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# National Patient Safety Goals

# *Patient Identification*

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## **01.01.01: Use at least two patient identifiers when providing care, treatment or services.**

- The two patient identifiers used in all areas of the hospital are **NAME & DATE OF BIRTH**. Medical record number may be used as an alternate.
- Active patient involvement should be a part of this process whenever possible.
- In Outpatient areas, Clinics and the Women's Health Center, a photo ID may be used. Permission to copy picture identification cards is obtained and copies are attached to the medical record.
- Containers for blood/other specimens are labeled in the presence of the patient.

## **01.03.01: Eliminate transfusion errors related to patient misidentification.**

- Patient identification is performed at the bedside by two RNs or RN and MD immediately prior to the administration of blood.
- A one-person verification process may be used when accompanied by automated identification technology such as bar coding.
- If a patient is not wearing an ID band, the RN will positively ID the patient with the help of other care givers and the Medical Record AND will place a hospital ID band (with name, date of birth and MR#) on the patient.
- All information on the Blood Bank Transfusion Slip must be verified and documented by two qualified individuals (two RNs or RN and MD).
- If any discrepancies exist, the transfusion cannot be started until they are resolved by the Blood Bank and the information is verified as acceptable to transfuse per doctor's order.

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# *Effective Communication Among Caregivers*

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02.03.01: Report critical results of tests and diagnostic procedures on a timely basis.

- The RN receiving a “critical test result” will
  - Record the critical result on the “Critical Test Result: label and “read back” the information to the caller.
  - The RN will notify the ordering physician of the critical results **within fifteen minutes** of receiving the critical results and will obtain any orders for follow-up testing **within thirty minutes** of reporting to the MD.
  - If unable to contact the ordering physician, the RN will notify the medical resident on call, the primary attending physician or one of the consultants as appropriate.
  - The completed “Critical Test Result” label will be pasted on the “Progress Notes” section of the medical record.

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# *Medication Safety*

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03.04.01: Label all medications, medication containers, and other solutions on and off the sterile field in peri-operative and other procedural settings.

- All medications and medication containers (such as syringes, medicine cups, basins and other solutions are labeled, on and off the sterile field.
- Labels must include medication/solution name, strength, dosage, expiration date, and initials.
- All labeling should be verified both verbally and visually by two qualified individuals when the person preparing the medication/solution is not the person who will administer the solution.

# Medication Safety

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03.05.01: Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.

- Anticoagulation therapy is individualized using approved protocols and procedures.
  - **IV Heparin:** follow the weight based protocol; only premixed standard concentrations are used. Heparin infusions are only administered with a programmable infusion pump.
  - **Subcutaneous Heparin:** monitor coagulation labwork. Heparin vials are stored in the Pyxis in single access packets; available concentrations are limited.
  - **Warfarin therapy:** unit-dose Warfarin is stored in the Pyxis in single access packets. Patients will fall into one of two categories:
    - New start of therapy or a current patient with fluctuation
    - Stable Warfarin maintenance patients
  - Provide education to patients and families regarding their anticoagulation therapy, including specific dietary concerns with Warfarin.

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# *Medication Safety*

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## 03.06.01 Maintain and communicate accurate patient medication information.

- Obtain and document a complete list of the patient's current meds upon admission and obtain admitting orders from the Physician if none are present on the chart.
- Compare the meds ordered by the Physician with those on the patient's current med list from home or other facility. Review meds with attending physician to ensure meds are continued or discontinued, as appropriate.
- The completed Medication Reconciliation Form is faxed to the Pharmacy for review and placed in the patient's chart (Physician's Records Section).
- If the patient is scheduled for the OR, the surgeon must review and reconcile all pre-op and post-op medication orders.
- When transferred to another unit or facility, the current medication list must be communicated to the next provider of care.
- When the patient is discharged, communicate the current med list to the patient or caregiver. Provide complete instructions about which meds to resume, discontinue or start at home.

# *Reduce the Risk of Health Care Associated Infections*

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**07.01.01: Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines.**

- Wash hands for 15-20 seconds before eating, after using the restroom and whenever hands are visibly soiled.
- Alcohol based hand rub can be used instead of hand washing in all other clinical situations.
- Wear gloves appropriately.
- Maintain fingernail length to ¼ inch or less; no artificial nails.

**07.03.01: Implement evidence-based practices to prevent health care associated infections due to multiple drug-resistant organisms (MDROs) in acute care hospitals.**

Three examples of MDROs are MRSA, VRE and ESBL.

Trinitas practices include:

- Staff/Patient/Family education about infection prevention strategies.
- Hand hygiene
- Contact precautions (use of gloves and gown for all room entry)
- Cleaning and disinfecting all shared equipment

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# *Reduce the Risk of Health Care Associated Infections*

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**07.04.01: Implement evidence-based practices to prevent central line associated bloodstream infections.**

- Staff Education/patient/family education about central-line infection prevention
- Hand hygiene
- Appropriate site selection
- Central line cart containing all equipment
- Chlorhexadine/BIOPATCH
- Daily goals/daily rounds

**07.05.01: Implement evidence-based practices for preventing surgical site infections.**

- Education of staff, patients and their families regarding surgical site infection prevention.
- Administer antimicrobial agents for prophylaxis for a particular procedure or disease according to SCIP guidelines.
- Use clippers when hair removal is necessary.

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# *Reduce the Risk of Health Care Associated Infections*

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07.06.01: Implement evidence-based practices to prevent catheter-associated urinary tract infections. CAUTI (Catheter-associated urinary tract infections)

## Indications for indwelling catheter

- Pre-/post operative
- Urinary output monitoring
- Urinary retention/obstruction
- Pressure Ulcer Wound Management (Incontinent patient)
- Patient request/End of Life

## CAUTI Collaborative Bladder Bundle

- Aseptic insertion and proper management
- Bladder ultrasound may help to avoid indwelling catheterization
- Condom catheters or intermittent catheterization in appropriate patients
- DO NOT use indwelling catheter unless you must
- Early removal of catheters

# *Identify Safety Risks Inherent in Our Patient Population*

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## 15.01.01: Identify patients at risk for suicide.

- Warning signs include, but are not limited to: acting depressed or withdrawn, sleeping too much or too little, talking about suicide, death or ending it all, refusing food, fluid or medications, etc.
- **All ED** patients should be screened for suicide risk.

### Protecting patients at risk:

- Relocate patient to a room near the nurse's station
- 1:1 supervision until evaluated by a psychiatrist
- Post sign outside of door instructing visitors to **STOP** - Report to the Nurse's Station before entering.

### Secure a safe environment:

- Remove all potentially dangerous objects from the room, including but not limited to matches, lighters, razors, shoelaces, phone cords, call bell cords, light cords, cleaning agents, plastic bags/garbage bags, etc.
- **ALERT** nursing staff on unit, housekeeping, dietary to avoid leaving potentially harmful items in room.

### What You Can Do - The most important actions to prevent suicide are:

- **Recognize** early warning signs; **Listen** carefully to your patients
- **Provide** prompt medical and psychiatric treatment
- **Do not** be afraid to ask the patient if he or she has thoughts about their own life -
- **YOU WON'T BE PUTTING IDEAS IN HIS/HER HEAD!**

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# Universal Protocol

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- UP.01.01.01: Conduct a pre-procedure verification process
  - Identification/verification of the correct patient, procedure, site and side (as appropriate) is completed at the following times:
    - When the surgery/procedure is scheduled
    - When the patient is admitted to the facility
    - When the patient is transferred from one caregiver to another.
- UP.01.02.01: Mark the procedure site
  - **AFTER identifying** the correct patient, procedure and location on the body **AND BEFORE entering** the operating or procedure room, the side/site of the procedure is marked with the **surgeon's/proceduralist's initials** at or near the incision site.
- UP.01.03.01: An **ACTIVE time-out** is performed **immediately prior** to starting procedures.
  - The **final verification** or **“time-out”** is done immediately prior to the start of the procedure. **ALL** team members must remain present in the room after the final verification has been done or it will have to be repeated.

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# *Safety and Quality Concerns*

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Employees who have concerns about the safety or quality of care provided at Trinitas Regional Medical Center should:

- Report these concerns to his/her manager, supervisor, Leadership or the Department of Human Resources per applicable hospital policy.
- Allow for a timely review and response by the organization.
- Safety and Quality concerns may also be reported to the Joint Commission.
- Disciplinary action will NOT be taken against any employee who reports safety or quality of care issues to the Joint Commission.

The logo consists of two overlapping circles on the left side of the slide. The top circle is a dark teal color and the bottom circle is a lighter teal color. The letters N, P, S, and G are stacked vertically in a black, sans-serif font, with each letter partially overlapping the circles.

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*Patient Safety*  
*is a*  
*Team Effort*