

## 2015 TJC National Patient Safety Goals



**Goal #01:01 Use at least two patient identifiers when providing care, treatment, and services.**

- a) Use at least 2 patient identifiers when giving medications, blood or blood products, taking specimens or providing any treatment. (patient's name and date of birth)
- b) Label containers for blood and other specimens in patients presence

**Goal #01.03: Eliminate transfusion errors related to patient misidentification.**

- a) Match blood or blood component to order
- b) Match patient to blood or blood component
- c) Use two person verification process (one person must be the qualified transfusionist who will administer the blood or blood component to the patient, the second person is qualified to participate in the process as identified by hospital policy)

**Goal #02.03: Report Critical results of test and diagnostic procedures on a timely basis**

- a) Critical results reported to primary care provider immediately
- b) Critical results relayed to physician within 30 Minutes or timeframe appropriate for results

**Goal #03.04: Label all medications, medication containers and solutions on and off the sterile field in perioperative or other procedural settings (includes syringes, medicine cups & basins)**

- a) If not immediately administered, label as it is prepared
- b) If transferred from original packaging to another container
- c) Verify all medication or solution labels verbally and visually
- d) Label properly, medication labels include the following: dose, strength, quantity, diluents & volume (if not apparent from the container); expiration date when not used within 24 hrs. expiration time when expiration occurs in less than 24 hours.
- e) Note: date and time are not necessary for short procedures, as defined by the hospital
- f) Discard any medication or solutions not labeled and discard any not used after the procedure.
- g) All medications and solutions both on & off the sterile field & their labels are reviewed by entering & exiting staff responsible for the management of medications.



**Goal #03.05 Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.**

- a) Use unit dose products, approved protocols, programmable pumps to administer intravenously and continuous.
- b) Obtain baseline and ongoing lab test required for anticoagulant therapy, use INR to adjust therapy and document in medical record
- c) provide patient education for food and drug interactions, importance of follow-up, compliance, potential for adverse reactions
- d) evaluate safety practices & measure effectiveness

**Goal # 03.06 Maintain and Communicate Accurate Patient Medication Information. (Effective July 1, 2011)**

- a) Obtain information on the medications the patient is currently taking
- b) Compare medication information the patient provided with medications the M.D. ordered/resolve discrepancies
- c) Upon discharge provide the patient with written information on meds that should be taken at home
- d) Explain to the patient the importance of managing medication information (give list to primary care M. D., update list as meds change, include over the counter meds etc.)



**Goal 06.01: Improve the Safety of Clinical Alarm Systems**

- a) Establish alarm system safety as a hospital priority
  - a. Ensure clinically appropriate setting for alarm signals
  - b. Establish when alarms can be disabled, when parameters can be changed, who has the authority to set alarm parameters and change the parameters, who has the authority to set alarm parameters to “off”
  - c. Set procedures for checking individual alarm signals for accurate settings, proper operation, and detectability
- b) Ensure that alarms on medical equipment are heard and responded to on time.
- c) Educate staff & Licensed independent practitioners about the purpose and proper operation of alarm systems for which they are responsible (1/1/2016)

**Goal #07.01: Comply with CDC hand-hygiene guidelines**

- a) When hands are visibly dirty, vigorously wash all surfaces of your hands for at least 15 seconds
- b) Use alcohol-based hand gels before entering each patient’s room and when leaving.



**Goal #07.03: Implement evidence-based practices to prevent health care associated infections due to multidrug-resistant organisms**

- a) Wash hands before and after caring for all patients, teach patients and families who are colonized or infected about MDRO’s
- b) Follow contact precautions as directed, patient screening as ordered, communicate with other departments upon transfer
- c) Conduct periodic risk assessment, implement surveillance programs, measure & monitor outcomes, provide outcome data to key stakeholders, implement policies & practices aimed at reducing the risk of transmission
- d) When indicated by risk assessment implement alert system that identifies new or readmitted patients with MDROs
- e) Educate licensed independent practitioners, nursing staff and other clinical staff

**Goal #07.04: Implement evidence-based practices to prevent central line associated bloodstream infections.**

- a) Hand hygiene, Chlorhexidine-based antiseptic for skin prep (if over 2 months of age), optimal site selection, maximal barrier precautions during placement, and daily evaluation of site, educate patient and family.
- b) Use standard central line checklist & protocols & supply cart or kit for insertion
- c) Perform hand hygiene prior to catheter insertion or manipulation.
- d) For adults do not insert catheter into femoral vein unless other sites are unavailable
- e) Use standard protocol to disinfect catheter hubs & injection ports before accessing the ports
- f) Remove unessential catheters

**Goal #07.05: Implement evidence-based practices for preventing surgical site infections.**

- a) Hand hygiene, appropriate room disinfection, sterilization of instruments, proper skin preparation
- b) Prophylactic antibiotics, proper postoperative wound care.
- c) When hair removal is necessary use approved scientific method or method endorsed by professional organizations....follow hospital policy.
- d) Monitor compliance with best practices and evidence-based guidelines
- e) Educate patient and family about infection prevention.
- f) Conduct periodic risk assessments and evaluate effectiveness of prevention effort and educate staff and key stakeholders

**Goal # 07.06: Catheter associated Urinary Tract Infection (Adult population only).**

- a) Insert and manage indwelling urinary catheters utilizing evidence based guidelines
- b) Limit use and duration of catheter and use aseptic techniques for site prep.
- c) Secure catheters for unobstructed urine flow, Maintain sterility of collection system, replace collection system as needed and use appropriate specimen collection methods.
- d) Monitor compliance with evidence based guidelines and evaluate the effectiveness of prevention efforts.

**Goal #15.01: Identify patients at risk for suicide**

- a) Conduct a risk assessment; address the patient's immediate safety need as indicated by patient characteristic & environmental features.
- b) Assess patient's immediate safety needs & most appropriate treatment setting.
- c) Provide patient and family suicide prevention information and on discharge as well



**Goal Universal Protocol (UP) 01.01: Conduct a pre-procedure verification process**

- a) Verify correct procedure, correct patient, correct site, with patient involvement when possible
- b) Identify items that must be available for procedure, match items for procedure area to the patient
- c) Relevant documentation (examples: H&P, signed consent, nursing assessment, pre-anesthesia assessment)
- d) Labeled diagnostic & radiology test results are properly displayed.

- e) Any required blood products, implants, devices and/or special equipment
- f) Match the items that are available in the procedure area to the patient

**Goal UP 01.02: Mark the procedure site**

- a) Mark site before procedure performed, marked by licensed independent practitioner who will perform procedure, mark with the word yes and initialed
- b) Alternative process for those patients who refuse marking



**Goal UP 01.03: A time out is performed before the procedure**

- a) Immediately before starting procedure or making an incision
- b) Standardize the procedure as outlined by the hospital
- c) Time –out initiated by a designated team member
- d) All team members agree it is correct patient, correct site, correct procedure
- e) When 2 or more procedures are being performed on the same patient, and the person performing the procedure changes, perform time-out before each procedure is initiated
- f) Document the completion of the time-out