Intraoperative Area Tracer

1. Review all Human Resource Department file expectations
	1. Personnel file expectations
	2. Personnel attire monitoring form
2. Review all logs kept in the department:
3. Perform inspections of Physical room included in the department
4. Perform audits using the Procedural Area Time-Out Safety Audit form
5. Review the following Patient care / department process tracer question / answer guide

Department File Expectations and Document Retention Guidelines

**Practice issue:** the manager should be able to produce these records within 15 minutes.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Record** | **Retention Period** | **Comments** |
| Mandatory  | Current Primary source Verification of all required Licensure, Registration or Certification as per the job description | Most recent | These records are also mandatory for contract / agency / traveling staff |
| Initial Department orientation checklist | Keep permanently |
| Initial competency assessment [[1]](#footnote-1) (orientation skills checklist / flowsheet / record of completion) | Keep permanently |
| Any Performance Improvement Plans / Corrective Action notifications | Keep permanently | Not applicable |
| Optional | Resume obtained upon hire | If available |  |
| Keep hard copy in file if electronic records are not readily accessible | Current job description (only keep a copy in the file if it is not accessible online via intranet) |  |  |
| Annual Competency Validation(not applicable for new-hires) | Keep permanently |  |
| Recent Mandatory education records [[2]](#footnote-2) | Keep permanently | Active CPR card is mandatory [[3]](#footnote-3) |
| Current job description | Keep permanently |  |
| Performance evaluations [[4]](#footnote-4) | Ensure ability to review if requested |  |

**Important point:** Files found to have missing orientation / competency checklists

All employees hired into positions in perioperative departments complete a department orientation, as evidenced by an orientation / competency checklist that is signed by the designated party responsible for ascertaining competence.

Unfortunately, due to instances of department relocations over a period of years, some longer-term employee files may be accidentally misplaced or destroyed. In instances where employees are missing their initial orientation / competency checklist, the following steps should be taken by department leadership:

1. Obtain the latest copy of the new employee orientation /competency checklist.
2. The contents should be reviewed by both the employee and the designated educator / leaders responsible for competency assessment.
3. Both the employee and leader should sign the document sections acknowledging competence, dating the document with the current date.
	1. Do NOT back-date the document to the employee’s date-of-hire.
4. If the employee’s position is involved in performance of procedural cases, include a case list report showing cases performed by the employee during the past fiscal year.
5. Retain this document in the department employee file along with the other mandatory employee records.

Attire Review:

Important! Review policy to become acquainted with expectations! Place tick marks per observations

|  |  |  |  |
| --- | --- | --- | --- |
| **Expectation:** | **OR / Procedure area** | **SPD** | **Pre-Op & PACU** |
| **Hair covering appropriate?** | **YES** | **YES** | **YES** | **NO** | **YES** | **NO** |
| **Earrings covered** | **YES** | **YES** | **YES** | **NO** | **YES** | **NO** |
| **Eyewear as needed?** | **YES** | **YES** | **YES** | **NO** | **YES** | **NO** |
| **Mask adorned appropriately?** | **YES** | **YES** | **YES** | **NO** | **YES** | **NO** |
| **Scrub attire appropriate?** | **YES** | **YES** | **YES** | **NO** | **YES** | **NO** |
| **Fingernails appropriate** | **YES** | **YES** | **YES** | **NO** | **YES** | **NO** |
| **Shoes coverings used as necessary?** | **YES** | **YES** | **YES** | **NO** | **YES** | **NO** |

Notes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Review all logs kept in the department:

|  |  |  |
| --- | --- | --- |
| Log | Inspection Finding | Complete? |
| Code cart logs: | Reviews charted per policy? | **YES** | **NO** |
| Refrigerator logs: | Reviews charted per policy? | **YES** | **NO** |
| Room temperature & humidity logs  | Reviews charted per policy? | **YES** | **NO** |
| Blanket warmer logs: | Reviews charted per policy? | **YES** | **NO** |
| Fluids stored in blanket warmers | Fluid bag time restrictions accounted for? | **YES** | **NO** |
| Bathroom cleaning logs: | Cleanings charted per expectations? | **YES** | **NO** |
| Eyewash station log 1 | Reviews Charted weekly? | **YES** | **NO** |

1 Eyewash station to be checked weekly – ANSI Z358.1-2014

1. Tissue log expectations

|  |  |  |  |
| --- | --- | --- | --- |
| **Inspection point**  | **Question**  | **Answers**  | **Findings** |
| Expectations when facility receives the tissue from the vendor  | Package integrity verified?  | No breaks or creases in packaging should be noted  | **Y/N** |
| Package temperature verified to be within acceptable range?  | Package should denote acceptable temperature range  | **Y/N** |
| For temperature-sensitive tissue, are controls in place to assure temperature is protected during transit?  | If 3rd party transport is used, ensure contract is in place to assure temperature expectations are maintained.  | **Y/N** |
| Storage refrigerator / freezer monitoring  | Refrigerator / freezer temp noted per expectations?  | Daily log expected  | **Y/N** |
| Storage Room temperature noted per expectations?  | Daily log expected  | **Y/N** |
| Tissue log  | Date / time tissue received?  | Individual log point expected  | **Y/N** |
| Date / time tissue removed?  | Individual log point expected  | **Y/N** |
| Patient ID listed  | Individual log point expected  | **Y/N** |
| Patient record  | Tissue ID’d in the patient’s record?  | Review the patient’s medical record, tissue identifier should be listed  | **Y/N** |

1. Physical room inspections included in the department

|  |  |
| --- | --- |
| **OR /**  **Procedure Room** | **Locations to be inspected** |
| **🗸** | Non-Patient Care Areas:* Lobby
* Waiting Room
* Staff Break Room
* Staff Locker Room
 |
| **🗸** | Nurse’s station |
| **🗸** | Operating / Procedure Room |
| **🗸** | Supply storage area |
| **🗸** | Clean / Dirty Utility room |
| **🗸** | Medication room |
| **🗸** | Lab area |
| **🗸** | IUSS room / area |

|  |  |
| --- | --- |
| Non-Patient Care Areas:* Lobby
* Waiting Room
* Staff Break Room
* Staff Locker Room
 | **ROOM NUMBERS** |
| Ceiling | * Clear of water stains / damage?
* Air vents: dusty / dirty?
 | Compliant? Noncompliant? |
| Walls | * Intact?
* Clear of dust / dirt / cobwebs?
 | Compliant? Noncompliant? |
| Areas open to the public | * Is any PHI (Patient Health Information) protected so privacy is not violated?
 | Compliant? Noncompliant? |
| Floors | * Intact?
 | Compliant? Noncompliant? |
| Area care | * What is the room cleaning schedule?
* How is cleaning monitored for completion?
 | Compliant? Noncompliant? |
| Hallways | * 8-feet clearance available?
 | In patient care areas, any object blocking an 8-feet clearance should be mobile, and moved at least every 30 minutes |
| * Medical gas valves clear?
 | No item should be stored or placed to block open access to medical gas safety shut-off valves. |

|  |  |
| --- | --- |
| Nurse’s Station | **AREAS REVIEWED** |
| Ceiling | * Clear of water stains / damage?
* Air vents: dusty / dirty?
 | Compliant? Noncompliant? |
| Areas in public view | * Is any PHI (Patient Health Information) protected so privacy is not violated?
 | Compliant? Noncompliant? |
| Desks / work areas | * Food & drink absent from the area per OSHA guideline 1910.1030 (d) (2) (ix)
 | Compliant? Noncompliant? |
| Floors | * Intact?
* Oxygen cylinders appropriately stored?
	+ Only 12 full cylinders in per room?
	+ FULL separated from EMPTY?
 | Compliant? Noncompliant? |
| Area care | * Does the room have a cleaning schedule?
 | Compliant? Noncompliant? |
| * Is there a method in place for monitoring the cleaning for completion?
 | Compliant? Noncompliant? |

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Pre-op / Post-op Room / Bays  | **ROOM NUMBERS** |
| Air | Isolation / Negative Pressure Rooms: * How is it monitored, and on what frequency?
* Can staff describe actions to be taken when measures do not meet expectations?
 | Compliant? Non-compliant? |
| Ceiling | * Clear of water stains / damage?
* Air vents: dusty / dirty?
* OR lights: dusty / dirty?
 | Compliant? Non-compliant? |
| Walls | * Intact?
* Clear of dust / dirt / cobwebs?
* Stored supplies kept within 18 inches of ceiling?
* Cabinets:
	+ Dusty found inside?
	+ Expired supplies?
	+ Cleaning schedule?
	+ Doors locked / secured for patient safety?
 | Compliant? Non-compliant? |
| Supplies | * Check:
	+ Package integrity
	+ Expiration dates
	+ Can staff describe any applicable inventory rotation process
	+ Any applicable temperature storage expectation
 | Compliant? Non-compliant? |
| Doors | * Is door blocked from functioning
	+ Barriers blocking door; door jam in place to keep door from closing during a fire
* Does the spring-hinged door close & latch as expected?
 | Compliant? Non-compliant? |
| Windows | * Intact?
* Exterior: secure to prevent opening?
* Interior: operating correctly?
 | Compliant? Non-compliant? |
| Floors | * Intact?
 | Compliant? Non-compliant? |
| Area care | * What is the room cleaning schedule?
* Is there a method in place for monitoring the cleaning for completion?
 | Compliant? Non-compliant? |
| Equipment | * Electrical cords intact?
* Extension cords plugged into other extension cords?
* Preventative maintenance scheduled adhered to?
* Rental equipment inspected before use?
* Patient care surfaces torn / laden with tape residue which would impede cleaning?
 | Compliant? Non-compliant? |
| PPE | * PPE supplies available for:
	+ Airborne
	+ Contact
	+ Droplet
 | Compliant? Non-compliant? |

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Room: | Operating/Procedure Room | **ROOMS INSPECTED** |
| Air: | * Humidity / temperature: *\*see footnote*
* What is the acceptable range?
* How is it monitored, and on what frequency?
* Actions to be taken when measures are out of acceptable range?
 | Compliant? Non-compliant?* BAS monitored
* Call Facilities
 |
| Air | Pressures: Positive / Negative* How is it monitored, and on what frequency?
* Actions to be taken when measures are not complaint with expectations?
 | Compliant? Non-compliant? |
| Ceiling | * Clear of water stains / damage?
* Air vents: dusty / dirty?
* OR lights: dusty / dirty?
 | Compliant? Non-compliant? |
| Walls | * Intact?
* Clear of dust / dirt / cobwebs?
* Stored supplies kept within 18 inches of ceiling?
* Cabinets:
	+ Dusty found inside?
	+ Expired supplies?
	+ Cleaning schedule?
 | Compliant? Non-compliant? |
| Supplies | * Storage containers: items stored in corrugated cardboard shipping containers?
* Check:
	+ Package integrity
	+ Expiration dates
	+ Have staff describe any applicable inventory rotation process
	+ Any applicable temperature storage expectation
 | Compliant? Non-compliant? |
| Doors | * Is door blocked from functioning
	+ Barriers blocking door; door jam in place to keep door from closing during a fire
* Does the spring-hinged door latch as expected?
 | Compliant? Non-compliant? |
| Windows | * Intact?
* Exterior: secure to prevent opening?
* Interior: operating correctly?
 | Compliant? Non-compliant? |
| Floors | * Intact?
 | Compliant? Non-compliant? |
| Area care | * What is the room cleaning schedule?
* How is cleaning monitored for completion?
 | Compliant? Non-compliant? |
| Equipment | * Electrical cords intact?
* Extension cords plugged into other extension cords?
* Preventative maintenance scheduled adhered to?
* Rental equipment inspected before use?
* Patient care surfaces torn / laden with tape residue which would impede cleaning?
 | Compliant? Non-compliant? |

* AAMI & ASHRE sources state Temp ranges of 60 º-75º and humidity range of 30%-60% in patient care areas, and 30%-70% in sterile supply storage areas.

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Room: | Supply Room | **ROOMS INSPECTED** |
| Air: | Humidity / temperature: *\*see footnote** What is the acceptable range?
* How is it monitored, and on what frequency?
* Actions to be taken when measures are out of acceptable range?
 | Compliant? Non-compliant?* BAS monitored
* Call Facilities
 |
| Air | Pressures: Positive / Negative* How is it monitored, and on what frequency?
* Actions to be taken when measures are not complaint with expectations?
 | Compliant? Non-compliant? |
| Ceiling | * Clear of water stains / damage?
* Air vents: dusty / dirty?
 | Compliant? Non-compliant? |
| Walls | * Intact?
* Clear of dust / dirt / cobwebs?
* Stored supplies kept within 18 inches of ceiling?
 | Compliant? Non-compliant? |
| Supplies | * Storage containers: items stored in corrugated cardboard shipping containers?
* Check:
	+ Package integrity
	+ Expiration dates
	+ Have staff describe any applicable inventory rotation process
	+ Any applicable temperature storage expectation
* Linen: are linen carts covered to prevent dust from accumulating?
 | Compliant? Non-compliant? |
| Doors | * Correct type of door (fire rating?)
* Is door blocked from functioning
	+ Barriers blocking door; door jam in place to keep door from closing during a fire
* Does the spring-hinged door close & latch as expected?
 | Compliant? Non-compliant? |
| Windows | * Intact?
* Exterior: secure to prevent opening?
* Interior: operating correctly?
 | Compliant? Non-compliant? |
| Floors | * Intact?
 | Compliant? Non-compliant? |
| Area care | * What is the room cleaning schedule?
* How is cleaning monitored for completion?
 | Compliant? Non-compliant? |

* AAMI & ASHRE sources state Temp ranges of 60 º-75º and humidity range of 30%-60% in patient care areas, and 30%-70% in sterile supply storage areas.

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Room: | Clean & Dirty Utility Room | **ROOMS INSPECTED** |
| Air: | Humidity / temperature: *\*see footnote** What is the acceptable range?
* How is it monitored, and on what frequency?
* Actions to be taken when measures are out of acceptable range?
 | Compliant? Non-compliant?* BAS monitored
* Call Facilities
 |
| Ceiling | * Clear of water stains / damage?
* Air vents: dusty / dirty?
* OR lights: dusty / dirty?
 | Compliant? Non-compliant? |
| Walls | * Intact?
* Clear of dust / dirt / cobwebs?
* Stored supplies kept within 18 inches of ceiling?
* Cabinets:
	+ Dusty found inside?
	+ Expired supplies?
	+ Cleaning schedule?
* Sinks:
	+ No patient care materials should be stored under sinks as they can be affected by moisture
 | Compliant? Non-compliant? |
| Supplies | * Storage containers: items stored in corrugated cardboard shipping containers?
* Check:
	+ Package integrity
	+ Expiration dates
	+ Have staff describe any applicable inventory rotation process
	+ Any applicable temperature storage expectation
 | Compliant? Non-compliant? |
| Doors | * Is door blocked from functioning
	+ Barriers blocking door; door jam in place to keep door from closing during a fire
* What staff are authorized for access
 | Compliant? Non-compliant? |
| Floors | * Intact?
 | Compliant? Non-compliant? |
| Area care | * What is the room cleaning schedule?
* How is cleaning monitored for completion?
 | Compliant? Non-compliant? |

* AAMI & ASHRE sources state Temp ranges of 60 º-75º and humidity range of 30%-60% in patient care areas, and 30%-70% in sterile supply storage areas.

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Room: | Medication Room | **ROOMS INSPECTED** |
| Air: | Humidity / temperature: *\*see footnote** What is the acceptable range?
* How is it monitored, and on what frequency?
* Actions to be taken when measures are out of acceptable range?
 | Compliant? Non-compliant?* BAS monitored
* Call Facilities
 |
| Ceiling | * Clear of water stains / damage?
* Air vents: dusty / dirty?
* OR lights: dusty / dirty?
 | Compliant? Non-compliant? |
| Walls | * Intact?
* Clear of dust / dirt / cobwebs?
* Stored supplies kept within 18 inches of ceiling?
* Cabinets:
	+ Dusty found inside?
	+ Expired supplies?
	+ Cleaning schedule?
 | Compliant? Non-compliant? |
| Supplies | * Storage containers: items stored in corrugated cardboard shipping containers?
* Check:
	+ Package integrity
	+ Expiration dates
	+ Have staff describe any applicable inventory rotation process
	+ Any applicable temperature storage expectation
 | Compliant? Non-compliant? |
| Doors | * Is door blocked from functioning
	+ Barriers blocking door; door jam in place to keep door from closing during a fire
* What staff are authorized for access
 | Only staff deal with medications should have access |
| Floors | * Intact?
 | Compliant? Non-compliant? |
| Area care | * What is the room cleaning schedule?
* How is cleaning monitored for completion?
 | Compliant? Non-compliant? |
| Refrigerator | * Temperature log visible / up-to-date?
* Functioning thermometer in place?
* Was temp ever out of range?
	+ If so, what actions are recorded as being taken?
 | Compliant? Non-compliant? |

* AAMI & ASHRE sources state Temp ranges of 60 º-75º and humidity range of 30%-60% in patient care areas, and 30%-70% in sterile supply storage areas.

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Room: | Lab area | **AREAS INSPECTED**: |
| Air: | Humidity / temperature: *\*see footnote** What is the acceptable range?
* How is it monitored, and on what frequency?
* Actions to be taken when measures are out of acceptable range?
 | Compliant? Non-compliant? |
| Air | Pressures: Positive / Negative* How is it monitored, and on what frequency?
* Actions to be taken when measures are not complaint with expectations?
 | Compliant? Non-compliant? |
| Ceiling | * Clear of water stains / damage?
* Air vents: dusty / dirty?
* OR lights: dusty / dirty?
 | Compliant? Non-compliant? |
| Walls | * Intact?
* Clear of dust / dirt / cobwebs?
* Stored supplies kept within 18 inches of ceiling?
* Cabinets:
	+ Dusty found inside?
	+ Expired supplies?
	+ Cleaning schedule?
 | Compliant? Non-compliant? |
| Supplies | * Storage containers: items stored in corrugated cardboard shipping containers?
* Check:
	+ Package integrity
	+ Expiration dates
	+ Have staff describe any applicable inventory rotation process
	+ Any applicable temperature storage expectation
 | Compliant? Non-compliant? |
| Doors | * Is door blocked from functioning
	+ Barriers blocking door; door jam in place to keep door from closing during a fire
* Does the spring-hinged door close & latch as expected?
 | Compliant? Non-compliant? |
| Floors | * Intact?
 | Compliant? Non-compliant? |
| Area care | * What is the room cleaning schedule?
* How is cleaning monitored for completion?
 | Compliant? Non-compliant? |
| Specimen preservative / formalin usage | * Formalin dispensed in location OTHER than the OR/Procedure Room?
* Protective eyewear / PPE available for staff using formalin?
* Is Formalin dispensed in a fume hood?
* Eyewash station nearby?
 | FYI: Formalin is highly combustible & toxicEyewash station to be checked weekly – ANSI Z358.1-2014 |
| Point-of-Care testing equipment | * Ensure equipment has had appropriate Quality Control testing performed and logged
* Ensure all staff using equipment has had appropriate competency training documented for presentation upon request.
 | Compliant? Non-compliant? |

* AAMI & ASHRE sources state Temp ranges of 60 º-75º and humidity range of 30%-60% in patient care areas, and 30%-70% in sterile supply storage areas.

|  |  |  |
| --- | --- | --- |
| Room: | IUSS room / area | **ROOMS INSPECTED** |
| Air: | Humidity / temperature: *\*see footnote** What is the acceptable range?
* How is it monitored, and on what frequency?
* Actions to be taken when measures are out of acceptable range?
 | Compliant? Non-compliant?* BAS monitored
* Call Facilities
 |
| Air | Pressures: Positive / Negative* How is it monitored, and on what frequency?
* Actions to be taken when measures are not complaint with expectations?
 | Compliant? Non-compliant? |
| Ceiling | * Clear of water stains / damage?
* Air vents: dusty / dirty?
* OR lights: dusty / dirty?
 | Compliant? Non-compliant? |
| Walls | * Intact?
* Clear of dust / dirt / cobwebs?
* Stored supplies kept within 18 inches of ceiling?
* Cabinets:
	+ Dusty found inside?
	+ Expired supplies?
	+ Cleaning schedule?
 | Compliant? Non-compliant? |
| Supplies | * Storage containers: items stored in corrugated cardboard shipping containers?
* Check:
	+ Package integrity
	+ Expiration dates
	+ Have staff describe any applicable inventory rotation process
	+ Any applicable temperature storage expectation
 | Compliant? Non-compliant? |
| Doors | * Is door blocked from functioning
	+ Barriers blocking door; door jam in place to keep door from closing during a fire
* Does the spring-hinged door close & latch as expected?
 | Compliant? Non-compliant? |
| Windows | * Intact?
* Exterior: secure to prevent opening?
* Interior: operating correctly?
 | Compliant? Non-compliant? |
| Floors | * Intact?
 | Compliant? Non-compliant? |
| Area care | * What is the room cleaning schedule?
* How is cleaning monitored for completion?
 | Compliant? Non-compliant? |
| Equipment logs | * Is the case information & items that undergoes IUSS logged per policy expectations?
* Is daily testing of IUSS sterilizer performed & logged?
 | Compliant? Non-compliant? |

* AAMI & ASHRE sources state Temp ranges of 60 º-75º and humidity range of 30%-60% in patient care areas, and 30%-70% in sterile supply storage areas.

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Procedural Area Time-Out Safety Audit form: Patient Label

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time-out Observation | 1. Were introductions performed?
 | Yes | No | NA |
| 1. Was there a PAUSE prior to starting the Time-Out?
 | Yes | No | NA |
| 1. Did Proceduralist confirm:
 |  |  |  |
| 1. Patient
 | Yes | No | NA |
| 1. Surgical Site
 | Yes | No | NA |
| 1. Procedure
 | Yes | No | NA |
| 1. Did Proceduralist confirm / discuss
 |  |  |  |
| 1. Allergies
 | Yes | No | NA |
| 1. Prophylactic antibiotics
 | Yes | No | NA |
| 1. Intraoperative medication (local)
 | Yes | No | NA |
| 1. Blood products
 | Yes | No | NA |
| 1. Expected Specimen (s)
 | Yes | No | NA |
| 1. Imaging
 | Yes | No | NA |
| 1. Expected Implants/Explants
 | Yes | No | NA |
| 1. Postoperative Location
 | Yes | No | NA |
| 1. Patient concerns or critical events
 | Yes | No | NA |
| 1. Did Anesthesia confirm / verify
 |  |  |  |
| 1. Airway
 | Yes | No | NA |
| 1. LDAs
 | Yes | No | NA |
| 1. Plan for postoperative care
 | Yes | No | NA |
| 1. Did Circulator, Scrub, Auxiliary Staff confirm / discuss
 |  |  |  |
| 1. Risk Assessment
 | Yes | No | NA |
| 1. Instrument / Equipment Readiness (Sterility)
 | Yes | No | NA |
| 1. Equipment Concerns
 |  |  |  |
| 1. Was this performed before skin incision?
 | Yes | No | NA |
| 1. Was time provided to discuss any concerns?
 | Yes | No | NA |
| 1. Was the Time Out up on Image Stream
 | Yes | No | NA |
| 1. Did the Nurse Reference the Consent During the Time Out
 | Yes | No | NA |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sign-out Observation | 1. Did Circulator, Scrub verify/confirm:
 |  |  |  |
| 1. Name of final procedure
 | Yes | No | NA |
| 1. Wound Classification
 | Yes | No | NA |
| 1. Correct Count
 | Yes | No | NA |
| 1. Specimen(s) and/or Implants/Explants as applicable
 | Yes | No | NA |
| 1. Imaging if applicable
 | Yes | No | NA |
| 1. Did Anesthesia verify/confirm:
 |  |  |  |
| 1. EBL
 | Yes | No | NA |
| 1. Pain Management (Acetaminophen, Ketorolac, PCA, Regional)
 | Yes | No | NA |
| 1. Airway, Lines and Drains
 | Yes | No | NA |
| 1. Verify postoperative location
 | Yes | No | NA |
| 1. Surgical Team verify/confirm:
 |  |  |  |
| 1. Correct instrument, sponge, needle count
 | Yes | No | NA |
| 1. Any instrument or equipment issues
 | Yes | No | NA |
| 1. Any concerns for immediate recovery period
 | Yes | No | NA |
| 1. Was the Sign-Out completed prior to proceduralist leaving the room
 | Yes | No | NA |

|  |
| --- |
| Follow-up notes: |
|  |

1. Review the following Patient care / department process tracer question / answer guide

| **Intraoperative Department Survey Tracer** |
| --- |
| **Questions** | **Answers** |
| Where are department & hospital policies & procedures kept? | On the Intranet under Administrative policies |
| Who is assigned to care for the patient? | Ensure assigned personnel are practicing within their scope and have appropriate training & competencies for the assigned tasks |
| How is competence assured? | All staff complete orientation upon hire and complete annual education assigned by the department & hospital educators. |
| What preoperative processes are taken to ensure patient safety and that they consent to have their procedure performed? | All patients have a History & Physical, consent, and site marking completed before their procedure.  |
| * H&P
 | History & Physicals must be present on the chart before the patient enters the OR. |
| * Consent process
* Multi-procedure consent
 | * A signed consent must be present before the patient enters the OR
* A separate consent must be completed for each procedure before the patient enters the OR.
 |
| * Surgical site marking process
 | * Surgical site involving laterality: site should be marked with practitioner’s initials
* Multiple surgical sites: sites should be initialed
* Single incision site: site-marking form should indicate surgical site
* Absence of surgical site (ENT, for example): site-marking form should indicate surgical site . [Lurie Children s Hospital of Chicago Medical Center Policies Procedures - Universal Protocol Procedural Services.pdf - All Documents (sharepoint.com)](https://luriechildrens.sharepoint.com/sites/ChildrensHospitalofChicagoMedicalCenterPoliciesProcedures/Plan%20for%20the%20Provision%20of%20Patient%20Care/Forms/AllItems.aspx?id=%2Fsites%2FChildrensHospitalofChicagoMedicalCenterPoliciesProcedures%2FPlan%20for%20the%20Provision%20of%20Patient%20Care%2FUniversal%20Protocol%20Procedural%20Services%2Epdf&parent=%2Fsites%2FChildrensHospitalofChicagoMedicalCenterPoliciesProcedures%2FPlan%20for%20the%20Provision%20of%20Patient%20Care)
 |
| How do staff know what privileges surgeon have? | Physician privileges are located* on the Intranet
* If any further question remains, the supervisor should be contacted.
 |
| How do you know if a patient has an advanced directive? Are DNR orders suspended during surgery? | Advanced Directives will be found on the patients chart pre-operatively. [Lurie Children s Hospital of Chicago Medical Center Policies Procedures - Advance Directives.pdf - All Documents (sharepoint.com)](https://luriechildrens.sharepoint.com/sites/ChildrensHospitalofChicagoMedicalCenterPoliciesProcedures/Patient%20Rights%20%20Organization%20Ethics/Forms/AllItems.aspx?id=%2Fsites%2FChildrensHospitalofChicagoMedicalCenterPoliciesProcedures%2FPatient%20Rights%20%20Organization%20Ethics%2FAdvance%20Directives%2Epdf&parent=%2Fsites%2FChildrensHospitalofChicagoMedicalCenterPoliciesProcedures%2FPatient%20Rights%20%20Organization%20Ethics)Per hospital policy, DNR orders ARE NOT automatically suspended during a procedure requiring anesthetic; a reconsideration is performed between physicians / family, and a plan will be documented in the chart. |
| Describe the time-out process, and how a discrepancy is handled. | * Have staff describe process of verification
* Perform live observation
 |
| How often are policies reviewed & updated? | Review to ensure polices updated within the past 3 years |
| High-risk issues: |   |
| * What types of high-risk patients are served in the department?
 | * Trauma
* Transplant
* Fetal health (fetus in uterus)
* Children with complicated developmental issues
 |
| * **Trauma**: precautions are taken to reduce these risks?
 | Dept is staffed 24-hoursCharge RN ensures a team is available at all times to cover emergent cases that appear |
| * **Transplant & Fetal Health:** precautions are taken to reduce these risks?
 | Specialized on-call teams are in place to cover after-hours cases |
| * Precautions: children with **complicated developmental** issues:
 | Child Life staffing is available at hospital and surgery centers to address social situations associated with the surgical process.  |
| * How are risks of patient injury reduced when using certain types of equipment: **Skin breakdown during surgery:**
 | * Positioning Protocol
* Use of positioning equipment (gels, rolls, heel protectors)
* Use of positioning supplies (blankets, safety straps)
 |
| * What types of equipment place a patient at risk; how are these risks reduced? **Electrocautery burns:**
 | * Pad placement protects skin against burns
* Electrocautery Protocol
* Electrocautery Annual Review during Fire Safety
 |
| * What types of equipment place a patient at risk; how are these risks reduced? **Thermoregulation**
 | * Thermoregulation Protocol
* Use of Warming Blankets and other equipment / techniques to keep the patient normothermic
* Warming techniques for NICU patients
 |
| * What types of equipment place a patient at risk; how are these risks reduced? **Tourniquet Safety**
 | * Tourniquet Protocol
* Hands-on during orientation
 |
| * What types of equipment place a patient at risk; how are these risks reduced? **Lasers**
 | * Laser Safety Review Annual
* Laser Safety Review also tied in with Fire Safety Bi-Annually
* Laser Safety Hands-On during orientation
 |
| * What types of equipment place a patient at risk; how are these risks reduced? **Light Sources**
 | * Initial Training during orientation including Hands-On
* Scope Out / Lights Out practice
 |
| * What types of medications are given in the department?
* How is medication safety assured?
* **Antibiotics:**
 | * Antibiotics (both pre-op and intra-op)
* Medication Safety is assured by checking the “5 Rights”.
	+ Person, Medication, Dose, Time, Route
* 0-60mins prior to incision to prevent infection
* Antibiotic Stewardship: antibiotics are discontinued within 24 hours of the procedure to prevent accidental development of antibiotic resistance.
 |
| * What types of medications are given in the department?
* How is medication safety assured?
* **Local Anesthetic Systemic Toxicity (LAST):**
 | * Anesthetic dose is tracked to ensure only minimum dose required is used.
 |
| * What types of medications are given in the department?
* How is medication safety assured?
* **Anesthesia agents leading to Malignant Hyperthermia**
 | Annual MH Training & drills ensures readiness |
| * What types of medications are given in the department?
* How is medication safety assured?
* **Medication storage / dispensing**
 | * Most meds are kept in the pyxis. We scan the meds out of and return to the pyxis
* Anesthesia has meds located in their carts that are locked
* Meds that need to be mixed are ordered and mixed by Pharmacy
* We have an onsite pharmacy from 7am-5pm
* Narcotics are handled by anesthesia / pharmacy.
* If picked up by RNs, they sign out for it (example cocaine)
 |
| * What types of medications are given in the department?
* How is medication safety assured?
* **Blood Administration**
 | * Sent via tube station and signed out upon receivership with date, time and name
* Placed in blood bank refrigerators
* Dual check by 2 RNS or 1 RN and Physician or 1 RN and Perfusionist (adhere to blood check protocol)
* Signed again 2nd check by Anesthesia prior to giving
* Returned to blood bank by tube system

If need MBT – adhere to MBT policy – may obtain an igloo to keep blood at appropriate temp |
| * What dangerous chemicals are present in the department? **Mitomycin / chemotherapy agents / formalin / cleaning agents for EVS**
* How can staff reference written information about the handling of these chemicals **(MSDS - Safety data sheets)**
* How are chemical spills handled?
 | All Connect ----Resource Directory ------ S for Safety Data SheetsChemical Spill kit located in EVS closetAdhere to Protocol  |
| What PPE is worn, and when? | Due to surgical attire policy, the only situation where extra precautions are taken would be the Covid-19 PUI (Person Under Investigation)* Additional PPE for PUI: N95 masks
* Additional PPE for Isolation Patients (PPE is identified on the Isolation Guidelines – can be located on the Isolation signs
* Otherwise, basic PPE (gloves, gowns, masks, eyewear as appropriate in the ORs during procedures.
 |
| Specific situations to be reviewed: how is patient & employee safety assured?* **Malignant hyperthermia safety training** and precautions
 |  Staff are trained in handling malignant hyperthermia situations during orientation and review the process annually as part of the annual education program. |
| Specific situations to be reviewed: how is patient & employee safety assured?* Fire
* OR-specific: handling of zone valves in OR area
 | * RACE (Rescue, Activate, Contain, Extinguish)
* After OR is evacuated, RN & charge RN coordinate with anesthesia which zone valves need to be turned off.
* Fire safety is instructed during orientation and reviewed annually as part of the annual education program.
* Regular fire drills are held to assure readiness
 |
| Specific situations to be reviewed: how is patient & employee safety assured?Safe equipment handling **tourniquet, electrocautery, radiation** | Staff are trained in handling in handling OR equipment during orientation and review the process annually as part of the annual education program. |
| What are the different types of color bands for patients? | Red: allergyBlue: normal patient band |
| What do you do if there is an equipment failure? | Pull equipment from service, contact HTM to facilitate repairs |
| How can you identify whether medical equipment has bene inspected? | HTM will tag all inspected equipment upon arrival in the department and annually during Preventative Maintenance inspections. |
| How do you report an adverse event, such as a fall or medication error? | * Report events to the supervisor
* Complete the online SERS form
 |
| What is being done to prevent surgical site infections? | * Hand hygiene
* Pre-operative antibiotics (if applicable)
* Application of pre-incision chlorhexidine prep
 |
| Are anesthesia carts locked? | Anesthesia carts are locked at all times when not in use. |
| What is the process of handling sales reps, and their presence in the OR? | * All vendors are required to be credentialed through the Vendormate system, which validates all training and immunization records
* Vendors obtain daily badges via the Vendormate system when their presence is requested by surgeons in the OR.
 |
| Handoff: how is the process of any delivered patient care communicated? |  Have staff describe processes below |
|  | Handoff: **Inpatient unit to OR:** How is the process of handled / communicated? | * PreOp Checklist and Verbal Call to OR Nurse
* Will complete the HandOff in EPIC
 |
|  | Handoff: **ICUs to OR:** How is the process of handled / communicated? | * PreOp Checklist and Verbal Call to OR Nurse
* Will complete the HandOff in EPIC
 |
|  | Handoff: **Pre-op Unit to OR:** How is the process of handled / communicated? | Preop Checklist and Verbal Face to Face if additional info |
|  | Handoff: **OR to PACU:** How is the process of handled / communicated?  | * Performed currently verbally by Anesthesia.
* If additional info is noted, OR nurse will call or perform a verbal with PACU Staff
 |
|  | Handoff: **PACU to Inpatient Unit:** How is the process of handled / communicated? | * Phone call or Face to Face:
* Includes completing the Hand-off in EPIC
 |
|  | Handoff: **OR to ICUs:** How is the process of handled / communicated? | * Verbal Call and complete the Hand-off in EPIC
 |
| How are ORs cleaned? How do staff know the OR is clean? | * OR turnaround communication is handled via page / in-person
* Overnight terminal cleaning plan: EVS terminally cleans each OR overnight (includes OR cleaning + walls)
* Cycle cleaning: each overnight gets terminal cleaning + ceiling cleaning once each week
 |
| Describe the process of sending used surgical instruments to Central Sterile / Receiving. | Upon completion of the procedure, instruments are sprayed with an enzymatic agent which prevents bioburden from adhering to the surgical instruments |
| **Tissue Log**; is it complete? Is there clear evidence that tissue was always kept in adequate storage areas, from receipt in the facility to implantation in the patient? | * Inspect log using guide above
 |
|  | * Where is it kept?
* Tissue Policies?
 | * The log is kept in Trackcore. Currently Chris Pytel is the only one with access.
* Tissue policies are located in a binder in OR 4 in the Crani Emergency Cart and also on the IntraNet under OR Policies
 |
|  | **Tissue Log continued:*** How is it used?
* What steps are taken when the tissue is removed from storage for implantation but then not used?
 | * Tissue is logged:
	+ Upon receipt into the facility
	+ When removed from storage for use
	+ When implanted in the patient
* If not used- documented as such and removed off the Trackcore log.
 |
|  | * What steps are taken when the tissue is removed from storage for implantation but then not used?
 | * Unused tissue is If not used- documented as such in patients ER and removed off the Trackcore log.
 |
| Describe performance improvement and quality measures that are actively being measured. | Staff can identify Quality Board listing numerous quality measures |
| What are some of the National Patient Safety Goals, and how do the processes support them? | 1. Identify patients correctly: use 2 identifiers
2. Improve communication: Get critical labs to correct person on-time
3. Use medicines safely: label drawn medicines (syringes, basins), perform med reconciliation when patient changes level of care
4. Use alarms safely: ensure alarms are heard and responded to.
5. Prevent infection: perform hand hygiene.
6. Identify patient safety risks: perform suicide screening
7. Prevent surgical mistakes: perform timeout before start of procedure to ensure correct patient, procedure and site is being performed.
 |

1. See directive in instances where initial competency assessment / orientation checklist is found to be missing [↑](#footnote-ref-1)
2. Research education that is mandatory to be kept up-to-date for the staff member to be allowed to work clinically. [↑](#footnote-ref-2)
3. Lurie Children’s policy Resuscitation Certification policy mandates that staff whose job description mandates CPR training cannot work clinically without an active CPR card. They must be suspended from the schedule until proof of active CPR training can be provided to the manager [↑](#footnote-ref-3)
4. If performance evaluations are kept online, ensure access is established so evals inspectors can be verify

 completion [↑](#footnote-ref-4)