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inspection, and testing.

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**QM.21 The hospital ensures appropriate communication of patient care information during patient handovers.**

QM.21.1 Patient care information is appropriately documented in a clearly understandable form to all care providers within and between care settings.

QM.21.2 The hospital implements a standardized approach to handover communication between staff (e.g., Situation, Background, Assessment, Recommendation-SBAR), change of shift, and between different patient care units in the course of a patient transfer.

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**Standard Intent:**

Ineffective communication among health care professionals is one of the leading causes of medical errors and patient harm.

The intent of this standard is to ensure that healthcare institutions develop and implement a process to which patient care information resulted from handover communication between staff is documented in a structured standardized approach (e.g. SBAR).

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**QM.22 The hospital has a process for effective identification, assessment, and intervention for patients who are at risk for pressure ulcers.**

QM.22.1 All patients are assessed for pressure ulcers on admission using a standard risk assessment tool.

QM.22.2 All patients are re-assessed for pressure ulcers every twenty four hours.

QM.22.3 The hospital implements evidence-based interventions that prevent pressure ulcers.

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**Standard Intent:**

Pressure ulcer is one of the most avoidable complications in any healthcare institution. Hence, pressure ulcer risk factors early detection is essential for those at risk of developing pressure ulcers. To ensure the appropriate identification of those risk factors, appropriate patient assessment on admission utilizing appropriate tool is very important, and to be followed by appropriately time-framed re-assessment is essential too that do not exceed 24 hour period.

Pressure ulcer evidenced-based related intervention should be implemented, documented, available and easily accessible to all healthcare staff in any healthcare institution.

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**QM.23 The hospital has a process for effective identification, assessment, and intervention for patients who are at risk for falling.**

QM.23.1 Patients are assessed for the risk of fall on admission.