Risk Control Self-assessment Checklist for Hospitals

This checklist is designed to help hospital leadership and management evaluate liability exposures, enhance patient safety and minimize potential loss. While not all-inclusive, this self-assessment tool addresses many of the sources of risk noted in our new claim report. For additional risk control resources, please visit **www.cna.com/riskcontrol**.

Leadership/Governance	Not started	Beginning stages	Partially implemented	Fully implemented
We have an enterprise risk management plan, which is reviewed and revised annually.	○	○	○	○
We consistently communicate and model the organization's values, mission and vision, especially as they relate to patient safety.	○	○	○	○
We conduct Patient Safety Leadership walk-rounds on a regular basis and provide feedback to staff about the concerns presented during the walk-rounds.	○	○	○	○
We uphold the ideal of a fair and just culture and seek to propagate this concept throughout the organization.	○	○	○	○
We have a process in place to hold individuals accountable for their actions and performance, and to evaluate compliance with designated responsibilities, scope of practice and organizational values.	○	○	○	○
We perform daily safety briefings or huddles.	○	○	○	○
We embrace patient- and family-centered care practices, and commit adequate resources and effort to implement these practices.	○	○	○	○
We have a formal process to identify and respond to serious adverse events and medical errors.	○	○	○	○
We are honest and transparent with patients and families when serious adverse events and medical errors occur.	○	○	○	○
We have an established process for disclosing errors to patients and family members, and we specify who should participate in these discussions.	○	○	○	○
We monitor patient satisfaction survey results and take prompt action when we become aware of adverse trends and issues.	○	○	○	○
We provide the governing board with quarterly reports on patient safety and risk management initiatives.	○	○	○	○
We have a thorough, well-documented process for credentialing, privileging and reappointing members of the medical staff.	○	○	○	○
We involve the governing board in overseeing the credentialing process.	○	○	○	○
We have a process in place for verifying the education, training and credentials of advanced practice nurses and mid-level providers.	○	○	○	○
We conduct employee surveys to assess attitudes and reveal potential problems regarding patient safety.	○	○	○	○
We actively encourage communication and collaboration among risk management, quality and patient safety departments.	○	○	○	○

Medical Staff	Not started	Beginning stages	Partially implemented	Fully implemented
We have a formalized peer review process, which is governed by hospital and medical staff bylaws.	○	○	○	○
Our peer review process is in accordance with the requirements of relevant government and accrediting organizations.	○	○	○	○
We collect and systemically analyze provider performance data, including morbidity and mortality rates, patient satisfaction results, complaints, peer review recommendations and practice patterns (e.g., length of stay, readmissions, prescribing patterns).	○	○	○	○
We follow Accreditation Council for Graduate Medical Education requirements regarding the supervision of residents.	○	○	○	○
We have a formalized process in place addressing disruptive, abusive and/or impaired providers.	○	○	○	○

Human Resources	Not started	Beginning stages	Partially implemented	Fully implemented
We include Office of Inspector General, criminal and registered sex offender background checks in our hiring process.	○	○	○	○
We have anti-discriminatory hiring, promotion and termination policies in place.	○	○	○	○
We evaluate core competencies upon hire, at the end of the probationary period and annually thereafter.	○	○	○	○
We do not tolerate intimidating, disrespectful or disruptive behavior at any level, and respond to incidents swiftly and consistently.	○	○	○	○
We watch staff for signs of substance abuse or other impairments that could affect job performance.	○	○	○	○
We promote use of our employee assistance program.	○	○	○	○
We have a social media policy that complies with privacy/confidentiality requirements and is designed to maintain professional boundaries.	○	○	○	○

Perinatal	Not started	Beginning stages	Partially implemented	Fully implemented
We have a telephone log and formal process for replying to patients who call the labor and delivery unit for medical advice.	○	○	○	○
We follow a protocol that provides for timely triage of patients who present to the labor and delivery unit.	○	○	○	○
We have on-call schedules for obstetric and anesthesia providers to ensure that one is always available if needed.	○	○	○	○
We have a departmental chain of command, and we are accountable to use it.	○	○	○	○
We utilize structured communication tactics, such as SBAR (**S**ituation, **B**ackground, **A**ssessment and **R**ecommendations).	○	○	○	○
We require that all staff who interpret electronic fetal monitoring (EFM) demonstrate competence on an annual basis.	○	○	○	○
We require nursing and medical staff to utilize National Institute of Child Health and Human Development terminology for fetal monitoring tracing interpretation.	○	○	○	○

Perinatal (continued)	Not started	Beginning stages	Partially implemented	Fully implemented
We follow relevant guidelines for the identification, storage and retention of EFM tracings.	○	○	○	○
We follow a protocol regarding elective inductions before 39 weeks gestational age.	○	○	○	○
We follow a protocol for induction of labor that is consistent with current American College of Obstetrics and Gynecology (ACOG) clinical guidelines.	○	○	○	○
We follow monitoring guidelines for patients who receive epidural infusions.	○	○	○	○
We have a process and train staff for emergency deliveries prior to the arrival of a physician.	○	○	○	○
We follow a protocol for operative vaginal deliveries.	○	○	○	○
We follow a protocol for vaginal birth after previous Cesarean delivery that is in accordance with current ACOG clinical guidelines.	○	○	○	○
We monitor for compliance with "decision-to-incision" timeliness for emergent Cesarean sections.	○	○	○	○
We follow a shoulder dystocia protocol that is in accordance with current ACOG clinical guidelines.	○	○	○	○
We have emergency obstetric medications readily available on the unit.	○	○	○	○
We have written maternal and neonatal resuscitation guidelines and the necessary equipment on hand.	○	○	○	○
We routinely conduct obstetrical emergency drills and simulations.	○	○	○	○
We have an infant identification policy.	○	○	○	○
We have a written infant abduction prevention and response plan, and we conduct regular drills.	○	○	○	○
We follow a hyperbilirubinemia protocol that addresses assessment, laboratory testing and reporting of results.	○	○	○	○
We assess the skills and competency of all perinatal staff and providers at least annually.	○	○	○	○
We have a process in place for situations where a provider may be acting outside of his/her scope of practice.	○	○	○	○
We utilize perinatal quality metrics that are consistent with industry standards.	○	○	○	○
We monitor for compliance with established perinatal protocols, guidelines, and policies and procedures.	○	○	○	○
We have multidisciplinary perinatal patient safety meetings to evaluate trends and opportunities for improvement.	○	○	○	○
We perform root cause analyses (RCA) on sentinel and/or serious reportable events.	○	○	○	○

Perioperative	Not started	Beginning stages	Partially implemented	Fully implemented
We follow a screening checklist for all procedures performed in ambulatory surgical centers.	○	○	○	○
We participate in training and exercises to improve teamwork and communication within the perioperative and ambulatory surgical care settings.	○	○	○	○
We institute and enforce a policy regarding the presence of healthcare industry representatives and/or observers.	○	○	○	○
We utilize a pre-operative checklist covering such areas as patient identification, informed consent, current history and physical, site/side marking, review of diagnostic test results and administration of pre-operative medications.	○	○	○	○
We require that anesthesia providers complete a pre-operative equipment safety checklist.	○	○	○	○
We follow a protocol for managing unexpectedly difficult intubations and/or airway emergencies.	○	○	○	○
We require staff to document critical information – such as pre- and post-surgery skin assessments; skin preparation; patient positioning; and use of any padding, supports or restraints – in a specific section of the perioperative record.	○	○	○	○
We implement the Universal Protocol, which includes a pre-operative verification process, operative site marking and a final time-out.	○	○	○	○
We implement the same assessments, treatment and monitoring protocols wherever anesthesia is administered, including locations other than the operating room.	○	○	○	○
We follow industry standards for labeling medicines in syringes, cups and basins.	○	○	○	○
We have emergency medications readily available and properly secured on the unit.	○	○	○	○
We have a departmental chain of command, and we are accountable to use it.	○	○	○	○
We comply with industry guidelines for the prevention and detection of unintended retained foreign objects.	○	○	○	○
We have a surgical fire prevention and response program in place, which includes staff training and the performance of drills on a regular basis.	○	○	○	○
We have a protocol addressing clinical alarm management in the perioperative setting, which ensures that alarms remain on, are audible at all times, and undergo preventive and routine maintenance.	○	○	○	○
We follow protocols for the assessment and management of patients with sleep apnea.	○	○	○	○
We have a malignant hyperthermia rapid response protocol.	○	○	○	○
We require all providers to comply with an established process for obtaining approval of new technology or revised procedures.	○	○	○	○
We train staff and verify their ability to safely use all relevant equipment and technology.	○	○	○	○
We have specific equipment sterilization guidelines, and regularly monitor staff compliance.	○	○	○	○

Perioperative (continued)	Not started	Beginning stages	Partially implemented	Fully implemented
We follow an established process for credentialing physicians who perform laparoscopic or robotic procedures.	○	○	○	○
We comply with manufacturer guidelines regarding the use of equipment with bariatric patients.	○	○	○	○
We utilize established perioperative quality metrics, and confirm that they are consistent with industry standards.	○	○	○	○
We monitor for compliance with established perioperative protocols, guidelines, and policies and procedures.	○	○	○	○
We have multidisciplinary perioperative patient safety meetings to evaluate trends and opportunities for improvement.	○	○	○	○
We perform RCA on sentinel and/or serious reportable events.	○	○	○	○

Behavioral Health	Not started	Beginning stages	Partially implemented	Fully implemented
We maintain a secure environment of care and utilize products that are safe for behavioral health patients.	○	○	○	○
We respect and safeguard patient rights.	○	○	○	○
We follow a formalized process for conducting searches of patients, belongings and rooms.	○	○	○	○
We conduct a comprehensive suicide risk assessment on every patient upon admission and comply with protocols regarding reassessment, intervention and monitoring.	○	○	○	○
We have policies and procedures for the safe use of seclusion, restraints and one-to-one observation.	○	○	○	○
We have a policy concerning assessment and management of patients who have comorbidities or are medically unstable.	○	○	○	○
We have a fall prevention program reflecting the specific risk factors and needs of the patient population (e.g., geriatric behavioral health).	○	○	○	○
We conduct elopement drills and debrief as a team.	○	○	○	○
We train staff in crisis intervention and de-escalation, using established programs and techniques.	○	○	○	○
We comply with applicable statutes and regulations for the investigation and reporting of violence, abuse, harassment and assault.	○	○	○	○
We monitor for compliance with established behavioral health protocols, guidelines, and policies and procedures.	○	○	○	○
We establish patient safety goals and utilize standard quality metrics.	○	○	○	○
We perform RCA on sentinel and/or serious reportable events.	○	○	○	○

Emergency Department	Not started	Beginning stages	Partially implemented	Fully implemented
We use a reliable, valid triage scale (such as the Emergency Severity Index).	○	○	○	○
We have a protocol for replying to patients who contact the emergency department for medical advice.	○	○	○	○
We establish staffing schedules based on historical patient flow.	○	○	○	○
We follow a formal process to increase staffing during peak times and when patient flow exceeds normal capacity.	○	○	○	○
We collaborate with the admissions department regarding patient flow and decompression procedures to minimize overcrowding and boarding.	○	○	○	○
We assign a qualified healthcare provider to monitor and reassess patients in the waiting room.	○	○	○	○
We have protocols in place for the transfer of trauma, obstetric, pediatric and behavioral health patients to other facilities, when necessary.	○	○	○	○
We follow a formal process for responding to emergent obstetrical events.	○	○	○	○
We provide a safe environment for patients who have altered mental status or who are identified as being at risk for harm to self or others.	○	○	○	○
We have a guideline for the administration and monitoring of procedural sedation and analgesia in the emergency department.	○	○	○	○
We follow established guidelines and recommendations for opioid prescriptions in the emergency department.	○	○	○	○
We follow established protocols when diagnosing and treating patients who present with symptoms that are known indicators of high-risk conditions, such as (but not limited to) aneurysm, heart attack, stroke, meningitis and ectopic pregnancy.	○	○	○	○
We encourage providers to conduct handoff discussions at the patient's bedside.	○	○	○	○
We monitor, track and trend wait times, as well as the number of patients who leave without being seen or against medical advice.	○	○	○	○
We have a procedure for managing radiology over-reads.	○	○	○	○
We follow a standardized process for communicating diagnostic and test results to patients post-discharge.	○	○	○	○
We comply with the Emergency Medical Treatment and Labor Act.	○	○	○	○
We adopt standard patient safety goals and quality metrics.	○	○	○	○
We monitor for compliance with established emergency services protocols, guidelines, and policies and procedures.	○	○	○	○
We perform RCA on sentinel and/or serious reportable events.	○	○	○	○

General Treatment and Care	Not started	Beginning stages	Partially implemented	Fully implemented
We utilize guidelines to assist staff and providers in complying with documentation protocols, policies and procedures.	○	○	○	○
We consistently include and educate the patient and family about treatments and interventions.	○	○	○	○
We monitor for compliance with hand-hygiene guidelines.	○	○	○	○
We collaborate with the infection control and prevention department when analyzing trends and patterns of healthcare-associated infections.	○	○	○	○
We have a chain of command policy, and we are accountable to use it.	○	○	○	○
We audit events involving an unexpected transfer to a higher level of care.	○	○	○	○
We have a system in place to identify readmissions within 30 days of discharge and to initiate a record review.	○	○	○	○
We monitor and review all hospital-acquired conditions.	○	○	○	○
We have a process for tracking, reporting and following through on all diagnostic test results.	○	○	○	○
We perform RCA on sentinel and/or serious reportable events.	○	○	○	○

Communication	Not started	Beginning stages	Partially implemented	Fully implemented
We train staff in effective communication strategies and tactics, such as TeamSTEPPS®.	○	○	○	○
We support staff members who use the chain of command appropriately and protect them against possible retaliation.	○	○	○	○
We limit verbal orders to emergent situations only.	○	○	○	○
We require verification of telephone/verbal orders and test results, using a read-back technique and two unique patient identifiers.	○	○	○	○
We provide staff with language interpretation tools and translation services when needed.	○	○	○	○

Medication Safety	Not started	Beginning stages	Partially implemented	Fully implemented
We implement appropriate technology – such as automation, forcing functions, robotics, e-prescribing and bar-code medication administration – in order to reduce medication errors.	○	○	○	○
We use standard concentrations, in order to minimize or eliminate multiple strengths.	○	○	○	○
We provide easy access to current drug reference materials.	○	○	○	○
We judiciously use electronic alerts and review alert override data.	○	○	○	○
We obtain and record all patient weights in kilograms.	○	○	○	○
We have a process for questioning patient allergies and reactions listed in the health record and modifying allergy notations.	○	○	○	○
We have a medication reconciliation process that clearly outlines provider/department responsibilities during transitions of care.	○	○	○	○
We perform independent double-checks for selected high-alert medications.	○	○	○	○
We designate a "no interruption zone" during medication preparation, dispensing and administration.	○	○	○	○
We follow a standardized protocol for managing and monitoring patients who are prescribed anticoagulants.	○	○	○	○
We have a comprehensive pain management program, which includes age-appropriate pain assessment tools and resources, and which encourages consultation with a pain specialist when necessary.	○	○	○	○
We follow established protocols for prescribing, dispensing and administering medications to pediatric and geriatric patients.	○	○	○	○
We make relevant laboratory data and test results available to all those involved in prescribing or administering medications.	○	○	○	○
We monitor patients who are identified as being at risk for respiratory depression or opioid tolerance.	○	○	○	○
We evaluate staff competencies annually.	○	○	○	○
We review adverse drug events, close calls and near-misses.	○	○	○	○
We track and trend medication errors and identify opportunities for improvement.	○	○	○	○
We perform RCA on sentinel and/or serious reportable medication-related events.	○	○	○	○

Patient Falls	Not started	Beginning stages	Partially implemented	Fully implemented
We promote a multidisciplinary approach to fall assessment and prevention.	○	○	○	○
We utilize an evidence-based fall assessment tool.	○	○	○	○
We implement standardized fall prevention interventions.	○	○	○	○
We conduct hourly rounding to proactively identify patient needs.	○	○	○	○
We have a safe patient-handling program, which includes use of patient lifts and regular evaluation of staff competency.	○	○	○	○
We perform internal and external environment-of-care rounds to identify hazards and risk factors.	○	○	○	○
We follow standardized post-fall procedures.	○	○	○	○
We measure, track and trend patient falls and fall-related injuries.	○	○	○	○
We perform RCA on sentinel and/or serious reportable fall-related events.	○	○	○	○

Pressure Ulcers	Not started	Beginning stages	Partially implemented	Fully implemented
We have a formal staff training program for pressure ulcer prevention and intervention.	○	○	○	○
We have a policy addressing the frequency of skin and risk assessments.	○	○	○	○
We utilize a standardized documentation tool or form.	○	○	○	○
We use the National Pressure Ulcer Advisory Panel's definitions of pressure ulcer stages/categories.	○	○	○	○
We follow established industry clinical practice guidelines for the prevention and treatment of pressure ulcers.	○	○	○	○
We adhere to recommended best practices for the prevention of medical-device related pressure ulcers.	○	○	○	○
We establish turn/reposition schedules tailored to every patient's needs, and we document this activity.	○	○	○	○
If wounds are photographed, we follow a standard protocol to assure image consistency, quality and retention.	○	○	○	○
We measure, track and trend both community- and hospital-acquired pressure ulcers.	○	○	○	○
We perform RCA on sentinel and/or serious reportable pressure ulcer-related events.	○	○	○	○

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