The National Patient Safety Goals (NPSG) were established in 2002 to help accredited organizations address specific areas of concern in regards to patient safety.

- No new NPSGs were developed for 2011, but revisions to the NPSGs did occur.
- The following presentation will identify the 2011 NPSGs and highlight any applicable changes that have occurred.
GOAL 1: IMPROVE THE ACCURACY OF PATIENT IDENTIFICATION
Goal 1: Improve the accuracy of patient identification

- Use at least two patient identifiers when providing care, treatment, and services
  - Use at least two (2) patient identifiers when administering medications, blood/blood products, when collecting blood samples and other specimens for clinical testing and when providing treatments or procedures
  - Label containers used for blood and other specimens in the presence of the patient

**See UMC Policy I-176: Patient Identification**
UMC requires three (3) identifiers be used when possible. The three identifiers are:
- Patient Name
- Patient Date of Birth
- Account Number
Goal 1: Improve the accuracy of patient identification

- Eliminate transfusion errors related to patient misidentification
  - Before initiating a blood/blood component transfusion
  - When using a two-person verification process:
    - One individual conducting the verification is the qualified transfusionist who will administer the blood/blood component (RN)
    - The second individual conducting the verification is qualified to participate in the process
GOAL 2: IMPROVE THE EFFECTIVENESS OF COMMUNICATION AMONG CAREGIVERS
Goal 2: Improve the effectiveness of communication among caregivers

- Report critical results of tests and diagnostic procedures on a timely basis
  - For verbal or telephone orders or telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and “write down, read back, and verify” the complete order
  - Have a standardized list of DO NOT USE abbreviations
  - Measure, assess, and take action to improve the timeliness of reporting critical test results and values
  - Implement a standardized approach to “hand off” communication
GOAL 3: IMPROVE THE SAFETY OF USING MEDICATIONS
Goal 3: Improve the safety of using medications

- Label all medications, medication containers, and other solutions on and off the sterile field in the perioperative and other settings

  - In perioperative and other procedural settings both on and off the sterile field, label medications and solutions that are not immediately administered (even if there is only one medication)
    - labeling occurs when any medications or solutions are transferred from the original packaging to another container

- Verify all medications or solution labels both verbally and visually.
  - Verification is done by two individuals qualified to participate in the procedure whenever the person preparing the medication or solution is not the person who will be administering it
Goal 3: Improve the safety of using medications

- Reduce the likelihood of patient harm associated with the use of anticoagulant therapy
  - use approved protocols for initiation of maintenance of anticoagulation therapy

- Provide education regarding anticoagulant therapy to prescribers, staff, patients, and families. Patient/family education should include:
  - Importance of follow-up monitoring
  - Compliance
  - Drug-food interactions
  - The potential for adverse drug reactions and interactions
Goal 3: Improve the safety of using medications

- Maintain and communicate accurate patient medication information
  - Obtain information on the medications the patient is currently taking when he or she is admitted to the hospital or is seen in an outpatient setting
  - Compare 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 as needed) with written information on the medications the patient should be taking when he or she is discharged from the hospital or at the end of an outpatient encounter
  - Explain the importance of managing medication information to the patient when he or she is discharged from the hospital or at the end of an outpatient encounter
GOAL 7: REDUCE THE RISK OF HEALTH CARE-ASSOCIATED INFECTIONS
Goal 7: Reduce the risk of health care-associated infections

- Comply with either the current Centers of Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines

- Implement evidence-based practices to prevent health care-associated infections due to multidrug resistant organisms in acute care hospitals
  - Educate patients and their families as needed, who are infected or colonized with a multidrug resistant organism about health care-associated infection prevention strategies
Goal 7: Reduce the risk of health care-associated infections

- Implement evidence-based practices to prevent central line-associated bloodstream infections
  - Prior to insertion of a central venous catheter, educate patients/family about central line-associated bloodstream infection prevention
  - Perform hand hygiene prior to catheter insertion or manipulation
  - Evaluate all central venous catheters routinely and remove nonessential catheters
Goal 7: Reduce the risk of health care-associated infections

- Implement evidence-based practices for preventing surgical site infections
  - Educate patients/family who are undergoing a surgical procedure about surgical site infection prevention
  - When hair removal is necessary, use a method that is cited in scientific literature or endorsed by professional organizations
GOAL 15: THE HOSPITAL IDENTIFIES SAFETY RISKS INHERENT IN ITS PATIENT POPULATION
Goal 15: The hospital identifies safety risks inherent in its patient population

- **Identify patients at risk for suicide**
  - Conduct a risk assessment that identifies specific patient characteristics and environmental features that may increase or decrease the risk for suicide
  - Address the patient’s immediate safety needs and most appropriate setting for treatment
  - When a patient is at risk for suicide leaves the care of the hospital, provide suicide prevention information (such as a crisis hotline) to the patient and his or her family
UNIVERSAL PROTOCOL: FOR PREVENTING WRONG SITE, WRONG PROCEDURE, AND WRONG PATIENT SURGERY
Universal Protocol: For preventing wrong site, wrong procedure, and wrong patient surgery

- Conduct a preprocedure verification process

- Mark the procedure site ✗
  - At a minimum, sites are marked when there is more than one possible location for the procedure and when performing the procedure in a different location would negatively affect the quality or safety

- Mark the procedure site before the procedure is performed and, if possible, with the patient involved
Universal Protocol: For preventing wrong site, wrong procedure, and wrong patient surgery

- **A time-out is performed before the procedure**
  - Conduct a time-out immediately before starting the invasive procedure or making the incision
  - When two or more procedures are being performed on the same patient, and the person performing the procedure changes, perform a time-out before each procedure is initiated

- During the time-out, the team members agree on the following:
  - Correct patient identity
  - Correct procedure site
  - Correct procedure to be completed