
Hence, all health care facilities should develop and implement policy and procedure to include the three phases of this process (verification, site marking, and time out.) and to ensure its timely documentation in the patient medical record.

QM.19 The hospital ensures availability and safety of infusion pumps.

QM.19.1 Infusion pumps are available with adequate numbers throughout patient care areas.

QM.19.2 Infusion pumps have "free-flow" protection.

QM.19.3 Infusion pumps have documented preventative maintenance, inspection and testing on a regular basis.

Standard Intent:

To assure that fluids and medication are administered in a controlled manner so that all infusions are set to be infused in the ordered prescribed time, infusion pumps should be utilized.

For efficacy and patient safety reasons, a timeframe that infusions are administered is very important to be adhered to. Some infusions need to be given in a very short time while others need to be given over a long period of time.

All healthcare institutions should ensure that there is an adequate infusion pump available in every patient care unit. The available pumps should have the safety function of "free-flow" protection. (Anti-free-flow devices prevent blood from draining from the patient, or infusate from freely entering the patient when the infusion pump is being set up).

All infusion pumps should have documented regular preventative maintenance, inspection, and testing.

QM.20 The hospital ensures the safety of the alarm systems of patient care equipment.

QM.20.1 All alarm systems for patient care equipment (such as infusion pumps and monitors) have documented preventative maintenance, inspection and testing on a regular basis.

QM.20.2 All staff are trained on the safe use of alarm systems for patient care equipment and the use of appropriate settings for sound.

Standard Intent:

Alarms on clinical devices are intended to call the attention of healthcare providers to patient or device conditions that deviate from a predetermined normal status. These alarms are generally considered to be a key tool in improving the safety of patients. Therefore, from the design perspective alarms should be easy to set, their status (e.g. on/off, limit values) should be easily determined if not directly visible, and the identification of and specificity of a triggered alarm should be clear and easy to determine.

From the user perspective, users must be adequately trained on the safe use of alarm systems for patient care equipment and the use of appropriate settings for sound.

All alarm systems should have documented regular preventative maintenance,

inspection, and testing.

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.

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).

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.

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.

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.