



# Healthcare Joint Commission Compliance Checklist

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## Patient Safety Identification and Prevention of Harm

Covers patient identification, medication safety, fall prevention, surgical safety, and pressure ulcer prevention.

### Patient Identification Verification Method

- ☐ Two Unique Identifiers
- ☐ Barcode Scanning
- ☐ Photo Identification

### Fall Risk Score

Enter a number...



### Allergies Documented?

- ☐ Yes
- ☐ No
- ☐ NKDA (No Known Drug Allergies)

### Last Fall Risk Assessment Date

Enter date...

### Nurse Signature - Patient ID Verification

### Detailed Description of Patient Education Provided (e.g., Fall Prevention)

Write something...

### Medication Reconciliation Complete?

- ☐ Yes
- ☐ No

### Relevant Documentation (e.g., Fall Prevention Plan)

 Upload File

# Emergency Management

Addresses emergency preparedness, disaster planning, and security protocols.

## Last Disaster Drill Participants

## Last Disaster Drill Date

## Drill Start Time

## Drill Debriefing Notes

## Disaster Plan Document

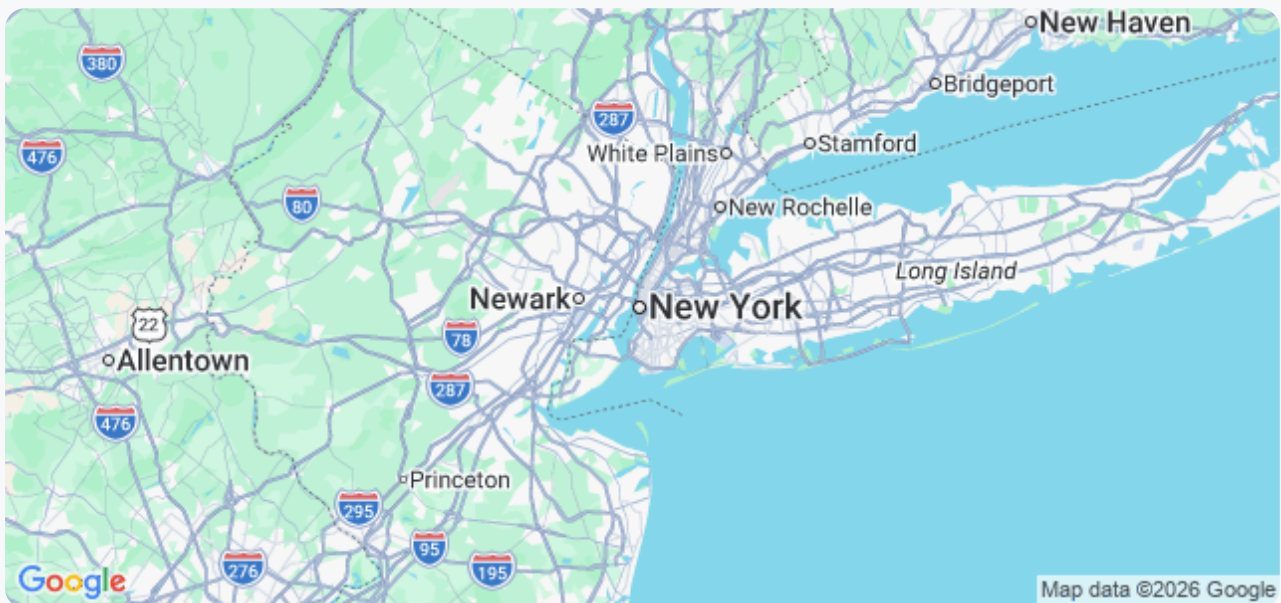
 Upload File

### Emergency Contact Person

- ☐ Administrator
- ☐ Medical Director
- ☐ Safety Officer

### Emergency Assembly Point

 [Set My Current Location](#)



### Emergency Communication Methods

- ☐ Phone
- ☐ Email
- ☐ Public Address System
- ☐ Two-Way Radios

### Date of Next Disaster Drill

Enter date...

# Environment of Care

Focuses on fire safety, hazardous materials management, and facility safety.

**Fire Alarm System Test Frequency (Months)**

Enter a number...

**Last Fire Safety Inspection Date**

Enter date...

**Hazardous Materials Present?**

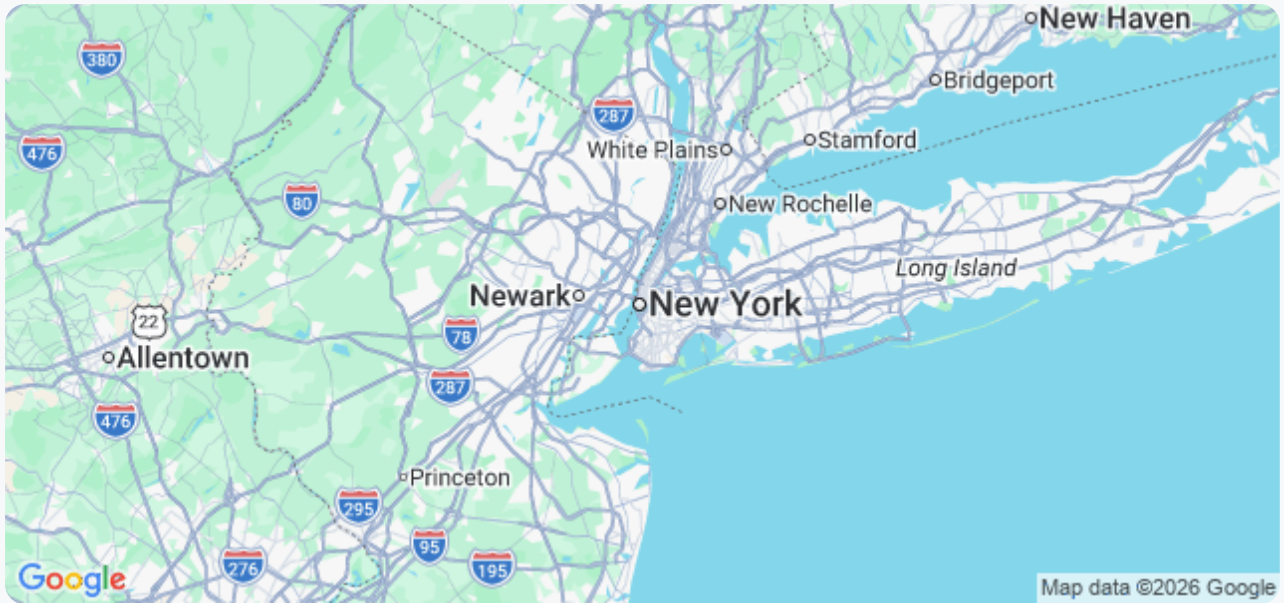
☐ Chemicals

☐ Medical Gases

☐ Radioactive Materials

## Location of Fire Extinguishers

 [Set My Current Location](#)



## Description of Emergency Power Generator Maintenance Log

Write something...

## Ventilation System Functionality

- ☐ Optimal
- ☐ Needs Adjustment
- ☐ Malfunctioning

### Fire Safety Plan Document

 Upload File

### Time of Last Sprinkler System Inspection

Enter time...

## Leadership

Covers governance, ethics, and compliance programs.

### Number of Ethics Committee Meetings Held Annually

Enter a number...

### Last Ethics Committee Review Date

Enter date...

### Ethics Hotline Availability (24/7, Business Hours, Limited Hours)

- ☐ 24/7
- ☐ Business Hours
- ☐ Limited Hours

### Summary of Key Leadership Decisions Regarding Compliance

Write something...

### Annual Compliance Training Documentation

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### Leadership Commitment to Patient-Centered Care (Scale 1-5)

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

### CEO Commitment to Compliance Program

## Human Resources

Focuses on credentialing, training, and performance evaluation.

### Number of Active Employees

Enter a number...



### Last Credentialing Review Date

Enter date...

### Background Check Policy Adherence

- ☐ Fully Compliant
- ☐ Partially Compliant
- ☐ Not Compliant

### Required Employee Training Modules Completed

- ☐ HIPAA Privacy
- ☐ Patient Safety
- ☐ Emergency Preparedness
- ☐ Cultural Competency
- ☐ Cybersecurity Awareness

### Next Employee Performance Review Due Date

Enter date...

### Summary of Recent HR Policy Updates

Write something...

### Employee Training Records (Sample)

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# Medical Staff Services

Addresses physician credentialing, privileging, and performance improvement.

## Physician Signature (Credentialing Verification)

## Credentialing Verification Expiration Date

## Number of Physician Privileges Granted

## Physician Supervision Level

- ☐ Direct
- ☐ Indirect
- ☐ General
- ☐ Limited
- ☐ None

### Clinical Areas of Competency

- ☐ Cardiology
- ☐ Neurology
- ☐ Pediatrics
- ☐ Surgery
- ☐ Oncology

### Last CME Completion Date

Enter date...

### Summary of Peer Review Performance

Write something...

## Clinical Performance Improvement

Covers data analysis, process improvement, and outcome measurement.

### Number of Process Improvement Projects Initiated

Enter a number...

### Number of Process Improvement Projects Completed

Enter a number...

### Summary of Key Performance Indicators (KPIs) Tracked

Write something...

### Date of Last Performance Review Meeting

Enter date...

### Data Sources Used for Performance Measurement

- ☐ Electronic Health Records (EHR)
- ☐ Patient Satisfaction Surveys
- ☐ Clinical Registries
- ☐ Incident Reporting System

### Description of Corrective Actions Implemented based on Performance Data

Write something...

### Overall Assessment of Clinical Performance Improvement Efforts

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Needs Improvement

### Supporting Documentation (e.g., Performance Reports, Action Plans)

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## Information Management

Addresses data security, privacy, and electronic health record management.

### Data Encryption Method

- ☐ AES-256
- ☐ TLS 1.2
- ☐ Other (Specify in Long Text)

### Detailed Description of Data Security Policies

Write something...

### Frequency of Data Backup (in days)

Enter a number...

### Last Security Risk Assessment Date

Enter date...

### Access Control Method

- ☐ Role-Based
- ☐ Attribute-Based
- ☐ Other (Specify in Long Text)

### Supporting Documentation (e.g., Security Audit Reports)

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### Data Types Protected by HIPAA

- ☐ Demographic Data
- ☐ Medical Records
- ☐ Payment Information
- ☐ Other (Specify in Long Text)

# Medication Management

Focuses on medication ordering, dispensing, administration, and reconciliation.

## Medication Reconciliation Completed?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

## Last Medication Reconciliation Date

Enter date...

## Number of Medication Discrepancies Identified

Enter a number...

## Description of Medication Discrepancies (if any)

Write something...

### High-Alert Medications Verified?

- ☐ Yes
- ☐ No
- ☐ N/A

### Routes of Administration Verified?

- ☐ Oral
- ☐ IV
- ☐ IM
- ☐ Subcutaneous
- ☐ Topical

### Time of Medication Administration

### Pharmacist Signature

## Infection Prevention and Control

Covers surveillance, prevention, and control of healthcare-associated infections.

### Last Environmental Cleaning Date



### Hand Hygiene Compliance Observed (Last Audit)

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

### Number of HAIs (Healthcare-Associated Infections) Reported This Month

Enter a number...

### Isolation Precautions Currently in Use

- ☐ Contact
- ☐ Droplet
- ☐ Airborne
- ☐ None

### Description of any recent infection control breaches or incidents

Write something...

### Supporting Documentation (e.g., audit reports, cleaning logs)

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# Communication and Teamwork

Addresses internal and external communication protocols and team collaboration.

## Team Handoff Communication Method

- ☐ Verbal
- ☐ Written
- ☐ Electronic Health Record
- ☐ Video Conference

## Number of Inter-Departmental Meetings Held Monthly

Enter a number...

## Last Team Conflict Resolution Training Date

Enter date...

## Summary of Recent Team Communication Challenges

Write something...

### Communication Tools Utilized by the Team

- ☐ Email
- ☐ Instant Messaging
- ☐ Project Management Software
- ☐ Video Conferencing
- ☐ Phone

### Team's Perceived Level of Psychological Safety

- ☐ Very High
- ☐ High
- ☐ Moderate
- ☐ Low
- ☐ Very Low

### Contact Person for Communication Issues

Write something...