

CONTENTS

TARGET

REVIEW

ASSESS

COMMUNICATE

EDUCATE

REPORT

	Accreditation Programs/Settings								
	AHC	BHC	CAH	HAP	LAB	NCC	OBS	OME	
INTRODUCTION									1
MOCK TRACER FORM									4
TRACERS									7
MOCK TRACERS									10
SECTION 1: PERFORMANCE IMPROVEMENT									
1.1: Performance Improvement Data.....	?	?	?	?	?	?	?	?	17
1.2: Implementing Performance Initiatives	?	?	?	?	?	?	?	?	19
1.3: Performance Improvement Management.....	?	?	?	?	?	?	?	?	21
SECTION 2: LEADERSHIP									
2.1: Leadership in Performance Improvement.....	?	?	?	?	?	?	?	?	25
2.2: Safety Culture.....	?	?	?	?	?	?	?	?	26
2.3: Patient Flow.....					?				27
2.4: Contracted Services	?	?	?	?	?	?	?	?	28
SECTION 3: STAFFING AND MEDICAL STAFF									
3.1: Staff Orientation, Training, and Education.....	?	?	?	?	?	?	?	?	31
3.2: Credentialing and Privileging	?	?	?	?	?	?	?	?	32
3.3: Competency Assessment.....	?	?	?	?	?	?	?	?	34
SECTION 4: CARE OF THE PATIENT									
4.1: Admission, Discharge, and Transitions of Care	?	?	?	?	?	?	?	?	39
4.2: Assessment and Plan of Care.....	?	?	?	?	?	?	?	?	42
4.3: Emergency Department Processes.....			?	?					45
4.4: Suicide Risk Assessment	?		?						47
4.5: Pain Management	?		?		?	?	?	?	48
4.6: Abuse and Neglect	?	?	?	?	?	?	?	?	50
4.7: Nutrition	?	?	?	?	?	?	?	?	51
4.8: Skin and Pressure Ulcers.....	?	?	?	?	?	?	?	?	52
4.9: Falls Risk.....	?	?	?	?	?	?	?	?	53
4.10: Operative and High-Risk Procedures	?	?	?	?	?	?	?		55
4.11: Radiology Processes	?	?	?	?	?	?	?		58
4.12: Transfusions and Blood Products.....	?	?	?	?	?	?	?		60
4.13: Physical Therapy	?	?	?	?	?	?	?		62

	Accreditation Programs/Settings								
	AHC	BHC	CAH	HAP	LAB	NCC	OBS	OME	
4.14: Chemotherapy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	63
4.15: Restraint and Seclusion.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65
4.16: Youth Addiction Program.....			<input type="checkbox"/>						66
4.17: Advanced Directives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	67
4.18: Patient Education, Communication, and Rights.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	68
SECTION 5: HEALTH INFORMATION AND TECHNOLOGY									
5.1: Information Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	73
5.2: Health Information Security.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	74
5.3: Informed Consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	75
5.4: The Medical Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	76
5.5: Verbal Orders.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	78
SECTION 6: INFECTION PREVENTION AND CONTROL									
6.1: Infection Control Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	81
6.2: Infection Control NPSGs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	84
6.3: Reprocessing Medical Equipment, Devices, and Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86
6.4: Vaccination Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	88
SECTION 7: MEDICATION MANAGEMENT									
7.1: Medication Management System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	91
7.2: Medication Procurement, Ordering, and Dispensing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	95
7.3: Medication Administration.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	98
7.4: Medication Storage and Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	102
7.5: High-Alert and Hazardous Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	104
7.6: Look-Alike/Sound-Alike Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	106
7.7: Anticoagulant Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	107
SECTION 8: TESTING, TRANSPLANTS, AND IMAGING									
8.1: Test Orders and Results.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	111
8.2: Laboratory Procedures and Equipment		<input type="checkbox"/>			<input type="checkbox"/>				112
8.3: QSA Cytology Procedures					<input type="checkbox"/>				114
8.4: Waived/Point-of-Care Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	115
8.5: Tissue Handling and Tracking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	116
8.6: MRI Suite Processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	118
SECTION 9: THE PHYSICAL ENVIRONMENT									
9.1: EC Management Plans and Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	121
9.2: Safety and Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	123
9.3: Infant and Pediatric Security		<input type="checkbox"/>	<input type="checkbox"/>						126
9.4: Hazardous Materials and Waste.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	128
9.5: Fire Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	132



Accreditation Programs/Settings

	AHC	BHC	CAH	HAP	LAB	NCC	OBS	OME	
9.6: Medical Equipment	?	?	?	?	?	?	?	?	134
9.7: Utility Systems.....	?	?	?	?	?	?	?	?	137
9.8: Construction.....	?	?	?	?	?	?	?	?	141
9.9: EM Plans/Emergency Operations Plan	?	?	?	?	?	?	?	?	144
9.10: Communications and Community in Emergencies	?	?	?	?	?	?	?	?	145
9.11: Emergency Response Exercises	?	?	?	?	?	?	?	?	147
9.12: Disaster Volunteers	?	?	?	?	?	?	?	?	148
9.13: Fire and Smoke Protection Features	?	?	?	?	?	?	?	?	149
9.14: Means of Egress	?	?	?	?	?	?	?	?	152

