

Site: 9649 Tacoma General/Allenmore Hospitals - MHS

Program: Hospital

Observation Header	
Tracer Instructions:	Enter interventions and comments in the notes either at the top of the tracer or for individual questions
Observation Title:	
Total Completed Observations:	
Campus/Building Name:	
Department Name:	
Survey Team:	
Observation Date:	
Medical Staff Involved:	
Staff Interviewed:	
Location:	
Unique Identifier:	
Equipment Observed:	
Contracted Service:	

Notes:

Questions (* = Required)

Environment and Safety

1	Visitors are not permitted (w/ exception of End of Life per MHS policy)
<input type="checkbox"/> N/A	<input type="radio"/> Yes <input type="radio"/> No Num: _____
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2	Facilities has made each COVID+ patient room requiring isolation placed established negative pressure as able
<input type="checkbox"/> N/A	<div style="display: flex; justify-content: space-between; align-items: center;"> ○ Yes ○ No Num: _____ </div>
	Notes:
3	Facilities will design a schedule for checking the negative pressure changes
<input type="checkbox"/> N/A	<div style="display: flex; justify-content: space-between; align-items: center;"> ○ Yes ○ No Num: _____ </div>
	Notes:
4	Patient room doors should remain closed when not being used for entry or exit
<input type="checkbox"/> N/A	<div style="display: flex; justify-content: space-between; align-items: center;"> ○ Yes ○ No Num: _____ </div>
	Notes:
5	Remove curtains as able if does not impact privacy
<input type="checkbox"/> N/A	<div style="display: flex; justify-content: space-between; align-items: center;"> ○ Yes ○ No Num: _____ </div>
	Notes:

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6	Hand soap and hand sanitizer supplied
<input type="checkbox"/> N/A	<div style="display: flex; justify-content: space-between; align-items: center;"> <input type="radio"/> Yes <input type="radio"/> No Num: _____ </div>
	Notes:

Dedicated Staff

7	Staff universally masked
<input type="checkbox"/> N/A	<div style="display: flex; justify-content: space-between; align-items: center;"> <input type="radio"/> Yes <input type="radio"/> No Num: _____ </div>
	Notes:

8	Essential personnel include: RN, MD, RT, Pharmacy, Techs, Imaging, Phlebotomy
<input type="checkbox"/> N/A	<div style="display: flex; justify-content: space-between; align-items: center;"> <input type="radio"/> Yes <input type="radio"/> No Num: _____ </div>
	Notes:

9	Code Team – limit staff, consider dedicated staff
<input type="checkbox"/> N/A	<div style="display: flex; justify-content: space-between; align-items: center;"> <input type="radio"/> Yes <input type="radio"/> No Num: _____ </div>
	Notes:

Modified Droplet Precautions Supplies

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10	Isolation signage posted on patient door
<input type="checkbox"/> N/A	
	<input type="radio"/> Yes <input type="radio"/> No Num: _____
	Notes:
11	Gloves supplied
<input type="checkbox"/> N/A	
	<input type="radio"/> Yes <input type="radio"/> No Num: _____
	Notes:
12	Gowns supplied
<input type="checkbox"/> N/A	
	<input type="radio"/> Yes <input type="radio"/> No Num: _____
	Notes:
13	Surgical/Medical masks supplied
<input type="checkbox"/> N/A	
	<input type="radio"/> Yes <input type="radio"/> No Num: _____
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14	<input type="checkbox"/> N/A	Eye protection supplied: full face shield or goggles • 1 eye protection per clinician, multi-patient use, disinfect b/t patients	
		<input type="radio"/> Yes <input type="radio"/> No	Num: _____
		Notes:	

15	<input type="checkbox"/> N/A	Respirator: fit-tested N95 or CAPR (example: failed fit testing) • 1 N95 respirator per clinician per shift, wear continuously between patients (cover by full face shield while in room)	
		<input type="radio"/> Yes <input type="radio"/> No	Num: _____
		Notes:	

During Aerosol Generating Procedure (AGP)

16	<input type="checkbox"/> N/A	Post the Aerosolizing Generating Procedure STOP SIGN • Write the time the room qualifies for entry without respirator according to table • Continuous AGP should be noted on the sign (continuous BiPAP, CPAP) • Resolve the STOP SIGN when the time duration has lapsed	
		<input type="radio"/> Yes <input type="radio"/> No	Num: _____
		Notes:	

17	<input type="checkbox"/> N/A	Continue with respirator use for 30 minutes after AGP	
		<input type="radio"/> Yes <input type="radio"/> No	Num: _____
		Notes:	

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18	Only essential personnel should enter
<input type="checkbox"/>	
N/A	
	<input type="radio"/> Yes <input type="radio"/> No Num: _____
	Notes:

PPE Donning

19	Hand hygiene
<input type="checkbox"/>	
N/A	
	<input type="radio"/> Yes <input type="radio"/> No Num: _____
	Notes:

20	Don gown, eye protection and gloves outside patient room or in anti-room • If using CAPR, done CAPR before gown
<input type="checkbox"/>	
N/A	
	<input type="radio"/> Yes <input type="radio"/> No Num: _____
	Notes:

PPE Doffing

21	Doff gown then gloves in patient room
<input type="checkbox"/>	
N/A	
	<input type="radio"/> Yes <input type="radio"/> No Num: _____
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22	Hand hygiene	<input type="checkbox"/>	N/A	
	<input type="radio"/> Yes <input type="radio"/> No		Num: _____	
	Notes:			
23	Doff eye protection outside of patient room • Clean eye protection	<input type="checkbox"/>	N/A	
	<input type="radio"/> Yes <input type="radio"/> No		Num: _____	
	Notes:			
24	If wearing CAPR: Doff CAPR outside of patient room • Put on clean gloves • Clean shield with alcohol/disinfectant wipes, clean CAPR helmet with hospital disinfectant/disinfectant wipes • Hand hygiene	<input type="checkbox"/>	N/A	
	<input type="radio"/> Yes <input type="radio"/> No		Num: _____	
	Notes:			
Cleaning and Disinfection				
25	Hospital disinfectant wipes supplied	<input type="checkbox"/>	N/A	
	<input type="radio"/> Yes <input type="radio"/> No		Num: _____	
	Notes:			

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26	EVS to clean patient rooms on an established schedule
<input type="checkbox"/> N/A	<div style="text-align: right; margin-bottom: 5px;"> <input type="radio"/> Yes <input type="radio"/> No Num: _____ </div>
	Notes:
27	EVS to terminally clean the patient room at transfer/discharge
<input type="checkbox"/> N/A	<div style="text-align: right; margin-bottom: 5px;"> <input type="radio"/> Yes <input type="radio"/> No Num: _____ </div>
	Notes:
28	EVS to maintain standard cleaning of the unit (nurses' stations, hallways, bathrooms, etc.)
<input type="checkbox"/> N/A	<div style="text-align: right; margin-bottom: 5px;"> <input type="radio"/> Yes <input type="radio"/> No Num: _____ </div>
	Notes:
29	Nurses will disinfect the patient room with a hospital disinfectant 2x/shift <ul style="list-style-type: none"> • High touch surfaces inside patient room • Computer station high touch surfaces – desk, keyboard, phones • Bleach wipes are NOT needed for COVID19 rooms, please utilize only for Contact Enteric
<input type="checkbox"/> N/A	<div style="text-align: right; margin-bottom: 5px;"> <input type="radio"/> Yes <input type="radio"/> No Num: _____ </div>
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30	Nurses will empty garbage and linen 1x/ shift, or as needed; dispose of in soiled utility
<input type="checkbox"/> N/A	<div style="display: flex; justify-content: space-between; align-items: center;"> ○ Yes ○ No Num: _____ </div>
	Notes:

31	Pharmacy techs will clean Pyxis keyboard and med fridge high touch surfaces with hospital disinfectant daily • Clean med bins when leaving med room
<input type="checkbox"/> N/A	<div style="display: flex; justify-content: space-between; align-items: center;"> ○ Yes ○ No Num: _____ </div>
	Notes:

Dedicated Equipment

32	EKG
<input type="checkbox"/> N/A	<div style="display: flex; justify-content: space-between; align-items: center;"> ○ Yes ○ No Num: _____ </div>
	Notes:

33	Portable X-ray (if available)
<input type="checkbox"/> N/A	<div style="display: flex; justify-content: space-between; align-items: center;"> ○ Yes ○ No Num: _____ </div>
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34	Home medication will be stored per isolation protocol
<input type="checkbox"/> N/A	<input type="radio"/> Yes <input type="radio"/> No Num: _____
	Notes:
Nutrition	
35	Nutrition Services will deliver the tray cart to the floor and place on the isolation cart then notify the nursing staff to deliver the tray inside the patient room
<input type="checkbox"/> N/A	<input type="radio"/> Yes <input type="radio"/> No Num: _____
	Notes:
36	Nurses will distribute food trays to patient's room; discard disposable tray in the room
<input type="checkbox"/> N/A	<input type="radio"/> Yes <input type="radio"/> No Num: _____
	Notes: