



NIAHO® Accreditation Survey/ISO 9001 Audit Document Review

- Please provide the listed documents, plans, minutes, and policies for the document review session, usually by mid-morning on day one, and keep them available throughout the survey.
- Other records and files may be sampled in individual sessions according to the survey agenda.
- Surveyors may request documents or sample records throughout the survey, to verify compliance or validate staff access to policies, documents, records, and work instructions.
- Hard copy documents are preferred. Electronic access may be acceptable, with appropriate assistance to locate and verify accuracy and currency of documented information. Surveyors may request printed copies of electronic documents for later review and validation.
- Please provide for access to meeting minutes for the 12 months preceding the survey.
- Please be prepared to provide a participant roster for selected survey sessions and interviews.
- Timely access to documented information is essential to a complete and effective survey.

DOCUMENTS, PLANS & MINUTES:

1. Hospital Organizational Chart
 2. Nursing Services Organizational Chart
 3. Nursing service plan of administrative authority/delineation of responsibilities for delivery of patient care
 4. Leadership roster, including Chief Executive Officer, Chief Nursing Officer and Chief Medical Officer, indicating appropriate credentials and qualifications 5. Most recent reports of CMS/State Agency surveys, QMS audits, or accreditation surveys, unless provided by DNV
 6. Bylaws of the Organization's Governing Body
 7. Minutes of Governing Body meetings
 8. Strategic Plan, including 3-year Capital Budget
 9. Medical Staff Bylaws, Rules & Regulations
 10. Minutes of the Medical Staff and/or Medical Executive Committee meetings
 11. Scope of service for each hospital department, patient care unit, and supporting service 12. Hospital Quality Manual, Performance Improvement Plan, or QAPI Plan
 13. Minutes of Quality Management Oversight committee, including analysis of quality data
 14. Physical Environment Management Plans including most recent evaluations (Life Safety, Safety, Security, Hazardous Materials, Emergency Management, Medical Equipment, Utilities)
 15. Minutes of Physical Environment/Safety Committee
 16. Infection Control Plan, risk assessments, and requirements for the Infection Control Practitioner
 17. Minutes of Infection Control Committee meetings
 18. Antibiotic Stewardship Program Documents
 19. Hospital floor plan indicating locations for patient care and treatment areas (including Swing Beds, Distinct Part Units, or PPS-excluded units)
 20. Restraint Log or other data collection mechanism
 21. Surgery/procedure schedule (surveyor to specify case types, timeframe, and location)
 22. List of off-campus care locations, provider-based services and non-hospital services, with addresses
- POLICIES, PROCEDURES & WORK INSTRUCTIONS:**

1. Anesthesia and all forms of sedation
2. Blood & Blood Product Administration
3. Discharge Planning
4. History & Physical Examination, Outpatient Assessment
5. Medical Records Management
6. Medication Management, Medication Administration, M medication Safety, Medication Security, Formulary, Home Medication Use and Self Administration, Time Critical Medications
7. Patient Assessment (Nursing, respiratory, nutritional services, etc.)
8. Patient Rights; Advance Directive, Language and Communication, Confidentiality, Informed Consent, Grievance, Pain, Privacy, Restraint & Seclusion, Safety, Visitation, etc.
9. Plan of Care/Interdisciplinary Treatment Plan
10. Staff Licensure and Professional Scope of Service
11. Utilization Review Plan
12. Verbal/Telephone Orders & order authentication
13. Surgical Services required policies under SS.1 SR.4(a-q)
14. Any other policies/procedures deemed necessary by the surveyors

EXAMPLES OF RECORDS AND FILES TO BE SAMPLED:

1. Patient medical records: active and/or closed (surveyors will specify the number of records required to determine compliance or verify scope of service)
2. Medical Staff credentialing and privileging records, including roster of medical staff members
3. Medical Staff performance evaluations
4. Human Resource records; education, credentials, continuing professional development and performance evaluations, including rosters of staff, volunteers, students, and contractors
5. Grievance and complaint records including logs, sample patient/family communications, and grievance resolutions
6. Evaluations of contracted services
7. Required contracts, such as blood bank, organ procurement organization, telemedicine entity, MOUs or services provided under arrangement