National Patient Safety Goals 2014

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Objectives

After completing this Computer-Based Learning (CBL) module, you should be able to:

- Describe why the 2014 Joint Commission National Patient Safety Goals are important.
- Describe how you and all clinical staff promote patient safety by using these safe practices.
The Importance of Safety Goals

- These goals support safe patient care practices that can prevent serious errors.
- Following these safe patient care practices is the right thing to do!
- The Joint Commission closely monitors our compliance during accreditation surveys.
2014 National Patient Safety Goals

- Prevent wrong site, wrong procedure, wrong patient surgery using the **Universal Protocol**:  
  - Conduct pre-procedure verification.
  - Mark the procedure site.
  - Perform a time-out before the procedure.

- Improve the accuracy of **patient identification**.  
  - Use two patient identifiers before administering medications, collecting specimens or providing tests, treatments or procedures.
  - Label specimen containers at the bedside.
  - Use a two-person verification process prior to blood administration.
National Patient Safety Goals, cont’d

- Improve the effectiveness of communication among caregivers.
  - Report critical results of tests and diagnostic procedures on a timely basis.
- Improve the safety of using medications.
  - Label all medications, solutions and medication containers, on and off the sterile field.
  - Implement evidence-based anticoagulant safety practices.
  - Maintain and communicate accurate patient medication information (medication reconciliation).
National Patient Safety Goals, cont’d

- Comply with **hand-hygiene** guidelines.
- Use **evidence-based practices** to reduce:
  - Multi-drug resistant organism infections.
  - Central-line associated bloodstream infections.
  - Surgical site infections.
  - Indwelling catheter-associated urinary tract infections.
- Identify patients at risk for **suicide** and address the patient’s immediate safety needs.
- **Long-term care**-specific goals:
  - Reduce the risk of patient falls.
  - Prevent healthcare-associated decubitus (pressure) ulcers.
New NPSG for 2014

Improve the safety of clinical alarm systems.

- As of July 1, 2014, leaders establish alarm system safety as a hospital priority.
- During 2014, identify the most important alarm signals to manage based on the following:
  - Input from the medical staff and clinical departments
  - Risk to patients if the alarm signal is not attended to, or if it malfunctions
  - Whether specific alarm signals are needed or unnecessarily contribute to alarm noise and alarm fatigue
  - Potential for patient harm based on internal incident history
  - Published best practices and guidelines
- GMC has established a multi-disciplinary team to inventory and assess the effectiveness of our clinical alarm systems.
You must follow the Universal Protocol for all operative and invasive procedures. Examples include:

- Percutaneous aspiration and biopsy,
- Central line placement,
- Chest tube insertion,
- Lumbar puncture,
- Amniocentesis,
- Circumcision,
- Endoscopy, and
- Operating room cases.
Time Out Step 1

Verify Patient, Procedure, Site

- Check two patient identifiers.
  - See Patient Care Policy #500-30, Patient Identification.
- Verify patient’s statement of procedure and site.
- Check relevant documentation to ensure consistency. Examples include:
  - Department or procedure schedule.
  - History and physical.
  - Physician orders.
  - Progress notes.
  - Consent.
- Verify that required equipment, lab and x-ray results are available and properly labeled.
Time Out Step 2
Mark the Site

- The person who will perform the procedure must mark the site with his or her initials.
- Site marking is required for procedures involving:
  - Laterality (left versus right).
  - Multiple structures (e.g., fingers, toes).
  - Multiple levels (e.g., spine).
- For site-marking exceptions, see Patient Care Policy #500-34, Universal Procedure Verification (Time Out).
Time Out Step 3

Conduct a Time Out

- Conduct a Time Out immediately prior to starting the procedure.
- All team members stop what they are doing and verbally confirm the correct patient, procedure and site. Use:
  - Active communication.
  - Verbal acknowledgment.
- Resolve any discrepancies prior to starting the procedure.
Time Out Step 4

Document the Time Out

- Document the Time Out on the appropriate form used by your department. Examples include:
  - Pre-procedure checklist (green form).
  - Pathway.
  - Moderate sedation flow sheet.
  - Computerized documentation.

- Document resolution of any discrepancies identified through the procedure verification process.

- You can watch various Time Out scenarios in the GMC *Time Out for Safety* video on GwinnettWork ([click here](#) for video).
Safety Stop!

- Associates, affiliate staff, non-physician practitioners, and medical staff are empowered to stop a procedure if someone has a safety concern.
- This is called a “Safety Stop.”
Safety Stop, continued

- Activate a Safety Stop in the event of:
  - Failure of any team member to comply with the requirements of the Universal Protocol.
  - Associate or practitioner is exhibiting signs of psychomotor impairment.
    - Examples: Alcohol or drug intoxication
  - Knowledge that an individual has willful intent to do harm to a patient.

- Read more in Patient Care Policy #500-51, Safety Stop: Authority to Intervene for Patient Safety.
Patient Identification

Use Two Patient Identifiers

- Always verify two patient identifiers prior to:
  - Administering blood.
  - Administering medication.
  - Obtaining specimens.
  - Performing routine treatments and procedures.
- Actively involve the patient, and the family as needed, in the identification process.
- Always label containers used for blood or other specimens in the presence of the patient.
  - Do not pre-label specimen containers!
In all cases, associates must compare:

A printed document with the two patient identifiers on it. Examples:
- Order
- Medication label
- Requisition
- Medication Administration Record (MAR)

The two patient identifiers on the patient’s ID band.
- Exceptions for non-banded patients and other settings are addressed in Patient Care Policy #500-30, Patient Identification.
Patient Identification

GMC Patient Identifiers

- Banded patients
  - Patient’s name (printed on band)
  - Medical record or account number (printed on band)

- Non-banded patients (clinic settings)
  - Patient states name.
  - Patient states birth date.

- Never use the patient room number or location as an identifier!
Blood/Blood Product Verification

Before administration:

- Match the blood or blood component to the order.
- Match the patient to the blood or blood component.
- Use a two-person verification process.
  - At GMC, only licensed nurses conduct the two-person verification process.
  - Follow the independent double-check process.
Blood/Blood Product Verification

Independent Double-Check Process

- **Why independent double-check?**
  - Studies have shown that manual redundancies detect about 95% of errors.
  - You are more likely to overlook an error if you just “walk through” the verification process with another person.

- **Independent double-check process:**
  - Two clinicians separately check each of the verification elements:
    - **First:** Alone and apart from each other.
    - **Then:** Compare results.
Blood/Blood Product Verification

Compare Patient’s Band with the Tag

- Patient Name, Medical Record #
- Transfusion Armband #

Note: In this case the armband name and numbers do not match!
- Do not start transfusion.
- Return unit to blood bank until the discrepancy can be resolved.
Blood/Blood Product Verification

Compare Blood Unit with the Tag

Blood Unit # 0

Blood Type O+
Reporting Critical Test Results

- When receiving a critical test result by phone:
  1. Write down the result, then
  2. Read it back to the caller.

- When phoning critical test results to the ordering practitioner:
  - Ask the practitioner to read-back and verify the result.
  - Document the communication.
    - Most units document using the yellow Critical Tests/Values sticker.
    - Units with electronic documentation may have different procedures. Follow your unit protocol.
  - Documentation of the communication allows the organization to monitor report timeliness.
Reporting Critical Test Results

- Below is a sample of a completed Critical Tests/Values sticker.
- Place completed stickers in the Progress Notes.

**CRITICAL TESTS/VALUES**

**Part I: Report**

Patient/MRN: Kathryn Kelley       MR# 555555
Date: 11/10/2008      Time: 1350
Critical Value(s): K+ 2.0
Result RAV’d by: M. Parks, RN

**Part II: Action Taken (complete and sign below)**

- Notification not required (protocol orders; expected or reoccurring results; and/or critical value but improved)

OR:

- MD/Provider R. Kildare, MD (name) notified on 11/10/2008 (date) at 1410 (time) and result RAV’d.
  (Note: For troponin >0.19, initiate Troponin Order Set as appropriate.)
- Physician order received
- No orders received

Nurse Signature: M. Parks, RN
Medication Safety Goals

Label Medications and Solutions

- Label **all** medications, medication containers or other solutions on and off the sterile field in perioperative and other procedural settings.
- This includes bedside invasive procedures.
- Examples of medication containers include:
  - Syringes.
  - Medicine cups.
  - Basins.
- Use pre-labeled medications or solutions, or use sterile pen and labels to mark all solutions.
Medication Safety Goals

Anticoagulant Safety

- Anticoagulation is a high-risk treatment that commonly leads to adverse drug events.
- GMC has a comprehensive anticoagulant management program (Patient Care Policy #500-56, Anticoagulant Safety).
- GMC has implemented special safety precautions for anticoagulants used for treatment purposes:
  - Warfarin (Coumadin®)
  - Low molecular weight heparin (e.g. Lovenox/Enoxaparin)
  - Unfractionated (IV) heparin
Medication Safety Goals

Anticoagulant Safety

- Warfarin (Coumadin®)
  - Baseline INR is required prior to the first dose.
  - The pharmacist will review baseline INR prior to dispensing.
  - The nurse must verify the INR prior to administration.
  - Contact prescriber if INR >3 and dose has not been addressed.

- IV and low molecular weight heparin
  - Safety precautions are outlined on order sets.
Medication Safety Goals

Anticoagulant Safety

- Provide education to patients, and their caregivers, about anticoagulants they are receiving.
  - Educate patients about home management if they will continue to take anticoagulants after discharge.
- Visit the Patient Education page on GwinnettWork for more information about approved anticoagulant safety patient education materials.
- A note about Warfarin (Coumadin®) education:
  - The patient’s nurse is responsible for providing basic Warfarin (Coumadin®) education.
  - Consult the dietician if additional support is needed for complex patients.
Medication Safety Goals

Medication Reconciliation

- Obtain and document a complete list of the patient’s medications upon admission.
- Compare the home medicine list with medications ordered for the patient during the encounter and resolve any discrepancies.
  - For example, reconcile with admission orders.
- Provide the patient with a complete list of current medications upon discharge or transfer.
- Explain the importance of managing medication information to the patient upon discharge.
  - See Patient Care Policy #500-46, Medication Reconciliation.
Reduce Healthcare-Associated Infections

Hand Hygiene

- Hand washing is the single most effective means of infection prevention and control.
- Follow GMC hand hygiene requirements covered in orientation and annual infection control education.
Reduce Healthcare-Associated Infections

Adopt Evidence-Based Practices

- GMC has implemented evidence-based practices to reduce patient risks for:
  - Multidrug-resistant organism infections
    - Examples: VRE, MRSA
  - Central line-associate bloodstream infections
  - Surgical site infections
  - Catheter-associated urinary tract infections (CAUTI)
- These practices have been incorporated into our policies and procedures. Examples:
  - Isolation precautions
  - Central line care
  - Surgical procedures
  - Order sets
Suicide Prevention

- Suicide ranks as the eleventh most frequent cause of death in the U.S.
  - It is the third most frequent cause of death in young people.
- One person dies from suicide every 16.6 minutes.
- The most frequently reported type of sentinel event is suicide.
- Identification of individuals at risk for suicide is an important first step in protecting and planning the care of these at risk individuals.
Identify Patients At Risk for Suicide

- GMC must specifically assess any patient admitted with a *primary* complaint or diagnosis of an emotional or behavioral disorder for his or her risk of suicide.

- Assessments are:
  - Performed primarily by the patient’s physician and others consulted by the physician.
    - Example: Assessment counselor.
  - Conducted where the patient presents for treatment. Examples include:
    - Emergency Department.
    - Inpatient unit.
Protect Patients At Risk for Suicide

- GMC ensures the safety of any patient assessed to be at risk for suicide.
- As appropriate to the patient’s needs and care setting, safety may be provided through:
  - Observation and supervision.
  - Example: Sitters
  - Restraint.
  - Removal of environmental hazards.
    - Examples: Sharps, glass, cords, medicines
Educate Patients At Risk for Suicide

Upon discharge to home, provide suicide prevention information to patients who were assessed to be at risk for suicide.

- Information may include the number for a crisis hotline.
- Assessment counselor or psychiatric CNS provides this information to patients.
- A crisis hotline number is also printed on ED and Med/Surg generic discharge instructions.
2014 GECC safety goals include:

- Assess and periodically reassess each resident’s risk for developing a decubitus (pressure) ulcer.
  - Taking action to address any identified risks.
- Reduce the risk of falls.
  - Assess the resident’s risk for falls.
  - Implement interventions based on assessed risk.
  - Educate the resident on their fall prevention strategies.
Summary

- Follow the Universal Protocol to prevent wrong-patient, wrong-procedure, wrong-site surgeries and invasive procedures.
  - Document the Time Out.
- Activate a Safety Stop if needed to restore patient safety.
- Use proper hand hygiene.
- Comply with infection prevention practices.
Summary, continued

- Verify two patient identifiers prior to:
  - Medicine and blood administration.
  - Obtaining specimens.
    - Label at the bedside!
  - Performing treatments and procedures.
- Use a two-person verification process prior to blood administration.
- Comply with unit/departmental procedures for the proper use of clinical alarms.
Summary, continued

- Label all medications and solutions.
- Follow anticoagulant safety practices.
  - Provide self-care education to patients and their caregivers.
- Obtain and reconcile a list of the patient’s home medicines.
  - Give the patient a copy at discharge.
- Know how your unit protects patients with assessed risk for suicide.
Resources

The **GMC Patient Safety** site on GwinnettWork (GwinnettWork / Departments / Quality Resources) provides you information about the National Patient Safety Goals and resources for implementation at GMC.
Congratulations!

- You have completed this CBL module.
- Thank you for your efforts to comply with the National Patient Safety Goals!
- Click on Take Test to continue.
- Questions? Contact:
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  - Patient Safety Coordinator
  - 678-312-4683