GLA Joint Commission Readiness: Environment of Care Tracer Tool

Tracer Date:	Hospital Campus	Location/Unit/Floor #:	Tracer Team Member:

Compliant	Non-Compliant	N/A	Activity	If Not Compliant Indicate Why
Life Safety:				
			1. No evidence of smoking (no cigarette butts)	
			2. No storage closer than 18" from the ceiling	
			3. Nothing is stored directly on the floor including closet floors (need pallet)	
			4. Only things on one side of the corridor, on wheels and only temporary storage (**30 minutes or less**)	
			5. No storage under sinks	
			6. No items are in front of the O2 tanks, shut off valves, fire extinguishers or fire doors	
			7. O₂ tanks separated in proper holders or chained. Classify O2 tanks: ☐ Full ☐ Partial ☐ Empty	
			8. No door stops, no doors propped open	
			9. No penetrations in the walls or ceilings	
			10. No missing, broken, or stained ceiling tiles	
			11. Fire extinguisher inspection tags are current	
			12. Exit signs are illuminated	
			13. Environment is clean, organized and no clutter	
			14. Hallways and exit doors are clear of clutter and storage	
			15. Other: Specify	
Hazardous Materials:				
			16. Hazard materials are labeled correctly (original/typed labels with content defined)	
			17. Hazardous materials are stored properly,& waste is handled properly	
			18. An MSDS sheet is on the unit for each hazardous material	
			19. MSDS sheets/book is easily accessible to staff (have staff locate on intranet)	
			20. Other: Specify	

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Electrical Safety:				
			21. Biomedical equipment is tagged with current inspection stickers from Biomedical Engineering	
			22. All other electrical equipment has been inspected / tagged before use in patient care areas	
			23. No electrical devices from home unless they are battery operated with approval by Safety	
			24. Equipment in need of repair are appropriately tagged and reported with workorder number	
			25. Other: Specify	
Safety/Security:				
			26. Patient personal items are protected from the public access	
			27. All physicians, staff, students, volunteers, contracted staff, & vendors are wearing ID badges, visible above the waist	
			28. Crash cart logs are completed daily with appropriate documentation	
			29. All security specific locks functioning, not blocked or taped	
			30. Other: Specify	
Refrigerators:				
			31. Refrigerators are clean, defrosted, and labeled for use (medications, nourishment, specimens)	
			32. Patient food refrigerators have no medications in them; med refrigerators have no food	
			33. All food is labeled and dated; no undated food	
			34. Temperature ranges: ☐ meds (36°F to 46°F) ☐ food (33°F to 40°F) ☐ specimen (33°F to 44°F) ☐ blanket warmers (should not be set above 130 ^{o}F/ 54°C) (Monitor temperature with upper display, which alarms when the temperature falls out of range). Logs need to be completed daily. When temperatures are out of range- need to have appropriate follow-up action and documented	
			35. Other: Specify	

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Medications:				
			36. All medications are locked	
			37. Medication carts are locked	
			38. No medications in bins on counter or in open bins on medication carts	
			39. Medication rooms are locked	
			40. All medications are labeled appropriately	
			41. No medications are expired	
			42. Medications of discharged patients are returned back to pharmacy	
			43. Medications are not stored with food	
			44. Sharps, syringes, needles are secured from public access	
			45. No medications at the patient's bedside (unless there is a doctor's order for self-administration)	
			46. Different types of insulin are stored in separately labeled compartments with 28 day expiration date *(beyond use date)* label	
			47. Non-medication IV's are locked or stored in medication area away from public access	
			48. High alert/high risk medications are properly identified and labeled	
			49. Other: Specify	
Infection Control:				
			50. No food, drinks, or personal items in the workstation	
			51. Ice machines are clean; no signs of rust, dirt or stains in the tray or on the mechanism	
			52. No open packages of crackers, foods, etc. in cupboards without proper wrap	
			53. Linen, linen carts are covered	
			54. Clean and dirty linens are not stored in the same area	
			55. All soiled linen is in bags, and the bags are not filled more than 3/4 full	
			56. No tears in bed mattresses	
			57. All items are not placed directly on floor and are movable for easy cleaning	
			58. Personal protective equipment is readily available to staff	

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Infection Control (cont)				
			59. Isolation rooms are well marked	
			☐ Rooms are well marked	
			☐ Negative pressure rooms (pressurized to at least -0.01 inches H20)	
			☐ Patients with identified isolation precautions are appropriately cohorted	
			☐ Appropriate PPE is worn when indicated	
			☐ Appropriate isolation orders are written in CPRS	
			☐ Patients receive MRSA nasal swabbing as indicated	
			60. Bio-hazard boxes are well labeled, covered, not over-flowing	
			61. Paper towel dispensers and soap / hand sanitizer dispensers are operable and stocked	
			62. Sharps containers are not more than 2/3 full	
			63. No clean items in the dirty utility room	
			64. No outside shipping boxes in storage or patient care areas	
			65. Light fixtures are clean; no sign of bug residue or carcass	
			66. Air vents are clean	
			67. Scrub sinks have appropriate water temperature and pressure	
			68. Autoclave sets are in a closed cabinet and clean	
			69. Windows, walkways, floors, etc are clean	
			70. Other: Specify	
Patient Privacy:				
			71. Charts, paper with patient names / info, and electronic data are protected /secure	
			72. Hallway computer terminals are closed when not in use	
			73. Patient care areas ensure patient privacy	
			74. Other: Specify	

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Questions for All Staff	Response	Compliant	Non-Compliant	N/A	If Not Compliant Indicate Why
1. What are you unit's quality improvement initiatives?	Unit specific response	1.			
		2.			
		3.			
2. Tell about what you are doing on your unit to improve safety?	Unit specific response	1.			
		2.			
		3.			
3. What are the hand hygiene guidelines required by the organization?	Hand hygiene *before and after* patient care is one of the most effective ways to prevent the spread of infection & illness. Per WHO Guidelines, use soap & water for 40 seconds when hands are visibly soiled or patient has diarrhea. Otherwise, use an alcohol-based hand sanitizer for 20-30 seconds (until dry).	1.			
		2.			
		3.			
4. Articulate isolation precautions					
5. What is: ☐ Code 99 ☐ Rapid Response ☐ SMART Team ☐ Code RED ☐ Code ORANGE ☐ Code GRAY ☐ Code YELLOW	**Code 99:** Medical Emergency **Rapid Response:** proactive identification of high risk patients with rapid intervention by response team **SMART team**: Psych Emergency **Code RED:** fire **Code ORANGE**: bomb threat **Code GRAY:** active shooter **CODE YELLOW:** Implementation of emergency disaster plan	1. 2. 3.			

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Questions for All Staff (cont)	Response	Compliant	Non-Compliant	N/A	If Not Compliant Indicate Why
6. What do you do in the event of a fire?	Have them verbalize what RACE is and PASS	1.			
		2.			
		3.			
7. Where is the nearest fire call station?	Usually near a stairwell	1.			
		2.			
		3.			
8. Where is the nearest fire extinguisher?	Check location on unit	1.			
		2.			
		3.			
9. Where are emergency telephone numbers posted?	On the phones and on GLA intranet	1.			
		2.			
		3.			