

NATIONAL PATIENT SAFETY GOALS

On April 1, 2008, the Joint Commission's Board of Commissioners approved the 2008 National Patient Safety Goals (NPSGs). As of January 1, 2009, all Joint Commission accredited health care organizations and the Disease-Specific Care certified programs will be surveyed for implementation of applicable 2009 goals and requirements—or acceptable alternatives (see below)—as appropriate to the services the organization or program provides.

Goal 1 **Improve the accuracy of patient identification.**

- 1A Use at least two patient identifiers when providing care, treatment or services.
- 1B Eliminate transfusion errors related to patient misidentification.

Goal 2 **Improve the effectiveness of communication among caregivers.**

- 2A For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and “readback” the complete order or test result.
- 2B Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.
- 2C Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
- 2D Report critical results of tests and diagnostic procedures on a timely basis.
- 2E Implement a standardized approach to “hand off” communications, including an opportunity to ask and respond to questions.

Goal 3 **Improve the safety of using medications.**

- 3A Standardize and limit the number of drug concentrations used by the organization. This requirement applies primarily to drugs frequently compounded in the hospital—most commonly to parenteral infusion or IV solutions. For purposes of the survey process, this requirement applies to “high alert” medications, including but not limited to concentrated electrolytes, cardioactive drugs, pressors, and antihypertensives.
- 3B Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.
- 3C Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.

Goal 4 **Reduce the likelihood of patient harm associated with the use of anticoagulation therapy. This requirement only applies to organizations that provide anticoagulation therapy.**

- 4A The organization implements a defined anticoagulant management program to individualize the care provided to each patient receiving anticoagulant therapy

4B Reduce compounding labeling errors, the organization uses ONLY oral unit dose products and pre-mixed infusions, when these products are available

4C When Pharmacy Services are provided by the organization, warfarin is dispensed for each patient in accordance with established monitoring procedures

4D The organization uses approved protocols for the initiation and maintenance of anticoagulation therapy appropriate to the medication used, to the condition being treated, and to the potential drug interactions

4E When dietary services are provided by the organization, the service is notified of all patients receiving warfarin and responds according to its established food/drug interaction program

4F When heparin is administered intravenously and continuously, the organization uses programmable infusion pumps in order to provide consistent and accurate dosing

4G The organization has a policy that addresses baseline and ongoing laboratory tests that are required for heparin and low molecular weight heparin therapies

4H The organization provides education regarding anticoagulation therapy to prescribers, staff, patients, and families

4I The organization evaluates its anticoagulation safety practices, takes appropriate action to improve its practices, and measures the effectiveness of those actions on a regular basis.

Goal 5 **Reduce the risk of health care-associated infections.**

5A 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.

5B Implement evidence-based practices to prevent health-care associated infections due to multidrug-resistant organisms in acute care and critical access hospitals.

5C Implement evidence-based practices for prevent central line associated bloodstream infections.

5D Implement evidence-based practices for preventing surgical site infections.

Goal 6 **Accurately and completely reconcile medications across the continuum of care.**

6A A process exists for comparing the patient's current medications with those ordered for the patient while under the care of the organization.

- 6B When a patient is referred or transferred from one organization to another, the complete and reconciled list of medications is communicated to the next provider of service, and the communication is documented. Alternatively, when a patient leaves the organization's care to go directly to his or her home, the complete and reconciled list of medications is provided to the patient's known primary care provider, the original referring provider, or a known next provider of service.
- 6C When a patient leaves the organization's care, a complete and reconciled list of the patient's medication is provided directly to the patient and, as needed, the family, and the list is explained to the patient and/or family.

- 6D In settings where medications are used minimally, or prescribed for short duration, modified medication reconciliation processes are performed.

Goal 7 The organization identifies safety risks inherent in its patient population.

- 7A Identify patient's risk for suicide.
- 7B Identify risks associated with home oxygen therapy such as home fires.

UNIVERSAL PROTOCOL FOR PREVENTING WRONG SITE, WRONG PROCEDURE, WRONG PERSON SURGERY

1. Conducts a pre-procedure verification process.
2. Mark the procedure site.
3. A time-out is performed before the procedure.

INFECTION CONTROL – HAND HYGIENE GUIDELINES

Infection Control

EVERYONE working in the health care environment is responsible for controlling infection. Be sure to use good hand hygiene and Standard Precautions. This protects you, your patients, and others around you.

STANDARD PRECAUTIONS

- Wash your hands.
- Wear gloves if hands will come in contact with body fluids or any wet surface.
- (eyes, mouth, etc.).
- Wear gowns if body fluid contact with your uniform could occur.
- Wear mask/goggles or mask with eye shield if splashing in face is anticipated.

STANDARD PRECAUTION STRATEGIES

Washing your hands is the most important factor in preventing the spread of disease!

1. Proper hand washing technique

- Turn water on to lukewarm temperature. Lukewarm water is less drying to the skin. The warmer the water, the more natural oils are lost and more drying effect on the skin. The purpose of the running water is to rinse germs off the skin after washing. Wet hands. Applying soap to wet hands assures more even distribution, good lather and less irritation.
- Apply soap. Work up a lather using friction for at least 15 seconds. Friction helps to get rid of the germs.
- Wash the entire surface of the hands and above the wrists. Be sure to wash between the fingers and under and around the nails. Greater number of germs may hide in the folds of skin.
- Rinse hands thoroughly, holding hands down to allow water to drain off the fingertips. Washing removes germs from the skin; thorough rinsing-flushes them away.
- Blot hands dry with clean paper towels. Blotting prevents irritation and chapping.
- Turn faucet off with clean paper towel to protect clean hands. Faucets were contaminated when turned on with soiled hands—both your hands and those who touched the faucet before you.
- If hands are not visibly soiled some hospitals allow the use of alcohol gel in place of hand washing. Gel must remain moist on hands for at least 15 seconds.

2. Good Housekeeping

- Do not pick up broken glass directly with gloved or bare hands.
- Place contaminated sharps in sharps containers, which are labeled "Bio-Hazard".