QM.23.2 Patients are reassessed for the risk of fall after a change in risk factors (e.g., post-operatively, after receiving sedating medications) and upon transfer from another unit.

QM.23.3 The hospital implements evidence-based interventions for falls reduction according to the risks identified.

Standard Intent:

Many injuries in hospitals are related to patient falls. Identification of patient risk of fall plays a major role in decreasing the number of falls. There must be a standard falls risk assessment utilized in the healthcare institution that is specific to age group and setting. Reassessment of the risk of fall situations should be identified by the healthcare institution, disseminated and educated to healthcare providers. Examples of these situations change in risk factor (post-operative after sedating medication), and upon transfer from another unit, after a fall, and others.

In addition, healthcare institution should implement evidenced-based interventions according to the risks identified. These interventions should be, documented, available and accessible to all healthcare staff upon the required need.

QM.24 The hospital implements evidence-based interventions to prevent catheter and tubing misconnections.

QM.24.1 Patients and families are informed not to connect or disconnect devices or infusions.

QM.24.2 High-risk catheters (e.g., epidural, intra-thecal, arterial) must always be labeled.

QM.24.3 All lines (tubes or catheters) are always traced from the patient to the point of origin before connecting any new device or administering medications or infusion.

QM.24.4 All lines (tubes or catheters) are always traced from the patient to the point of origin upon the patient's arrival to a new setting or service as part of the hand-off process. The hospital standardizes this "line reconciliation" process as part of the hand-over communication.

QM.24.5 The hospital prohibits the use of standard luer-connection syringes for oral medications or enteric feedings.

QM.24.6 The hospital conducts acceptance testing (for performance, safety, and usability) and, as appropriate, risk assessment on new tubing and catheter purchases to identify the potential for misconnections and take appropriate preventive measures.

Standard Intent:

Catheter and tubing misconnections can contribute to severe consequences, hence, medications can be administered via the wrong route or catheter can be connected to the wrong equipment or machines.

To assure patient safety and minimize error, patient and family should be informed not

to connect or disconnect infusions. High-risk catheters (e.g. epidural, intrathecal, arterial) must always be labeled. All lines are always traced from the patient to the point of origin before connecting any new device of administering medications or infusion. All lines (tubes or catheters) are always traced from the patient to the point of origin upon the patient's arrival to a new setting or service as part of the hand-off process. The hospital standardizes this "line reconciliation" process as part of the hand-over communication.
To assure oral medications are not administered via any other route, syringes used for oral medication administration should not possess the standard Luer-connection that is used for IV syringes. The process of procurement of all tubings and catheters should go through a standardized process that includes acceptance testing (for performance, safety, and usability) and as appropriate, risk assessment on new tubing catheter to identify the potential for misconnections and take appropriate preventive measures.

QM.25 There is a written policy on verbal or telephone orders and telephone reporting of critical test results.

QM.25.1 The policy defines situations for accepting verbal or telephone orders.

QM.25.2 The policy defines the time frame for orders authentication.

QM.25.3 The policy defines staff who may accept verbal or telephone orders.

QM.25.4 The complete verbal or telephone order or critical test result is written down by the receiver of the order or test result.

QM.25.5 The complete verbal or telephone order or critical test result is read back by the receiver of the order or test result.

QM.25.6 The order or test result is confirmed by the individual who gave the order or test result.

Standard Intent:

Verbal and telephone orders can put patient care at risk if it is not controlled by clear standardized guidelines. To reduce errors and assure patient safety, healthcare institutions should establish comprehensive protocols and guidelines on ensuring effective communication, which is timely, accurate, complete, clear, and understood by the recipient.

Communication-related guidelines should address verbal and telephone orders where situations for accepting verbal or telephone orders are clearly identified, the time frame for orders authentication, staff who may accept verbal or telephone orders.

The whole process of telephone or verbal orders and critical test reporting should include the documentation of the order or the result (writing down by the receiver,