Post Anesthesia Care Unit 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. Physical room inspections included in the department
4. 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.

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|  | **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

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| **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:

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1. Review all logs kept in the department:

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| 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. Physical room inspections included in the department

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| **PACU** | **Locations to be inspected** |
| **🗸** | Non-Patient Care Areas:   * Lobby * Waiting Room * Staff Break Room * Staff Locker Room |
| **🗸** | Nurse’s station |
| **🗸** | Pre-op / Post-op Room / Bay |
| **🗸** | Supply storage area |
| **🗸** | Clean / Dirty Utility room |
| **🗸** | Medication room |

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| 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. |

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| 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? |

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| 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? |

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| 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.

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| 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? |

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

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| 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? * Biohazard signs posted inside / outside the room? | | 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? |

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| 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 & toxic  Eyewash 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? |

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

| **Postoperative (PACU) Area Survey Tracer** | |
| --- | --- |
| **Questions** | **Answers** |
| 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 patient care procedures occur when a patient is received? | Have staff describe process |
| Medication handling: review for:   * Orders received for medications given * Safe Handling process * Narcotic waste process * Reassessment of effect after medications given | * Have staff describe process * Observe target-of-opportunity processes in action |
| Critical lab values: how are these handled? | Contact ordering physician asap. |
| What are the different types of color bands for patients? | Red: allergy  Blue: normal patient band |
| How do you keep a family informed during a procedure? | Have staff describe process |
| How do you decrease the spread of infection? | * Hand hygiene * PPE as necessary |
| What types of patient safety drills are performed, and how often? | Fire drills (monthly),  Code amber drills (yearly),  Disaster drills (yearly) |
| Describe performance improvement and quality measures that are actively being measured. | Staff can identify Quality Board listing numerous quality measures |
| How do you report an adverse event, such as a fall or medication error? | * Contact the supervisor * Complete a SERS submission |
| Describe the PACU discharge criteria. | Have staff describe process |
| 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)