

- QM.18.5.2 The time-out is initiated by a designated member of the team and involves the members of the team, including the individual performing the procedure, the anesthesia providers, and the nurse(s) involved.
- QM.18.5.3 The entire procedure team uses active communication during the time out.
- QM.18.5.4 During the time-out, the team members agree on the correct patient identity, the correct procedure to be performed, the correct site, and when applicable, the availability of the correct implant or equipment.
- QM.18.6 The hospital documents its processes for preventing wrong patient, wrong site, and wrong surgery/procedure.

### **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.

### **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.

### **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.

### **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.

### **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.