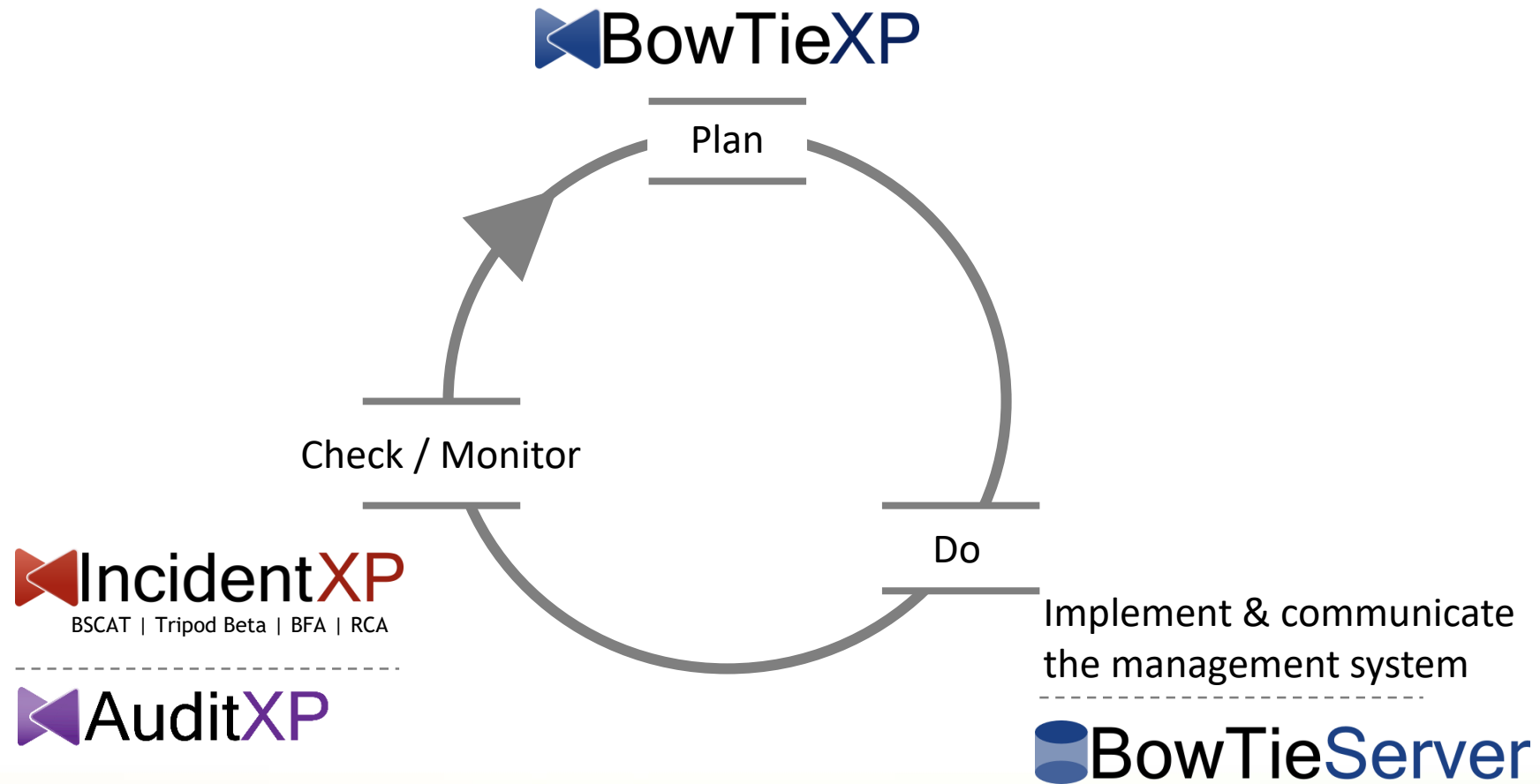
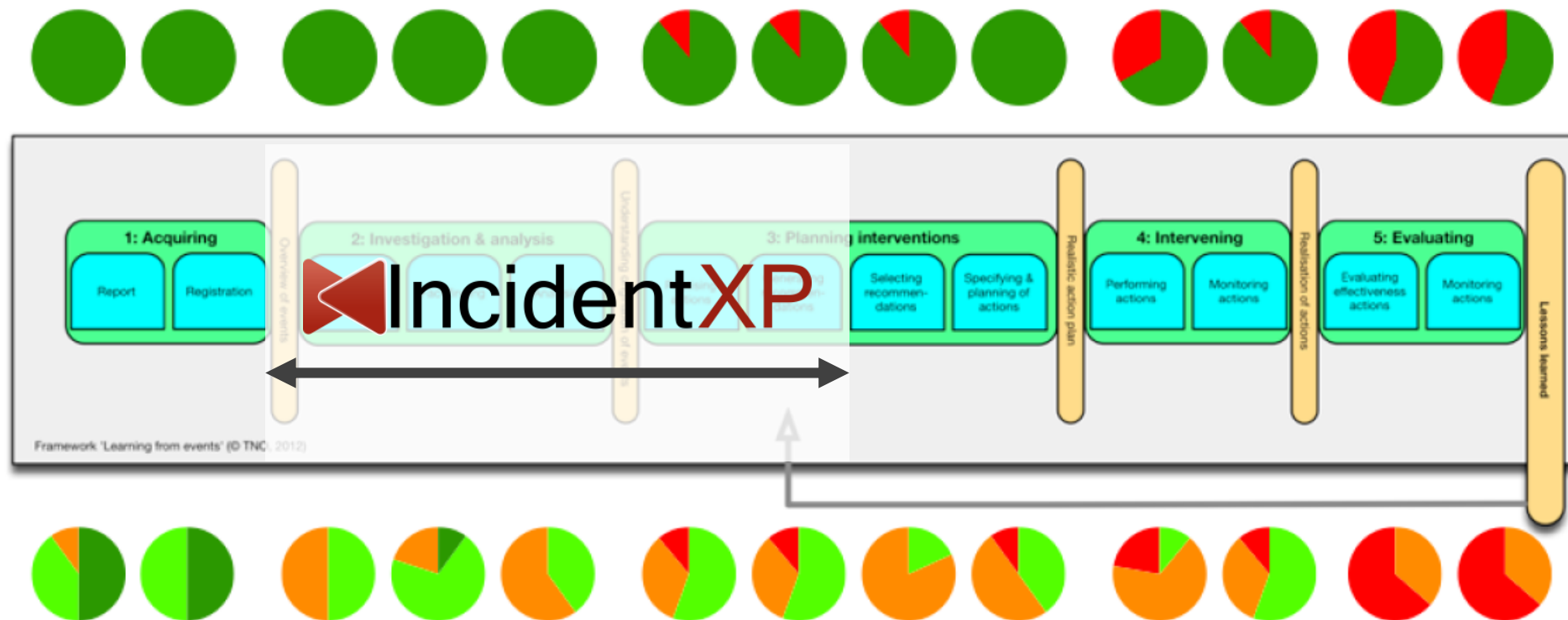
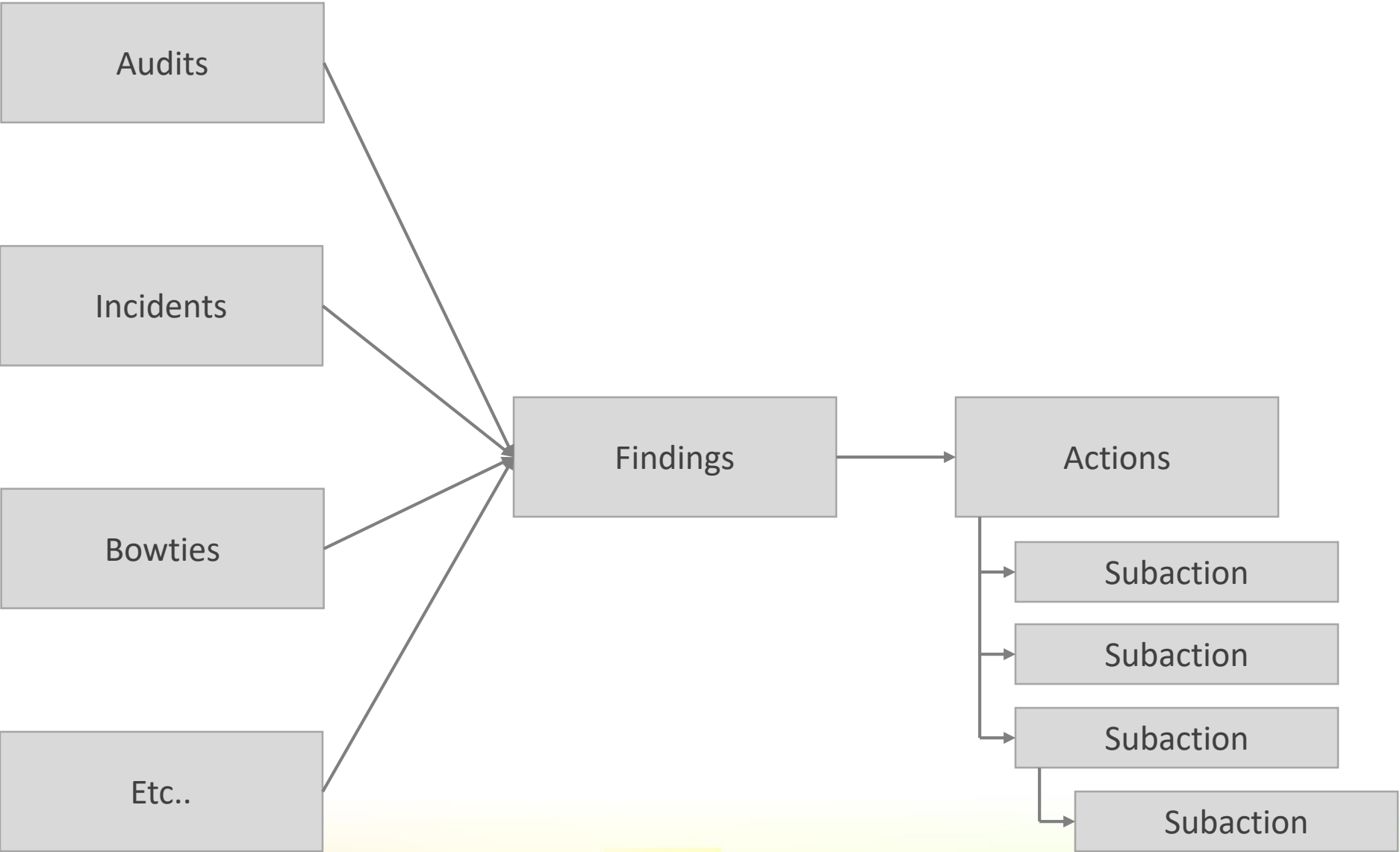


# Risk management



# Learning from incidents





# Compliance

# + Risk management

| Objective  | Maturity Level              | Barriers | Activities | Audits     |
|--|-----------------------------|----------|------------|------------|
| IPSG.1-1 Patients are identified using two patient identifiers, not including the use of the patient's room number or location.                                | ● Planning / Implementation | 7        | 2          | n = 27<br> |
| IPSG.1-2 Patients are identified before providing treatments and procedures.   | ● Initiating                | 4        | 1          | n = 20<br> |
| IPSG.1-3 Patients are identified before any diagnostic procedures. (Also see AOP.5.7, ME 2)  | ● Implementing              | 1        | 1          | n = 5<br>  |
| IPSG.4-1 The hospital uses an instantly recognizable mark for surgical- and invasive procedure-site identification that is consistent throughout the hospital  | ● Continuous Improvement    | 2        | 3          | n = 12<br> |
| IPSG.4-2 Surgical- and invasive procedure-site marking is done by the person performing the procedure and involves the patient in the marking process          | ● Managing & Measuring      | 7        | 3          | n = 33<br> |
| IPSG.4-3 The hospital uses a checklist or other process to document, before the procedure, that the informed consent is appropriate to the procedure; that the | ● Continuous Improvement    | 5        | 3          | n = 21<br> |