SAFETY ROUNDING TOOL FOR MDs

DIRECTIONS:

1. Complete one visit of the Safety Rounding Tool (SRT) each month with a specific survey readiness focus
   - If the facility has a Home Program, complete Home related items and scores that include Home
2. Conduct prior to monthly FHM and review findings with Facility Team in FHM each month
3. Review the six visits of the Safety Rounding Tool semi-annually with Governing Body

THE 3 P's OF SAFETY (All items are broken into the 3 pillars of safety)

Patients	Do no harm. Provide safe and effective care for our patients.
Process	Report near misses and safety concerns openly. Evaluate and make systems changes to improve patient care.
Property	Protection for our physical plant, equipment, supplies, clinics, and prepare for natural disasters.

All visits to be done for completion →

Month 1: DOCUMENTATION (Patients, Process)	**Month 4: WATER ROOM & MACHINES** (Patients, Process, Property)
Month 2: PHYSICAL PLANT (Property)	**Month 5: PATIENT CARE** (Patients & Property)
Month 3: INFECTION CONTROL (Patients and Process)	**Month 6: CLOSING THE LOOP** (Process)

FACILITY & MEDICAL DIRECTOR INFORMATION

Facility Program/#: _____

FA/Home Leadership: _____

Medical Director Name: _____

Date Safety Rounding Tool Started: _____

RATING

✓ **Yes** | Team is actively and accurately addressing P&P

✓ **N/A** | Please count questions that don't apply as "Yes" in total score

Flag all items that could be a potential condition or IJ level deficiency in the notes section, and reinforce the issues with clinic FA and team.

Patients · Process · Property
VILLAGE SAFETY

SAFETY ROUNDING TOOL – NEXT STEPS

After each visit of the Safety Rounding Tool has been completed and findings shared, the MD and FA/Home Leadership should follow the steps below to ensure accurate follow-up action is taken, as needed.

MEDICAL DIRECTOR:

- ❑ Review MD Visit findings during FHM each month while reviewing the "Risk Identification and Reporting" section of QAPI
- ❑ Escalate large patient safety issues to the DCS and GMD
- ❑ Follow up with FA/Home Leadership to ensure they have drafted a plan and timeline to correct issues found

FACILITY ADMINISTRATOR:

- ❑ Review MD Visit findings with MD before end of FHM
- ❑ Draft a plan and timeline to correct
- ❑ Send the PoC to MD to ensure alignment
- ❑ Escalate large patient safety issues to the ROD, DCS, SOS Director, and MCS teams

Visit 1: DOCUMENTATION (Safety Pillar: Patients & Process)

Ensure all documentation is following P&P regarding Late & Erroneous entries. Corrections need to be with single line, initials, and date

	Yes?	
	ICHD	HOME
Daily Water Logs/HHD Logs **ICHD / HOME:** Is the facility team documenting their water checks timely, in range, and there is no missing or inaccurate documentation? Are the AAMIs, cultures and LALs being completed per policy (including MD sign off)?		
Maintenance Logs **ICHD / HOME:** Are the maintenance logs for all dialysis machines including Home machines accurate and up to date?		
Water/Chlorine Checks **ICHD / HOME:** Is the facility team documenting their water checks (including chlorine checks) timely, in range, and there is no missing or inaccurate documentation?		
Patient Flowsheets & Home Records **ICHD:** Is the facility completing ICHD flowsheets per policy (abnormal findings, 30 min VS checks, etc.)? **HOME:** Is the facility team receiving, reviewing and signing off on home records per policy at least every two months?		
Concentrate **ICHD:** Does the facility have a trained teammate performing mixing including proper documentation and labeling of tank?		
TOTAL DOCUMENTATION		

Notes:

FA/Home Leadership Attestation: _____

Date Completed: _____

MD Name (Print): _____

MD Signature: _____

Flag all items that could be a potential condition or IJ level deficiency in the notes section, and reinforce the issues with clinic FA and team.

Patients · Process · Property
VILLAGE SAFETY

Visit 2: PHYSICAL PLANT (Safety Pillar: Property)

Complete this section in partnership with the FA, and BioMed if available

	Yes?	
	ICHD	HOME
Lobby Appearance **ICHD / HOME:** Does the lobby appear to be clean, including lobby chairs, tissues, and hand sanitizer?		
Emergency System **ICHD / HOME:** Is there a method for summoning immediate assistance in the patient restroom and each training room?		
Secure Facility **ICHD / HOME:** Is the facility door and all exits secure?		
Facility Floor/Environment **ICHD / HOME:** In your review of the facility, are areas including parking lot, training rooms, and lobby clean and in good condition and no repairs are needed? (includes floors, walls, counters, doors, carts, ceiling tiles, chairs)		
Machines **ICHD / HOME:** Are machines/patient equipment labeled and plugged into designated outlet?		
Water Room **ICHD:** Is the water room clean and secured, including no puddles of water on Water Room floor? **HOME:** Are Portable RO's clean and in working order? (if applicable)		
TOTAL PHYSICAL PLANT		

Notes:

FA/Home Leadership Attestation: _____

Date Completed: _____

MD Name (Print): _____

MD Signature: _____

Flag all items that could be a potential condition or IJ level deficiency in the notes section, and reinforce the issues with clinic FA and team.

Patients · Process · Property
VILLAGE SAFETY

Visit 3: INFECTION CONTROL (Safety Pillars: Patients & Process)

When observing the floor, ensure teammates always follow Infection Control practices and P&P

	Yes?	
	ICHD	**HOME**
Teammate Hand Hygiene ICHD / HOME: Observe teammates hand hygiene practices. Does each teammate change gloves and hand sanitize during each patient care activity? (including pre/post keyboard usage)		
Disinfection of items post use ICHD / HOME: Do TMs wipe equipment, machine, tx chair, TV, and including the priming bucket (if applicable), wall box, drain and water supply lines, with appropriate concentration of bleach solution after patient has left the chair?		
Access Site ICHD / HOME: Are the patient's face, access, and line connections uncovered and visible at all times during treatments/training treatments?		
Facility Floor Appearance ICHD / HOME: Does the facility floor/patient treatment rooms appear to be clean, organized, decluttered and have proper labeling where appropriate?		
Water Cultures ICHD / HOME: Are Water Culture & Endotoxins being tested with results found within the normal limits? (Not applicable for PD)		
Hep B+ Patients ICHD: If facility has isolation, are the teammates following appropriate P&Ps related to isolation? (N/A if not treating Hep B pts.) HOME: Does the facility have and follow their processes for caring for Hep B patients? (N/A if not treating Hep B pts.)		
Proper Use of PPE ICHD / HOME: Are TMs wearing gowns in the training room(s) and on treatment floor, buttoned all the way up, with no wrists shown? Are gowns removed prior to leaving training room(s) and prior to leaving the treatment area?		
TOTAL INFECTION CONTROL		

Flag all items that could be a potential condition or IJ level deficiency in the notes section, and reinforce the issues with clinic FA and team.

Patients · Process · Property
VILLAGE SAFETY

Visit 3: INFECTION CONTROL (Safety Pillars: Patients & Process)

When observing the floor, ensure teammates always follow Infection Control practices and P&P

Notes:

FA/Home Leadership Attestation: _____

Date Completed: _____

MD Name (Print): _____

MD Signature: _____

Flag all items that could be a potential condition or IJ level deficiency
in the notes section, and reinforce the issues with clinic FA and team.

Visit 4: WATER ROOM & MACHINES (Safety Pillars: Patients, Process, & Property)

Plan this visit with the clinic BioMed to meet annual Water Room walkthrough requirement

	Yes? ICHD	Yes? HOME
ICHD: Did you complete the Annual BioMed/MD Water Room Walk Through?		
ICHD / HOME: Did you complete the AAMI Analysis review?		
ICHD / HOME: Are all machine PM records up to date and documented?		
TOTAL WATER ROOM & MACHINES		

Notes:

FA/Home Leadership Attestation: _____

Date Completed: _____

MD Name (Print): _____

MD Signature: _____

Flag all items that could be a potential condition or IJ level deficiency
in the notes section, and reinforce the issues with clinic FA and team.

Patients · Process · Property
VILLAGE SAFETY

Visit 5: PATIENT CARE (Safety Pillars: Patients & Process)

Ensure teammates are following P&P at all times, and adhering to Infection Control practices when in contact with a patient

	Yes? ICHD	Yes? HOME
Patient Hand Hygiene **ICHD / HOME:** Observe patients hand hygiene practices. Are patients practicing proper hand hygiene before and after treatment?		
ICHD / HOME: Review Antibiotic use and other indicators of Blood Stream Infections		
Crash Cart/Emergency Evacuations **ICHD / HOME:** Are all items current/**not** expired and checked weekly (crash cart)/monthly (evacuation kit)?		
Home Patient Training Documentation **HOME:** Are patient training records completed/filed?		
Solo & Nocturnal **HOME:** Are there solo patients and do they have the proper training? Are all orders for nocturnal and solo patients documented in Snappy? Are patients trained on and using Redsense?		
Teammate Training Documentation **ICHD:** Review a few teammate files. Are teammate trainings up to date on water and dialysate, including annual skills competency checklist? **HOME:** Does each teammate have an initial completed skills checklist and competency test?		
TOTAL PATIENT CARE		

Notes:

FA/Home Leadership Attestation: _____

Date Completed: _____

MD Name (Print): _____

MD Signature: _____

Flag all items that could be a potential condition or IJ level deficiency in the notes section, and reinforce the issues with clinic FA and team.

Patients · Process · Property
VILLAGE SAFETY

Visit 6: CLOSING THE LOOP (Safety Pillars: Process)

After 5 months of visiting the facility to conduct all visits, you will spend the 6th month deep-diving on your concern areas and ensuring all corrective action has taken place. Take findings to your Governing Body Meeting.

	Yes?	No?
Have you conducted one final review of all planned corrective action from the last five visits.? Prioritize with FA & GB where to focus.		
Have you conducted one final review of all home related corrective actions?		

TOTAL SCORE	Yes Total	
	ICHD	HOME
Visit 1: DOCUMENTATION		
Visit 2: PHYSICAL PLANT		
Visit 3: INFECTION CONTROL		
Visit 4: WATER ROOM & MACHINES		
Visit 5: PATIENT CARE		
Visit 6: CLOSING THE LOOP		
INDIVIDUAL PROGRAM SCORE	/28	/28

Outstanding Plans of Correction:

FA Attestation/Home Leadership: _____

Date Completed: _____

MD Name (Print): _____

MD Signature: _____