Objectives

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

- Describe why the 2017 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.
2017 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

Improve the safety of clinical alarm systems.

- GMC leaders have established alarm system safety as a hospital priority.
- A multi-disciplinary team has been formed to inventory and assess the effectiveness of our clinical alarm systems.
- The team is using pre-established criteria to identify the most important alarm signals to manage.
- During 2015, the team established policies and procedures for managing the alarms, and in 2016 educated staff about the purpose and proper operation of alarm systems for which they are responsible.
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
The most frequently reported type of sentinel event is wrong patient, wrong site, and wrong procedure.

The Universal Protocol must be followed for all operative and invasive procedures. Examples include:

- Percutaneous aspiration and biopsy
- Central line placement
- Chest tube insertion
- Lumbar puncture
- Amniocentesis
- Circumcision
- Endoscopy
- 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 GMC Connect
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 (Time Out)
  - 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
Use Two Patient Identifiers

- Always verify two patient identifiers prior to:
  - Administering blood
  - Administering medication
  - Obtaining specimens
  - Performing routine treatments and procedures
- Ask the patient to state and/or spell their name and date of birth as the minimum information used for patient identification
  - **Never** use the patient room number, location or diagnosis as an identifier!
- 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!**
Use Identifiers Consistently

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
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-step verification process
  - Follow the independent double-check process utilizing Transfusion Manager
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 (when Transfusion Manager is not able to be used):
  - Two clinicians separately check each of the verification elements:
    - **First**: Alone and apart from each other
    - **Then**: Compare results
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 using
    - Yellow Critical Tests/Values sticker or
    - Electronic documentation

- 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

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**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

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**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®)
  - Other oral anticoagulants: Pradaxa (dabigatran), Xarelto (rivaroxaban), Eliquis (apixaban)
  - Low molecular weight heparin - 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

- Other oral anticoagulants, IV and low molecular weight heparins
  - 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 under the department tab on GMC Connect 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 10th 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 12.8 minutes
- 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
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
GECC Safety Goals

2017 GECC Safety Goals include:

- NEW-Prevent indwelling catheter-associated urinary tract infections – CAUTIs
  - Educate staff, providers, residents on CAUTI prevention
  - Develop written criteria for catheter placement
  - Follow procedures for inserting and maintaining
  - Measure and monitor prevention processes and outcomes
- 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
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-step verification process prior to blood administration, using Transfusion Manager
- 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 Safety site on GMC Connect (GMC Connect/Safety tab/National Patient Safety Goals) 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
- Continue on to complete the NPSG Acknowledgment Statements.
- Questions? Contact:
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