

# University of Wisconsin Patient Hospital & Clinics Tracer Compliance Checklist

1. Name of person completing tracer
2. Date of Tracer (mm/dd/yyyy)
3. Medical Record Number
4. Main Clinical Area:

- CSC
- CSC Clinics
- CSC 2nd Floor
- CSC 3rd Floor
- CSC 4th Floor
- CSC 5th Floor
- CSC 6th Floor
- East Clinics
- Henry Mall
- Home Health
- Kidney Clinic
- Lab - CSC
- Lab - Multiple Sites
- Marshall Court
- Middleton Clinic
- Oakwood Clinic
- Olin Avenue
- Pharmacy
- Princeton East
- Princeton West
- Radiology
- Research Park
- University Station
- Waisman Center
- West Clinic
- Other, please describe \_\_\_\_\_

5. Detailed Location (see **LOCATIONS**, last page of form)

**Chart Review - Please have Outpatient/Active chart, Brown chart and Bedside chart available, if applicable.**

**Fully Compliant   Not Fully Compliant   Not Applicable**

(Click on radio buttons to indicate level of compliance. Check N/A if the item does not apply to your area.)

Fully Compliant	Not Fully Compliant	Not Applicable	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Canopy notes were in the medical record demonstrating multidisciplinary care planning.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	The medical record showed evidence of involving the patient and family in the health care. (e.g. documentation of involvement in site marking, discussion of options other than restraints, falls interventions, discussion of options for pain management, discharge planning)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Informed consent was obtained for operative or invasive procedures.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Advance directive was in medical record, unless patient declined to do one. If Ambulatory, can find existence of advance directive if present.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Evidence of follow-up on Advance Directive if patient wanted one.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hospital approved interpreter was used if indicated.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	All entries and signatures are legible.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	All entries are signed, dated and timed.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Error-prone abbreviations were not found in the medical record.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Patient Health Profile was completed within four hours.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If the patient was assessed as at-risk for suicide, a referral was made to the attending physician.

**Fully Compliant   Not Fully Compliant   Not Applicable**

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pain was reassessed 15-30 minutes after a parenteral dose or 1 hour after an oral dose or nonpharmacologic intervention.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pain reassessment included pain relief, side effect, change in function and patient satisfaction on the daily bedside flowsheet. Ambulatory – pain assessment and scale documented.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No evidence of blanket orders to reinstate previously ordered medications.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Each medication order has a documented indication.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Patient/family teaching is recorded in the patient teaching record. Ambulatory – teaching is documented in patient teaching record, patient education portion of the Ambulatory Data Set, checked appropriately on the form or stamped on the form.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If operative or invasive procedure, medical record includes the appropriate form documenting preoperative verification, site marking and time out.

**Staff Interview**

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Staff gave an example of a procedure done in their area requiring informed consent and universal protocol.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Staff described where the preoperative verification, site marking and time out are recorded for operative and invasive procedures performed in their area.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Staff explained our Hand-Off Communication Method—SBAR. (Situation, Background, Assessment, Recommendation)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Staff described where they would find physician credentialing information. (Uconnect-Medical Staff Department)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Staff described how they would find out the Prescriptive Authority for a Physician Assistant or Advance Practice Nurse. (Now, in binders on units. In early 2007, information will be in U-connect.)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Staff described the steps taken if a piece of equipment fails causing serious injury or death. <ol style="list-style-type: none"> <li>1. Report the incident to their supervisor or department head.</li> <li>2. Notify the attending physician for the patient.</li> <li>3. Remove/sequester the device and related supplies/packaging.</li> <li>4. Report the incident to Risk Management/ and Clinical engineering</li> <li>5. Remove gross contamination from device and place in biohazard container/bag without changing device settings or removing tubing (if applicable.)</li> <li>6. Deliver all items to Risk Management/Clinical Engineering appropriate to device.</li> <li>7. Enter event in the Patient Safety Net Occurrence reporting system utilizing the equipment screen.</li> </ol>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Staff described good hand hygiene. alcohol gel, unless hands are visibly soiled or patient is under isolation for particularly hardy microbes)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Staff described how we inform a receiving unit of a patient’s isolation precautions. Staff gave examples of near misses or occurrences that should be reported in Patient Safety Net and the process for reporting. (medication error, adverse drug reaction, equipment problems, falls, errors related to procedure/treatment/test, complication of procedure/treatment/test)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(Inpt.) Staff described the steps that must be taken in order for a patient to self-administer medications: <ol style="list-style-type: none"> <li>1. Physician order for self-administration.</li> <li>2. Assess and document in Admin RX the patient's knowledge of and ability to safely, accurately and independently self-administer.</li> <li>3. Instructions to patient on safe administration.</li> <li>4. Medication labeled with name of patient, physician and dose instructions.</li> <li>5. Pharmacist or Nurse checks medication supply daily.</li> </ol>

**Fully Compliant   Not Fully Compliant   Not Applicable**

○	○	○	(Inpt.) Staff described what is done when a patient takes the first dose of a new medication. (Pharmacist reviews order unless urgent, whenever possible the purpose of each new medication and any potential clinically significant adverse reactions or other concerns is provided to the patient or a family member prior to administration, each person administering is required to check the medication against the medication profile, verify patient identification, and document all administered doses in the patient's Admin-RX profile)
○	○	○	Staff described the steps prior to the administration of high-alert medications. (Double checks are required by two licensed practitioners prior to administration. The double check is documented via Admin-RX by scanning the checking practitioner's name badge barcode. On non-Admin-RX units, the double check is documented directly on the paper medication administration record by recording the checking practitioner's initials immediately adjacent to the initials of the nurse administering the medication.
○	○	○	Staff described where investigational drug information can be found. (protocol online, icon on shared desktop)
○	○	○	Staff described how narcotics are wasted, the process for documenting the waste, and how discrepancies are resolved.
○	○	○	Staff can describe where to order labels for medication labeling, and when to label medications.
○	○	○	Staff described how patients can report concerns about safety. (Care Team or Patient Relations)
○	○	○	Staff identified what they do when taking a verbal order or critical test result. (write it down, read it back, receive confirmation)
○	○	○	Staff named 3 fall risk factors. (confusion/disorientation, depression, altered elimination, dizziness/vertigo, male gender, prescribed antiepileptic, prescribed benzodiazepine, get up and go test)
○	○	○	Staff described the amount of time allowed for reporting a critical test result to a licensed caregiver who can act on the results. (60 minutes)
○	○	○	Staff described how medications are reconciled while the patient is under the care of the organization, specifically at entry to service, during care, and at discharge. Staff described a performance measure reported on the UWHC dashboard focus. (Likelihood of recommending: Inpatient adult, Likelihood of Recommending: Inpatient Pediatrics, Likelihood of Recommending: Emergency Department, Patient Satisfaction with Speed of Discharge Process, Referring Physician Satisfaction Score, Physician Documentation Score, National Hospital Quality Measure Score, Regulatory Readiness Score, Supply Chain Savings, EPIC Implementation Progress, Turnover Overall: Rolling 12-month, Turnover Nursing: Rolling 12-month, Operating Margin: Fiscal Year to Date, Case Mix Index-Adjusted Cost per case: Fiscal Year to Date, AFCH Capital Philanthropy)
○	○	○	Staff described a Performance Improvement project.
○	○	○	Staff described a UWHC initiative to address one of the National Patient Safety Goals. (e.g. Medication reconciliation, Labeling medications, Suicide assessment, our hand-off communication model (SBAR))
○	○	○	<b>Observations</b>
○	○	○	No expired medications or supplies are found.
○	○	○	Look-alike/Sound-alike medications are segregated.
○	○	○	Multi-dose vials are not dated.
○	○	○	Patient Refrigerator Temperature control logs are up-to-date and when the temperature is out of range, corrective action is documented on log.
○	○	○	Black, white and red pharmaceutical waste container are available and used appropriately. Black (ex. drug waste, no sharps) Red (ex. sharps) White (ex. chemotherapy sharps)
○	○	○	Any document with Protected Health Information (PHI) is turned, covered, or filed away from public view.

**Fully Compliant   Not Fully Compliant   Not Applicable**

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Medical records are not left unattended in areas open to the public (e.g. records are placed behind nurses/clinical stations or in rooms that are closed)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Patient Hand-Off form is used when a patient is transferred off the unit.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No food & drink in patient care areas or areas where there is a potential for occupational exposure to blood borne pathogens (e.g. nursing stations, clinics, labs, radiology)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Emergency Quick Response Guide posted.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fire/Blue Cart Stickers posted in visible areas.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Electrical patient care equipment has current year's inspection label. If not, contact Clinical Engineering at 263-5208.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Isolation signs clearly visible on doors
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Needles secured – locked or under direct supervision at all times
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Exit doors not blocked open or obstructed by furniture
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Medications, including over-the-counter products and plain IV solutions, are secure (locked or under direct supervision at all times and medication room doors close in a timely fashion.)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Prescription pads are secure.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No undated or outdated food in inpatient patient food refrigerators (nothing should be older than 72 hours)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Observed staff members using the SBAR process during two hand-off communications and both were compliant.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Staff wash their hands before and after patient contact. Tracer team observed two staff members performing hand hygiene and both were compliant.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Observed labeling of all medications or other solutions on and off the sterile field in the perioperative and other procedural settings.

**Point of Care Labs Only**

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	There is a signed, dated, and timed order for the point of care test in the chart.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	The test result is reported using units of measure, reference ranges, and name and address of testing location.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If test result was in the critical range, there is documentation that an individual who can act upon that results was notified within 60 minutes of the result.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	All reagents, controls, strips, etc....are properly stored: proper temperature, dated when opened if required, none expired.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	There is documentation of a competency review for the person performing the test within the past 12 months.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	The QC for that date/result is performed and documented per QC requirement for that test.

Please feel free to submit comments about your areas that are out of compliance, ask questions or request assistance.

Comments:

**SUBMIT**

Choose ONE of the following clinical areas of primary focus:

<input type="radio"/> CSC <b>Scheduled: 1Q and 3Q</b>	<input type="radio"/> Acute Inpatient therapies (PT/OT/SpT) & Med Surg <input type="radio"/> Clinical Nutrition <input type="radio"/> Comprehensive Sleep Disorders	<input type="radio"/> IP/OP Rehab (B4/4, Middleton) <input type="radio"/> Pediatric Rehab <input type="radio"/> Pulmonary Function Lab	<input type="radio"/> Respiratory Care
<input type="radio"/> CSC 2nd Floor <b>Scheduled: 2Q and 4Q</b>	<input type="radio"/> Outpatient Ortho PT/OT <input type="radio"/> Emergency Department (E1/2)	<input type="radio"/> Outpatient Surgery Center - OR	<input type="radio"/> Outpatient Surgery Center - Pre/Post op/PACU
<input type="radio"/> CSC 3rd Floor <b>Scheduled: 1Q and 3Q</b>	<input type="radio"/> 1st Day Surgery - 3rd Floor <input type="radio"/> Burn (B4/3)	<input type="radio"/> Cardiac Cath Lab (F6/3) <input type="radio"/> Inpatient PACU	<input type="radio"/> Inpatient Surgical Services <input type="radio"/> TLC (B6/3)
<input type="radio"/> CSC 4th Floor <b>Scheduled: 1Q and 3Q</b>	<input type="radio"/> Peds Hem-Onc/Acute Care (F4P4) <input type="radio"/> Peds General Care (F4/4, F6/4) <input type="radio"/> Peds ICU (F8/4)	<input type="radio"/> Non-invasive Cardology (G3/4) <input type="radio"/> Orthopedics (B6/4) <input type="radio"/> Neuro Science (Neurosurgery D6/4, Neuro ICU D6/E4)	<input type="radio"/> Peds Sedation and Day Treatment <input type="radio"/> Rehabilitation (B4/4)
<input type="radio"/> CSC 5th Floor <b>Scheduled: 2Q and 4Q</b>	<input type="radio"/> Cardiology (F4/5) <input type="radio"/> Cardiology ICU (F4M5) <input type="radio"/> Cardio-Thoracic Surgical ICU (B4/5) <input type="radio"/> General Medicine and Geriatrics (F6/5)	<input type="radio"/> Heart & Vascular Progressive Care (D4/5) <input type="radio"/> Hemodialysis (F4/5) <input type="radio"/> Infusion Center (E5/550) <input type="radio"/> Pulmonary/Renal (D6/5)	<input type="radio"/> Psychiatry (B6/5) <input type="radio"/> Thoracic and Cardiac Surgery (B4/5)
<input type="radio"/> CSC 6th Floor <b>Scheduled: 1Q and 3Q</b>	<input type="radio"/> Care Initiation Unit (C6/6) <input type="radio"/> Family Practice and Forensics (D4/6) <input type="radio"/> GCRC (D6/G6)	<input type="radio"/> General Surgery and Trauma (F4/6) <input type="radio"/> Gynecology/Urology/ENT/ Plastics (F6/6) <input type="radio"/> Oncology (B6/6)	<input type="radio"/> Transplant (B4/6)
<input type="radio"/> CSC Clinic <b>Scheduled: 2Q and 4Q</b>	<input type="radio"/> Benign GYN <input type="radio"/> Bone Marrow Transplant <input type="radio"/> Breast Center  <input type="radio"/> Chemotherapy <input type="radio"/> Dental (CSC & Marshall Ct) <input type="radio"/> ENT-CSC <input type="radio"/> GI Procedures & APC Prep & Rec <input type="radio"/> Gyn Onc & Chemo <input type="radio"/> Heart & Vascular - CSC	<input type="radio"/> Heart & Vascular - Cardiac Surgery <input type="radio"/> Hematology <input type="radio"/> Infectious Diseases & Immunology/HIV  <input type="radio"/> Neurology <input type="radio"/> Oncology <input type="radio"/> Ortho <input type="radio"/> Orthopedics / Cast Room <input type="radio"/> Peds Specialities <input type="radio"/> Pulmonary / Sleep Disorders/Allergy (B6/2)	<input type="radio"/> Radiation Therapy / Paratherapy <input type="radio"/> Surgery Clinics CSC <input type="radio"/> Transplant & Podiatry  <input type="radio"/> Urology & Urology Procedures <input type="radio"/> Women's Endocrine & Infertility
<input type="radio"/> East Clinic <b>Scheduled: 2Q and 4Q</b>	<input type="radio"/> Bariatric Clinic <input type="radio"/> Derm East & East Mohs <input type="radio"/> Diabetes - East <input type="radio"/> Geriatrics - East <input type="radio"/> Heart & Vascular - East	<input type="radio"/> Internal Med - East <input type="radio"/> OB/GYN - East <input type="radio"/> Ophthalmology - East <input type="radio"/> Pain, Pain Procedures, Headache <input type="radio"/> Peds - East	<input type="radio"/> Radiation Therapy - East <input type="radio"/> Rehab - East <input type="radio"/> Specialty Clinics - East
<input type="radio"/> Henry Mall <b>Scheduled: 1Q and 3Q</b>	<input type="radio"/> Molecular Labs		
<input type="radio"/> Home Health <b>Scheduled: 1Q and 3Q</b>	<input type="radio"/> Home Care & Home Medical Equipment		
<input type="radio"/> Kidney Clinic <b>Scheduled: 2Q and 4Q</b>	<input type="radio"/> Kidney Clinic		
<input type="radio"/> Lab - Clin Labs <b>Scheduled: 2Q and 4Q</b>	<input type="radio"/> Bone Marrow <input type="radio"/> Cytopathology <input type="radio"/> Clin Lab - General	<input type="radio"/> HLA <input type="radio"/> Satellite Labs (East, West, U-Station) <input type="radio"/> Stem Cell	<input type="radio"/> Surgical Path <input type="radio"/> Transfusion / Blood Bank

<input type="radio"/> Marshall Court	<input type="radio"/> Bleeding Disorders	<input type="radio"/> Orthotics (Marshall Ct, Research, Middleton)	
<b>Scheduled: 1Q and 3Q</b>			
<input type="radio"/> Middleton Clinic	<input type="radio"/> Ortho PT/OT	<input type="radio"/> Rehab Medicine Clinic	
<b>Scheduled: 2Q and 4Q</b>			
<input type="radio"/> Oakwood Clinic	<input type="radio"/> Geriatrics - Oakwood		
<b>Scheduled: 1Q and 3Q</b>			
<input type="radio"/> Olin Avenue	<input type="radio"/> Adolescent Alcohol & Drug Assessment		
<b>Scheduled: 2Q and 4Q</b>			
<input type="radio"/> Pharmacy	<input type="radio"/> Pharmacy (CSC & Clinics)		
<b>Scheduled: 2Q and 4Q</b>			
<input type="radio"/> Princeton East	<input type="radio"/> Rehab Services		
<b>Scheduled: 1Q and 3Q</b>			
<input type="radio"/> Princeton West	<input type="radio"/> Sports Rehab		
<b>Scheduled: 1Q and 3Q</b>			
<input type="radio"/> Radiology <b>1Q &amp; 3Q:</b> <b>2Q &amp; 4Q:</b>	<input type="radio"/> CT	<input type="radio"/> MRI	<input type="radio"/> Ultrasound
	<input type="radio"/> General Imaging	<input type="radio"/> Nuclear Medicine	
	<input type="radio"/> Interventional Radiology	<input type="radio"/> Radiology Nursing	
<input type="radio"/> Research Park	<input type="radio"/> Integrative Medicine	<input type="radio"/> Spine Clinic & Sports Med	<input type="radio"/> Sports Rehab
<b>Scheduled: 2Q and 4Q</b>			
	<input type="radio"/> Preventative Cardiology (Research & CSC)	<input type="radio"/> Spine PT	
<input type="radio"/> University Station	<input type="radio"/> Internal Med/Geriatrics - U-Station	<input type="radio"/> Ophthalmology U-Station	<input type="radio"/> Peds and Adolescent Medicine - U-Station
<b>Scheduled: 2Q and 4Q</b>			
<input type="radio"/> Waisman Center	<input type="radio"/> Peds - Waisman		
<b>Scheduled: 1Q and 3Q</b>			
<input type="radio"/> West Clinic <b>Scheduled: 2Q and 4Q</b>	<input type="radio"/> Derm - West	<input type="radio"/> ENT-West	<input type="radio"/> Mohs West Surgery
	<input type="radio"/> Derm Pathology	<input type="radio"/> General Peds - West	<input type="radio"/> OB/GYN - West
	<input type="radio"/> Derm Surgery	<input type="radio"/> Heart & Vasular - West	<input type="radio"/> Ophthalmology - West
	<input type="radio"/> Diabetes	<input type="radio"/> Internal Medicine - West A & B	<input type="radio"/> Rheumatology & GI Clinic - West
	<input type="radio"/> Endo - West	<input type="radio"/> Internal Medicine - West C & D	<input type="radio"/> Urology - West
	<input type="radio"/> ENT/Peds	<input type="radio"/> Midwife Services	<input type="radio"/> Women's Health & Internal Med
<input type="radio"/> Other, please describe _____			