15 The facility has a system in place to identify which instrument (e.g., endoscope) was used on a patient via a log for each procedure.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to 3.A.1 and/or 3.A.3 through 3.A.15, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a) (Tag A-749)				

Interview = 1 Observation = 2 Infection Control Document Review = 3 Medical Record Review = 4 Other Document Review = 5

Section 3. B Reprocessing of Critical Equipment
Sterilization of Reusable Instruments and Devices

Elements to be assessed		Manner of Assessment Code (check all that apply) & Surveyor Notes
Sterilization of reusable instruments and devices is accomplished in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following: Note: Hospital policies should address what to do when there are discrepancies between manufacturer's instructions for a device and manufacturer's instructions for a device reprocessor.		
3. B.1 Items are thoroughly pre-cleaned according to manufacturer instructions and visually inspected for residual soil prior to sterilization. Note: for lumened instruments, pre-cleaning must include all device channels and lumens with cleaning brushes appropriate for size of instrument channel or port.	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5
3. B.2 All reusable critical instruments and devices are sterilized on site. If No, no citation is issued and skip to 3.B.12.	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5
3. B.3 Enzymatic cleaner or detergent is used and discarded according to manufacturer's instructions (typically after each use).	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5
3. B.4 Cleaning brushes are disposable or cleaned and high-level disinfected or sterilized (per manufacturer's instructions) after each use.	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5
3. B.5 After pre-cleaning, instruments are appropriately wrapped/packaged for sterilization (e.g., package system selected is compatible with the sterilization process being performed, hinged instruments are open, and instruments are disassembled if indicated by the manufacturer).	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5

Interview = 1 Observation = 2 Infection Control Document Review = 3 Medical Record Review = 4 Other Document Review = 5

3. B.6 A chemical indicator (process indicator) is placed correctly in the instrument packs in every load.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3. B.7 A biological indicator is used at least weekly for each sterilizer and with every load containing implantable items.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3. B.8 For dynamic air removal-type sterilizers, a Bowie-Dick test is performed each day the sterilizer is used to verify efficacy of air removal.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3. B.9 Sterile packs are labeled with the sterilizer used, the cycle or load number, and the date of sterilization.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3. B.10 Logs for each sterilizer cycle are current and include results from each load.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3. B.11 Routine maintenance for sterilization equipment is performed according to manufacturer's instructions (confirm maintenance records are available).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3. B.12 After sterilization, medical devices and instruments are stored so that sterility is not compromised.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

3. B.13 Sterile packages are inspected for integrity and compromised packages are reprocessed prior to use.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3.B.14 If immediate-use steam sterilization is performed, the following criteria are met: • The item being sterilized is thoroughly cleaned prior to placing it in the sterilizer container (that is FDA cleared for use with the cycle) or tray • The sterilizer cycle being used is one that is approved by both the instrument and sterilizer manufacturer • The sterilizer function is monitored with monitors (e.g., mechanical, chemical and biologic) that are approved for the cycle being used • The facility maintains a sufficient volume of instruments to meet the surgical volume and permit time to complete all steps of reprocessing	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3. B.15 Instruments that are subject to immediate use sterilization procedures are used immediately and handled in a manner to prevent contamination during transport from the sterilizer to the patient.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3. B.16 HCP respond (i.e., recall of device and risk assessment) according to facility policies and procedures in the event of a reprocessing error/failure that could result in the transmission of infectious disease.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to any of 3.B.1 and/or 3.B.3 through 3.B.16, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a) (Tag A-749)		

Section 3. C Single-Use Devices (SUDs)

Elements to be assessed		Manner of Assessment Code (check all that apply) & Surveyor Notes		Manner of Assessment Code (check all that apply) & Surveyor Notes
Single use devices are used in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:				
3. C.1 Single use devices are discarded after use and not used for more than one patient.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
There is no related citation risk to this question. If the answer is yes, skip 3.C.2				
3. C.2 If the hospital elects to reuse single-use devices, these devices are reprocessed by an entity or a third party reprocessor that is registered with the FDA as a third-party reprocessor and cleared by the FDA to reprocess the specific device in question. The hospital must have documentation from the third party reprocessor confirming this is the case.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a) (Tag A-749)				

Module 4: Patient Tracers

4. The hospital develops and implements infection control policies and procedures related to the following sections to ensure an environment minimizing risk for spread of infection and maximizing prevention of infection and communicable disease.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If lack of an individual protocol is one of a number of protocol failures that indicate the absence of an active program to control infections and communicable disease, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a) (Tag A-0748)		

Section 4. A Urinary Catheter Tracer

Elements to be assessed		Manner of Assessment Code (check all that apply) & Surveyor Notes		Manner of Assessment Code (check all that apply) & Surveyor Notes
Urinary catheters are inserted, accessed, and maintained in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:				
Insertion:				
4. A.1 The hospital has guidelines for appropriate indications for urinary catheters.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
No citation risk; for information only.				
4. A.2 Hand hygiene performed before and after insertion.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. A.3 Catheter placed using aseptic technique and sterile equipment.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. A.4 Catheter secured properly after insertion.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to 4.A.2 through 4.A.4, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a) (Tag A-749)				
4. A.5 Catheter insertion and indication documented.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.24(C)(2)(vi) (Tag A-467)				

Interview = 1 Observation = 2 Infection Control Document Review = 3 Medical Record Review = 4 Other Document Review = 5

Accessing/Maintenance:				
4. A.6 Hand hygiene performed before and after manipulating catheter.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. A.7 Catheter and collecting tubing are not disconnected (irrigation avoided).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. A.8 Urine bag emptied using aseptic technique.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. A.9 Urine samples obtained aseptically (via needless port for small volume).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. A.10 Urine bag kept below level of bladder at all times.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. A.11 Catheter tubing unobstructed and free of kinking.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to any of 4.A.6 through 4.A.11, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a) (Tag A-749).				
4. A.12 Need for urinary catheters reviewed daily with prompt removal of unnecessary urinary catheters.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
No citation risk; for information only.				

Interview = 1 Observation = 2 Infection Control Document Review = 3 Medical Record Review = 4 Other Document Review = 5

Section 4. B Central Venous Catheter Tracer

Elements to be assessed		Manner of Assessment Code (check all that apply) & Surveyor Notes		Manner of Assessment Code (check all that apply) & Surveyor Notes
Central venous catheters are inserted, accessed and maintained in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:				
Insertion:				
4. B.1 Hand Hygiene performed before and after insertion.	O Yes O No	O 1 O 2 O 3 O 4 O 5	O Yes O No	O 1 O 2 O 3 O 4 O 5
4. B.2 Maximal barrier precautions used for insertion (includes use of cap, mask, sterile gown, sterile gloves, and a sterile full body drape).	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5
4. B.3 >0.5% chlorhexidine with alcohol used for skin antisepsis prior to insertion (If contraindicated, tincture of iodine, an iodophor, or 70% alcohol can be used as alternatives).	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5
4. B.4 Sterile gauze or sterile, transparent, semi permeable dressing used to cover catheter site (may not apply for well-healed tunneled catheters).	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5
If no to any of 4.B.1 through 4.B.4, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a) (Tag A-749)				
4. B.5 Central line insertion and indication documented.	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5
If no to 4.B.5, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.24(C)(2)(vi) (Tag A-467)				

Interview = 1 Observation = 2 Infection Control Document Review = 3 Medical Record Review = 4 Other Document Review = 5

Accessing/Maintenance:				
4. B.6 Hand hygiene performed before and after manipulating catheter (even if gloves worn).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. B.7 Dressings that are wet, soiled, or dislodged are changed promptly.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. B.8 Dressing changed with aseptic technique using clean or sterile gloves.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. B.9 Access port is scrubbed with an appropriate antiseptic (chlorhexidine, povidone iodine, an iodophor, or 70% alcohol) prior to accessing.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. B 10 Catheter accessed only with sterile devices.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to any of 4.B.6 through 4.B.10, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a) (Tag A-749)				
4. B.11 Need for central venous catheters reviewed daily with prompt removal of unnecessary lines.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
No citation risk; for information only.				

Interview = 1 Observation = 2 Infection Control Document Review = 3 Medical Record Review = 4 Other Document Review = 5

Section 4. C Ventilator/Respiratory Therapy Tracer

Elements to be assessed		Manner of Assessment Code (check all that apply) & Surveyor Notes		Manner of Assessment Code (check all that apply) & Surveyor Notes
Respiratory procedures are performed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:				
General respiratory therapy practices (apply to patients with and without ventilators):				
4. C.1 Hand hygiene is performed before and after contact with patient or any respiratory equipment used on patient.	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5
4. C.2 Gloves are worn when in contact with respiratory secretions and changed before contact with another patient, object, or environmental surface.	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5
4. C.3 Only sterile water is used for nebulization.	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5
4. C.4 Single-dose vials for aerosolized medications are not used for more than one patient.	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5
4. C.5 If multi-dose vials for aerosolized medications are used, manufacturers' instructions for handling, storing, and dispensing the medications are followed.	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5

Interview = 1 Observation = 2 Infection Control Document Review = 3 Medical Record Review = 4 Other Document Review = 5

4. C.6 If multi-dose vials for aerosolized medications are used for more than one patient, they are restricted to a centralized medication area and do not enter the immediate patient treatment area.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. C.7 **PLACEHOLDER** (Question undergoing revision.)	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to any of 4.C.1 through 4.C.7, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a) (Tag A-749)				
4. C.8 Hospital has a comprehensive oral-hygiene program (that might include the use of an antiseptic agent) for patients who are at high risk for health-care--associated pneumonia	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. C.9 In the absence of medical contraindication(s), head of bed is elevated at an angle of 30--45 degrees for patients at high risk for aspiration (e.g., a person receiving mechanically assisted ventilation and/or who has an enteral tube in place)	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
No citation risk for 4.C.8 – 4.C.9; for information only.				
Ventilators:				
Ventilators are used in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:				
4. C.10 Ventilator circuit is changed if visibly soiled or mechanically malfunctioning.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

4. C.11 Sterile water is used to fill bubbling humidifiers (if applicable).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. C.12 Condensate that collects in the tubing of a mechanical ventilator is periodically drained and discarded, taking precautions not to allow condensate to drain toward the patient.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. C 13 If single-use open-system suction catheter is employed, a sterile, single-use catheter is used.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. C.14 If multi-use closed-system suction catheter is employed, only sterile fluid is used to remove secretions upon reentry into the respiratory tract.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to any of 4.C.10 through 4.C.14, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a) (Tag A-749)				
4. C.15 Sedation is lightened daily in eligible patients.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. C.16 Spontaneous breathing trials are performed daily in eligible patients.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
No citation risk for 4.C.15 – 4.C.16; for information only.				

Section 4. D Spinal Injection Procedures

Elements to be assessed		Manner of Assessment Code (check all that apply) & Surveyor Notes		Manner of Assessment Code (check all that apply) & Surveyor Notes
Spinal injection procedures are performed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:				
4. D.1 Hand hygiene performed before and after the procedure.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. D.2 The spinal injection procedure is performed using aseptic technique and sterile equipment, including use of sterile gloves.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. D.3 Surgical masks are worn by HCP when placing a catheter or injecting materials into the epidural or subdural space.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to any of 4.D.1 through 4.D.3, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a) (Tag A-749)				

Interview = 1 Observation = 2 Infection Control Document Review = 3 Medical Record Review = 4 Other Document Review = 5

Section 4. E Point of Care Devices (e.g. Blood Glucose Meter, INR Monitor)

Elements to be assessed		Manner of Assessment Code (check all that apply) & Surveyor Notes		Manner of Assessment Code (check all that apply) & Surveyor Notes
Point of care devices are used in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:				
4. E.1 Hand hygiene is performed before and after the procedure.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. E.2 Gloves are worn by healthcare personnel when performing the finger stick procedure to obtain the sample of blood and are removed after the procedure (followed by hand hygiene).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. E.3 Finger stick devices are not used for more than one patient. Note: This includes both the lancet and the lancet holding device.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. E.4 If used for more than one patient, the point-of-care device is cleaned and disinfected after every use according to manufacturer's instructions. Note: if manufacturer does not provide instructions for cleaning and disinfection, then the device should not be used for >1 patient.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. E.5 Insulin pens are used for only one patient	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to any of 4.E.1 through 4.E.5, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a) (Tag A-749)				

Interview = 1 Observation = 2 Infection Control Document Review = 3 Medical Record Review = 4 Other Document Review = 5

Section 4. F Isolation: Contact Precautions

Elements to be assessed		Manner of Assessment Code (check all that apply) & Surveyor Notes		Manner of Assessment Code (check all that apply) & Surveyor Notes
Patients requiring contact isolation are identified and managed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:				
4. F.1 Gloves and gowns are available and located near point of use.	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5
4. F.2 Signs indicating patient is on Contact Precautions are clear and visible.	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5
4. F.3 Patients on contact precautions are housed in single-patient rooms when available or cohorted based on a clinical risk assessment.	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5
4. F.4 Hand hygiene is performed before entering patient care environment. Note: Soap and water must be used when bare hands are visibly soiled (e.g., blood, body fluids) or after caring for a patient with known or suspected *C. difficile* or norovirus during an outbreak. In all other situations, ABHR is preferred.	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5
4. F.5 Gloves and gowns are donned before entering patient care environment.	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5	O Yes O No O N/A	O 1 O 2 O 3 O 4 O 5

Interview = 1 Observation = 2 Infection Control Document Review = 3 Medical Record Review = 4 Other Document Review = 5

4. F.6 Gloves and gowns are removed and discarded, and hand hygiene is performed before leaving the patient care environment.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. F.7 Dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs) is used or if not available, then equipment is cleaned and disinfected prior to use on another patient according to manufacturers' instructions.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. F.8 Facility limits movement of patients on Contact Precautions outside of their room to medically necessary purposes.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. F.9 If a patient on Contact Precautions must leave their room for medically necessary purposes, there are methods followed to communicate that patient's status and to prevent transmission of infectious disease.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. F.10 Objects and environmental surfaces in patient care areas that are touched frequently (e.g., bed rails, side table, call button) are cleaned and then disinfected when visibly soiled and at least daily with an EPA-registered disinfectant.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. F.11 For terminal cleaning (i.e., after patient discharge), all surfaces are thoroughly cleaned and disinfected and all textiles are replaced with clean textiles.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

4. F.12 Cleaners and disinfectants are labeled and used in accordance with hospital policies and procedures and manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to any of 4.F.1 through 4.F.12, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a) **(Tag A-749)**				

Section 4. G Isolation: Droplet Precautions

Elements to be assessed		Manner of Assessment Code (check all that apply) & Surveyor Notes		Manner of Assessment Code (check all that apply) & Surveyor Notes
Patients requiring Droplet Precautions are identified and managed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:				
4. G.1 Surgical masks are available and located near point of use.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. G..2 Signs indicating patient is on Droplet Precautions are clear and visible.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. G..3 Patients on Droplet Precautions are housed in single-patient rooms when available or cohorted based on a clinical risk assessment.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. G..4 Hand hygiene is performed before entering patient care environment.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

4. G..5 HCP don surgical masks before entering the patient care environment or private room.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. G..6 Mask is removed and discarded, and hand hygiene is performed upon leaving the patient care environment.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. G..7 Facility limits movement of patients on Droplet Precautions outside of their room to medically necessary purposes (note policy should address that patient wear surgical mask when transported).	○ Yes ○ No	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. G..8 If a patient on Droplet Precautions must leave their room for medically necessary purposes, there are methods followed to communicate that patient's status and to prevent transmission of infectious disease (note that patient should wear surgical mask when transported).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. G..9 Objects and environmental surfaces in patient care areas that are touched frequently (e.g., bed rails, side table, call button) are cleaned and then disinfected when visible soiled and at least once a day with an EPA-registered disinfectant.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. G..10 During terminal cleaning (i.e., after patient discharge), all surfaces are thoroughly cleaned and disinfected and all textiles are replaced with clean textiles.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. G..11 Cleaners and disinfectants are labeled and used in accordance with hospital policies and procedures and manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to any of 4.G.1 through 4.G.11, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a) (Tag A-749)				

Section 4. H Isolation: Airborne Precautions

Elements to be assessed		Manner of Assessment Code (check all that apply) & Surveyor Notes		Manner of Assessment Code (check all that apply) & Surveyor Notes
Patients requiring Airborne Precautions are identified and managed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:				
4. H.1 NIOSH-approved particulate respirators (N-95 or higher) are available and located near point of use.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. H.2 Signs indicating patient is on Airborne Precautions are clear and visible.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. H.3 Patients on Airborne Precautions are housed in airborne infection isolation rooms (AIIR).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. H.4 Hand hygiene is performed before entering patient care environment.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. H.5 HCP wear a NIOSH-approved particulate respirator (N95 or higher) upon entry into the AIIR for patients with confirmed or suspected TB. Facility policies are followed for other pathogens requiring AIIR.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

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4. H.6 Facility limits movement of patients on Airborne Precautions outside of their room to medically-necessary purposes (note policy should address that patient wear surgical mask).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. H.7 If a patient on Airborne Precautions must leave their room for medically necessary purposes, there are methods followed to communicate that patient's status and to prevent transmission of infectious disease (note policy should address that patient wear surgical mask when transported).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to any of 4.H.1 through 4.H.7, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a) (Tag A-749)				

Section 4. I Surgical Procedure Tracer

Elements to be assessed		Manner of Assessment Code (check all that apply) & Surveyor Notes		Manner of Assessment Code (check all that apply) & Surveyor Notes
Surgical procedures are performed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:				
4. I.1 Healthcare personnel perform a surgical scrub before donning sterile gloves for surgical procedures (in OR) using either an antimicrobial surgical scrub or an FDA-approved alcohol-based antiseptic surgical hand rub. Note: If hands are visibly soiled, they should be prewashed with soap and water before using an alcohol-based surgical scrub.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. I.2 After surgical scrub, hands and arms are dried with a sterile towel (if applicable), and sterile surgical gown and gloves are donned in the OR.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

4. I.3 Surgical attire (e.g., scrubs) and surgical caps/hoods covering all head and facial hair are worn by all personnel in semi restricted and restricted areas. Note: Restricted area includes ORs, procedure rooms, and the clean core area. The semi restricted area includes the peripheral support areas of the surgical suite.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. I.4 Surgical masks are worn (and properly tied, fully covering mouth and nose) by all personnel in restricted areas where open sterile supplies or scrubbed persons are located.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. I.5 Sterile drapes are used to establish sterile field.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. I.6 Sterile field is maintained and monitored constantly. Ensure that: • Items used within sterile field are sterile. • Items introduced into sterile field are opened, dispensed, and transferred in a manner to maintain sterility. • Sterile field is prepared in the location where it will be used and as close as possible to time of use. • Movement in or around sterile field is done in a manner to maintain sterility.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. I.7 Traffic in and out of OR is kept to minimum and limited to essential staff.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. I.8 Surgical masks are removed when leaving the sterile areas and are not reused when returning.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to any of 4.I.1 through 4.I.8, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a) (Tag A-749)				

Interview = 1 Observation = 2 Infection Control Document Review = 3 Medical Record Review = 4 Other Document Review = 5

Processes ensuring infection control in the OR are accomplished in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:		
4. I.10 Cleaners and EPA-registered hospital disinfectants are used in accordance with hospital policies and procedures and manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. I.11 Cleaners and EPA-registered disinfectants, when in use, are labeled, diluted according to manufacturer's instructions, and are dated.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. I.12 All horizontal surfaces (e.g., furniture, surgical lights, booms, equipment) are damp dusted before the first procedure of the day using a clean, lint-free cloth and EPA-registered hospital detergent/disinfectant.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. I.13 High touch environmental surfaces are cleaned and disinfected between patients.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. I.14 Anesthesia equipment is cleaned and disinfected between patients.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. I.15 Reusable noncritical items (e.g., blood pressure cuffs, ECG leads, tourniquets, oximeter probes) are cleaned and disinfected between patients.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. I.16 ORs are terminally cleaned after last procedure of the day (including weekends) and each 24-hour period during regular work week. Terminal cleaning includes wet-vacuuming or mopping floor with an EPA-registered disinfectant.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

4.I.17 All surfaces, including but not limited to floor, walls, and ceilings have cleanable surfaces, are visibly clean, and there is evidence that all surfaces are cleaned regularly in accordance to hospital policies and procedures.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. I.18 Internal components of anesthesia machine breathing circuit are cleaned regularly according to manufacturer's instructions.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4. I.19 Ventilation requirements meet the following : • Positive pressure, 15 air exchanges per hour (at least 3 of which are fresh air) • 90% filtration (HEPA is optional), air filters checked regularly and replaced according to hospital policies and procedures • Temperature and relative humidity levels are maintained at required levels • Doors are self-closing • Air vents and grill work are clean and dry.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to any of 4.I.10 through 4.I.19, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a) (Tag A-749)		

Module 5: Special Care Environments

Section 5. A Protective Environment (e.g. Bone Marrow patients)

Elements to be assessed		Manner of Assessment Code (check all that apply) & Surveyor Notes		Manner of Assessment Code (check all that apply) & Surveyor Notes
For patients requiring a Protective Environment - the hospital ensures:				
5. A.1 Positive pressure [air flows out to the corridor].	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

5. A.2 Twelve (12) air changes per hour.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
5. A.3 Supply air is HEPA filtered.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
5. A.4 Well sealed rooms so that there are no penetration spaces in walls, ceilings, or windows.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
5. A.5 Self closing door that fully closes on all room exits.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
5. A.6 Documents and demonstrates that failures are addressed.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to any of 5.A.1 through 5.A.6, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(a) (Tag A-749)				
5. A.7 For patients requiring a Protective Environment, the hospital ensures that ventilation specifications are monitored using visual methods (e.g. flutter strips, smoke tubes) and observations documented daily.	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(b)(2) (Tag A-756)				

HOSPITAL PATIENT SAFETY INITIATIVE (PSI)

DRAFT RISK EVALUATION TOOL

Discharge Planning

Name of State Agency: _____

Instructions: The following is a list of items that must be assessed during the on-site survey, in order to determine compliance with the Discharge Planning Condition of Participation. Items are to be assessed by a combination of observation, review of the hospital's discharge planning program documentation, including policies and procedures, interviews, and review of medical records.

The interviews should be performed with the most appropriate hospital staff person(s) for the items of interest, as well as with patients, family members, and support persons.

Section 1 Hospital Characteristics

1. Hospital name: _____
2. Address, State, Zip Code: _____

   _____
3. CMS Certification Number (CCN):

4. Date of site visit:

		/			/					to			/			/				

5. Number of State Agency surveyors who participated in this survey:

6. Approximate time spent on site performing this survey (hours):

7. Does the hospital participate in Medicare via accredited "deemed" status?

   a. If YES, which Accrediting Organization(s)?

      i. ○ American Osteopathic Association (AOA)/Healthcare Facilities Accreditation Program (HFAP)

      ii. ○ Det Norske Veritas Healthcare (DNV)

      iii. ○ The Joint Commission (TJC)

   b. If YES, according to the hospital, what was the end date of the most recent accreditation survey:

		/			/				

Section 2 Discharge Planning – Policies and Procedures		
Elements to be assessed		**Manner of Assessment Code (list all that apply) & Surveyor Notes**
2.1 Are discharge planning policies and procedures in effect for all inpatients? Specifically:		
2.1a For every inpatient unit surveyed is there evidence of applicable discharge planning activities?	○ Yes ○ No	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
2.1b Are staff members responsible for discharge planning activities correctly following the hospital's discharge planning policies and procedures?	○ Yes ○ No	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: If no for either 2.1a or 2.1b the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to identification of patients needing discharge planning, 42 CFR 482.43(a) (Tag A-0800); discharge planning evaluation, 42 CFR 482.43(b) (Tag A-0806); and/or developing and implementing the discharge plan, 42 CFR 482.43(c) (Tag A-0817)		
2.2 Does the discharge planning process apply to certain categories of outpatients?	○ Yes ○ No	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If yes, check all that apply: ○ Same day surgery patients ○ Observation patients who are not subsequently admitted ○ ED patients who are not subsequently admitted ○ Other		
2.3 Is a discharge plan prepared for each inpatient?	○ Yes, skip to question 2.8 ○ No, go to question 2.4	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: No citation risk related to responses to questions 2.2 and 2.3; for information only.		

Elements to be assessed		Manner of Assessment Code (list all that apply) & Surveyor Notes
2.4 For patients not initially identified as in need of a discharge plan, is there a process for updating this determination based on changes in the patient's condition or circumstances? Specifically,		
2.4a Does the discharge planning policy address changes in patient condition that would call for the development of a discharge plan in patients not previously identified as in need of one?	○ Yes ○ No	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
2.4b Are inpatient unit staff aware of how, when, and whom to notify of such changes in patient condition?	○ Yes ○ No	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: If no to either 2.4a or 2.4b, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(a) (Tag A-0800)		
2.5 Is there a process for patients, or their representatives, and physicians to request a discharge planning evaluation? Specifically,		
2.5a Does the hospital have a standard process for notifying patients (or their representative if applicable) that they may request a discharge planning evaluation and that the hospital will conduct an evaluation upon request?	○ Yes ○ No	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
2.5b Does the hospital have a standard process for notifying physicians that they may request a discharge planning evaluation and that the hospital will conduct an evaluation upon request?	○ Yes ○ No	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
2.5c Can both discharge planning and unit nursing staff personnel describe the process for a patient or the patient's representative to request a discharge planning evaluation?	○ Yes ○ No	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

2.5d Interview patients (or their representatives if applicable). If they say they were not aware they could request a discharge planning evaluation, can the hospital provide evidence the patient or representative received notice they could request an evaluation?	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
Elements to be assessed		**Manner of Assessment Code (list all that apply) & Surveyor Notes**
2.5e Interview attending physicians. If they are not aware they can request a discharge planning evaluation, can the hospital provide evidence of how it informs the medical staff about this?	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: If no to any part of question 2.5, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(b)(1) (Tag A-0806)		
2.6 Interview attending physicians. If they are not aware they can request a discharge plan regardless of the outcome of the completed evaluation, can the hospital provide evidence of how it informs the medical staff about this?	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: If no to 2.6, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(c)(2) (Tag A-0819)		
2.7 Can discharge planning personnel describe a process for physicians to order a discharge plan to be completed on a patient, regardless of the outcome of the patient's evaluation?	○ Yes ○ No	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: If no to 2.7, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(c)(2) (Tag A-0819)		
2.8 Does the hospital discharge planning policy include a process for ongoing reassessment of the discharge plan based on changes in patient condition, changes in available support, and/or changes in post-hospital care requirements?	○ Yes ○ No	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: If no to 2.8, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(c)(4) (Tag A-0821)		

Section 3 Discharge Planning – Reassessment and QAPI		
Elements to be assessed		**Manner of Assessment Code (list all that apply) & Surveyor Notes**
3.1 Does the hospital review the discharge planning process in an ongoing manner, e.g. through QAPI activities?	○ Yes ○ No	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3.2 Does the hospital track its readmissions as part of its review of the discharge planning process?	○ Yes ○ No	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3.2a Does the assessment of readmissions include an evaluation of whether the readmissions were potentially preventable?	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3.3 If the hospital identified preventable readmissions where problems in the discharge planning process were identified as a possible cause, did it make changes to its discharge planning process to address the problems?	○ Yes ○ No ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: If no to any one of 3.1 through 3.3, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(e) (Tag A-0843) and possibly QAPI 42 CFR 482.21(c) (Tag A-0283)		
3.4 Does the hospital have a process for collecting and considering feedback from post-acute providers in the community about the effectiveness of the hospital's discharge planning process?	○ Yes ○ No	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: No citation risk related to responses to question 3.4; for information only.		

Section 4 Discharge Planning Tracers

In this section, survey 1-2 current inpatients and review the closed medical records of 2-3 patients who were discharged to home or transferred to a post-acute care setting. When possible, include one inpatient who was readmitted within 30 days of a previous admission. For closed records, be sure to select a record that includes a discharge planning evaluation and a discharge plan, and do <u>not</u> choose N/A instead of a Yes or No response. Note key at bottom of page for Manner of Assessment code.

DCP = Discharge Planning

	Patient/Record #1 ○ Open ○ Closed	**Patient/Record #2** ○ Open ○ Closed	**Patient/Record #3** ○ Open ○ Closed	**Patient/Record #4** ○ Open ○ Closed
4.1 When was the screening done to identify whether the inpatient needed a discharge planning evaluation? a. Before or at time of admission b. After admission but at least 48 hours prior to discharge c. N/A – all admitted patients receive a discharge plan d. None of the above	a. ○ b. ○ c. ○ d. ○	a. ○ b. ○ c. ○ d. ○	a. ○ b. ○ c. ○ d. ○	a. ○ b. ○ c. ○ d. ○
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: If response 4.1d is selected, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(a) (Tag A-0800)				
4.2 Can hospital staff demonstrate that the hospital's criteria and screening process for a discharge planning evaluation were correctly applied?	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: If no to 4.2, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(a) (Tag A-0800)				

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.3 If the patient did not meet the hospital's criteria for an evaluation, were the patient (or patient's representative if applicable) and the patient's physician made aware they could still request a discharge planning evaluation?	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: If no to 4.3, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(b)(1) (Tag A-0806)				
4.4 Was the discharge planning evaluation and, as applicable, the discharge plan developed by an RN, Social Worker, or other qualified personnel, as defined in the hospital discharge planning policies and procedures, or someone they supervise?	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: If no to 4.4, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(b)(2) (Tag A-0807 - evaluation) and/or 42 CFR 482.43 (c)(1) (Tag A-0818 - plan)				

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.5 Are the results of the discharge planning evaluation documented in the medical record?	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: If no to 4.5, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(b)(6) (Tag A-0812)				
4.6 Did the evaluation include an assessment of the patient's post-discharge care needs being met in the environment from which he/she entered the hospital?	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
For patients admitted from home, answer questions 4.7 through 4.11a. For patients admitted from a nursing home, skilled nursing facility, or assisted living, skip to question 4.12.				
4.7 Did the evaluation include an assessment of the patient's ability to perform activities of daily living (e.g. personal hygiene and grooming, dressing and undressing, feeding, voluntary control over bowel and bladder, ambulation, etc.)?	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4.8 Did the evaluation include an assessment of the patient's or family/support person's ability to provide self-care/care?	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.9 Did the evaluation include an assessment of whether the patient will require specialized medical equipment or home and physical environment modifications?	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4.9a If the assessment determined the patient required specialized medical equipment or environment modifications, did the evaluation include an assessment of whether the equipment is available or if the modifications can be made to safely discharge the patient to that setting?	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.10 If the assessment determined that the patient or family/support person is unable to meet care needs or there are additional care needs above their capabilities, did the evaluation include an assessment of available community-based services to meet post-hospital needs?	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: If any no answer to questions 4.6 – 4.10, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(b)(4) (Tag A-0806)				
4.11 If the assessment determined the patient would need HHA or SNF care, did the hospital provide the patient with lists of Medicare-participating HHAs or SNFs that provide post-hospital services that could meet the patient's medical needs?	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.11a If the hospital provided lists, were they geographically appropriate for the patient?	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: If no to 4.11 or 4.11a, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(c)(6) (Tag A-0823)				
For patients admitted from a nursing home, skilled nursing facility, or assisted living, answer question 4.12.				
4.12 Did the evaluation assess whether the prior facility has the capability to provide necessary post-hospital services to the patient (i.e. is the same, higher, or lower level of care required and can those needs be met in that facility?)	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
For all patients				
4.13 Did the evaluation include an assessment of the patient's insurance coverage (if applicable) and how that coverage might or might not provide for necessary services post-hospitalization?	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to 4.12 or 4.13 the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(b)(4) (Tag A-0806)				
4.14 Was the discharge planning evaluation completed in a timely basis to allow for appropriate arrangements to be made for post-hospital care and to avoid delays in discharge (including to a post-acute care setting)?	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: If no to 4.14, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(b)(5) (Tag A-0810)				

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.15 Was the patient (or the patient's representative, if applicable) involved in a discussion of the evaluation results?	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: If no to 4.15, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(b)(6) (Tag A-0811) and possibly42 CFR 482.13(b)(1) Patients Rights (Tag A-0130)				
4.16 Did the discharge plan match the identified needs as determined by the evaluation?	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: If no to 4.16, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(c)(1) (Tag A-0817)				

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.17 If any significant changes in the patient's condition were noted in the medical record that changed post-discharge needs, was the discharge plan updated accordingly?	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: If no to 4.17, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(c)(4) (Tag A-0821)				
For patients discharged to home or for whom discharge home is planned, answer all parts of questions 4.18 and SKIP question 4.19 For patients discharged/transferred to a post-acute care setting other than home, skip to question 4.19 Choose N/A for questions 4.18 through 4.20 only for open records of inpatients where it is premature for the question to apply.				
4.18 For patients discharged to home, did the hospital arrange for the initial implementation of the discharge plan? Specifically, look for evidence of the following, if applicable, based on the discharge plan:				
4.18a Providing in-hospital training to patient and family/support persons, using recognized methods. (Examples include teach-back or repeat-back , simulation laboratories, etc. but these specific methods are not required.)	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.18b Written discharge instructions that are legible and use non-technical language.	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4.18c A list of all medications the patient should be taking after discharge, with clear indication of changes from the patient's pre-admission medications	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.18d Evidence of education of patients and support persons on admission vs. discharge medications, highlighting changes.	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4.18e Referrals to established/new primary care physician or health center.	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.18f Referrals, if applicable, to specialized ambulatory services, e.g. PT, OT, HHA, hospice, mental health, etc.	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4.18g Referrals, if applicable, to community-based resources other than health services, e.g. Depts. of Aging, elder services, transportation services, etc.	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.18h Arranging essential durable medical equipment, e.g. oxygen, wheel chair, hospital bed, commode, etc., if applicable.	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
4.18i Sending necessary medical information to providers the patient was referred to prior to the first post-discharge appointment or within 7 days of discharge, whichever comes first.	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

NOTE: If implementation of the discharge plan was not initiated, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(c)(3) (Tag A-0820)

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.19 For patients transferred, to a post-acute care setting other than home, was necessary medical information ready at time of transfer and sent to the receiving facility with the patient?	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: If no to 4.19, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(d) (Tag A-0837)				
4.20 Were there portions of the plan the hospital failed to begin implementing, resulting in delays in discharge?	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: If yes to 4.20, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(c)(3) (Tag A-0820)				

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.21 *For information only*, were any of the following services initiated while the patient was hospitalized:				
a. Scheduling follow-up appointments b. Filling prescriptions c. Pharmacist meeting with patient and/or family/support persons to review medication regimen d. Pharmacist reviewing discharge medication orders prior to hospital departure e. Home setting visitation by hospital staff f. Transportation arranged for follow-up appointments g. Discharge planning checklists, e.g. CMS, AHRQ, CAPS checklists	a. ○ b. ○ c. ○ d. ○ e. ○ f. ○ g. ○	a. ○ b. ○ c. ○ d. ○ e. ○ f. ○ g. ○	a. ○ b. ○ c. ○ d. ○ e. ○ f. ○ g. ○	a. ○ b. ○ c. ○ d. ○ e. ○ f. ○ g. ○
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: No citation risk related to question 4.21; for information only.				
4.22 Is there documentation in the medical record of providing the results of tests, pending at time of discharge, to the patient and/or post-hospital provider of care, if applicable?	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: If no to 4.22, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.43(d) (Tag A-0837)				

	Patient/Record #1	Patient/Record #2	Patient/Record #3	Patient/Record #4
4.23 Ask the hospital to check whether this inpatient admission is a readmission within 30 days of a prior admission to that hospital. Was there a prior admission?	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
NOTE: No citation risk related to question 4.23, for information only.				