

## Patient Safety in Intensive Care

The most critically ill patients are treated in hospital intensive care units (ICUs), where multidisciplinary teams and nurses provide continuous care and monitor them closely with specialized equipment and advanced technologies. Although healthcare organizations implement evidence-based strategies to keep patients safe in the ICU, adverse events still occur and more than half of them may be preventable.<sup>1</sup> Patients can get infections from pathogens transmitted as well as from interventions used to save them, including central lines, catheters, endotracheal tubes, and more.<sup>2</sup>

Since these patients are vulnerable to dire consequences, healthcare organizations must highly prioritize patient safety in the ICU as well as maintain and improve processes for infection control, medication administration, handoffs, communication, and more.

The following checklist presents elements of ICU care that can significantly strengthen patient safety. Organizations can use this tool to review their processes and target areas for improvement.<sup>3</sup>

	Yes	No
<i>Staffing, Credentialing, Training, and Professional Development</i>		
Does the ICU's multidisciplinary team include one or more of these caregivers: an intensivist, critical care nurse, pharmacist, registered dietitian, respiratory therapist, physical therapist, occupational therapist, chaplain, physician assistant or nurse practitioner, and child life specialist?	<input type="checkbox"/>	<input type="checkbox"/>
Is the ICU always adequately staffed based on objective criteria?	<input type="checkbox"/>	<input type="checkbox"/>
Have healthcare providers in the ICU undergone the appropriate credentialing and privileging processes, and have they met objective standardized criteria or are they exempted as established by medical staff bylaws?	<input type="checkbox"/>	<input type="checkbox"/>
Are simulation exercises demonstrating critical situations used to train healthcare professionals?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
<b>Staffing, Credentialing, Training, and Professional Development (continued)</b>		
Does your healthcare organization conduct required training sessions for all ICU staff to advise them of the latest developments as well as patient safety concerns?	<input type="checkbox"/>	<input type="checkbox"/>
Do healthcare providers pursue professional development opportunities to enhance their skills and stay informed on the most recent medical advancements in critical care?	<input type="checkbox"/>	<input type="checkbox"/>
Do healthcare professionals have the essential knowledge and skills required to provide critical care?	<input type="checkbox"/>	<input type="checkbox"/>
Are healthcare professionals' competencies evaluated, including technical skills (e.g., equipment management skills, patient monitoring, medication administration, and advanced life support) and soft skills (e.g., critical thinking, communication, teamwork, and rapid assessment)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Patient Care</b>		
Do healthcare professionals attempt to prevent pressure injuries in the ICU by assessing patients' skin, repositioning patients, providing positioners to give patients a complete lateral position, using prophylactic dressings on pressure points to release pressure, offloading the heels, and more?	<input type="checkbox"/>	<input type="checkbox"/>
Are all efforts to prevent pressure injuries documented in patients' health records?	<input type="checkbox"/>	<input type="checkbox"/>
Are advanced alarm systems, continuous telemetry, and remote surveillance used to detect patients' physiological changes?	<input type="checkbox"/>	<input type="checkbox"/>
Are all lines, including IV, arterial, epidural, gastric, urinary, and other irrigation lines, traced by both incoming and outgoing nurses at handoff?	<input type="checkbox"/>	<input type="checkbox"/>
Are structured handoffs tools, such as <b>I-PASS</b> , used between ICU teams and anesthesia professionals, attending physicians, nurses, and consultants?	<input type="checkbox"/>	<input type="checkbox"/>
Are clinical protocols and guidelines for infection prevention, medication administration, and ventilator management developed for the ICU?	<input type="checkbox"/>	<input type="checkbox"/>
Do ICU teams use structured communication protocols (e.g., <b>SBAR</b> and <b>SAFE-GOALS</b> )?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
<b><i>Patient Care (continued)</i></b>		
Are regular interdisciplinary rounds conducted of the ICU?	<input type="checkbox"/>	<input type="checkbox"/>
Do healthcare professionals implement care bundles in the ICU to reduce the risk of nosocomial infections?	<input type="checkbox"/>	<input type="checkbox"/>
Do healthcare professionals use standardized checklists to ensure consistent patient care?	<input type="checkbox"/>	<input type="checkbox"/>
Do healthcare professionals properly sanitize their hands while caring for patients in the ICU, and do they consistently adhere to proper hand hygiene?	<input type="checkbox"/>	<input type="checkbox"/>
Are the principles of human factors and ergonomics applied to the design of the ICU and its workflow optimization?	<input type="checkbox"/>	<input type="checkbox"/>
Are smart technologies used to reduce noise and lessen alarm fatigue for healthcare professionals?	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Medication Safety</i></b>		
Is barcode scanning used in the ICU to reduce medication errors?	<input type="checkbox"/>	<input type="checkbox"/>
Do healthcare professionals conduct medication reconciliation during admission, handoffs, and discharge?	<input type="checkbox"/>	<input type="checkbox"/>
Is the use of needles minimized in the ICU to prevent needlestick injuries and exposure to blood-borne pathogens?	<input type="checkbox"/>	<input type="checkbox"/>
Are epidural medications clearly identified with appropriate visual warnings?	<input type="checkbox"/>	<input type="checkbox"/>
Are medications appropriately labeled and easily accessible in designated places?	<input type="checkbox"/>	<input type="checkbox"/>
Are automated dispensing cabinets used, and are they located close to the ICU patient care area?	<input type="checkbox"/>	<input type="checkbox"/>
Are irrigants stored separately from medications and clearly identified with appropriate visual warnings?	<input type="checkbox"/>	<input type="checkbox"/>
Is enteral nourishment stored separately from medications and clearly identified with appropriate visual warnings?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
<b>Medication Safety (continued)</b>		
Have healthcare professionals been educated about extended-release medications, and are there warnings to <i>not</i> crush extended-release medications?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Culture of Safety/Quality Improvement</b>		
Is a culture of safety promoted, encouraged, and nurtured in the ICU?	<input type="checkbox"/>	<input type="checkbox"/>
Does your healthcare organization routinely conduct surveys to gauge perceptions about its culture of safety?	<input type="checkbox"/>	<input type="checkbox"/>
Are patients and families engaged as active participants in their care?	<input type="checkbox"/>	<input type="checkbox"/>
Does your healthcare organization ensure that system failures and adverse events that occur in the ICU are analyzed from a quality standpoint to make improvements that prevent future errors?	<input type="checkbox"/>	<input type="checkbox"/>
Are healthcare professionals encouraged to report errors without repercussions in a blame-free environment?	<input type="checkbox"/>	<input type="checkbox"/>
Does your healthcare organization ensure that data collected from continuous monitoring of patient outcomes, adverse events, and near misses are used to develop more effective safety protocols and care delivery processes?	<input type="checkbox"/>	<input type="checkbox"/>
Are documentation audits, observational audits, and auditory audits (communication) routinely conducted?	<input type="checkbox"/>	<input type="checkbox"/>
Are the results of audits aggregated and routinely shared with staff?	<input type="checkbox"/>	<input type="checkbox"/>
Is a nursing peer review in place?	<input type="checkbox"/>	<input type="checkbox"/>

## Endnotes

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<sup>1</sup> Charnin, J., & Loftus, R. (2025, October). *ICU patient safety frontiers: Reducing harm through better handoffs and infection prevention*. Anesthesia Patient Safety Foundation. Retrieved from [www.apsf.org/article/icu-patient-safety-frontiers-reducing-harm-through-better-handoffs-and-infection-prevention/](http://www.apsf.org/article/icu-patient-safety-frontiers-reducing-harm-through-better-handoffs-and-infection-prevention/)

<sup>2</sup> Ibid.

<sup>3</sup> This checklist is based on information from the following sources: Charmin & Loftus, *ICU patient safety frontiers: Reducing harm through better handoffs and infection prevention*; Patil, S. J., Ambulkar, R., & Kulkarni, A. P. (2023, March). Patient safety in intensive care unit: What can we do better. *Indian Journal of Critical Care Medicine*, 27(3), 163–165. doi: <https://doi.org/10.5005/jp-journals-10071-24415>; Nair, P. S. (2023, December 29). *Patient safety in critical care: An overview*. iClinic. Retrieved from [www.icliniq.com/articles/first-aid-and-emergencies/patient-safety-in-critical-care](http://www.icliniq.com/articles/first-aid-and-emergencies/patient-safety-in-critical-care); Seungei, Y. (2024). Implementing effective patient safety measures in the ICUs: Innovative approaches to ICU patient safety. *Journal of Perioperative & Critical Intensive Care Nursing*, 10(2). Retrieved from [www.longdom.org/open-access/implementing-effective-patient-safety-measures-in-icus-innovative-approaches-to-icu-patient-safety-109606.html](http://www.longdom.org/open-access/implementing-effective-patient-safety-measures-in-icus-innovative-approaches-to-icu-patient-safety-109606.html); Tlili, M. A., Aouicha, W., Sahli, J. Cheikh, A. B., Mtiraoui, A., Ajmi, T., Zedini, C., Chelbi, S. Rejeb, M. B., & Mallouli, M. (2022, March 1). Assessing patient safety culture in 15 intensive care units: A mixed-methods study. *BMC Health Services Research*, 22(274). Retrieved from <https://link.springer.com/article/10.1186/s12913-022-07665-4>; Innovative Health Initiative. (2024, March 6). *Shhh! SASICU strives for silence in intensive care*. Retrieved from [www.ih.europa.eu/news-events/newsroom/shhh-sasicu-strives-silence-intensive-care](http://www.ih.europa.eu/news-events/newsroom/shhh-sasicu-strives-silence-intensive-care); Society of Critical Care Medicine. (n.d.). *Patient and family resources*. Retrieved from [www.sccm.org/about-sccm/patient-and-family-resources](http://www.sccm.org/about-sccm/patient-and-family-resources); American Hospital Dubai. (n.d.). *Pressure injuries in the ICU and prevention: A multidisciplinary approach*. Retrieved from <https://presentations.patientsafety-me.com/Nursing/Nursing%20Day%203/09.40%20Prevention%20of%20pressure%20injuries%20in%20the%20ICU%20-%20A%20multi-disciplinary%20approach%20-%20Gisha%20Paul.pdf>

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