2012 National Patient Safety Goals

GOAL 1: IMPROVE THE ACCURACY OF PATIENT IDENTIFICATION

Use at least two patient identifiers when providing care, treatment and services.

- Ask the patient to state their full name and DOB.
- Compare identifiers to documentation and name band.
- All specimen labeling MUST be done at the bedside after proper patient identification.
- All staff are responsible for correct patient identification.

Prior to the start of any surgical or invasive procedure, a final verification process using active communication techniques will be used.

- Universal Protocol
  - ✓ A pre-procedure verification process is conducted.
  - ✓ Marking of the procedure site occurs.
  - ✓ A time out must be performed immediately prior to starting invasive procedures.
  - ✓ Follow the "Universal Protocol" policy and use the blue "UNIVERSAL PROTOCOL " form to document all appropriate procedures.
  - ✓ ALL members of the surgical/procedure team (staff, physicians and anesthesia) actively participate in the verification process.

Eliminate transfusion errors related to patient misidentification.

- Two RNs at the bedside must verify type, donor number and expiration date, patient name and birth date, and sign name as verification.
- Match blood or blood components to the order

GOAL 2: IMPROVE THE EFFECTIVENESS OF COMMUNICATION AMONG CARE GIVERS

- Verbal/telephone orders and critical test results, first write down and then read back to confirm.
- Receive and report critical results of tests in a timely manner to a licensed caregiver for timely action.
- Comply with the Do Not Use Abbreviations list that is posted on all units and on the ECHN portal.
- Standardize hand-off communication that includes using SBAR and Ticket to Ride when the patient is transferred from one caregiver to another.

GOAL 3: IMPROVE THE SAFETY OF USING MEDICATIONS

- Identification and annual review of a list of look-alike/sound-alike medications. Prevent errors with these medications with a flag (!) in Meditech and Pyxis and a label on the stocking bins indicating look-alike/sound-alike medications.
- A list of these medications is laminated and on all units.
- High alert medications are designated with a "++" in the eMAR to help prevent errors.
- In procedural settings, label all medications and solutions on an off the sterile field.
  - ✓ Two qualified individuals verify verbally and visually when the person preparing the medication is not the person administering the medication.
- Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.
  - ✓ Use unit dosing and pre-mixed Heparin (25,000 units/500 ml)
  - ✓ Use PT/INR as Coumadin dosing guide.
  - ✓ Patients on Coumadin receive diet instructions from dietician
  - ✓ Be alert to eMAR built-in safety guides. Use programmable pumps to administer heparin for accurate dosing.
  - ✓ Use anti-coagulation flow sheets. Baseline and ongoing lab tests are required for heparin and low molecular weight heparin.

GOAL 7: REDUCE THE RISK OF HEALTH CARE ASSOCIATED INFECTIONS

- Wash hands with soap or antibacterial liquid with friction for 15 seconds OR apply antiseptic liquid (Purell) into the palm of the hands and rub on all surfaces until dry (up to 5 washings). Hand washing only for C-Diff.
- Artificial nail applications are not allowed for any staff having direct patient contact or who handle, prepare or process patient items.
- Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function related to healthcare infection and inform the supervisor, manager or Director of your department who will notify Risk Management and Quality Improvement.
- Evidenced based practices to prevent healthcare associated infections are due to MDRO.
  - ✓ Hand hygiene campaign; Wash in. Wash out.
  - ✓ Monitoring isolation compliance with staff and patients and appropriate use of isolation carts.
  - ✓ Appropriate identification and signage for MDRO patients.
- Implement evidenced based practices to prevent central line associated bloodstream infections including short and long term venous catheters and PICC lines.
  - ✓ Use packets that have masks, sterile gowns and gloves for all central line insertions.
- Implement best practices for preventing surgical site infections
  - ✓ Routine cleaning of OR rooms
  - ✓ Good Hand Hygiene
  - ✓ Clip, do not shave patient
  - ✓ Keep patients warm
  - ✓ Give prophylactic antibiotic within 60 minutes of initial incision
  - ✓ Prep and scrub with CHG 4%.
- Use best practices to prevent indwelling catheter associated UTI (CAUTI).

GOAL 8: ACCURATELY & COMPLETELY RECONCILE MEDICATIONS ACROSS THE CONTINUUM OF CARE

- For inpatient or if seen as an outpatient, obtain a current list of medications.
- Include as much information as possible, e.g., name, route, dose, frequency and purpose.
- Compare the medication information the patient brought to the hospital with the medications ordered for the patient by the hospital in order to identify and resolve discrepancies.
- Provide the patient (or family) with written information on the medications the patient should take when discharged.
- Explain the importance of managing medication information to the patient when he or she is discharged (i.e., providing a list to the primary care physician, or to carry a medication card).

GOAL 9: REDUCE THE RISK OF PATIENT HARM RESULTING FROM FALLS

- "Remember Red" Fall Reduction protocol, fall risk assessment, interventions and alerts.
- Assess patients for risk of falling on admission and every shift.
- Use the 'Stay with Me' program on all high risk for falls patients.
- Educate the patient and patient's family on the 'Remember Red' & 'Stay with Me' programs.

GOAL 13: ENCOURAGE PATIENT'S ACTIVE PARTICIPATION IN THEIR OWN CARE AS A PATIENT SAFETY STRATEGY

- Encourage patients and their families to report concerns about their safety.
- Refer patient to the "Speak Up" section in the Guide to Patient Services booklet received on admission
- Encourage use of "Speak Up" strategies
- Use "White Board" to keep patient's actively involved in their care.

GOAL 15: THE ORGANIZATION IDENTIFIES SAFETY RISKS INHERENT IN IT'S PATIENT POPULATION

- Identify patient's at risk for suicide through identification and signs and symptoms of suicide
- Address the patient's immediate safety needs.
- Distribute prevention information such as the crisis hotline to individuals and their families.

GOAL 16: IMPROVE RECOGNITION & RESPONSE TO CHANGES IN A PATIENT'S CONDITION

- Use the "Rapid Response Team" by dialing 77 when a patient's condition worsens.
- Patients and/or their families are encouraged to ask staff to activate the Rapid Response Team when they have a concern about the patient's condition.