



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,

reading back by the receiver, and the confirmation by the individual who gave the order or test result).

Patient & Family Education Standard Intents

PFE.1 Hospital leaders support patient and family education.

- PFE.1.1 The hospital develops policies and procedures to ensure effective patient and family education process.
 - PFE.1.2 There is an appropriate structure and efficient resources for patient/family education throughout the hospital.
 - PFE.1.3 According to the size of the hospital and its scope of services, the hospital assigns adequate health educators to cover the needs of patient/family education (e.g., diabetic educator, nurse educator).
 - PFE.1.4 The hospital provides different teaching methods for the health education process such as pamphlets, diagrams, models to practice on, videos, or other teaching methods.
 - PFE.1.5 The job description of the clinical staff (e.g. nurses, physicians, dietitians) reflects their role in patient/family education.
 - PFE.1.6 Clinical staff and health educators are knowledgeable about their essential role in patient education.
 - PFE.1.7 There are discussions of patient education efforts in staff meetings as an integral part of the care process.
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Standard Intent:

To increase patient's and family's understanding of the patient's health status, health care options, and consequences of options selected, many different staff in the organization shall educate patients and families. In the course of patient care, every patient/family interaction is an opportunity to educate. So, all staff categories will be involved in the process of patients and families' education. That is why it is important that staff members be knowledgeable about their role in the education process and discussion of educational activities be evident in their different meetings. The hospital should decide how it organizes its educational resources in an efficient and effective manner. Thus, organizations may decide to appoint an education committee or create an education service or unit. Health educators need to be assigned based on the hospital scope of services and high volume services.

PFE.2 The hospital ensures proper communication between the health educator and the patient/family.