



# Healthcare Risk Management Checklist: Incident Prevention

## Patient Identification & Verification

Ensuring accurate patient identification throughout the care process to prevent medical errors.

### Patient Full Name

### Patient Medical Record Number (MRN)

### Date of Birth Verification

- ☐ Verified with Patient
- ☐ Verified with Guardian
- ☐ Verified with Medical Record

### Photo ID Presented?

- ☐ Yes
- ☐ No

### Notes/Discrepancies

Write something...

### Insurance Verification Method

- ☐ Patient Provided Card
- ☐ Entered Policy Number
- ☐ Insurance Portal Lookup

### Insurance Policy Number

Write something...

## Medication Management

Verifying medication orders, administration, and reconciliation to minimize adverse drug events.

### Medication Reconciliation Complete?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

### Double-Check Count (if applicable)

Enter a number...

### High-Alert Medication Verification?

☐ Yes

☐ No

### Any Discrepancies Noted?

Write something...

### Medication Reconciliation Date


Enter date...

### Patient Education Provided?

☐ Yes

☐ No

### Upload Medication Reconciliation Form (if required)

 Upload File

## Infection Control & Prevention

Adhering to protocols for hand hygiene, sterilization, and isolation precautions to reduce healthcare-associated infections.

### Last Hand Hygiene Audit Date

Enter date...

### Hand Hygiene Compliance Rate (%)

Enter a number...

### Type of Disinfectant Used

- ☐ EPA-Registered Quaternary Ammonium
- ☐ Chlorine Bleach
- ☐ Alcohol-Based
- ☐ Hydrogen Peroxide
- ☐ Other (Specify)

### Notes on Recent Infection Control Concerns/Observations

Write something...

### PPE Used for Isolation Precautions

- ☐ Gloves
- ☐ Gown
- ☐ Mask
- ☐ Eye Protection
- ☐ Powered Air-Purifying Respirator (PAPR)

### Sterilization Method Used

- ☐ Autoclaving
- ☐ Chemical Sterilization
- ☐ Other (Specify)

## Upload Hand Hygiene Audit Report

 Upload File

# Equipment Maintenance & Calibration

Ensuring medical equipment is properly maintained, inspected, and calibrated for safe and effective operation.

### Last Calibration Date

Enter date...

### Calibration Result (e.g., +/- value)

Enter a number...

### Calibration Method

- ☐ Manufacturer's Procedure
- ☐ Third-Party Calibration Service
- ☐ In-House Calibration

### Calibration Notes/Observations


Write something...

### Next Calibration Due Date

Enter date...

### Equipment Serial Number

### Calibration Certificate (if applicable)

 Upload File

## Emergency Preparedness

Reviewing and updating emergency response plans for various scenarios, including fire, natural disasters, and active shooter situations.

### Last Emergency Drill Date

### Type of Drill Conducted

- ☐ Fire Drill
- ☐ Active Shooter Drill
- ☐ Natural Disaster Drill
- ☐ Code Blue Drill
- ☐ Other

### Number of Participants in Drill

### Drill Observation and Findings

Write something...


### Areas of Improvement Identified

- ☐ Communication
- ☐ Evacuation Procedures
- ☐ Staff Response
- ☐ Equipment Functionality
- ☐ Patient Safety

### Date of Next Emergency Plan Review

Enter date...

### Emergency Contact List (Updated)

 Upload File

### Plan Distribution Method

- ☐ Email
- ☐ Printed Copies
- ☐ Shared Drive

## Staff Training & Competency

Verifying staff training records and competency assessments for relevant procedures and protocols.

### Employee Name

Write something...

### Training Completion Date

Enter date...


### Training Program (e.g., HIPAA, Safety)

- ☐ HIPAA Compliance
- ☐ Patient Safety
- ☐ Infection Control
- ☐ Emergency Response
- ☐ Code Blue Training

### Training Hours Completed

Enter a number...

### Proof of Completion (Certificate)

 Upload File

### Competency Level Achieved

- ☐ Not Competent
- ☐ Partially Competent
- ☐ Competent
- ☐ Highly Competent



### Trainer Comments / Observations

Write something...

## Incident Reporting & Analysis

Ensuring a robust system for reporting, investigating, and analyzing incidents to identify root causes and implement corrective actions.

### Date of Incident

Enter date...

### Time of Incident

### Detailed Description of Incident

Write something...

### Incident Type (e.g., Medication Error, Patient Fall)

- ☐ Medication Error
- ☐ Patient Fall
- ☐ Equipment Malfunction
- ☐ Communication Breakdown
- ☐ Other

### Number of Patients Involved

Enter a number...

### Contributing Factors Identified

Write something...

### Departments Involved (select all that apply)

- ☐ Emergency Department
- ☐ Medical-Surgical
- ☐ Pharmacy
- ☐ Laboratory
- ☐ Radiology

### Reporting Staff Signature

## Security & Access Control

Implementing and maintaining security measures to protect patient data, prevent unauthorized access to facilities and systems.

### Physical Access Control System Status

- ☐ Active & Functional
- ☐ Needs Maintenance
- ☐ Out of Service

**Number of Active User Accounts**

Enter a number...

**Multi-Factor Authentication (MFA) Implementation**

- ☐ Fully Implemented
- ☐ Partially Implemented
- ☐ Not Implemented

**Last Security Audit Date**

Enter date...


**Summary of Recent Security Vulnerabilities & Remediation Steps**

Write something...

**Data Encryption Status (At Rest)**

- ☐ Fully Encrypted
- ☐ Partially Encrypted
- ☐ Not Encrypted

**Upload of Access Control Logs (if applicable)**

 Upload File

**Fall Prevention**

Assessing patient fall risks and implementing appropriate preventative measures.

### Patient Fall Risk Assessment Score

- ☐ Low
- ☐ Moderate
- ☐ High

### Patient Weight (lbs)

Enter a number...

### Vision Impairment?

- ☐ Yes
- ☐ No
- ☐ Uncertain

### Use of Assistive Devices?

- ☐ Walker
- ☐ Cane
- ☐ Wheelchair
- ☐ None

### Specific Fall Risk Factors Noted

Write something...

### Environmental Fall Hazards Present?

- ☐ Poor Lighting
- ☐ Clutter
- ☐ Wet Floors
- ☐ Unsecured Rugs
- ☐ None

### Bed/Chair Alarm in Place?

- ☐ Yes
- ☐ No
- ☐ N/A

## Communication & Handoff Procedures

Standardizing communication protocols during patient handoffs to ensure continuity of care and minimize errors.

### Handoff Method Used

- ☐ In-Person
- ☐ Telephone
- ☐ Electronic Health Record (EHR)
- ☐ Other

### Summary of Patient Condition & Concerns

Write something...

### Patient's Current Pain Level (0-10)

Enter a number...

### Next Scheduled Follow-Up Appointment

Enter date...

### Time of Handoff

### Medication Changes/Updates

- ☐ No Changes
- ☐ New Medication Started
- ☐ Medication Dosage Adjusted
- ☐ Medication Discontinued

### Relevant Lab Results/Diagnostic Findings

Write something...

### Handoff Provider Signature