

The Joint Commission

Big Book of Checklists



Third Edition

JOINT COMMISSION RESOURCES MISSION

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INTRODUCTION

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TO-DO

Every day we use tools and resources to manage our lives, both personally and professionally. As a health care professional, you are committed to providing safe quality health care to all individuals. The checklists in this book are designed to help you succeed in that effort.

You may be a first-time reader who has not had the opportunity to put these tools to the test, or you could be a returning reader interested in what new checklists you can use. In either instance, if you're reading this book, then you are searching for tools to help your health care organization navigate the increasing complexities of providing quality health care and maintaining the physical environment where health care is delivered.

Checklists Are Commonplace for Good Reasons

How can something as simple as a checklist truly help your organization become more reliable? After all, using a checklist is hardly a new idea, and you've probably already been using them all your life. You might write to-do lists (a type of checklist) to help with routine tasks when you're busy and could forget something you need to do. Another example you may use in your day-to-day life is a procedure-type checklist. Think about your favorite recipe; those instructions are, in fact, a checklist. They are providing a set of tasks that must be done in a certain order to ensure your culinary success. Whichever checklists you employ, it is important to remember that checklists are commonplace for good reasons. Consider the following:

- **Efficiency.** Checklists can help you become more efficient and systematic when completing routine tasks. This frees up a little brain energy and allows you to focus more attentively on other tasks that require more flexible thinking, such as critical thinking and problem solving.^{1,3}
- **Standardization.** Checklists can help you standardize the way tasks should be completed.¹⁻⁴ This can help improve outcomes by ensuring that every task is performed accurately and appropriately each and every time.
- **Teamwork and communication.** Checklists can help you foster effective teamwork and guide communication.^{1,5} This is critically important in health care since every member of a team needs to know specifically what their role is in a process or a series of processes, including when to share information and what information to share, to provide safe, quality, and timely patient care.
- **Error reduction.** Checklists can help you prevent or decrease human error under stressful conditions.^{1,3,6} Just knowing you have a checklist available for certain tasks or processes can relieve the anxiety that can contribute to job dissatisfaction and adverse health issues as well as undue patient care complications.

Using Checklists in Health Care

Many industries, such as aviation and nuclear power, use checklists for the reasons previously outlined.⁵ Health care has embraced checklists as well, most notably to help ensure safe surgery^{4,7,8} and the sterile insertion of central line (venous) catheters.⁹ Atul Gawande, MD, a surgeon at Brigham and Women's Hospital in Boston and author of *The Checklist Manifesto*,¹ worked with the World Health Organization (WHO) to pilot the WHO Surgical Safety Checklist.¹⁰ That checklist complements requirements outlined in The Joint Commission's Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery.[™] Additionally, Peter Pronovost, MD, an anesthesiologist and critical care physician at Johns Hopkins University School of Medicine in Baltimore, introduced the widely used central line checklist. A study on the use of that checklist in the intensive care unit (ICU), known as the Keystone ICU study, proved to the health care industry that central line-associated bloodstream infections (CLABSIs) can be reduced to zero or near-zero levels with the standardized checklist approach.⁹

More Proof

In a field focused on zero harm, the proof is often in the study results—in this case, in the results of studies

associated with checklist usage. What has been proven is this: When health care organizations consistently and correctly follow well-developed checklists, those checklists help to ensure that every patient receives safe care based on evidence-based practice.^{1,7,8,11-14} Such standardization leads to highly reliable care² and fewer episodes of patient harm.^{7,8,13,14} It's equally important to know this: In all the studies conducted on the use of checklists in health care, there has not yet been one study to show that a checklist contributed to an adverse event.⁶

Endless Applications

What we know now is that using checklists doesn't and shouldn't stop in the surgical suite or the ICU. The applications of checklists in health care are ongoing and evidently beneficial wherever they are used—including the following areas of concern:

- **Reduce patient complications.** Health care organizations are using checklists to reduce patient complications and deaths by reminding clinicians to use antibiotics judiciously or prescribe treatments to prevent deep vein thrombosis (DVT).⁵
- **Ensure improved transitions of care.** Health care organizations are using checklists to ensure better transitions of care by prompting caregivers to be more thorough during hand-off communications.¹⁵⁻¹⁷
- **Improve communication.** Health care organizations are using checklists to improve communication and patient/family satisfaction by helping surgical residents to conduct difficult conversations after a patient's traumatic injury.¹⁸

Checklists: Defined and Described

The increased use of checklists in health care has led many to question when, where, why, and how checklists should be used. It's also led many to ask, "What exactly is a checklist?" The term *checklist* has been broadly applied to many types of tools. In the most common application, a checklist can be defined as follows:

A visual, supportive, cognitive tool consisting of a list of actions to perform, with the goal of incorporating every critical action, to complete a given task.^{4,6,19}

The action items, or check points, are arranged in a logical and functional or sequential order and are "checked off" as they are completed.^{6,19}

In health care settings, checklists defined in this way are most often used for clinical procedures or for caring for patients with particular diseases. These procedures broken down in checklist format are typically areas in the process where there is high risk of failures or slips caused by distractions, a chaotic and stressful environment, or fatigue.⁴ In other words, clinicians know what to do, but they might forget to do it or forget to do an important

part of it (such as administering antibiotics 60 minutes before surgery)—especially when they are trying to complete tasks while responding to family or caregiver questions or tending to various patient needs.

Additionally, there are many nonclinical processes in health care organizations that can benefit from checklists. Evaluating the effectiveness and completeness of a policy, deciding on the next piece of technology to acquire, and assessing and evaluating the physical environment are all important aspects of health care facility management that help to ensure health care staff can provide safe, quality care.

In short, studies show that checklists if followed properly can help to prevent errors and other patient complications. Checklists do this by reminding health care organizations to complete critical steps in a particular process/procedure or by supporting and standardizing communication.

The following section summarizes the various types and uses of the checklists included in this book.

Assessment Checklists

The intent of assessment checklists is to figure out whether something or someone is meeting a defined level or status. If not, either an individual or a team of individuals or the thing being assessed needs to change. Basically, these checklists ask, "Is this okay or not?" For example, the [Patient Medication Understanding Assessment Checklist](#) (see Section 9) can be used to confirm that a patient understands the medications they are taking. If the checklist shows there are gaps in the understanding, you can address them on the spot for that patient. When using a checklist such as this consistently, you may discover that your patients may not be understanding as much as you assumed, and this could prompt your organization to look for better ways to improve patient education on medications in general or on specific medications.

Decision Checklists

When you have to make a decision based on information you need to gather, a decision checklist can help. These checklists include important questions to ask when making a specific—and often difficult—decision. Such checklists are intended to prevent you from forgetting details in the heat of the moment. Or they can give you guidance if you have no experience making the particular decision. They ask, "Have I asked all the questions I need to?" For example, you can use a [Proposed Performance Improvement Project Decision Checklist](#) (see Section 10) if you need to make sure you're choosing the best project for a performance improvement (PI) initiative or the [New Technology Decision Checklist](#) (see Section 5) when your organization is selecting new medical technology.

Evaluation Checklists

When you evaluate something, you're using a list of criteria to determine its quality, value, or merit.^{6,19} An evaluation checklist guides you to collect relevant evidence to make that judgment. A good evaluation checklist includes criteria for evaluating something specific, prompts you not to forget the most important criteria, and makes the evaluation as objective, credible, and reproducible as possible.¹⁹ It asks, "Does *this* have *that*, like it should?" For example, you may want to use the [Discharge Summary Evaluation Checklist](#) (see Section 1) to make sure your discharge summaries are complete or the [Health Information Policy Evaluation Checklist](#) (see Section 5) to evaluate the quality of your health information policy.

Procedure Checklists

Procedure checklists are the most common checklists used in the health care setting and they follow the definition of a checklist as previously noted. The sequential list of actions can be phrased as directions, or as questions that ask if the actions were completed or not. In essence, these checklists say, "Do *this* and *then* that." Scoring or space for comments typically is not included since users are simply identifying whether a task is or is not complete. For example, using the [Surgical Safety Procedure Checklist](#) (see Section 1), the surgical team takes time to confirm that all the necessary steps have been completed, in order, to prepare for surgery or to end the surgery. Some procedure checklists, such as the [Daily Patient Room Cleaning](#) (see Section 6), may include tasks that need to be performed, but with some leeway for the actual order in which they are performed.

To-Do Checklists

The to-do checklists are your well-known laundry lists of things to do or things to collect or things to think about.²⁰ Even though they're common, don't dismiss them as unimportant. For example, using the [Required Written Policies Checklist](#) (see Section 3), a list of policies required by The Joint Commission, will save you time on survey day by ensuring all required written policies are accounted for and help your organization make sure it's meeting standards that help to ensure quality care. These checklists basically ask, "Do I have everything?" or "Have I done all this?" Medical equipment checklists to prepare for particular procedures or standardized order sets for patient admissions, specific disease processes, or postprocedural care are to-do checklists you may be familiar with already.⁶ Another example is the [Point-of-Care Medical Records Checklist](#) (see Section 5), an audit of what should be in your medical records.

What Makes a Good Checklist?

No matter what type of checklist you're using or what its purpose is, you and your team must design it carefully if it's

going to be effective. And finding a standardized, proven method for developing and designing checklists isn't easy.⁶ Most people agree that a well-designed checklist takes into account not only what needs to be done but also who will be doing it and under what conditions, all while being mindful of the increasing complexities of providing safe, quality care. The following four sections list the features necessary when designing effective checklists.^{19,21,22} You can also use the [Evaluation of Checklist Effectiveness](#), a checklist for determining the quality, merit, and value of a proposed checklist; it's provided at the end of this Introduction and incorporates the points in this section (see page xx).

Checklist Components

Effective checklists should include the following components^{19,21-23}:

- **Purpose.** Tells what the checklist is for and/or the ways it can be used.
- **Subtasks.** Breaks down a complex task into subtasks or steps (that may be questions to answer).
- **Critical steps.** Focuses on critical steps or commonly forgotten ones.
- **Identification of unnecessary steps.** Eliminates steps checked in other ways.
- **Role definitions.** Defines who will perform each step, if that's important to specify.
- **Identification of conflicts.** Identifies conflicting demands in a step.
- **Preference for sequential order.** Makes it clear if the steps need to be in order.
- **Value/status outcomes.** Specifies task outcomes that need to be recorded as values as opposed to a mark for completion.
- **Focus.** Describes one step per checkpoint.
- **Reality based.** Reflects how the task is actually performed.

Checklist End Users

Checklist developers should put the end user, or person who will actually be using the checklist, at the forefront when creating a checklist by considering the following^{1,21,22}:

- **Experience.** Does it address potential wide variation in the end users' experience with a task?*
- **Intended use.** Does it make clear whether the steps are "read-do" or "do-confirm"??*
- **Pause points.** Does it include any natural breaks (or pause points) in the workflow (giving no more than 5 to 9 steps between them)?
- **Communication.** Does use of its steps trigger communication as well as cooperation and collaboration?

* This may be done by providing "read-do" checklists (read each step and then do it) for end users with limited experience or "do-confirm" checklists (do the steps by memory and then check the steps) for those more familiar with the task. Specific steps in a checklist may be "read-do" or "do-confirm" as well.

- **Accountability.** Does it say who is responsible for each step, if that's important to specify?
- **Time frame.** Can the task be completed with the checklist in about the same time as without the checklist?
- **Currency.** Does it indicate its date of creation or revision?

Checklist Usability

Every checklist should aim to follow basic usability guidelines such as the following^{1,19,21-23}:

- **Title.** Reflect the checklist objectives or purpose in the title.
- **Phrasing.** Use a simple sentence structure and the active voice, with minimal description. Sometimes a simple question, prompting a “yes” or “no” answer, works best.
- **Readability.** Use a large, readable font and avoid all-caps.
- **Format.** Present the steps in a clear and uncluttered format, ideally on one page, using color only as necessary.
- **Language.** Use basic language or the common language of end-users, avoiding jargon.
- **Angle.** Write in terms of what should be done (instead of what should *not* be done).

Checklist Testing

Once you develop a checklist (using the previously listed criteria), you need to test it, paying particular attention to the following during testing^{6,22}:

- **Real-world conditions.** Is the testing conducted under real-world conditions?
- **Workflow.** How does the checklist fall into the end users' workflow?
- **Time frame.** How long does it take to complete the checklist?
- **Error detection.** Does the checklist allow end users to detect errors in time to prevent them?
- **Feedback.** Does it allow end users to provide feedback that can be incorporated?

Simulations. Ideally, the checklist should be tested in the real world under conditions where end users are multitasking and dealing with regular distractions.^{1,21,22} But don't dismiss simulation for checklist testing: A simulated environment may work just as well and may even be safer than testing in the real world. For example, Arriaga and colleagues chose to conduct high-fidelity simulation testing for a surgical-crisis checklist and discovered that teams responded better to surgical crises if they had checklists available to them.⁷

End users' feedback. Feedback from the end users is a crucial necessity to determine the effectiveness of a checklist as well as offering end users a chance to participate in process improvement. End users who tested the checklist may provide feedback by either written or verbal methods.

For example, end users can mark up the actual checklist with suggestions for changes.¹⁹ Or you can verbally ask the end users what you need to know—for example, whether they had enough time to complete the checklist without delaying patient care, or whether they felt the checklist improved patient safety.⁶ Whether the feedback end users provide is helpful or unclear, you may want to follow up in person or by phone to learn more about their recommendations.¹⁹ Most importantly, you'll want to consider how to incorporate their suggestions and revise the checklist while keeping the overarching goal and purpose of the checklist in mind.¹⁹ Testing gives users a chance to contribute to the checklist development process. Encouraging staff input creates buy-in for the checklist when it's eventually implemented.

Checklist Successes and Failures

Like many complex endeavors, developing effective checklists is both a science and an art—and there's no guarantee that your checklists will be as effective as you hope they'll be, despite their being well designed. Even the most famous health care checklists have faced scrutiny over their effectiveness: At first, Gawande's surgical checklist and Pronovot's central line checklists led to dramatic improvements in patient safety in many health care organizations. Soon everyone started developing and using checklists. But in recent years, there have been criticisms of checklists because some of those early successes weren't sustained or replicated at other organizations.²⁴ For example, researchers found that 101 hospitals in Ontario, Canada, that were mandated to publicly report compliance with a surgical checklist showed no significant improvement in surgical mortality or complications even after using the checklist for three months and performing more than 100,000 surgeries.²⁵ Shortly thereafter, hospitals in Michigan reported that they didn't find any association between the surgical checklist and decreased mortality or surgical complication rates after using the checklist for two years.²⁶

Checklist Use Barriers

Although these failures are caused by multiple factors, one factor may be that the checklists aren't used the way they're intended to be used.²⁵⁻²⁹ Why? The answer to that question is being studied by implementation scientists. Implementation science is a new field of science aimed at finding out why certain innovations with great results during the research phase can't be replicated in real-world settings.²⁴ Implementation scientists hope to better understand how to translate evidence into practice more quickly.²⁴

Of course, the barriers to checklist use may be myriad—and are often rooted in systems issues and/or human behavior. One barrier is active resistance—end users simply refuse to use the checklist or consciously don't use it regularly or consistently.

Active resistance as a barrier. Active resistance from end users to checklists has been found to occur under the following conditions^{1,4,24,27–29}:

- When end users are forced to use checklists without buy-in or input
- When checklists are poorly worded
- When checklists are not based on current evidence
- When checklists are not designed well or customized to the particular organization's needs
- When checklists seem more time consuming than helpful
- When checklists are perceived as inappropriate for a task or create duplication of work
- When leadership isn't engaged in promoting the use of checklists

That last point is critical: Leadership has to come out in strong support of the use of checklists and monitor implementation of the checklist using change management in a culture of safety.

Designing around core values. In overcoming active resistance, a philosophical mindset is also an important factor worth noting. According to Gawande's *The Checklist Manifesto*, "Pilots turn to their checklists for two reasons. First, they are trained to do so. They learned from the beginning of flight school that their memory and judgment are flawed and that lives depend on their recognizing that fact. Second, the checklists have proved their worth. They work."^{1(p.121)} It's significant that pilots are taught that their memory is faulty from the beginning of flight school. In this way, humility is instilled from the minute they enter the profession. Another insight from Gawande's *The Checklist Manifesto* reinforces two other core values needed to make checklists successful: "Just ticking boxes is not the ultimate goal here. Embracing a culture of teamwork and discipline is."^{1(p.160)} For these reasons, the WHO Surgical Safety Checklist (which Gawande worked on) was designed around three core values^{1,30}:

1. **Humility.** Recognizing that any of us can fail no matter how experienced or smart we are
2. **Discipline.** Doing things the same way every time reduces the chance of failure
3. **Teamwork.** Being able to function together enhances the surgical team members ability to execute a complex surgery

Encouraging these core values can increase the possibility of a successful creation and implementation of any checklist in any setting. In addition to accounting for these human values, however, checklist design has to account for human behavior and other human factors.

Incorporating Human Factors Engineering

Despite active resistance to the use of checklists, numerous health care checklists have proven successful and have saved lives. These successes are due in large part because the checklist design took into account human factors engineering—the study of how people perform tasks.⁴ We all understand that people do some things automatically (without really thinking about them) and other things with more focused attention (such as problem solving or critical thinking). Checklists can prevent errors (or slips) as a result of these autopilot actions—the most common cause of errors.⁴ However, checklists cannot prevent errors (or mistakes) that result from poor critical thinking skills.⁴ Such slips are usually caused by fatigue, distraction, or chaotic environments as opposed to mistakes due to lack of experience or training.⁴ That's why some of the most useful checklists are those that standardize the autopilot behaviors of clinical procedures.

Implementing Checklists in Your Organization

An understanding of the features that make a good checklist and an expectation to resistance are part of the prep work for implementing checklists in your organization. So, what's next? Can you just start using any existing checklist—like the ones in this book, or the ones perfected by Gawande and Pronovost? If they're tested and proven valid, why not just tell your staff to start using them? Because a few months later, you may be surprised to see that the results in your organization don't match those in the research. You need that implementation phase.

Researchers who studied the lack of success with the surgical checklist in the Michigan and Ontario studies both stated that there could have been issues with implementation that caused the failures with the checklist.^{25,26} In other words, it may not be that the checklist itself was the problem—only the way it was implemented. For example, surgical teams may say that they've completed the checklist, but in reality they've only checked off two-thirds of the boxes on the checklist or they didn't really pay attention while using it because they didn't believe it could actually improve patient care.²⁴ Furthermore, the Michigan researchers stated that there was no method to provide outcomes feedback to the end users of the surgical checklist, so they had no idea of how they were progressing or where they needed to improve.²⁶ These study results suggest that a more systematic approach to implementing checklists is in order. As usual, training and leadership are critical to that approach.

Thorough Training

First, when implementing a new checklist, your leaders must provide a rationale for adopting it and support appropriate training for how it's expected to be used.^{6,28} Leaders can't simply e-mail a checklist to a group of physicians, nurses,

or the patient safety officer and tell them to start using it—not if they want the implementation of the checklist to be effective.^{24,27-29} Instead, they should do the following:

- **Explanations and expectations.** Explain why the checklist is being adopted and the expected end result(s).^{6,28}
- **Demonstrations and observations.** Show how to use the checklist and watch staff and providers using it in real time.
- **Feedback give and take.** Give feedback to end users based on observations and accept feedback from them on how the checklist might be improved to better fit the organization's specific needs.

Engaged Leadership

Clearly, effective leadership is key to checklist success—as it is to the success of most of what goes on in an organization. Some say effective leadership is really engaged leadership; others call it courageous leadership or committed leadership. No matter what you call it, leadership has to be integrally involved if successful change is going to take place within an organization. An important point to note when evaluating the success of Pronovost's Keystone ICU project, which netted a 66% sustained reduction in CLABSIs, was that leadership introduced a comprehensive unit-based safety program† (CUSP) as well as the central line checklist.⁹ CUSP not only helped improve the safety culture in the Keystone ICUs, but it also required that an executive leader adopt an ICU, attend regular meetings, find out why the checklist was or wasn't working, and help provide more resources to make sure the checklist was successful.^{9,31} Thus, leadership engagement was built into the Keystone ICU study, and this leadership was not on the periphery but in the trenches with the staff. That could be one reason why they experienced such impressive success with the central line checklist.

Local Adaption

Just as important as training and leadership when implementing checklists in your organization is the nature of your organization itself. When the WHO Safe Surgical Checklist was designed, it was meant to be used around the world. In practice, some organizations that implemented the checklist had fewer resources than expected.¹ For example, an African hospital didn't have antibiotics or pulse oximetry monitoring readily available, so those checkpoints on the checklist were meaningless.²⁴ The advice from Gawande and WHO: customize, customize, customize.^{1,24,27-29} If organizations were going to make the surgical checklist meaningful and useful to their practice, then they had to adapt it to their particular circumstances and needs.

The same principle applied with Pronovost's central line checklist: When it was implemented for the study in 103 Michigan ICUs, he encouraged the ICUs to adapt the Johns Hopkins central line checklist to their unit's specific needs.^{9,28} By the end of the study, Pronovost said that every ICU team thought their checklist was better than the next, but it was definitely perfect for their unit's particular needs and culture.²⁸ Part of that success was letting the end users customize the checklist and have a say in how it was implemented—that is, user buy-in.

User Buy-in

If the clinicians who use a checklist day in and day out don't see the value in that checklist and don't think it improves patient care, they won't use the checklist the way it was originally intended or they won't use the checklist at all.^{1,24,27-29} The same can be said for anybody using a checklist in a health care setting. For instance, anyone can check off boxes in a list without really thinking about the purpose and intent of those boxes. A nurse can check off the box indicating that everyone in the room washed their hands prior to starting a procedure to insert a central line, but if that same nurse doesn't speak up to make sure those people actually wash their hands, the checklist is useless.

Accepting the need. Buy-in is particularly difficult to get when a checklist is required and pushed on a health care team as opposed to organically initiated within the group. For example, the surgical checklist was mandated for Ontario hospitals, and those researchers found that the checklist didn't improve mortality rates or reduce surgical complications.²⁵ Perhaps when the checklist is forced upon clinicians, they can never truly embrace the spirit of the checklist. Even if the checklist use comes down from leadership, the team has to accept the need for the checklist.

Applying peer pressure. Others may lack the humility to be receptive to the checklist; after all, the checklist is a tool designed to find shortcomings and errors.¹ For example, some organizations have found that surgeons are the biggest barriers to an operating room's adopting the WHO Safe Surgical Checklist.²⁷ To break down this barrier, organizations fostering a culture of safety that supports staff who find and share opportunities for improving care—even when it means identifying an individual's own shortcomings—may help staff reluctant to use a checklist because they know it will encourage an open dialog for improved patient safety and care. For example, outcomes data can be collected and reported back to various units or teams. Then units or teams can judge definitively the impact of the checklist by seeing which group is having success with a checklist and meeting patient safety goals, and identifying which group is struggling with the implementation. Clinicians and other health care staff may be more willing to adopt a checklist when they see their outcomes are lagging behind the early adopters.²⁷

† A comprehensive unit-based safety program is a method that can help clinical teams make care safer by combining improved teamwork, clinical best practices, and the science of safety.

Allowing for judgment. Some people may just hate the idea of rigidly following a “mindless” checklist and not thinking for themselves. But a checklist requiring this kind of thinking isn’t a good checklist! Gawande says that a good checklist “gets the dumb stuff out of the way—the routines your brain shouldn’t have to occupy itself with . . . Did the patient get her antibiotics on time? . . . Is everyone on the same page here? And lets it rise above to focus on the hard stuff.”^{1(p.177)} Thus, the checklist gives your brain the freedom to focus on the bigger issues and to problem solve without getting bogged down or distracted by the details—one of those primary reasons given above for the usefulness of checklists. And, of course, leadership must make it clear that they don’t want staff to mindlessly follow checklists. Rather, they should encourage clinicians to mindfully engage in the checklist and give them the autonomy to use their clinical judgment whenever necessary.⁶

Checklists: Summing It Up

The potential benefits of carefully designed, rigorously tested, and thoughtfully implemented checklists in health care settings are seemingly endless. Under these circumstances, patients, clinicians, and leaders can expect checklists to aid them in the following¹⁻¹⁷:

- Increase diligence following evidence-based practices
- Improve teamwork, communication, and coordination of care
- Improve patient safety and reduce medical errors
- Reduce mortality
- Reduce patient complications, including infections

Although the successes checklists have recently achieved in the health care setting have been questioned, as described, the issues really do seem to lie more with poor implementation of checklists.²⁴⁻²⁹ Any benefit of a validated and rigorously tested checklist can be thwarted by poor leadership engagement, lack of customization to the organization, and a failure to obtain buy-in from staff who ultimately use the checklist.²⁴⁻²⁹ Rather than turn against checklists altogether based on a few studies, health care organizations need to scrutinize why the experience with the checklist failed and try to learn from those mistakes. Other highly reliable industries, such as aviation and nuclear power, fully endorsed the use of checklists; thus, it’s hard to ignore the potential positive impact checklists can have in health care.

Clearly there is more to learn when it comes to checklists, but this book is a good starting point for health care organizations—primarily by providing various types of checklists for various purposes that you can adapt to the individualized needs of your health care organization. Each type of checklist provides you an opportunity to capitalize on standardizing patient safety and care,

increasing efficiency, and becoming highly reliable caregivers.

This Third Edition

When this book was originally published in 2016, it was greeted enthusiastically. Checklists were already popular with health professionals. To get checklists from The Joint Commission on a wide range of topics that apply to most health care settings accredited by The Joint Commission also appealed to health care professionals. These checklists are not only ready-made, they are fully customizable to fit your health care organization’s needs. The popularity of this title and continued requests for more checklists drove the need for Joint Commission Resources to release this third edition of *The Joint Commission Big Book of Checklists*.

Requirements, Guidelines, and the Checklists

While these checklists can be used as tools to help your organization maintain survey readiness, this book was developed with the daily challenges of providing safe, quality health care in mind. The checklists connect the requirements of The Joint Commission with accepted best practice guidelines. However, if you are not sure if a task or question listed in one of the checklists applies to your organization, The Joint Commission encourages you to review your program-specific requirements on E-dition®—accessed through your organization’s secure *Joint Commission Connect*® extranet site—or in the *Comprehensive Accreditation Manual*.

Creating This New Edition

The second edition was thoroughly reviewed, reassessed, and updated. Existing checklists were vetted and updated to ensure content reflects any changes to Joint Commission requirements (including the Assisted Living Communities program, which launched since the book was last published), emergent research, and current best practice guidelines. Gaps in content and the need for new checklists were also identified since the second edition. Therefore, new checklists (identified by the **NEW** icon in the table of contents) were developed to address newly identified challenges as a result of trends and/or new Joint Commission requirements. More than thirty new checklists have been added to this third edition.

In addition to the new and revised checklists, this edition includes a new section—Health Care Worker Safety—to address pandemic-related health care worker challenges and encompass revised workplace violence standards.

While this is a “big book of checklists,” please keep in mind it is not comprehensive. If your organization is facing a challenge not covered in this edition, use a blank template (see “The Checklist Templates,” page xvii) to create a checklist that suits your needs.

About This Big Book

Beyond the research and the rationale for the use of checklists is the practical reality of using them. The *Joint Commission Big Book of Checklists* strives to help you succeed in providing safe, quality care by offering customizable tools—checklists that cover a wide range of health care concerns. You have purchased this book as part of a bundle—receiving both a single-use e-book and a soft-cover print copy. All the checklists (and their blank templates—see “The Checklist Templates,” page xvii) are available electronically and can be downloaded for customization; in addition, these checklists—whether they are modified or not—may be copied and distributed for internal use.

Topics of Checklists in This Book

The checklists developed for this book have been organized into twelve sections; the following is a brief description of each section:

1. **Care of the Patient.** Checklists in this section focus on the basics of patient care—from care planning to pain management to patient education to patient rights and responsibilities to discharge summary forms. They prompt you to evaluate your forms and ensure communication of vital information. A modified version of the WHO Safe Surgery Checklist is included as well.
2. **Health Care Worker Safety.** Every health care organization is aware that it is only as strong as its staff, and in recent years health care workers have been burdened with pandemic-related burnout and heightened threats of workplace violence. Checklists in this section range from a stress risk assessment and mitigation tool to one that outlines the steps that staff members should follow to protect patients and staff during an active shooter incident.
3. **Continuous Compliance.** The cornerstone of receiving and retaining Joint Commission accreditation is continuous compliance with their standards. Checklists in this section help health care organizations establish and maintain daily compliance and survey readiness, as well as help to make sure your organization has in place all the policies you need to guide your work.
4. **Emergency Management.** Checklists in this section focus on emergency management. Several new checklists have been added to this section, including a tool for submitting 1135 waiver requests and one on complying with revised emergency management standards.
5. **Health Information and Technology.** Protecting health information and addressing new and emerging technology are two areas health care organizations must consistently evaluate to ensure threats are avoided or well managed. This section includes checklists that health care organizations can use to prepare for the persistent threats to protected health information (PHI), including theft as well as loss from system issues or damage in disasters. In addition, a new checklist on cybersecurity has been included.
6. **Infection Prevention and Control.** Infection prevention and control (IC) lends itself particularly well to checklist use. This section includes checklists that you can use to evaluate and assess particular parts of your organization’s IC program. Several checklists have been added to this section, including a tool to encourage hand hygiene best practices and another to help with new water management requirements.
7. **Leadership.** Checklists in this section focus on leadership, including evaluating the organization’s safety culture policies and suggesting actions that support safety culture, assessing risks with patient flow, evaluating contracted services, and ensuring governing bodies receive required reports. A new checklist on health care equity has been added to this section.
8. **Medical Equipment and Utilities Management.** Medical equipment and utilities management are topics that also are often grouped together with the environment of care, or the physical environment.
9. **Medication Management.** This section includes checklists related to various activities in the medication management process, including responding to medication errors, labeling of medications on and off the sterile field, medication storage and security, patients’ understanding of medications, and emergency medications. Several new checklists have been added to this section, including one on look-alike/sound-alike medications and another that covers the basic elements of an adverse event process and/or policy.
10. **Performance Improvement.** Performance improvement is an ongoing challenge for all health care organizations. This section provides checklists that will help your organization collect data and performance improvement (PI) documents, evaluate measurements and comprehensive systematic analysis efforts, and check for risks related to certain sentinel events, as well as workflows and possible factors in problematic systems and processes. Checklists in this section will also help you make decisions about proposed PI projects and follow standardized steps in a root cause analysis, one type of comprehensive systematic analysis.
11. **The Physical Environment.** One of the most challenging areas in health care is the physical environment, also

known as the environment of care. Checklists for this area simplify many of the activities involved in maintaining a safe environment of care and ensuring fire protection and life safety. This section includes a variety of checklist types that will help your organization assess and evaluate many areas of environmental risks. This section includes several new checklists on topics ranging from COVID-19 recovery to extreme temperature preparedness.

12. **Staffing and Medical Staff.** This section includes checklists related to the complex process of focused professional practice evaluations, and a suggested competency assessment checklist for nurses during orientation, as well as checklists to assist when selecting staffing firms and a list of required Joint Commission education and training, according to the standards at the time of this printing. This section includes a new checklist on telehealth and another on preventing slips, trips, and falls.

Putting These Checklists to Work

It might seem as if you could just start using the checklists in this book, but as previously noted, thorough implementation with training and leadership engagement is recommended for successful checklist use. Customizing the checklists for your organization is also an integral part of what makes them work!

Logistics and legalities. As far as the logistics of using these checklists, you can print them out, photocopy them, modify them, post them, and store them on your internal server. You do need to retain the copyright notice for The Joint Commission, but if you make substantial changes and/or update them over the years, simply cite this book as the source.

Accreditation programs/settings. The checklists are designed for use across many different accreditation programs/settings. For that reason, the items in the checklists are keyed to the various settings. The following is a key to those program/setting codes:

AHC = Ambulatory Health Care

ALC = Assisted Living Communities

BHC = Behavioral Health Care and Human Services

CAH = Critical Access Hospital

HAP = Hospital

LAB = Laboratory

NCC = Nursing Care Centers

OBS = Office-Based Surgery Practices

OME = Home Care

When you're ready to implement the checklists in this book, feel free to delete the program/setting references that don't apply to your setting.

Program-specific terms. These checklists were created to encompass as many health care settings as possible. In our efforts to do this, certain terms and phrases are used that may not fit with your health care organization. The term patient is a commonly used descriptor in health care, but this can include any individual who receives care, treatment, or services in any health care setting. Terms and phrases used in these checklists are not meant to exclude any health care setting accredited by The Joint Commission. You are strongly encouraged to revise these checklists to fit your organization—and that includes changing terms common to The Joint Commission that differ in your organization (e.g., environment of care vs. the physical environment).

Checklist items and Joint Commission standards.

The setting references reflect appropriate application of the checklist items in those settings. They do not necessarily indicate that Joint Commission standards require compliance with the checklist items in those settings. When a checklist focuses on Joint Commission requirements, it is noted as part of the title and/or description of the checklist. And of course, the checklist items should be completed according to your organization's relevant policies and procedures. If you have any concerns regarding standards compliance, see the *Comprehensive Accreditation Manual* your organization is accredited by or visit E-dition on your organization's secure *Joint Commission Connect*[®] extranet site.

Evaluating the Effectiveness of Your Checklist

This book is full of checklists that span a wide range of topics. However, your organization may want to create your own checklist based on high-risk situations or processes specific to your organization or that are not covered in this book. The [Evaluation of Checklist Effectiveness](#) found on page xx, is a helpful tool that actually combines several types of checklists and includes criteria to evaluate checklists. It will help you to create effective checklists yourself and check any checklists you modify from those provided in this book to make sure they meet the criteria for a good checklist.

The Checklist Templates

Each checklist in this book was built using one of five types of checklists. Templates of these five types of checklists are provided electronically for creating your own checklists. You can remember the types of checklists in this book with the mnemonic device of ADEPT:

Assessment

Decision

Evaluation

Procedure

To-Do

- **Assessment Checklist.** A list of questions asked to check a defined level or status of something to determine if changes need to be made (“Is this okay or not?”)
- **Decision Checklist.** A list of questions to ask when making a specific—and often difficult—decision so you don’t forget to ask them (“Have I asked all the questions I need to?”)
- **Evaluation Checklist.** A list of criteria, usually in the form of questions, used to determine the quality, value, or merit of something (“Does the thing have everything it should have?”)
- **Procedure Checklist.** A sequential list of steps in a task, used to make sure the task is done consistently and correctly (“Do *this* and *then* that.”)
- **To-Do Checklist.** A list of things to do, collect, or consider, in no particular order, so you don’t forget them (“Do I have everything?” or “Have I done all this?”)

Using a standardized format for particular types of checklists can help your health care organization with both the development and the implementation of new checklists you may discover you want to create. In time, your health care organization can become skilled at creating and implementing standardized checklists. Remember: Standardization is one of the hallmarks of a checklist—and one of the ways to help ensure a highly reliable organization.

It makes sense to find solutions that simplify complex tasks. However, when we make such simplifications, it must be done in a way that also ensures the integrity of quality patient care. Carefully and thoughtfully designed checklists can provide invaluable help. A good checklist provides a standardized approach to simplifying complex tasks. As a representative of a health care organization working to ensure it is providing safe, quality care, it may interest you to know: Standardization is one of the main tenets of highly reliable organizations—organizations that have extremely low patient harm rates and get patient care right 100% of the time.²

Checklists are simple tools, but created well they are strong and steadfast tools, as well. Engage leadership, include end users, and customize the tool to fit your health care organization’s specific needs: These are the pieces that will make your checklists a success!

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