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