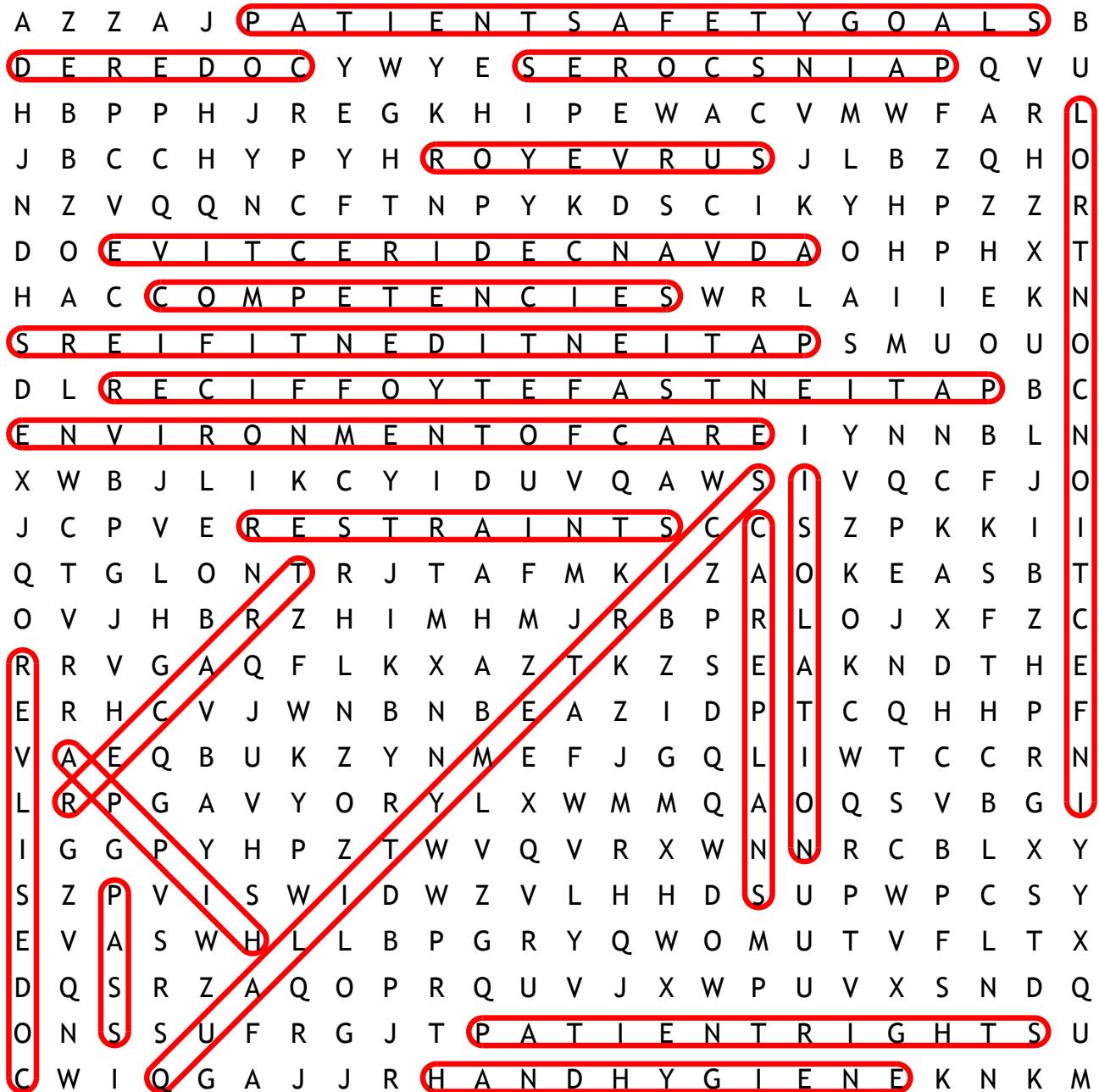


Name: _____

Date: _____

Joint Commission



Patient Safety Officer
environment of care
quality metrics
competencies
care plans
code red
HIPPA

Patient Safety Goals
infection control
patient rights
code silver
restraints
surveyor
PASS

patient identifiers
advance directive
hand hygiene
pain scores
isolation
tracer