World-Class Checklist

Offline Checklist

All Lifecycles

1.0 BASIC INFRASTRUCTURE

☐ **2** - Provide same-handed patient care and treatment rooms. Comment:

☐ **5** - Install ceiling or wall-mounted lifts in all mission appropriate acute and intensive care inpatient rooms **M** and in other departments where appropriate, i.e. Emergency Department. Comment:

☐ **18** - Provide acuity-convertible rooms (ability to convert room through minor modifications among ICU **M** to step-down to acute). Comment:

☐ **20** - Provide patient rooms that can converted to ICU, step down or acute care with minor modifications. Comment:

☐ **M** **22** - Optimize size and position of patient room windows to provide exterior views for patient from bed. Comment:

☐ **24** - Provide appropriately controlled natural light in all spaces occupied by patients, families and staff for **M** more than 4 hours per day. Comment:

☐ **33** - Provide adequate space in acute inpatient rooms to provide a staff zone sized to support an optimal range of in-room procedures to minimize patient transport. Comment:

1.0 BASIC INFRASTRUCTURE

☐ **35** - Assess the relative advantages and disadvantages of group re-lamping programs. Comment:

☐ **38** - Provide appropriate lighting in occupied spaces to support circadian rhythms. Comment:

☐ **42** - Achieve appropriate light levels at work surfaces. Comment:

☐ **46** - Install low-mercury fluorescent lamps. Comment:

☐ **50** - Use UVGI on drip pans and cooling coils in ventilation systems. Comment:

☐ **55** - Provide patient and family comfort and control over the environment in the patient room. Comment:
M

☐ **56** - Provide the infrastructure to support the interoperability and usability among all information technology platforms. Comment:
M

☐ **58** - Collocate related services into Care Centers (i.e., musculoskeletal, cancer, etc.). Comment:

☐ **60** - Decentralize staff support spaces (i.e., charting, supplies, medications) proximate to patient rooms while enabling appropriate staff collaboration and communication. Comment:

☐ **72** - Provide self-service kiosks. Comment:

1.0 BASIC INFRASTRUCTURE

☐ **74** - Minimize time spent in waiting, inform them on wait time (beepers), and enrich waiting experience (wireless, education, small furniture groupings, etc.). Comment:

☐ **79** - Provide adequate space in public areas and waiting rooms to avoid crowding. Comment:

☐ **81** - Create a therapeutic interior using positive distractions and controlling negative distractions to create **M** a healing environment Comment:

☐ **83** - Optimize separation of trash, recyclables, and soiled materials from movement of food and clean supplies. Comment:

☐ **85** - Separate front of house (front stage) from back of house (back stage) movement and activities **M** whenever possible. Comment:

☐ **90** - Perform interior transportation study for entire facility. Comment:

☐ **96** - Provide separate space for medication preparation to minimize distractions and interruptions. Comment:

☐ **100** - Lay out the HVAC system so that maintenance and inspection will be easy to accomplish, including enough room to repair equipment in mechanical rooms, and including access doors in ceilings or walls to reach air handling units, filter banks, fan-coil units. Comment:

☐ **102** - Maximize HEPA (99.97%) filtration for appropriate hospital areas (per UFC). Comment:

1.0 BASIC INFRASTRUCTURE

☐ **106** - Design inpatient care areas to employ engineered and controlled natural ventilation whenever possible and as appropriate for local climatic conditions, and patient populations, including the use of operable windows. Comment:

☐ **112** - Strive for a comfortable and welcoming, non-institutional, visual aesthetic. Comment:

☐ **122** - Use low-impact, low-resonance floor materials where appropriate. Comment:

☐ **125** - Reduce or eliminate sources of noise: other patients, equipment 'clatter', loud conversations at **M** nurse stations. Comment:

☐ **131** - Provide full height walls with 50 STC ratings in spaces where patients would be asked to disclose confidential information. Comment:

☐ **133** - Provide acoustical separation of staff work areas from patient rooms. Comment:

☐ **135** - Use high performance sound-absorbing ceiling tiles. Comment:

☐ **M** **139** - Provide clear spatial organization and visual cues for effective wayfinding. Comment:

☐ **145** - Provide simple and direct routes to each patient care / treatment area without penetrating other functional areas. Comment:

☐ **152** - Provide accessible healing gardens for patients, family and staff. Comment:

1.0 BASIC INFRASTRUCTURE

☐ M **153** - Provide visual and physical access to nature, including healing gardens as appropriate. Comment:

☐ **154** - Create a therapeutic interior to create a healing environment (To be combined with Strategy #81 in near future) Comment:

☐ **165** - Optimize visual and virtual connections among clinical staff and staff work locations. Comment:

☐ M **168** - Provide single patient rooms. Comment:

☐ **169** - Provide assistive devices (e.g., headwall rails, larger bathroom doors, bathroom location). Comment:

☐ **171** - Provide the patient/family with the capability to personalize inpatient room. Comment:

☐ **172** - Provide storage area for patient belongings in inpatient room. Comment:

☐ **179** - Provide the ability to conduct bedside data entry. Comment:

☐ **181** - Provide flexible work spaces that accommodate a multitude of staff tasks and multidisciplinary use. Comment:

☐ **185** - Use durable finishes appropriate for each functional space. Comment:

1.0 BASIC INFRASTRUCTURE

☐ **188** - Careful selection of materials with clean-ability a key consideration. Comment:

☐ **190** - Provide storage for surge preparedness (gurneys, haz-mat suits, etc.) as appropriate for mission. Comment:

☐ **193** - Have a surge plan in place (Receiving, Caring, Releasing, Information, etc.) Comment:

☐ **194** - Provide designated surge areas for waiting, screening, exam and treatment as appropriate for mission. Comment:

☐ **195** - Design to accommodate gurney movement, staging, and cleaning during surge as appropriate for mission. Comment:

☐ **196** - Create flexible public spaces to support multiple missions (i.e., MASCAL, health fairs) as appropriate for mission. Comment:

☐ **198** - Provide large scale decontamination capabilities as appropriate for mission. Comment:

☐ **206** - Provide multiple spiritual and / or quiet spaces for patient/family/staff. Comment:

☐ **213** - Avoid use of furniture, furnishings, building materials, and supplies that contain harmful chemicals (i.e., PBDE, PFA, urea-formaldehyde, phthalate and plasticizers). Comment:

☐ **227** - Provide controls and feedback systems for building systems to inform the facility manager and MHS leadership. Comment:

1.0 BASIC INFRASTRUCTURE

☐ **231** - Consider walk-through interstitial space between occupied floors for mechanical, electrical, and plumbing distribution where appropriate for the project. Comment:

☐ **233** - Locate nourishment centers convenient to patients and families. Comment:

☐ **235** - Standardize nursing floor layouts to accommodate changing requirements. Comment:

☐ **239** - Design to accommodate future expansion. Comment:

☐ **246** - Support hand washing with highly visible and conveniently placed hand washing stations. Comment:

☐ **248** - Provide separate areas for confidential staff communication other than the staff break room. Comment:

☐ **256** - Standardize treatment and exam room designs. Comment:

☐ **272** - Use decorative water features except in high-risk patient areas. Comment:

☐ **274** - Ergonomically evaluate work areas. Comment:

☐ **278** - Provide onsite staff exercise facilities. Comment:

1.0 BASIC INFRASTRUCTURE

☐ **283** - Provide a variety of spaces for social, dining and collaborative engagement among patients, family and staff. Comment:

☐ **341** - Design the patient room environment to allow direct visual monitoring by caregivers from the corridor, and from decentralized work stations if provided. Comment:

☐ **343** - Apply contemporary evidence-based knowledge, principles of design and construction and utilize state-of-the-art technology to create a healing environment and continuous healing relationships. Comment:

☐ **344** - Design building and develop related emergency preparedness plan. Ensure building design supports plan. Regularly test plan. Comment:

☐ **347** - Attain at least stage 6 of the Healthcare Information and Management Systems Society (HIMSS) Electronic Medical Record Adoption Model. Comment:

☐ **349** - Facilitate real time location tracking of patients and staff. Comment:

☐ **351** - Utilize technology to functionally integrate component parts and processes into a coordinated system. Comment:

☐ **357** - Provide a physical barrier-free environment that exceeds minimum Architectural Barrier Act (ABA) requirements. Comment:

☐ **2001** - Design patient room with family zone to support family involvement in care delivery Comment:
M

1.0 BASIC INFRASTRUCTURE

☐ **2010** - Give preference to site that will have least environmental impact. Comment:

☐ **2020** - Maximize the simplicity and minimize the number of steps, and effort needed to approach, arrive, drop off, park, enter, and find one's destination. Comment:
M

☐ **2022** - Minimize travel distance, path complexity, and open space without supports between bed and bathroom in patient rooms. Comment:
M

☐ **2026** - Provide wireless access for patients and families throughout the facility. Comment:
M

☐ **2027** - Provide standardized and interchangeable exam, office and support space modules to enable repurposing of space as needs change. Comment:
M

☐ **2028** - Provide flexible, standardized and modular blocks of clinic space. Comment:
M

☐ **2029** - Design and organize infrastructure elements such as primary structural mechanical and circulation systems to accommodate changing program needs over time. Comment:
M

☐ **2031** - Use the Evidence-based Design Furniture Acquisition Checklist to make informed furniture investment decisions, and use LEED for Healthcare IEQ Credit 4 (Low Emitting Materials) or the product guides for the selection of building materials, supplies, furniture and furnishing with low harmful chemical emission from the list of acceptable low-emitting product certification organizations. Comment:
M

2.0 LEADERSHIP AND CULTURE

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☐ **296** - Implement policies for and standards of performance, conduct, and ethical behavior for all personnel. Comment:

☐ **367** - Strive for excellence as demonstrated by the organization's mission, vision, core values, bylaws and strategic objectives. Comment:

☐ **368** - Attain or be in process of attaining the highest level of certification or designation for specialty services having generally recognized tiered levels of service. Comment:

☐ **369** - Achieve "magnet status" by the American Nurses Credentialing Center (ANCC). Comment:

☐ **370** - Demonstrate receipt of awards for excellence in organizational performance. Comment:

☐ **371** - Establish multidisciplinary Centers of Excellence. Comment:

☐ **372** - Demonstrate reputation and professional accomplishments of its staff. Comment:

☐ **374** - Demonstrate proactive and relentless vigilance in avoiding preventable patient harm. Comment:

☐ **375** - Demonstrate proactive and relentless vigilance in improving process effectiveness and efficiency. Comment:

☐ **377** - Actively encourage and reward innovation. Comment:

2.0 LEADERSHIP AND CULTURE

☐ **379** - Formally establish collaborative relationships with other institutions and professional organizations. Comment:

☐ **380** - Utilize one or more formal teamwork training methodologies for staff. Comment:

☐ **381** - Use recognition and awards for exceptional team performance and success. Comment:

☐ **383** - Foster an environment of civility and respect for patients and employees. Comment:

☐ **384** - Create a work environment to ensure reporting and addressing lateral violence. Comment:

☐ **385** - Create a work environment that supports professional development. Comment:

☐ **386** - Offer services such as child and elder care programs, telecommuting, flexible work schedules, and employee wellness and fitness programs. Comment:

☐ **388** - Develop a formal adverse event and near-miss reporting system that is proactive and non-punitive. Comment:

☐ **389** - Apply clearly defined policies and procedures for analysis of medical errors and preventable adverse events that is proactive and non-punitive. Comment:

☐ **390** - Establish a formal process of learning from the occurrence of adverse events that is proactive and non-punitive. Comment:

2.0 LEADERSHIP AND CULTURE

☐ **392** - Manifest an organizational culture that recognizes the importance of culture, education, spiritual beliefs, life experience and health literacy on a person's response to injury illness, their understanding and acceptance of diagnostic interventions and treatment. Comment:

☐ **394** - Nurture all efforts to advance the frontiers of knowledge and to pioneer improved processes of care. Comment:

☐ **396** - Manifest an organizational culture that understands that its responsibility does not stop at the hospital walls and recognize the need to support patient-focused care coordination. Comment:

☐ **397** - Support systematic examination of antecedents of hospitalization to reduce the need for such care. Comment:

☐ **399** - Ensure governing body is composed of representative leadership that reflect the interests of the organization and its stakeholders. Comment:

☐ **400** - Organizes its governance structure and processes to facilitate effective communication with its medical staff and employee representatives. Comment:

☐ **401** - Assure that patient and patient family's views and perspectives about facility operations are known to facility management and the governing board. Comment:

☐ **402** - Organize governance structure and processes to ensure that the governing body is actively involved in overseeing the operation of the institution, and especially in overseeing the quality and safety of care provided. Comment:

2.0 LEADERSHIP AND CULTURE

☐ **413** - Provide comprehensive services appropriate to the community served. Comment:

☐ **415** - Maintain policies and procedures for referrals and transfer for highly specialized services (burns, spinal cord rehab, etc.). Comment:

☐ **417** - Empower executive leadership with organizational and fiscal authority. Comment:

☐ **419** - Provides executive leadership that is stable over time. Comment:

☐ **421** - Demonstrate critical competencies identified by the National Center for Healthcare Leadership and the American College of Healthcare Executives. Comment:

☐ **423** - Provides executive leadership that is visionary and mission-focused. Comment:

☐ **2003** - Ensure participation in the MHS collaboration community. Comment:

☐ **2004** - Involve the clinicians, patients, and families in the facility development process. Comment:

☐ **2023** - Provide concierge service at main patient entrance. Comment:

☐ **2025** - Provide valet parking at main patient entrance. Comment:

3.0 PROCESS OF CARE STANDARDS

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☐ **6** - Institute an integrated facility-wide Lift Program. Comment:

☐ **304** - Utilize evidence-based knowledge, principles, and state-of-the-art technology in diagnosis. Comment:

☐ **305** - Utilize evidence-based knowledge, principles, and state-of-the-art technology in treatment. Comment:

☐ **306** - Utilize evidence-based knowledge, principles, and state-of-the-art technology in documentation and record keeping. Comment:

☐ **307** - Utilize evidence-based knowledge, principles, and state-of-the-art technology in medication management. Comment:

☐ **308** - Utilize evidence-based knowledge, principles, and state-of-the-art technology in communication and care coordination. Comment:

☐ **309** - Utilize evidence-based knowledge, principles, and state-of-the-art technology in knowledge management. Comment:

☐ **310** - Utilize evidence-based knowledge, principles, and state-of-the-art technology in material management. Comment:

☐ **311** - Utilize evidence-based knowledge, principles, and state-of-the-art technology in business processes. Comment:

3.0 PROCESS OF CARE STANDARDS

☐ **330** - Routinely involve patients, patient families and clinical staff in reviewing and determining the processes of care. Comment:

☐ **331** - Ensure patients are provided with complete information about their care that is appropriate to their level of healthcare literacy so that they can make informed decisions and fully participate in all decisions about their care. Comment:

☐ **333** - Respond openly, promptly and honestly when patients are injured by informing the patient and/or the patient's designated representative, as appropriate, of what has happened and what will be done to remediate any injury and mitigate further injury. Comment:

☐ **334** - Investigate the cause(s) of an adverse event and report the findings to the patient and/or the patient's designated representative, as appropriate. Comment:

☐ **335** - Provide emotional support for the patient, patient's designated representative, as well as the caregiver(s) involved in an adverse event. Comment:

☐ **336** - Apologize to the patient and his/her family and/or the patient's designated representative, as appropriate, when the institution or caregivers are responsible for the event. Comment:

☐ **337** - Compensate the patient for costs associated with injury related to unanticipated adverse events or anticipated complications. Comment:

☐ **338** - Demonstrates transparency of processes -- Make publicly available performance data and de-identified results of root cause analyses. Comment:

3.0 PROCESS OF CARE STANDARDS

☐ **404** - Organize services so that they are integrated and seamless between and among services in the facility and with home and community-based services. Comment:

☐ **425** - Implement the most recent set of "Safe Practices" endorsed by the National Quality Forum. Comment:

☐ **426** - Minimize the likelihood of the occurrence of the "never events" identified by the National Quality Forum. Comment:

☐ **427** - Implement the 6 aims and 10 "design rules" for Healthcare in the 21st Century espoused by the Institute of Medicine. Comment:

☐ **428** - Comply with the most recent National Patient Safety Goals and related specific expectations set by The Joint Commission. Comment:

☐ **429** - Establish protocols for evidence-based care for myocardial infarction, medication reconciliation and the ventilator bundle. Comment:

☐ **430** - Utilize autopsy routinely for quality assurance and education. Comment:

☐ **431** - Utilize formal quality and process improvement methodologies as an integral element of all care processes. Comment:

☐ **2021** - Optimize opportunities for patient and family education. Comment:

3.0 PROCESS OF CARE STANDARDS

☐ **2024** - Provide room service to patients and 24/7 food service to inpatients / staff. Comment:

4.0 PERFORMANCE OUTCOMES

☐ **297** - Monitor the performance of all employees on a regular basis. Comment:

☐ **298** - Provide feedback of monitoring results to the employee. Comment:

☐ **299** - Investigate all complaints or concerns voiced about the competence or safety of a caregiver's performance. Comment:

☐ **300** - Ensure that all caregivers and other staff are properly trained, equipped, fit and otherwise fully prepared to perform their assigned jobs. Comment:

☐ **323** - Demonstrate superior performance for clinical care against standardized industry metrics at greater than 90th percentile. Comment:

☐ **324** - Demonstrate superior performance for patient satisfaction against standardized industry metrics at greater than 90th percentile. Comment:

☐ **325** - Demonstrate superior performance for employee satisfaction against standardized industry metrics at greater than 90th percentile. Comment:

4.0 PERFORMANCE OUTCOMES

☐ **326** - Demonstrate superior performance for employee sick leave, absenteeism and retention against standardized industry metrics at greater than 90th percentile. Comment:

☐ **327** - Demonstrate superior performance for work-related injuries and illnesses against standardized industry metrics at greater than 90th percentile. Comment:

☐ **328** - Demonstrates superior performance (e.g. greater than the 90th percentile) against standardized industry metrics, including but not limited to those for stewardship of resources as reflected by expense control, operating efficiency and adequacy of revenue . Comment:

5.0 KNOWLEDGE MANAGEMENT

☐ **361** - Provide simulation laboratories for surgery, cardiac catheterization, endoscopy and emergency care or others as appropriate to mission of the facility. Comment:

☐ **363** - Provide graduate medical education or other health professional training as appropriate to the type of facility. Comment:

☐ **364** - Conduct research, speak at scientific meetings and publish peer-reviewed professional journals. Comment:

☐ **365** - Utilize a dedicated process to monitor, translate and apply research findings into clinical care, including a process for evaluating the results of new processes or pilot programs. Comment:

☐ **2005** - Research, evaluate, and incorporate best practices in patient care delivery models. Comment:

5.0 KNOWLEDGE MANAGEMENT

☐ **2006** - Use empirical research and other measures of best practice to guide the design and operation of the facility. Comment:

☐ **2032** - Test- Adding New Strategy-Edit Comment:

6.0 COMMUNITY AND SOCIAL RESPONSIBILITY

☐ **313** - Host or support community health maintenance and disease early detection programs. Comment:

☐ **314** - Participate in local and regional disaster readiness programs. Comment:

☐ **315** - Work with other organizations on community improvement projects. Comment:

☐ **317** - Achieve Leadership in Energy and Environmental Design (LEED) certification - Silver. Comment:

☐ **318** - Demonstrate inclusion of Green Guide for Healthcare recommendations. Comment:

☐ **319** - Dispose of potentially reusable medical devices with a Food and Drug Administration (FDA) cleared medical device reprocessor. Comment:

☐ **321** - Continually strive to reduce waste and inefficiencies. Comment: