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Reason for Audit:

\* Indicates that an answer is required.

## Regulatory Checklist for RFI for Ambulatory Sites

| Item/Issue Reviewed at Ambulatory Practice  | Answer        | Comments |
|---|---------------|----------|
| 1. Is there an Infection Preventionist who assesses risks for the ambulatory site? Does the staff know who it is if they have a question? Does the site have access to relevant IPC policies?   | Yes   No   NA |          |
| 2. Staff knows who is accountable for cleaning and/or low level disinfection of medical equipment? Does that staff know the proper procedure for cleaning and storing equipment according to IC Plan and/or policy?   | Yes   No   NA |          |
| 3. Has staff received education about the importance of reducing the risk of healthcare associated infections from medical equipment, devices, and supplies? Has training been implemented and documented?  | Yes   No   NA |          |
| 4. Is hand hygiene compliance being monitored among the team at the ambulatory site?  | Yes   No   NA |          |
| 5. If site processes sterile instruments (uses an autoclave) has the leader of the site met with the Infection Preventionist to review the sterilization process? If the site transports their instruments for sterilization, are they transported according to RHM policy?<br><br>*Review policy with staff and document training* | Yes   No   NA |          |
| 6. Are all surfaces of instruments fully accessible and exposed to enzymatic cleanser (example open scissor blades) prior to transport?   | Yes   No   NA |          |
| 7. Are staff knowledgeable about proper chemicals/cleaning agents used to process instruments? Are they following manufacturer instructions and treating instruments with the proper cleanser per IC policy?<br><br>*Review IC policy with staff and document training*   | Yes   No   NA |          |
| 8. Are bottles of bleach not present at the site? If they are, stop and check with Infection Preventionist and schedule a review ASAP.  | Yes   No   NA |          |
| 9. Is there an eyewash station available if a site is using any chemicals that according to the manufacturer or SDS considered corrosive or require flushing of the eyes for 15 minutes?  | Yes   No   NA |          |
| 10. Is the SDS available for all cleaning products utilized by employed and contracted cleaning staff?  | Yes   No   NA |          |
| 11. Does staff know how the temperature and minimum effective concentration is being monitored for Cidex OPA and if site is compliant with manufacturer instruction for use? If high level disinfection is being performed then the site should meet with the Infection Preventionist to review current process ASAP.               | Yes   No   NA |          |
| 12. Does site use a biohazard labeled box with lid containing soiled instruments waiting for pick up? Is it waiting in a soiled utility room for pick up? Does transport practice follow IPC policies?  | Yes   No   NA |          |
| 13. Is the correct amount of water and solution measured – not estimated by staff for cleaning and disinfecting instruments (e.g., enzymatic cleanser)?<br><br>Check manufacturer's recommendations and make sure staff has the proper tools to measure important solutions.  | Yes   No   NA |          |
| 14. If brushes are used for cleaning instruments – staff knows what the manufacturer recommendations for cleaning and disinfecting them are? Are they disposable? Is site following recommendations and/or IPC policy?  | Yes   No   NA |          |
| 15. If sterilization is performed at site, is there documentation of each load sterilized & weekly testing of biological indicator with lot number?   | Yes   No   NA |          |
| 16. Are lot numbers being recorded for quality control for test strips for HLD (e.g., Cidex OPA)?   | Yes   No   NA |          |
| 17. Products that are used to perform for high level disinfection are not expired.  | Yes   No   NA |          |
| 18. Is there a Mini pastuermatic? If so, are the manufacturer instructions at the site and being followed and staff completing required documentation?  | Yes   No   NA |          |
| 19. If there is a Mini pastuermatic, does the manual state how often to check water temperature – is site checking it and writing it on log?  | Yes   No   NA |          |

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| 20. If the site uses a CIVCO soaking cup used to disinfect probes, staff knows how the cleaning agent is measured correctly for use? Are there measuring cups, spoons etc. available to measure properly?   | Yes   No   NA |  |
| 21. If the site has an Olympic Sterile Dryer and uses Alconox soap, staff knows what the manufacturer recommendation is for both. What measuring devices are used to calculate exact amount for use? Is staff following recommendations?  | Yes   No   NA |  |
| 22. Is staff aware that single use flexible tubing (listed on package) is used for only one patient and are they following the label's instructions? Check policy and label for usage, provide education for instituting best practices.<br>Check policy and label for usage, provide education to staff regarding best practice. | Yes   No   NA |  |
| 23. Check storage/utility rooms for presence of impermeable barrier on bottom shelf that protects supplies during mopping of the floor.   | Yes   No   NA |  |
| 24. Is there separation of clean and dirty equipment, linens, and supplies? Is soiled linen not kept in same room as the medication refrigerator, nourishment refrigerator or blanket warmer?   | Yes   No   NA |  |
| 25. Sleep center: staff knows what the limit of cycles are for cleaning and disinfecting reusable masks? Is site tracking the maximum cycles for disinfection of reusable sleep masks?  | Yes   No   NA |  |
| 26. Sleep center: is there a humidifier on CPAP (water chamber, flapper valve, protective cover) that requires high level disinfection? Is proper disinfection being conducted and documented?  | Yes   No   NA |  |
| 27. If there is a hydrocollator, is the temperature of the water being maintained at manufacturer's instructions for use?   | Yes   No   NA |  |
| 28. If there is a hydrocollator, has the site changed the water on a regular basis per manufacturer instructions (may be every 2 weeks) and documented water changes?   | Yes   No   NA |  |
| 29. Are clean supplies being stored in a sufficient distance away from sink to avoid the splash zone and contamination?   | Yes   No   NA |  |
| 30. Is the sink in the clean utility room not being used to wash and prep used instruments?   | Yes   No   NA |  |
| 31. Chairs or exam tables do not have torn upholstery or excessive wear.  | Yes   No   NA |  |
| 32. Are instruments (Otosopes, etc.) and supplies clean from dust and debris?   | Yes   No   NA |  |
| 33. For Wellness or Fitness centers, is equipment cleaned routinely or documented when cleaned? Are the proper products being used with PPE for staff if needed?  | Yes   No   NA |  |
| 34. Are mesh monitor pouches or similar items worn by patients being stored in separate areas to prevent cross contamination?   | Yes   No   NA |  |
| 35. Does staff change gloves and perform hand hygiene before & after assisting with procedure? Prior to charting and touching monitors if provided care? Does staff perform hand hygiene between glove changes?   | Yes   No   NA |  |
| 36. Curtains for privacy are not visibly soiled. Is staff aware of the cleaning schedule?   | Yes   No   NA |  |
| 37. Urgent Care: Can staff explain what the cleaning process per policy is for items that can transmit infection between pediatric patients in the waiting room (toys, books, etc.)? Is the process being followed?   | Yes   No   NA |  |
| 38. Are outside shipping boxes being kept out of clean utility rooms and off floor to prevent infestation?  | Yes   No   NA |  |
| 39. Has site checked for expired supplies including blood tubes?  | Yes   No   NA |  |
| 40. For staff that triages complaints or questions from patients, do they have medically driven guideline or algorithm for follow up?   | Yes   No   NA |  |
| 41. Are time-outs performed before every invasive procedure? Do all members of the team actively participate in the time out? Is the time out documented?   | Yes   No   NA |  |
| 42. Are nurse call chords an appropriate length (6-12 inches off floor) so that they are accessible to patients who have fallen on floor and require assistance?  | Yes   No   NA |  |
| 43. Nurse cords are not wrapped around the hand rail in patient bathrooms.  | Yes   No   NA |  |
| 44. Is there a way to open the door to patient bathrooms from outside in case of emergency? Does staff know where to locate key?  | Yes   No   NA |  |

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| 45. Is there a leader who checks for Environment of Care (EC) & Life Safety (LS) compliance at the site and conducts environmental tours of patient care areas every six months?   | Yes   No   NA |  |
| 46. Is there less than 18 inches open space maintained below a sprinkler deflector to top of storage in storage areas?   | Yes   No   NA |  |
| 47. Are full and empty oxygen cylinders segregated?  | Yes   No   NA |  |
| 48. Has site conducted and documented a fire drill every 12 months?  | Yes   No   NA |  |
| 49. Are the monthly maintenance checks on fire extinguishers on documented on tag?   | Yes   No   NA |  |
| 50. Are the sprinklers in good working condition, escutcheon plate visible and in correct position, sprinkler head free of dust and paint?   | Yes   No   NA |  |
| 51. Confidential/patient information protected – not visible or accessible to public (electronic or paper)? Charts being stored properly and locked up to prevent access to contract cleaning staff during off hours?  | Yes   No   NA |  |
| 52. Has monthly testing and documentation of functional test of battery-powered lights required for exiting during fire conducted for minimum duration?  | Yes   No   NA |  |
| 53. Bottles of chemicals on environmental services cart are not accessible to the public. Chemicals are secured if stored in closet.   | Yes   No   NA |  |
| 54. If site contracts with a company to dispose of medical waste (including sharps) has site verified that the disposal is compliant with local, state and federal requirements?   | Yes   No   NA |  |
| 55. Is the manifest for hazardous waste disposal reconciled after waste is picked up? Is proper process being conducted and documented?  | Yes   No   NA |  |
| 56. If staff handles liquid nitrogen, are they using the proper PPE to protect themselves from injury? Have they received training and is it documented?   | Yes   No   NA |  |
| 57. Staff knows how leaders work together to determine which items are required in emergency cart to assure that all necessary items are available for staff. Are there needles and syringes, unit doses and an inventory available?   | Yes   No   NA |  |
| 58. Is there oversight from a pharmacist for medication distribution at an ambulatory site? Are inspections completed and documented per RHM policy? Correct staff dispensing medications per licensing and regulation?  | Yes   No   NA |  |
| 59. For sample medications, are par levels being assessed, is there record keeping of dispensing, can items be tracked for recall, are the proper staff dispensing medication per their job description and license? Is diversion prevented?   | Yes   No   NA |  |
| 60. Are discharge instructions complete and understandable for the patient? Do they include instruction related to sedation/anesthesia if it was administered prior to discharge?  | Yes   No   NA |  |
| 61. If there is a portable AED, is it being checked per manufacturer instructions and are checks being documented? Does staff know who is accountable for checking it? Does hospital policy indicate the procedure for checking it at the ambulatory sites?                                | Yes   No   NA |  |
| 62. Are staff able to speak to what the policy and/or manufacturer instructions are for use, expiration and storage of cardiac electrodes?   | Yes   No   NA |  |
| 63. Staff knows how refrigerated items are being monitored and recorded for temperature, who is accountable for monitoring it, and for correcting issues if out of range? What is done with items if the refrigerator is not monitored over a holiday, weekend or when the site is closed? | Yes   No   NA |  |
| 64. Are all multi-dose vials, test strip reagents and controls dated, timed and not expired (meds 28 days, controls/reagents 90 days after opening) or per policy?   | Yes   No   NA |  |
| 65. Are pregnancy urine control tests being stored in correct location for infection control purposes?   | Yes   No   NA |  |
| 66. Has site assessed and managed patients risk for falls?   | Yes   No   NA |  |
| 67. Has site screened and managed patients at risk for depression, suicide, nutritional status, function, cultural considerations, and social status?  | Yes   No   NA |  |
| 68. Has site assessed and managed patients risk for pain?  | Yes   No   NA |  |
| 69. Has site assessed and managed for patients risk for abuse and neglect?   | Yes   No   NA |  |
| 70. Are records complete and accurate, legible, timed, dated, and signed?  | Yes   No   NA |  |

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| 71. Does site address patient decisions about care, treatment and services at the end of life related to advance directives? Does hospital policy state whether ambulatory sites honor advance directives? Is staff able to articulate whether ambulatory site honors advance directives of patients? | Yes   No   NA |  |
| 72. Are patient's rights being respected and protected in all aspects of care – are there any practices that hinder people-centered care?   | Yes   No   NA |  |
| 73. Is contracted environmental services staff oriented for safety content for their role?  | Yes   No   NA |  |
| 74. Have all ambulatory sites been visited every six months for an environmental tour?  | Yes   No   NA |  |
| 75. Do all staff members have current training requirements stated in their job description and are acting within the scope of their role?  | Yes   No   NA |  |
| 76. Does the site distribute published materials, post information on website or posts information at physical location in public spot to inform the public how to contact its management and The Joint Commission to report concerns about safety and quality?                                       | Yes   No   NA |  |