

# Healthcare Joint Commission Compliance Checklist

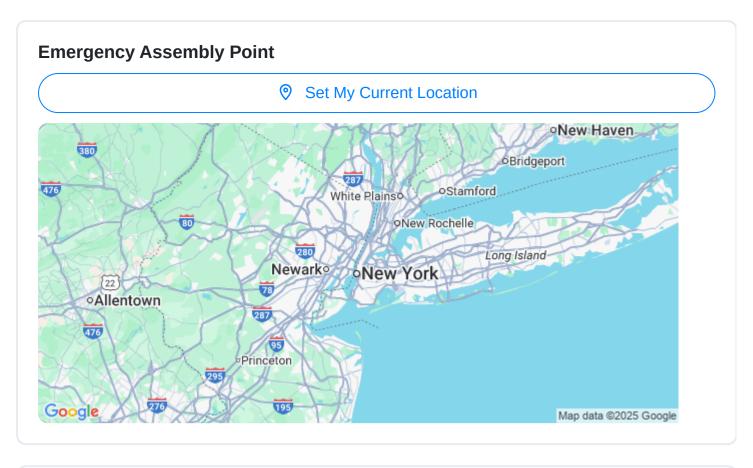
## Patient Safety Identification and Prevention of Harm

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
Madiantian Dagangilistian Complete
Medication Reconciliation Complete?  Yes
No
Relevant Documentation (e.g., Fall Prevention Plan)
4 Upload File
Emergency Management
Addresses emergency preparedness, disaster planning, and security protocols.
Last Disaster Drill Participants
Enter a number

Last Disaster Drill Date  Enter date
Drill Start Time
Drill Debriefing Notes  Write something
Disaster Plan Document  ① Upload File
Emergency Contact Person  Administrator  Medical Director  Safety Officer



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
ONew Haven OBridgeport OStamford ONew Rochelle ONew Rochelle ONew York ONew York ONew York
287 95 Princeton
•Allentown  Princeton  Princeton

#### **Description of Emergency Power Generator Maintenance Log**

Write something...

Ventilation System Functionality  Optimal  Needs Adjustment  Malfunctioning
Fire Safety Plan Document  ① Upload File
Time of Last Sprinkler System Inspection
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

Write someth	
	ig
Annual Con	oliance Training Documentation
♣ Upload F	
Leadership	ommitment to Patient-Centered Care (Scale 1-5)
☐ 2	
3	
□ 4	
<u></u> 5	
CEO Comm	ment to Compliance Program
uman F	esources
	esources entialing, training, and performance evaluation.
ocuses on cre	
ocuses on cre	entialing, training, and performance evaluation.  Etive Employees
Number of A	entialing, training, and performance evaluation.  Etive Employees
Number of A	entialing, training, and performance evaluation.  Etive Employees
Number of A	entialing, training, and performance evaluation.  Etive Employees

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)
♣ Upload File

#### **Medical Staff Services**

Addresses physician credentialing, privileging, and performance improvement.

Credentialing Verification Expiration Date  Enter date  Number of Physician Privileges Granted  Enter a number  Physician Supervision Level Direct Indirect General Limited None  Clinical Areas of Competency Cardiology Neurology Pediatrics Surgery Oncology  Last CME Completion Date  Enter date	Physician Signature (Credentialing Verific	cation)
Number of Physician Privileges Granted  Enter a number  Physician Supervision Level Direct Indirect General Limited None  Clinical Areas of Competency Cardiology Neurology Pediatrics Surgery Oncology  Last CME Completion Date	Cradentialing Varification Expiration Date	
Number of Physician Privileges Granted  Enter a number  Physician Supervision Level Direct Indirect General Limited None  Clinical Areas of Competency Cardiology Neurology Pediatrics Surgery Oncology  Last CME Completion Date		;
Enter a number  Physician Supervision Level Direct Indirect General Limited None  Clinical Areas of Competency Cardiology Neurology Pediatrics Surgery Oncology  Last CME Completion Date		
Physician Supervision Level   Direct   Indirect   General   Limited   None  Clinical Areas of Competency   Cardiology   Neurology   Pediatrics   Surgery   Oncology  Last CME Completion Date	Number of Physician Privileges Granted	
Direct Indirect General Limited None  Clinical Areas of Competency Cardiology Neurology Pediatrics Surgery Oncology  Last CME Completion Date	Enter a number	
Direct Indirect General Limited None  Clinical Areas of Competency Cardiology Neurology Pediatrics Surgery Oncology  Last CME Completion Date	Physician Supervision Level	
General Limited None  Clinical Areas of Competency Cardiology Neurology Pediatrics Surgery Oncology  Last CME Completion Date	_	
Limited None  Clinical Areas of Competency Cardiology Neurology Pediatrics Surgery Oncology  Last CME Completion Date	Indirect	
Clinical Areas of Competency  Cardiology  Neurology  Pediatrics  Surgery  Oncology  Last CME Completion Date	General	
Clinical Areas of Competency  Cardiology  Neurology  Pediatrics  Surgery  Oncology  Last CME Completion Date	Limited	
Cardiology Neurology Pediatrics Surgery Oncology  Last CME Completion Date	None	
Cardiology Neurology Pediatrics Surgery Oncology  Last CME Completion Date	Clinical Areas of Competency	
Neurology Pediatrics Surgery Oncology  Last CME Completion Date	_	
Surgery Oncology  Last CME Completion Date		
Oncology  Last CME Completion Date	Pediatrics	
Last CME Completion Date	Surgery	
	Oncology	
	Last CME Completion Date	

Write something	
inical Performance I	mprovement
rers data analysis, process improve	ment, and outcome measurement.
lumber of Process Improvement	Projects Initiated
Enter a number	
Enter a number	
ummary of Key Performance Ind	icators (KPIs) Tracked
Write something	
	Meeting
Pate of Last Performance Review	

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)   Delta Upload File
Information Management Addresses data security, privacy, and electronic health record management.
Data Encryption Method  AES-256  TLS 1.2  Other (Specify in Long Text)

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)  Last Security Risk Assessment Date  Enter date  Access Control Method  Role-Based Other (Specify in Long Text)  Data Types Protected by HIPAA Demographic Data Medical Records Payment Information Other (Specify in Long Text)	Detailed Description of Data Security Policies
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)  Last Types Protected by HIPAA Demographic Data Medical Records Payment Information	Write something
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)  Last Types Protected by HIPAA Demographic Data Medical Records Payment Information	
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)  Last Types Protected by HIPAA Demographic Data Medical Records Payment Information	
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)  Upload File  Data Types Protected by HIPAA Demographic Data Medical Records Payment Information	Frequency of Data Backup (in days)
Access Control Method Role-Based Attribute-Based Other (Specify in Long Text)  Supporting Documentation (e.g., Security Audit Reports)  Upload File  Data Types Protected by HIPAA Demographic Data Medical Records Payment Information	Enter a number
Access Control Method Role-Based Attribute-Based Other (Specify in Long Text)  Supporting Documentation (e.g., Security Audit Reports)  Upload File  Data Types Protected by HIPAA Demographic Data Medical Records Payment Information	
Access Control Method  Role-Based Attribute-Based Other (Specify in Long Text)  Supporting Documentation (e.g., Security Audit Reports)  Upload File  Data Types Protected by HIPAA Demographic Data Medical Records Payment Information	Last Security Risk Assessment Date
Role-Based Attribute-Based Other (Specify in Long Text)  Supporting Documentation (e.g., Security Audit Reports)  Upload File  Data Types Protected by HIPAA Demographic Data Medical Records Payment Information	Enter date
Role-Based Attribute-Based Other (Specify in Long Text)  Supporting Documentation (e.g., Security Audit Reports)  Upload File  Data Types Protected by HIPAA Demographic Data Medical Records Payment Information	
Attribute-Based Other (Specify in Long Text)  Supporting Documentation (e.g., Security Audit Reports)  La Upload File  Data Types Protected by HIPAA Demographic Data Medical Records Payment Information	Access Control Method
Other (Specify in Long Text)  Supporting Documentation (e.g., Security Audit Reports)  L Upload File  Data Types Protected by HIPAA  Demographic Data  Medical Records Payment Information	
Supporting Documentation (e.g., Security Audit Reports)  La Upload File  Data Types Protected by HIPAA  Demographic Data  Medical Records Payment Information	
Data Types Protected by HIPAA  Demographic Data Medical Records Payment Information	Other (Specify in Long Text)
Data Types Protected by HIPAA  Demographic Data Medical Records Payment Information	Supporting Documentation (e.g., Security Audit Reports)
Data Types Protected by HIPAA  Demographic Data  Medical Records Payment Information	
Demographic Data  Medical Records  Payment Information	
Demographic Data  Medical Records  Payment Information	Data Types Protected by HIPAA
Payment Information	
Other (Specify in Long Text)	Payment Information
	Other (Specify in Long Text)

### **Medication Management**

Medication Reconciliation Completed?  Yes No No Not Applicable
Loot Modication Deconciliation Data
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	
Subcutaneous	
Topical	
Time of Medication Administration	
Pharmacist Signature	
nfection Prevention and Control overs surveillance, prevention, and control of healthcare-associated infections.	
overs surveillance, prevention, and control of healthcare-associated infections.	
overs surveillance, prevention, and control of healthcare-associated infections.  Last Environmental Cleaning Date	
Last Environmental Cleaning Date  Enter date	
Last Environmental Cleaning Date  Enter date  Hand Hygiene Compliance Observed (Last Audit)	
Last Environmental Cleaning Date  Enter date  Hand Hygiene Compliance Observed (Last Audit)  Excellent	
Last Environmental Cleaning Date  Enter date  Hand Hygiene Compliance Observed (Last Audit)  Excellent  Good	
Last Environmental Cleaning Date  Enter date  Hand Hygiene Compliance Observed (Last Audit)  Excellent  Good  Fair	
Last Environmental Cleaning Date  Enter date  Hand Hygiene Compliance Observed (Last Audit)  Excellent  Good  Fair	
Last Environmental Cleaning Date  Enter date  Hand Hygiene Compliance Observed (Last Audit)  Excellent  Good  Fair  Poor	

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)  ① Upload File
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
<ul><li>☐ Video Conferencing</li><li>☐ Phone</li></ul>
Team's Perceived Level of Psychological Safety
☐ Very High
☐ High ☐ Moderate
Low
☐ Very Low
Contact Person for Communication Issues
Write something
write something