TEXAS FSER FRONT DESK / REGISTRATION SURVEY-READINESS CHECKLIST

Wellness & Care Group of Texas

Facility: | **Review Month/Year:** | **Reviewed By:**

Date: | **Administrator:** | **Medical Director:**

STATUS: C = Compliant D = Deficient N/A = Not Applicable | Crosswalk shows relevance, not a specific standard citation.

PAGE 1 - ACCESS, PRIVACY, IDENTIFICATION & REGISTRATION CONTROLS

#	Survey-Readiness Item	EMTALA	HIPAA	HHSC	TJC	C	D	N/A	Corrective Action / Finding	Due
1	Clinical access is never delayed for registration, insurance verification, signatures, payment, deposit, or identification.	X		X	X	☐	☐	☐		
2	Staff immediately alert clinical personnel when a patient appears seriously ill, unstable, or in visible distress.	X		X	X	☐	☐	☐		
3	Registration staff do not independently determine whether a condition is an emergency or redirect patients before clinical screening.	X		X	X	☐	☐	☐		
4	Insurance information may be requested only when doing so does not delay medical screening or stabilizing care.	X		X	X	☐	☐	☐		
5	No copay, deposit, credit card, or payment is required as a condition of emergency screening or stabilizing treatment.	X		X	X	☐	☐	☐		
6	Patients expressing intent to leave because of cost are immediately referred to clinical staff before departure when possible.	X		X	X	☐	☐	☐		
7	True arrival time is captured even when registration is completed after clinical care begins.	X		X	X	☐	☐	☐		
8	Front Desk staff know how to activate rapid clinical escalation for chest pain, stroke, respiratory distress, major bleeding, seizure, altered mental status, or other urgent symptoms.	X		X	X	☐	☐	☐		
9	Required EMTALA / emergency-care signage is posted and unobstructed where applicable.	X		X	X	☐	☐	☐		
10	Staff receive initial and periodic EMTALA/access-to-care training appropriate to their role.	X		X	X	☐	☐	☐		
11	Two approved patient identifiers are obtained and verified whenever possible.		X	X	X	☐	☐	☐		
12	Unknown or unidentified patients receive temporary identifiers without delaying care.	X	X	X	X	☐	☐	☐		
13	Duplicate medical-record creation is minimized through approved search/verification procedures.		X	X	X	☐	☐	☐		
14	Potential duplicate or merged records are escalated promptly to the designated HIM/registration process.		X	X	X	☐	☐	☐		
15	Demographic information is verified and corrected accurately when clinically practical.		X	X	X	☐	☐	☐		
16	Registration workstations are positioned or protected to prevent unnecessary public viewing of PHI.		X	X	X	☐	☐	☐		
17	Staff use individual credentials, do not share passwords, and lock/logout of unattended workstations.		X	X	X	☐	☐	☐		
18	Printed registration documents containing PHI are secured and not left unattended in public areas.		X	X	X	☐	☐	☐		
19	Registration conversations use reasonable safeguards to reduce unnecessary disclosure in waiting/public areas.		X	X	X	☐	☐	☐		
20	Sensitive discussions are moved to a more private location when feasible.		X	X	X	☐	☐	☐		
21	Staff access only PHI needed for assigned job responsibilities and follow role-based access rules.		X	X	X	☐	☐	☐		
22	Staff do not disclose patient presence, condition, or visit information to callers or visitors without an authorized basis.		X	X	X	☐	☐	☐		
23	Law-enforcement, attorney, media, employer, and third-party requests for PHI are routed through the approved privacy/legal process.		X	X	X	☐	☐	☐		
24	Notice of Privacy Practices is provided/posted as required and acknowledgment workflow is followed without affecting treatment.		X	X	X	☐	☐	☐		
25	Privacy incidents, misdirected documents, wrong-chart uploads, or unauthorized disclosures are reported immediately.		X	X	X	☐	☐	☐		
26	Fax, printer, scanner, email, and electronic document workflows protect PHI and verify the intended recipient.		X	X	X	☐	☐	☐		
27	Medical-record requests are handled through the approved release-of-information process with identity/authority verification.		X	X	X	☐	☐	☐		
28	Front Desk staff understand that an emergency contact is not automatically authorized to receive PHI or make decisions.		X	X	X	☐	☐	☐		
29	Required Texas patient-rights information is available and staff know how to provide it.			X	X	☐	☐	☐		
30	Required Texas FSER fee/payment notices and disclosure statements are posted/provided according to current requirements.			X	X	☐	☐	☐		
31	Insurance/network-status discussions use only approved language and do not promise coverage, reimbursement, or in-network status without authorization.			X	X	☐	☐	☐		
32	Financial estimates or billing explanations are separated from clinical access and do not discourage needed emergency evaluation.	X		X	X	☐	☐	☐		

TEXAS FSER FRONT DESK / REGISTRATION SURVEY-READINESS CHECKLIST

Wellness & Care Group of Texas

PAGE 2 - PATIENT RIGHTS, COMMUNICATION, SAFETY & QUALITY

#	Survey-Readiness Item	EMTALA	HIPAA	HHSC	TJC	C	D	N/A	Corrective Action / Finding	Due
33	Patient complaint/grievance information is available and staff know the escalation process.			X	X	☐	☐	☐		
34	Patient complaints involving clinical care, discrimination, privacy, billing, or safety are routed promptly to the appropriate leader.		X	X	X	☐	☐	☐		
35	Staff understand and follow non-retaliation expectations when patients raise concerns or complaints.		X	X	X	☐	☐	☐		
36	Interpreter services are readily accessible for patients with limited English proficiency.		X	X	X	☐	☐	☐		
37	Untrained children or family members are not routinely used as interpreters for sensitive clinical communication.		X	X	X	☐	☐	☐		
38	Auxiliary aids/communication support are available for patients with hearing, vision, speech, or other communication disabilities.		X	X	X	☐	☐	☐		
39	Service-animal and accessibility practices follow approved policy and applicable disability requirements.			X	X	☐	☐	☐		
40	Minor-patient registration and guardian verification follow policy without delaying emergency care.	X	X	X	X	☐	☐	☐		
41	Custody disputes, guardianship questions, and unusual consent issues are escalated rather than interpreted independently by registration staff.		X	X	X	☐	☐	☐		
42	General registration consent is not represented as a substitute for procedure-specific clinical informed consent.			X	X	☐	☐	☐		
43	Patients unable or unwilling to provide registration information still enter the emergency-care process.	X		X	X	☐	☐	☐		
44	Patients indicating they want to leave before completion of care are immediately referred to clinical staff and not simply removed from tracking.	X		X	X	☐	☐	☐		
45	LWBS, AMA, elopement, discharge, transfer, and other dispositions are entered only according to approved clinical/registration workflow.	X		X	X	☐	☐	☐		
46	Registration staff do not independently select receiving facilities or make clinical transfer decisions.	X		X	X	☐	☐	☐		
47	Transfer-related demographic/administrative information is transmitted securely and supports continuity of care.	X	X	X	X	☐	☐	☐		
48	Behavioral-health, suicidal, homicidal, severely agitated, or psychotic presentations are escalated immediately to clinical staff.	X		X	X	☐	☐	☐		
49	Security/duress procedures are known and readily activated for threats, violence, weapons, or unsafe behavior.			X	X	☐	☐	☐		
50	Domestic violence, trafficking, abuse, neglect, or exploitation concerns are escalated according to facility policy and reporting requirements.			X	X	☐	☐	☐		
51	Required abuse/neglect/complaint reporting notices are posted and staff know whom to notify internally.			X	X	☐	☐	☐		
52	Waiting-room calling practices do not unnecessarily disclose diagnoses or sensitive information.		X	X	X	☐	☐	☐		
53	Publicly visible tracking boards/screens do not display unnecessary PHI or diagnoses.		X	X	X	☐	☐	☐		
54	Photography/recording issues are managed under facility policy to protect patient privacy and safety.		X	X	X	☐	☐	☐		
55	Front Desk handoffs communicate urgent concerns such as distress, language needs, identity concerns, behavioral risk, or intent to leave.	X		X	X	☐	☐	☐		
56	Registration staff complete required HIPAA/privacy training and competency.		X	X	X	☐	☐	☐		
57	Registration staff complete patient-rights, identification, financial-disclosure, and security training appropriate to role.		X	X	X	☐	☐	☐		
58	Required postings are current, visible, legible, and not obstructed.	X	X	X	X	☐	☐	☐		
59	Front Desk policies and approved scripts are current, readily available, and match actual practice.	X	X	X	X	☐	☐	☐		
60	Registration-related EMTALA, privacy, identity, billing, complaint, and safety incidents are incorporated into QAPI review.	X	X	X	X	☐	☐	☐		
61	Quality data include duplicate records, wrong-patient registrations, privacy incidents, registration delays, complaints, and cost-related departures.	X	X	X	X	☐	☐	☐		
62	Corrective actions identify an owner, due date, measurable outcome, and follow-up review.	X	X	X	X	☐	☐	☐		
63	Completed corrective actions are re-measured to verify effectiveness and sustainability before closure.	X	X	X	X	☐	☐	☐		
64	Previous survey findings, privacy incidents, or access-to-care deficiencies have documented correction and evidence preventing recurrence.	X	X	X	X	☐	☐	☐		

MONTHLY FRONT DESK / REGISTRATION QUALITY DASHBOARD

Indicator	Current	Goal	Prior	Trend / Action
Registration-related delay to clinical care		0		
Patients redirected before clinical screening		0		
Cost-related departures requiring review		0		
Duplicate / wrong-patient records		0		
HIPAA/privacy incidents		0		
Registration complaints		Facility Goal		
Interpreter/accessibility complaints		0		
Required training compliance		100%		

CORRECTIVE ACTION & EFFECTIVENESS TRACKER

Finding	Immediate Correction	Root Cause	Corrective Action	Owner	Due	Effectiveness Measure	Status

Overall Status: ☐ Survey Ready ☐ Minor Corrective Actions ☐ Corrective Action Required ☐ Immediate Leadership Review

Administrator: Date: **Compliance:** Date:

Closing standard: FINDING → IMMEDIATE CORRECTION → ROOT CAUSE → CORRECTIVE ACTION → MEASUREMENT → EFFECTIVENESS VERIFIED → CLOSED

Primary anchors: EMTALA/CMS; HIPAA Privacy & Security; Texas HHSC 26 TAC Chapter 509; current Joint Commission Ambulatory Health Care standards. Internal survey-readiness tool; verify against current requirements and facility policy.