

State of Maryland, DHMH
Office of Health Care Quality – Technical Assistance Unit
2007 Annual QA Survey
Facility Name: _____

PATIENT SAFETY		
	PS-01	Facility has participated in MD Patient Safety Center education/training programs
Medications		
	PS-M-01	Facility utilizes two forms of ID when administering medications
	PS-M-02	Facility has “read back” procedure for verbal orders and reporting of test results
	PS-M-03	Facility has efficient process for verification of orders transcribed to the MAR to ensure all orders are captured.
	PS-M-04	Facility has an approved list of “do not use” abbreviations
	PS-M-05	Facility updates abbreviation list to delete those that are no longer recommended
	PS-M-06	Facility audits compliance with list
	PS-M-07	Facility has system to reduce redundancy in documentation
	PS-M-08	Facility has a list of look alike/sound alike drugs that are used in the facility
	PS-M-09	Facility audits the development of, communication of, and reconciliation of medication list upon resident’s admission and readmission
	PS-M-10	Facility has protocol for identification and investigation of potential med errors
	PS-M-11	Facility monitors actual med errors
	PS-M-12	Facility monitors medications with high potential for toxicity
	PS-M-13	Facility conducts RCA for all medication errors
	PS-M-14	In the past month, how many of the following have occurred?
	PS-M-14a	1. Missfills
	PS-M-14b	2. Formulary approval issues
	PS-M-14c	3. Handling Part D formulary issues
	PS-M-15	# hours per month spent reconciling Part D issues
	PS-M-16	Facility has trained staff re: competencies in Table I, Appendix P
Falls/Injuries of Unknown Origin/Accidents/Falls		
	PS-F-02	Facility conducts investigation and RCAs for falls, accidents and injuries
	PS-F-04	Facility has policy to refer fallers to PT
	PS-F-05	Facility has osteoporosis protocols
	PS-F-09	Facility does not have high prevalence of falls
	PS-F-10	Facility has method for E/A to determine T/P for accidents and injuries
	PS-F-11	Facility has established time frame for referral to QA Committee for accidents and injuries
	PS-F-12	Facility has plan for f/u for accidents and injuries
PRESSURE ULCERS		
	PU-01	Facility has implemented federal pressure ulcer guidelines
	PU-02	Facility has consistent staff members assessing wounds
	PU-03	Facility has guidelines for prevention protocols for levels of risk
	PU-04	Facility has process to audit prevention protocols in accordance with levels of risk
	PU-07	PU assessment includes assessment for the presence of pain
	PU-08	Facility ensures premeds are administered as necessary for pain
	PU-13	PU - has wound team
	PU-14	PU - treatment modified if no improvement after 2 weeks
	PU-15	PU - none found at stage III or IV last 6 mos

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	PU-16	Facility is tracking Pus on OHCQ form or equivalent
	PU-17	Facility has done RCA on all facility acquired PUs
CONCURRENT REVIEW		
	CR-01	Facility conducts annual (at a minimum) training
	CR-02	Facility ensures concurrent review done promptly when indicated
	CR-03	Facility defines change of condition
	CR-04	Facility notifies physician promptly when there is a change of condition
	CR-05	Facility utilizes standard format for physician notification
	CR-06	Facility audits concurrent review program
ACTIVITIES OF DAILY LIVING		
	ADL-01	Facility has written restorative nursing program that includes all components
	ADL-02	Variety of activities accommodate population served
	ADL-09	Rehab and Nursing evaluate restorative nursing plans routinely
	ADL-10	Rehab services evaluates resident promptly on admission
	ADL-11	Facility conducts audits of restorative program
	ADL-12	Facility educates and routinely evaluates staff on proper techniques
ADVANCE DIRECTIVES		
	AD-01	Facility has process to implement ADs at the appropriate time
	AD-02	Facility's policy follows HCD Act
	AD-03	AD process is audited
EMERGENCY MANAGEMENT		
	EM-2	Facility has registered with FRED
ROOT CAUSE ANALYSIS PROCESS		
	RCA-1	Facility has structured process for conducting root cause analyses
	RCA-2	Facility utilizes RCA process when solving system problems
	RCA-3	Facility staff have been trained in RCA
	RCA-4	Facility involves line staff who own processes being studied
	RCA-5	Facility utilizes RCA process for near misses, sentinel events, unusual occurrences, and all medication errors
		RCA process includes the following:
	RCA-6	Identification of problem
	RCA-7	Development of action plan
	RCA-8	Implementation of Action plan
	RCA-9	Evaluation of Interventions/Action Plan
	RCA-10	Facility staff understand/consider latent conditions in the analysis process
RETROSPECTIVE REVIEW		
	RCA-RR-1	Facility is implementing POC from all surveys/investigations

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	RCA-RR-2	Facility has procedure for monitoring all deaths, including those that occur at hospital
	RCA-RR-3	Audits for monitoring deaths are clinically-driven
	RCA-RR-4	Facility conducts retrospective reviews on residents who were transferred urgently to the hospital, analyzes the results and develops action plans
	RCA-RR-5	Facility tracks reasons for hospital transfers, analyzes the results and develops action plans
	RCA-RR-6	Unanticipated deaths and health care associated infections are investigated for root cause
		Facility has ongoing process to monitor retrospective review
Nutrition and Hydration		
	OM-NH-1	Facility has process to communicate residents at risk to front line staff
	OM-HN-1a	If resident is high risk, facility has process for monitoring fluid intake and medication regimen
	OM-NH-2	Facility has methodology for monitoring hydration and nutrition
	OM-NH-3	Residents experiencing WL are promptly identified and reported to dietician, physician and direct care givers
	OM-NH-4	Facility conducts audits to ensure medications, feedings and flushes are administered as ordered utilizing proper technique
Delirium		
	OM-DE-2	Delirium - facility is educating staff
Pain Management		
	OM-PM-1	Pain – screen/assess residents every shift
	OM-PM-2	Facility audits residents with chronic pain, PU pain, active rehabilitation
	OM-PM-3	Facility incorporates routine pain med admin for residents with chronic pain, PU pain, active rehabilitation
	OM-PM-4	Facility utilizes prn pain meds only for breakthrough pain
	OM-PM-5	Pain - educate staff on types/management/treatment
	OM-PM6	Pain - assess individual effectiveness of pain mgmt
	OM-PM-7	Pain - consider alternative/complimentary interventions
	OM-PM-8	Facility audits for pre-medication prior to wound treatment
	OM-PM-9	Facility audits for pre-medication prior to rehab
	OM-PM-10	Pain – Residents are assessed for pain from pressure ulcers
Quality of Life (QoL)		
	OM-QoL-1	Facility educates staff on QoL issues
	OM-QoL-2	Facility utilizes customer satisfaction surveys
	OM-QoL-3	Issues of concern are trended and corrective action taken
	OM-QoL-4	Facility monitors residents being offered alternate placement at admission
	OM-QoL-5	Resident/family participate in individualized plan of care

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ADVANCE DIRECTIVES		
	OM-AD-1	Facility has process to implement ADs at the appropriate time
	OM-AD-2	Facility's policy follows HCD Act
	OM-AD-3	AD process is audited
	OM-AD-4	Facility is aware of AD Registry effective July 07
MEDICAL DIRECTOR		
	MD-01	Facility has written agreement w Med Dir which clearly specifies Medical Director's roles/duties/authority
	MD-02	P&P reflect Med Dir responsibility for overall coordination, evaluation and monitoring physician svcs
	MD-07	Med Dir informs/educates attending physicians on their responsibilities
	MD-08	Med Dir monitors, coordinates, executes physician svcs and resident care
	MD-09	Med Dir systematically reviews quality of health care provided to residents
	MD-10	Oversight plan includes method to ensure physicians accept responsibility for residents under their care
	MD-11	Oversight plan ensures physicians provide appropriate, timely, pertinent medical care consistent w widely identified med principles relevant to facility population
	MD-12	Med Dir keeps documentation of activities in relation to responsibilities
	MD-13	Med Dir documentation shows evidence of interventions and follow up on effectiveness of interventions
	MD-14	Facility has mechanism for evaluating Med Dir performance and providing feedback
	MD-15	Criteria for Med Dir performance is based upon explicit responsibilities
INFECTION CONTROL		
	IC-01	IC practitioner (ICP) attended approved basic IC Course
	IC-01a	Facility has allotted 0.5 FTE for ICP
	IC-02	Facility has completed LTC Pandemic Checklist
	IC-03	Facility has current line listing for TB for employees and staff
	IC-04	Facility has protocol to identify any outbreaks
	IC-05	Facility has protocol to manage an outbreak
	IC-06	Facility continuously monitors cases of influenza and pneumococcus and ensures reporting to the Health Department
	IC-08	Facility is aware of CDC Guidelines(TB-12/05;MDROP-11/06)
	IC-09	Facility process includes educating residents about benefits/risks of immunizations
	IC-10	Facility ensures each resident has the opportunity to be immunized
	IC-11	Facility audits medical records to ensure medical record accurately reflects residents' current immunization status including reasons for refusal
	IC-12	Facility screens employees for MMR before hiring
	IC-ABT-1	Facility uses accepted case definitions for infection and has system to monitor the use of these
	IC-ABT-3	Facility has process to track resident with drug resistant organism and takes appropriate follow up actions
	IC-UTI-1	Facility has a plan to reduce incidence of UTIs and pneumonia
	IC-Flu-1	Facility has process to encourage influenza vaccination for staff

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	IC-Flu-2	Ask for staff immunization rates for 06-07
	IC-Pneu-1	Facility is tracking pneumococcal
	IC-Pneu-2	Facility is educating staff on pneumococcal
RETENTION/RECRUITMENT		
Staff Competency		
	C-01	Facility has system for scheduled and unscheduled ongoing observation to assess clinical skills (monitoring competency)
	C-02	DoN has attended special training in responsibilities of her role
	C-03	DoN networks with other DoNs within and without the facility's corporate structure
	C-04	NHA networks with other NHA s within and without the facility's corporate structure
	C-05	Med Dir networks with other Med Dir s within and without the facility's corporate structure
	C-06	Facility tests/screens licensed nurses for competencies upon hiring
	C-07	Facility has effective, ongoing system to ensure licensed staff have current verified licenses
	C-08	Facility has effective system to ensure credentialing of licensed independent practitioners.
	C-09	Facility has system to ensure agency staff hold current verified licenses and appropriate certifications
	C-10	Facility has system to ensure agency staff is qualified and competent to perform assigned duties
	C-10a	Facility conducts customized training based on level of employee (RN,LPN,GNA, etc.)
	C-11	Facility ensures agency staff have undergone effective orientation to the facility
	C-12	Facility does not use agency staff
	C-13	If "no" is the answer above, facility has studied recruitment and retention to identify the root cause.
		If "yes" above, what of the following is facility doing to retain staff?
	C-14a C-14b C-14c C-14d	Financial: Salary Bonus Benefits
	C-14e C-14f C-14g	Professional growth: Opportunities for advancement Professional development/education
	C-14h C-14i C-14j C-14k C-14l C-14m	Working conditions: Staffing ratios Communication Flexible schedule Recognition Leadership stability
	C-14n C-15o C-15p	Employee Lounge Customer satisfaction surveys Other (identify)
		Amount of money spent on agency use last year