

# Survey-Readiness Cheat Sheet

*What surveyors check first — mapped to the standard families used by CBAHI, JCI, and most national programs. Use it to self-check before any survey or mock tracer.*

## How surveyors actually work

Surveyors don't read your policies first — they trace real patients and real staff through the system, then ask for the policy when something looks off. Everything below is what they touch in the first hours. If these are solid, the survey starts on your terms.

### 1. Leadership & quality system

- Current quality plan, approved and dated — with indicators actually being monitored.
- Committee minutes: regular meetings, attendance, decisions, and follow-up of previous actions (the follow-up column is what they read).
- CAP register: every finding from audits, incidents, and the last survey has an owner, a deadline, and a status.
- Incident (OVR) reports trended by type and severity, with evidence the trends were discussed and acted on.

### 2. Medication management

- Storage: temperature logs complete and in range; fridge for medication only; nothing expired anywhere (they will open drawers).
- High-alert medications identified, separated, and labeled per your policy.
- Medication error reporting: staff can say how to report, and reports exist — zero reports reads as non-reporting, not perfection.
- Emergency trolley/kit: sealed, checked on schedule, checklist signed, contents match the list.

### 3. Infection prevention & control

- Hand hygiene: supplies at point of care, staff can name the moments, and audit results exist with actions for gaps.
- Sterilization/disinfection: logs complete, indicators used, staff can walk the dirty-to-clean flow without crossing it.
- Sharps and waste: correct containers, not overfilled, segregation followed in every room they enter.
- Staff vaccination and exposure protocol: records available; staff know what to do after a needlestick.

### 4. Facility & safety

- Fire safety: extinguishers in date and staff can state their role in a fire (they will ask the housekeeper, not the manager).
- Hazardous materials: inventory exists, safety data sheets accessible, staff who handle chemicals know where SDS are.
- Medical equipment: maintenance stickers in date; no equipment 'waiting for repair' being used.
- Exits clear, corridors uncluttered, expired supplies removed everywhere — storage rooms included.

## 5. Patient rights & records

- Consent forms: complete, signed before procedures, in a language the patient understands.
- Records: entries dated, timed, signed; no blank spaces in forms that require completion.
- Patient identification: staff use two identifiers, and can say what they are.
- Privacy: conversations, screens, and documents not exposed in public areas.

## The 5 questions to drill with staff

Surveyors judge the system by what frontline staff say. Every staff member should be able to answer these in one or two sentences:

- How do you report an incident? · What are the two patient identifiers you use? · What do you do if there's a fire in your area? · Where do you find a policy when you need it? · What quality indicator does your department monitor?

*QT-CHT-005 · The QIO Toolkit · Free for professional use. General guidance only — not affiliated with or endorsed by any accreditation body. Always follow your facility's policies and your accreditation program's current standards.*