

JCAHO PREPARATION QUESTIONS
(Excellent list of questions for Nurse Managers to Use in
preparing for a JCAHO visit)

1. What are the vision/mission/values/goals ?
2. How are patient confidentiality/privacy/religious issues maintained?
3. In using a computerized log system, how are patient confidentiality issues protected?
4. What do you do if you have an ethical question regarding patient care?
5. Does your organization have an ethics committee?
6. Where is a list of the Patient's Bill of Rights?
7. What are your staff rights and where are they posted?
8. What are Advance Directives (Patient Care)? Will point to a patient's chart and ask "Was this patient processed for an advance directive?" or "What is the policy on advance directives, and how do you know they are addressed?"
9. What is the physician role in advance directives?
10. How do you handle advance directives? Are they valid in the OR?
11. What is the DNR policy for surgical patients? Are details of care explained before surgery? Documentation is done where? Is patient involved in decision-making? Is an Ethics committee available for questions and review? Patient with DNR falls & breaks hip & needs to go to OR - what does staff do with DNR order?
12. Addressed assignment and communication of ASA, who does?
13. What is informed consent? Where is it located in the chart?
14. How does an OR nurse know that the patient has given informed consent for surgery? Hint ... do you simply rely on the documentation
15. Where and when are consent forms signed? How long are they good for?
16. Do you get consent for a central line? Who signs for an emergent consent
17. How do we insure that the operative report is dictated within 24 hours?
18. How do we insure that we don't do surgery on the wrong side?
19. Does anesthesia personnel check and identify site?
20. How often do you prep the wrong extremity? Is this a QI Indicator?
21. How often do two services operate on the same patient?
22. Are sales reps allowed in our OR's? What are they allowed to do?
23. What must happen before a sales rep can be allowed in the OR during a surgical procedure?
24. If a patient speaks another language, how do we interact?
25. How do we provide family/patient education/information?
26. Where are your Policies and Procedures located?
27. Where are your procedure manuals located? Do you have guidelines for the specific surgical procedures?
28. Besides consent, what do you review pre-op?
29. What is your role in providing patient care?
30. Who does the OR nursing assessment? "Show me the nursing assessment. Is this a typical patient?" Tell me about the patient? How do you know the patient has allergies as noted on the chart? What is the challenge in caring for this

- patient? What resources are available to help you care for this patient? and be ready for follow up questions!
31. When patient arrives in holding area without an H&P what do you do?
 32. When are H&P's done? If this H&P were dated 40 days ago would you consider it good?
 33. How is the perioperative nursing record used? Documents the nursing process!
 34. How do you assess/manage pain? Do you use a pain scale?
 35. What do you look for when picking up patients?
 36. What are suspicious signs of abuse? What do you do if you suspect abuse?
 37. What is waived-testing and do we do it in the OR?
 38. How is the medication exchange done on the crash carts ?
 39. How / when is the defibrillator tested? Where do you document it? " How many codes do you have per month?" She looked at the crash cart and asked how do you know how many joules? Is that what the book says? Who has control over medications? I see it is plugged in, how often is it tested? Unplugged? Is everybody ACLS certified? Are you still testing it every shift?" "What about emergency power for the crash cart? How long does the defibrillator hold a charge?"
 40. Do you have pediatric paddles?
 41. Where are the department's crash carts located? How do you know where things are?
 42. When locks are broken on crash carts what is the process for getting new ones? (Don't keep in cart drawers!)
 43. How are narcotics/drugs controlled/secured during the day/night/weekends? .
 44. How do we account for narcotic wastage?
 45. How are anesthesia carts secured when not in use?
 46. Are all syringes labeled and initialed? Are all meds controlled? What about the backtable?
 47. How is access to anesthesia workroom controlled?
 48. Do you have KCL in the department? Who has control of concentrated KCL? Where is it stored?
 49. Do you ever have to use reversal agents? When you use a reversal agent, does it generate a review?
 50. What is this institution's definition of adverse drug reaction? How do you report one?
 51. With adverse drug reactions being under-reported nationwide, what are you doing to look at these and how do you determine the severity ?
 52. How do you report medication errors? Tell me about medication error reporting
 53. If a surgeon walked in and ordered Vancomycin 5,000 mg stat for a patient, would anyone challenge it? Point is not aimed at Vancomycin alone, what really asking is ...is the nursing staff comfortable in challenging the surgeons.
 54. Do we have sample drugs in the OR? If so, who is responsible for them?
 55. How often are your medications checked for outdates and by whom? Who checks the narcotic inventory?
 56. When asking patients about current medications do you include over-the-counter medications, herbal remedies, and dietary supplements?

57. Who do you contact for poison control questions/issues?
58. How do we insure that the right blood gets to the right patient?
59. Do we have different consent forms for blood administration?
60. If a transfusion is ordered, what is the process?
61. Do we have a blood usage committee?
62. Do we use autologous blood and if so what is done with autologous blood if not used?
63. Do we store blood in the OR?
64. How do you know surgeons are competent?
65. Where is the log with all your cases? He asked to see the OR schedule from Friday. He looked at the OR schedule for today. Can we see if this physician has privileges to do this? What about the middle of the night? How do you check that the physician has privileges?
66. How often are credentials updated?
67. What is a Surgical Case Review? Tell me about your surgical case review process. What do they report? What about discrepancies between diagnosis and tissue pathology? What is the peer review process for pathologists? Have your reviews resulted in opportunities for improvement? Do you have adverse events every month? Related to what?
68. What is your rate of return on surgical case reviews?
69. How do you assess and maintain staff competency? Does this include contract personnel, volunteers, support personnel?
70. Do we provide forensic training? (Law enforcement officers guarding patients)
71. Do you provide staff with training on abuse and neglect? Is it documented?
72. How do we know we have the proper number, mix and qualifications of staff within the OR?
73. How do you determine your education and training needs for personnel?
74. When was your last performance evaluation/feedback?
75. Does the hospital require any minimum amount of continuing education units? If so, how many?
76. What is your job description, when is it reviewed, how is it documented?
77. How do we know our staff is competent to take care of children or aged? "You assess every employee knowledge and preferences to interact with teaching and evaluation of the elderly? What is your criteria to evaluate those skills? How do you evaluate them? You have to show the ability to assess interactions with elderly, competencies across the ages. Age specific competencies are not different than other competencies. What criteria are used to evaluate the competencies for staff to interact with different age groups? These are 2 components to age specific competencies, technical and psycho-social. How are staff instructed in age issues? How are they tested? What criteria are the observers using to evaluate the age specific competencies? How do you assure that staff are competent to deal with the elderly? What would you want to see staff to do take care of age differences? What do you understand regarding age, cultural, and language barriers?" They talked about evaluation of age related competencies. You should look at these competencies the same as competencies for a machine.

78. What is your process for evaluating competency, particularly in specialty areas?
79. How many people have had BLS?.
80. They have to know about mandatory fire and other education that people meet the requirement. How do they know? Who is responsible for this? How do you do mandatory training?
81. How do know a particular staff member is competent in a specific surgical service?
82. Do physicians participate in monthly inservice training with the nurses and techs?
83. What is an example of an age-specific competency?
84. How many of our nurses belong to AORN and how many are CNOR's?
85. Ditto with the techs?
86. How do you know you have adequate staffing?
87. Tell me about your orientation? How is it documented?
88. What challenges do we face with staff education and computer technology?
89. What studies/monitoring do we do of the environment to ensure safety?
90. Do you do monthly checks on the equipment? She checked the equipment numbers on the IVAC 4200 vital signs machines. Who cleans it? He checked equipment for dates. .
91. Who test/inspects medical equipment? Continued maintenance? Where are records kept?
92. Where is equipment stored that is not being used?
93. How are lead aprons handled? Inspected? How often? Do you have lead aprons? How are they controlled? Where is the inventory? How are they identified? He looked at a neck shield and the hanging lead aprons He checked the lead aprons. He checked the log of aprons. He asked about personal protective devices (lead aprons, thyroid aprons). Do you know what it is and where it is? What about thyroid aprons in surgery?
94. In the middle of the night, if the lights go out, do you have enough lights?
95. What have we implemented to prevent sharps injuries?
96. Where are the eye wash stations, how are they maintained?
97. What are the temperatures of the refrigerator/warmer?
98. How do you minimize security risks?
99. What are the contents of the flammables cabinet?
100. How do you report safety-related issue at your organization?
101. What steps would you take if there were a fire in your area?
102. Where is the fire extinguisher? How do you use it? Do you use RACE? What is it?
103. How do you know extinguishers work? How are they labeled? What is the difference between?
104. What is the fire rating time of doors in the OR?
105. When did you last receive safety training?
106. What is your responsibility in a fire?
107. How do you dispose of needles and products contaminated with blood and bodily fluids?
108. What are the tags on fire extinguisher's?
109. How do you get information on hazardous materials?

110. How often does this facility do fire drills?
111. How do you handle fire drills with patients present?
112. In we had a power outage right now, what fire protection actions are initiated?
113. We have items stored in our hallways, what is the minimum width of unobstructed pathway?
114. Do all doors close/latch properly?
115. How far away from ceiling or sprinkler system may we store items (sterile/nonsterile)?
116. Are EXIT signs easily readable and in proper place/working order?
117. Where are the emergency shut-off valves located in the OR and how do you know they work? Where is the documentation of checks? What are the criteria for turning them off? Turning them back on? Does everybody on the unit know what areas the oxygen shut down valves are for? Who can turn off oxygen? Who can turn the oxygen back on? Who can turn off gases? How would they know to turn it off? Who would turn it back on? How do I know that you check this equipment? He checked the date on the fire extinguisher.
118. How do you report a fire?
119. What are your organizations emergency codes? Cardiac Arrest, Tornado, Abducted Child, Fire, Bomb Threat? How do you active them and how do you react to them?
120. What is an MSDS? Where is it located? When do you need one?
121. How do you prevent the spread of infection in patient care areas?
122. What is the Infection Control Strategic Plan? Is it working?
123. What is your role in infection control?
124. Requested discussion on how you identify surgical site infections.
125. Are you satisfied with the process to identify surgical infections?
126. How do you a report nosocomial/suspicious infection?
127. How long do you wash your hands?
128. What is your infection rate? How do you get reports? What is the macro view of infections at the medical center?
129. What's being done to minimize the incidents of infections?
130. What is your most common contaminant?
131. How do we know about Surgical Site Infections when so many patients now go home within 24-48 hours?
132. When is your infection control training/how is it annotated?
133. What are the steps in recalling in-house processed items?
134. What is the flow of work to reprocess instruments/scopes?
135. Where are your flash sterilizers? How often do you flash instruments? Explain the process (flash log).
136. Do you need to flash whole sets? In what circumstances? Why don't you have more sets?
137. Explain the process for flashing implants? Are biologicals used?
138. Who tracks implants here? What is the process?
139. Do you use Cidex?
140. Why do you clean instruments manually? What are they?

141. Explain the records for Autoclave sterilization documentation?
142. What are the controls/parameters for all sterilizers, including Steris?
143. How do you transport dirty instruments?
144. How are case carts cleaned? When/how often?
145. What is the process to operate the Steris?
146. What is the contact time of all cleaning agents used in the OR?
147. Explain event-related sterility?
148. What is biohazard waste? What goes in the red-bag? Who picks up hazardous waste? Where do you put it?
149. How are bronchoscopes and laryngoscopes processed?
150. What can we store under sinks?
151. Are there lids on Medical Waste bins and if so how would one open the lid if their gloves were contaminated?
152. What are some of your departments Process Improvements (PI) ?
153. Name two improvements your department is involved in right now.
154. What is your organization's PI model?
155. Tell me about PI in the OR. What part does the chief of surgery play in PI on the unit?
156. What would you do if you had a sentinel event?
157. Have you heard of adverse events?
158. Turnaround time problems go to what committee?
159. Asked a tech about his role in PI. Did anyone ever mention sentinel event to you?
160. What is your role in process improvement? How have you been involved? What PI initiatives institution wide have you been involved in?
161. If you identify an opportunity for improvement of hospital operations, to whom do you submit your idea?
162. What multi-disciplinary process improvement initiatives have been done by OR/Surgeons/Anesthesia?
163. What is an incident/occurrence report? What is done with the data?
164. What does interdisciplinary mean? How do we do this? Give examples of.
165. What is the protocol for incident reports?
166. What is a sentinel event? What is a root cause analysis?
167. Have you ever had a sentinel event?
168. What does scope of care mean?
169. Where do your patients come from? Do inpatients come here? Who assesses the ASA? what procedures do you do here?
170. What are our most complex surgeries?
171. What are our top 10 procedures?
172. How many cases do we do per month?
173. Explain your traffic pattern.
174. How many of the OR's are busy?
175. Who does conscious sedation?
176. Do you know the organization structure/chain of command?
177. She asked about the organizational structure and if it enhanced or created barriers.

178. Which prosthetics vendors do you use?
179. Is there a clinical pharmacist assigned to OR?
180. how do you determine how many staff you need for this unit
181. Do you use agency nurses here?
182. Tell me about pastoral services
183. How do you staff? Do you have national standards?
184. What's the best thing you do on this unit?
185. Can I use my cell phone in here?
186. How do you know you are doing a good job? What tools do you have in place to measure? Out of patient questionnaires, have you identified a common trend and how to identify and fix that?
187. How does a staff member, if he has a good idea, how does he get the information to the supervisors to develop that idea?
188. When people are appointed for positions, how are they oriented, learn responsibilities, and how are they evaluated?
189. Clerical staff were asked about safety (location of manuals, fire responsibilities).
190. Environmental questions were asked about bloodborne pathogens, TB precautions, needles.
191. Reviews policies and how they are implemented. Surveyors look for specific forms documenting policy use. Made sure policies were being followed. Just FYI.
192. Another focus for surveyors is the training of nonprofessional staff.