



HOSPICE & COMMUNITY CARE INSURANCE SERVICES

SELF-EVALUATION LIABILITY CHECKLIST

This checklist is intended to be a tool you can use to begin the process of identifying risks in your organization. It is not a complete listing of all risks your organization may face. Risk identification is a continuous and ongoing task that is an important responsibility of senior management in every organization.

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SELF-EVALUATION LIABILITY CHECKLIST

| Management/Administration: | | | |
|--|------------|-----------|--------------------------------|
| Item | Yes | No | Not Applicable/Comments |
| 1. Written policy and procedure provides guidelines for contract management. | | | |
| 2. All agreements are in writing. | | | |
| 3. There is a process for annual review and evaluation of all contracts. | | | |
| 4. Certificates of insurance for all contractors are available and updated annually. | | | |
| 5. Contracts include hold harmless language and requirements to participate in PI and follow organization's policies and procedures. | | | |
| 6. There is a written incident reporting procedure. | | | |
| 7. Incidents are reviewed, trended and analyzed. | | | |
| 8. Patient/family complaint reports are trended as part of the event reporting process. | | | |

Notes:

| MEDICAL: | | | |
|--|------------|-----------|--------------------------------|
| Item | Yes | No | Not Applicable/Comments |
| 1. The medical director takes an active role in establishing medical care standards. | | | |
| 2. The medical director participates in staff training. | | | |
| 3. The medical director takes an active role in monitoring care quality. | | | |
| 4. There is a credentialing process in place for all employed and/or contracted physicians that includes: maintenance of current license, DEA number, and certificate of insurance. There is primary source verification of physician education, training and license. | | | |
| 5. Paper and/or electronic records are kept confidential and secured. | | | |
| 6. Patient medical records are kept current. | | | |
| 7. Medical records are maintained in a consistent format and order. | | | |
| 8. Only approved abbreviations are used in documentation. Entries are dated, timed and signed. | | | |
| 9. Handwriting on all medical records is legible. Telephone contacts are documented in the medical record. | | | |
| 10. Approved methods for correcting documentation errors are used. | | | |
| 11. Patient refusals of treatments and/or services are documented. | | | |
| 12. There are written policies and procedures on abuse prevention and reporting. | | | |
| 13. All staff has access to and knows the status of the patient's advance directive. | | | |
| 14. A care plan is present for each patient. It includes: <ul style="list-style-type: none"> • start of care interdisciplinary care plan • revised and updated interdisciplinary care plans as needed • review of care plan at IDT meetings | | | |

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|--|--|--|--|
| 15. All staff follows the plan of care. | | | |
| 16. All staff, paraprofessionals and volunteers provide care that is in keeping with training and competency. | | | |
| 17. Medication is stored appropriately and in secure area. Medication storage areas are inspected on at least a monthly basis | | | |
| 18. Only qualified staff administers medications. | | | |
| 19. Physician orders are obtained for changes in medications, prior to the change. | | | |
| 20. Verbal orders are validated with physician signature and date within agency policy guidelines. | | | |
| 21. Staff and volunteers know the patient complaint process and encourage patients who voice complaints to share their concerns with management of the organization. | | | |
| 22. The quarterly utilization audits provide meaningful information and data. | | | |
| 23. Pain assessment is conducted and documented at each visit. | | | |
| 24. If research activities or clinical trials are conducted there is a procedure for research approval and evidence of informed consent | | | |

Notes:

| PATIENT HANDLING: | | | |
|---|------------|-----------|--------------------------------|
| Item | Yes | No | Not Applicable/Comments |
| 1. All care staff and volunteers are trained in patient lifting and transfer techniques. | | | |
| 2. Our organization has a restraint policy and provides restraint education to: <ul style="list-style-type: none"> • staff • volunteers • patients • family caregivers | | | |
| 3. Families are taught that securing patients in wheelchairs and beds is a form of patient restraint. | | | |
| 4. A fall prevention plan is in place. Plan includes assessment of risk to fall upon admission. | | | |
| 5. There is a standard procedure for bed to chair and chair to bed transfers. Patient beds are kept in the low position and bed rails are used. | | | |
| 6. There is a standard procedure for chair or bed to toilet and toilet to chair or bed transfer. Patients who are confined to bed are provided with a means to summon assistance. | | | |
| 7. All care staff and volunteers are trained in standard procedures for patient: <ul style="list-style-type: none"> • transfers • realignment/repositioning in bed • walking/ambulation • climbing stairs | | | |

Notes:

| EMPLOYEES AND VOLUNTEERS: | | | |
|---|------------|-----------|--------------------------------|
| Item | Yes | No | Not Applicable/Comments |
| 1. Background checks are conducted on: <ul style="list-style-type: none"> • prospective employees • prospective volunteers | | | |
| 2. Current job descriptions are available for: <ul style="list-style-type: none"> • all staff positions • all volunteer positions | | | |
| 3. There is a drug free workplace policy in place. | | | |
| 4. Job descriptions are reviewed with staff and volunteers at: <ul style="list-style-type: none"> • time of hire • time of any revisions • time of annual performance review | | | |
| 5. Supervisors to employee/volunteer ratios are sufficient to assure adequate supervision. | | | |
| 6. Employees and volunteers understand policies and procedures relevant to their roles. | | | |
| 7. Annual evaluations are completed on all employees and volunteers. | | | |
| 8. Written policies address: <ul style="list-style-type: none"> • progressive discipline • sexual harassment • grievance procedures • sexual abuse prevention | | | |
| 9. If temporary or agency staff are utilized there is a process in place for orientation and evaluation | | | |

Notes:

| DRIVING: | | | |
|--|------------|-----------|--------------------------------|
| Item | Yes | No | Not Applicable/Comments |
| 1. State motor vehicle department checks are routinely run on: <ul style="list-style-type: none"> • prospective employees • prospective volunteers | | | |
| 2. Individuals with poor driving records found during state motor vehicle department checks are neither hired nor accepted as a volunteer in positions where driving is a requirement. | | | |
| 3. State motor vehicle department record checks are run annually on: <ul style="list-style-type: none"> • employees • volunteers | | | |
| 4. Employees and volunteers are discouraged from: <ul style="list-style-type: none"> • transporting patients • using cell phones while driving | | | |
| 5. Employees and volunteers are instructed not to drive when taking certain prescription and non-prescription medication. | | | |
| 6. Employees and volunteers are instructed to always wear seatbelts when traveling in a motor vehicle. | | | |
| 7. Verify that employees and volunteers who drive their personal vehicles while performing duties on your behalf have personal auto insurance (of at least \$100,000 CSL). | | | |
| 8. Employees and volunteers are trained in safe driving techniques at least annually. | | | |

Notes:

| SAFETY | | | |
|--|------------|-----------|--------------------------------|
| Item | Yes | No | Not Applicable/Comments |
| 1. There is a designated Safety Officer and an active Safety Committee. | | | |
| 2. Office spaces are free of electrical cords and trip hazards, as well as clutter. | | | |
| 3. File cabinet doors are opened one at a time and closed when work is finished. | | | |
| 4. Exits are: <ul style="list-style-type: none"> • clear of obstacles • well lighted • unlocked for egress | | | |
| 5. Visitors are logged in and out. | | | |
| 6. Walkways and parking areas are: <ul style="list-style-type: none"> • well maintained • kept free from ice and snow where applicable • well lighted Records are maintained of the date/time of ice and snow removal where applicable. | | | |
| 7. Lighting is adequate. | | | |
| 8. Hazardous wastes are stored in designated areas. | | | |
| 9. Environmental Safety rounds are completed on a regular basis and reported to the Safety Committee. | | | |
| 10. Flammable liquids and cleaning products are stored in fire resistant cabinets. | | | |
| 11. Smoke and heat alarms are maintained in working order. | | | |
| 12. Fire extinguishers are: <ul style="list-style-type: none"> • readily available • inspected regularly | | | |
| 13. Medical and other confidential records are kept under lock. | | | |
| 14. Preventive measures are taken to reduce slips and falls on the property. | | | |
| 15. Written emergency preparedness plans are in place. | | | |

Notes:

| STANDARDS AND REGULATIONS: | | | |
|---|------------|-----------|--------------------------------|
| Item | Yes | No | Not Applicable/Comments |
| 1. Requirements of licensing bodies with jurisdiction over operations are met: <ul style="list-style-type: none"> • federal • state | | | |
| 2. Requirements of regulatory bodies with jurisdiction over operations are met: <ul style="list-style-type: none"> • federal • state | | | |
| 3. A survey by either JCAHO or another accrediting body has been conducted within the past three years. | | | |
| 4. Recommendations of licensing and accrediting reports have been addressed. | | | |
| 5. OSHA and CDC regulations are integrated into the organization's Safety and Infection Surveillance Programs. | | | |
| 5. Licensure and credential verification is conducted on all employees whose position requires licensure or specific credentials: <ul style="list-style-type: none"> • time of hire • ongoing | | | |

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