Patient Safety Policy Implementation and Maintenance Checklist

The purpose of this checklist is to assist facilities in monitoring compliance with the mandatory policy elements included in IHM Chapter 3-42, Patient Safety.

General Program Requirements

Date Verified	Requirement	1st Criteria to Verify	2nd Criteria to Verify
	The patient safety program is integrated into the facility Quality Assurance Performance Improvement/ Quality Improvement program. (3-42.1.F(3)/ 3-42.3.A(1))	None	None
	The patient safety staff are members of the Risk Management Committee or equivalent. (3-42.3.A.(1))	Meeting Minutes	None
	Facility designates and grants authority in writing to Patient Safety Officer (PSO) (dual-hatted PSO) or PSO hired into Patient Safety PD. (3-42.3.A(3))	PSO Name:	Appointment date:
	The Service Unit PSO demonstrates current competency (education, training, and/or certification). (3-42.3.A(4))	Training/ Education/ Certification:	Date IDP developed:
	Adverse events, good catches, and potential risks are reported into the online adverse event reporting system. (3-42.1.D(2).b)	Review I-STAR reports and dashboards	None

Risk Assessment and Management: Root Cause Analysis (RCA)

Date Verified	Requirement	1st Criteria to Verify	2nd Criteria to Verify
	Facility completes at least one RCA every 12 months. If none are completed for cause, the facility completes an RCA tabletop training exercise to maintain competency. (3-42.3.B(2))	RCA for Cause or Training:	Date(s) of completion:
	All RCAs will be completed using the IHS standardized methodology, tools, and documentation that can be found on the IHS Adverse Event Reporting Training website and the Office of Quality, Patient Safety website. (3-42.3.B(2))	RCA documentation in the Adverse Event Reporting System (I-STAR)	None
	The end product of all RCAs is a Corrective Action Plan as defined in the IHS Patient Safety Policy. (3-42.3.B(2))	RCA documentation in the Adverse Event Reporting System (I-STAR)	None

Risk Assessment and Management: Surveillance and Data Analysis

Date Verified	Requirement	1st Criteria to Verify	2nd Criteria to Verify
	Facility uses tools to track and trend patient safety data. (3-42.3.C)	Name of tool(s):	Primary responsibility:
	Patient safety data is analyzed. (3-42.3.C)	Primary responsibility:	Frequency:
	Patient safety data and analysis is provided to stakeholders. (3-42.3.C)	Committees:	Leadership members:

Date Verified	Requirement	1st Criteria to Verify	2nd Criteria to Verify
	Patient Safety is discussed at all Governing Body meetings and includes appropriate patient data and analysis and an update on all ongoing RCAs and CAPs. (3-42.2. E (2) & (3)/ 3-42.3.C))	Governing Body Meeting Minutes	Dates:
	Identification of negative patient safety events of similar root cause(s) triggers the completion of an aggregated review. (3-42.3.B(3))	Topic of last trend:	Analysis date:
	Staff members that report an event or close call that leads to an RCA receive closed loop feedback on the actions being taken as a result of their report. (3-42.3.E(3))	Primary responsibility:	Time Frame for communication:

Risk Assessment and Management: Proactive Risk Assessment

Date Verified	Requirement	1st Criteria to Verify	2nd Criteria to Verify
	Proactive risk assessments are completed per accreditation requirements. (3-42.3.B(4)) Accrediting body: Frequency:	Completion date:	None

Quality Improvement

Date Verified	Requirement	1st Criteria to Verify	2nd Criteria to Verify
	At least one quality improvement project is completed each year that directly addresses patient safety. (3-42.3.D)	Project:	Date Completed:

Training

Date Verified	Requirement	1st Criteria to Verify	2nd Criteria to Verify
	All new staff receive patient safety training within 30 days of hire. (Minimum training includes orientation to the IHS electronic adverse event reporting system and orientation to IHM Chapters 3-42 and 3-43 (Patient Safety and Event Reporting). (3-42.3.F(1))	Staff orientation form	None
	All staff receive patient safety training annually (no required content. Suggestions include: adverse event/ close call reporting and importance, high reliability principles, just culture principles, improvement science, quality/ process improvement methods/ tools, effective communication, elements required for high functioning teams and team building). (3-42.3.F(2))	Staff annual training logs	None

Recognition of Excellence

Date Verified	Requirement	1st Criteria to Verify	2nd Criteria to Verify
	Patient Safety is integrated into recognition of excellence programs. (3-42.3.G)	How:	When: