



Healthcare Quality Assurance Checklist: Patient Outcomes & Standards

Patient Admission & Assessment

Ensuring proper intake procedures, risk assessment, and care plan development.

Patient Age

Date of Admission

Chief Complaint

Allergies (Select All That Apply)

- ☐ Medications
- ☐ Food
- ☐ Environmental
- ☐ Other (Specify)

Allergy Details (If Applicable)

Write something...

Insurance Type

- ☐ Private
- ☐ Medicare
- ☐ Medicaid
- ☐ Self-Pay

Insurance Card Front

 Upload File

Relevant Medical History

Write something...

Medication Management

Verification of prescriptions, administration protocols, and patient education.

Medication Order Verification Method

- ☐ Verbal Order
- ☐ Written Order
- ☐ Electronic Order

Dosage Verified (mg)

Enter a number...

Route of Administration

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

Medication Administration Date

Enter date...

Medication Administration Time

Nurse's Notes/Observations

Write something...

Nurse Signature

Infection Control & Prevention

Adherence to hygiene protocols, sterilization procedures, and isolation precautions.

Last Hand Hygiene Audit Date

Enter date...

Hand Hygiene Compliance Rate (%)

Enter a number...

Surface Disinfection Protocol Followed?

☐ Yes

☐ No

☐ N/A

PPE Used (Check all that apply)

☐ Gloves

☐ Mask

☐ Gown

☐ Eye Protection

Last Sterilization Equipment Maintenance

Enter date...

Waste Disposal Protocol Followed?

☐ Yes

☐ No

☐ N/A

Care Plan Implementation & Monitoring

Tracking progress, adjusting care plans as needed, and documenting changes.

Date of Care Plan Implementation

Enter date...

Frequency of Monitoring (e.g., Daily, Weekly)

Enter a number...

Summary of Progress Towards Goals

Write something...

Current Status of Goal 1

- ☐ On Track
- ☐ Needs Adjustment
- ☐ Not Applicable

Current Status of Goal 2

- ☐ On Track
- ☐ Needs Adjustment
- ☐ Not Applicable

Notes on Adjustments Made to Care Plan

Write something...

Date of Last Care Plan Review

Enter date...

Patient Communication & Education

Ensuring clear communication, addressing patient concerns, and providing relevant education.

Explain Diagnosis and Treatment Plan

Write something...

Patient Understanding Confirmation (Verbal)

- ☐ Yes
- ☐ No
- ☐ Needs Further Explanation

Educational Materials Provided (Check all that apply)

- ☐ Brochures
- ☐ Videos
- ☐ Website Links
- ☐ Written Instructions

Date of Patient Education Session

Enter date...

Family/Caregiver Present (Name)

Write something...

Summary of Patient Questions and Answers

Write something...

Patient/Representative Signature (acknowledging education)

Discharge Planning & Follow-Up

Coordination of post-discharge care, medication reconciliation, and follow-up appointments.

Planned Discharge Date

Enter date...

Scheduled Discharge Time

Discharge Disposition (e.g., Home, Rehab, Skilled Nursing)

- ☐ Home
- ☐ Rehabilitation Facility
- ☐ Skilled Nursing Facility
- ☐ Hospice
- ☐ Other

Summary of Patient Education Provided at Discharge

Write something...

Medications to be Continued Post-Discharge

- ☐ Medication 1
- ☐ Medication 2
- ☐ Medication 3


Follow-Up Appointments Scheduled?

- ☐ Yes
- ☐ No

Notes Regarding Special Instructions or Needs

Write something...

Discharge Summary Document (Optional)

 Upload File

Incident Reporting & Analysis

Documentation of adverse events, root cause analysis, and corrective action plans.

Date of Incident

Enter date...

Time of Incident

Detailed Description of Incident

Write something...

Incident Type

- ☐ Medication Error
- ☐ Patient Fall
- ☐ Equipment Malfunction
- ☐ Communication Breakdown
- ☐ Infection Control Issue
- ☐ Other

Contributing Factors

- ☐ Staff Fatigue
- ☐ Inadequate Training
- ☐ Process Failure
- ☐ Equipment Defect
- ☐ Communication Error

Severity Score (1-5, 1=Minor, 5=Severe)

Enter a number...

Immediate Actions Taken

Write something...

Department Involved

- ☐ Emergency Department
- ☐ Medical-Surgical
- ☐ Cardiology
- ☐ Pharmacy
- ☐ Other

Reporting Staff Signature

Regulatory Compliance & Auditing

Verification of adherence to relevant standards and successful completion of audits.

Last Compliance Audit Date

Enter date...

Applicable Regulations (Select all that apply)

- ☐ HIPAA
- ☐ Joint Commission
- ☐ CMS Conditions of Participation
- ☐ State-Specific Regulations

Audit Score (if applicable)

Enter a number...

Summary of Audit Findings

Write something...

Audit Report (Upload)

 Upload File

Corrective Action Plan Status

- ☐ In Progress
- ☐ Completed
- ☐ Not Applicable

Date of Next Scheduled Audit

Enter date...

Staff Training & Competency

Ensuring staff has the necessary skills and knowledge to provide quality care.

Training Module Completed (e.g., HIPAA, Safety)

- ☐ HIPAA Compliance
- ☐ Patient Safety
- ☐ Infection Control
- ☐ Emergency Procedures
- ☐ Documentation Best Practices

Training Completion Date

Enter date...

Score on Competency Assessment (0-100)

Enter a number...


Supervisory Sign-Off Required?

- ☐ Yes
- ☐ No

Notes on Performance/Areas for Improvement

Write something...

Upload Training Certificate (if applicable)

 Upload File

Patient Feedback & Satisfaction

Collecting and analyzing patient feedback to identify areas for improvement.

Overall Satisfaction (1-10)

Enter a number...

How likely are you to recommend our services?

- ☐ Very Likely
- ☐ Likely
- ☐ Neutral
- ☐ Unlikely
- ☐ Very Unlikely

What did we do well?

Write something...

How could we improve?

Write something...

Which areas of your experience were most important to you?

- ☐ Communication with Staff
- ☐ Cleanliness of Facility
- ☐ Timeliness of Care
- ☐ Pain Management
- ☐ Overall Experience

Did you feel your concerns were addressed?

- ☐ Yes
- ☐ No
- ☐ Partially