

# 2013 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 documents and/or name band.
- All specimen labeling **MUST** be done at the bedside in the presence of the patient.
- All staff are responsible for correct patient identification.

Eliminate transfusion errors related to patient misidentification.

- Two RNs at the bedside must verify order to transfuse blood product, blood type, unit number and expiration date, patient name and birth date, and sign name as verification.
- Match the patient to the blood component.

## 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.
- 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

- Identify 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 in pharmacy.
- High alert medications are designated with a “+ +” in the eMAR to bring attention to these medications.
- 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.
  - ✓ Patients on Coumadin receive diet instructions from dietician.
  - ✓ Be alert to eMAR built-in safety guides.
  - ✓ Use anti-coagulation flow sheets. Baseline and ongoing lab tests are required for all anticoagulants.

### Medication Reconciliation

- 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 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.
- No artificial nail applications with direct patient contact.
- Report all identified cases of unanticipated death or major permanent loss of function related to healthcare infection.
- 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, drapes, 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)
  - ✓ Secure catheters for unobstructed urine flow and drainage.
  - ✓ Evaluate need for indwelling catheter daily.

## GOAL 15: IDENTIFIES SAFETY RISKS IN OUR PATIENT POPULATION

- Identify patients 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.

### Universal Protocol

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 “UNIVERSAL PROTOCOL” form to document.
  - ✓ ALL members of the surgical/procedure team (staff, physicians and anesthesia) actively participate in the verification process.

### REDUCE THE RISK OF PATIENT HARM RESULTING FROM FALLS

- “Remember Red” Fall Reduction protocol.
- 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’ and ‘Stay with Me’ programs.

### 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.