National Patient Safety Goals: Quiz

Goal 3.06.01: Maintain and communicate accurate patient medication information.

1. True or false: The medication reconciliation process for inpatients includes a step in which the licensed caregiver reviews and compares the patient's home medication list with those being ordered, prescribed or changed in order to ensure there are no errors of transcription omission, duplication of therapy, drug-drug and drug disease interactions.

2. True or false: Medication reconciliation does not need to be performed when a patient is being transferred within the hospital. The clinicians transferring and receiving the patient should review the PAML when writing transfer orders and the pharmacist reconciles the new orders with the PAML to ensure there are no omissions, duplications or other errors.

3. Discussion with the patient prior to discharge should include _____.
    a. a new medication list (Patient Discharge Medication List)
    b. an explanation of the medications on the list
    c. instructions to carry the list at all times and to share it with their health care providers
    d. all of the above

4. True or false. A patient is being transferred back to his previous rehab. Therefore the Patient Discharge Medication List does not need to be included in the Patient Care Referral form.

5. True or false: Clinicians are not required to maintain a medication list for ambulatory patients.

6. True or false: For ambulatory patients, the medication list is maintained in the EMAR medications module

7. True or false: It is only the PCPs responsibility to add mediations to the medication list in EMAR. Specialists prescribing a medication are not required to do so.

8. True of false: If a patient has an antibiotic ordered for 10 days after an outpatient procedure, it is only necessary for the clinician to provide the patient with information about the new medication.

National Patient Safety Goals: Answer Key

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