


Welcome to the National Patient Safety Goals annual training. The Joint Commission annually defines and approves a set of National Patient Safety Goals for all accredited organizations. The goals provide defined approaches to help organizations reduce or eliminate significant risks to a patient's safety. Compliance is mandatory to maintain Joint Commission accreditation. This course was designed to inform you of The Joint Commission's National Patient Safety Goals so you can positively impact patient safety.

Slide 2

### Course Information

Course Title:	National Patient Safety Goals for Clinical Staff
Regulations/Standards:	Joint Commission 2013 National Patient Safety Goals
Approximate Time to Complete:	20 minutes
Content Version:	Clinical Staff
Intended Audience:	Clinical Staff
 Technical Specifications:	Flash Player 9, Internet Explorer 6, Course Contains No Audio. <b>PLEASE REVIEW NOTES TAB FOR MORE COURSE INFORMATION</b>
Date Revised:	February 1, 2013

#### Contact Information

Please forward any content questions or concerns to the Subject Matter Expert:	<b>Kristie Lowery 484-884-8781</b>
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Please call the Help Desk at 610-402-8303 with any technical issues.

The National Patient Safety Goals course fulfills the training requirements set by The Joint Commission. The course should take approximately 20 minutes to complete. If you have any questions, please contact the appropriate number listed on this screen. Remember, all technical questions should go to the Help Desk at 610-402-8303.

To review the navigational features of the course, click on the Navigation tab at the top of the screen.

**Objectives**

**Upon completion of this course, you will be able to:**

- List the Joint Commission's National Patient Safety Goals (NPSG) requirements
- Apply the NPSG in clinical practice
- Identify processes implemented to comply with the NPSG

**Demonstrate Knowledge**


Upon completion of this course, you will be able to:

- List the Joint Commission's National Patient Safety Goals (NPSG) requirements,
- Apply the National Patient Safety Goals in clinical practice, and
- Identify processes implemented to comply with the National Patient Safety Goals.

If you feel you have already mastered the content described in the course objectives and would like to demonstrate your knowledge, you may click the "Demonstrate Knowledge" button and move directly to the course test. You must earn a score of at least 80% on the test to successfully pass this course.

However, it is suggested that you review the content as it has been updated. To continue onto the course content, please select the next button located at the bottom of the screen.

## About the NPSG




- All accredited organizations are surveyed for compliance with these goals
- Each requirement has specific Implementation Expectations (IE)
- Each requirement is based on evidence-based practice and/or expert recommendations
- An organization that does not comply with any one of the NPSG requirements will receive a Requirement for Improvement (RFI)

All accredited organizations are surveyed for compliance with these goals during random unannounced surveys (RUS), “for cause” surveys, and regular re-accreditation and re-certification surveys.

Each NPSG requirement has specific Implementation Expectations (IE) that must be implemented and consistently practiced by all accredited healthcare organizations. Each requirement is based on evidence-based practice and/or expert recommendations.

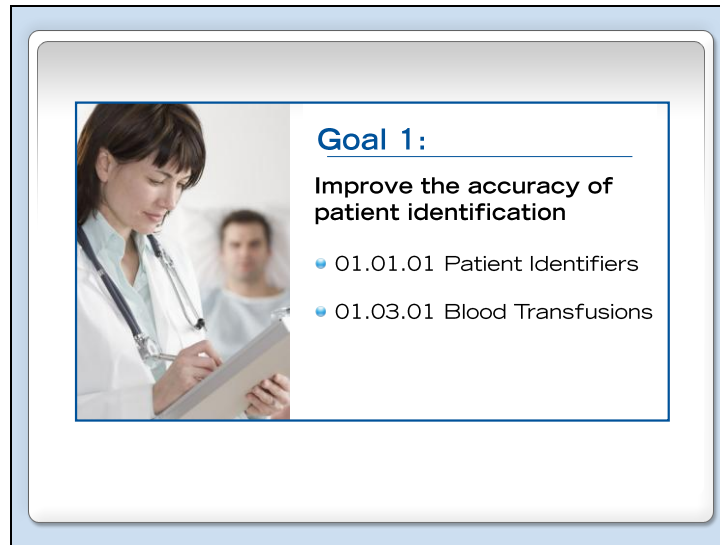
Slide 5

 **The Joint Commission**

**National Patient  
Safety Goals**

**In the following section, you will learn more about the  
2013 National Patient Safety Goals.**

In the following section, you will learn more about the 2013 National Patient Safety Goals.



**Goal 1:**

**Improve the accuracy of patient identification**


- 01.01.01 Patient Identifiers
- 01.03.01 Blood Transfusions

Goal number 1 is to improve the accuracy of patient identification.

**Patient Identifiers**

- **Use 2 identifiers:**
  - Name
  - Date of birth (DOB)
  - Exceptions: Behavioral Health and Home Care use alternate identifiers
- **Each time for:**
  - Medication administration
  - Blood administration
  - Blood draws
  - Obtaining specimens (label in presence of patient)
  - Treatment/procedures (i.e. foley)

**Do not use patient room number as an identifier**




To improve the accuracy of patient identification, use two identifiers to verify the patient identity. Both name and date of birth must always be used for the following processes:

- Medication administration
- Blood administration
- Blood draws
- Specimens for clinical testing (these must be labeled in the presence of the patient) and
- Providing treatment or procedures

The two pieces of identifying information are compared between two distinct information sources. Proper use of bar-coding meets the two identifier requirement. The patient needs to be included in the verification process by asking the patient to state their name and date of birth, if able to do so.

## Transfusions

- Verify patient identifiers before initiating blood transfusion or blood products
- Use two identifiers for verification
- Use two staff persons to verify patient identification
  - One must be qualified to give blood
  - Second one must be qualified to participate in the process




The purpose of this goal is to eliminate transfusion errors related to patient misidentification.

Before administering blood or blood products, a two person verification is conducted at the bedside to verify the patient information. At least two unique patient identifiers, such as name and date of birth, should be used to identify the patient.

The two person verification is conducted by staff approved to participate in the process of verifying blood. One person conducting the identification verification must be the qualified staff person that will administer the blood or blood component to the patient.

The other person participating in the patient verification process must be qualified to participate in the process.



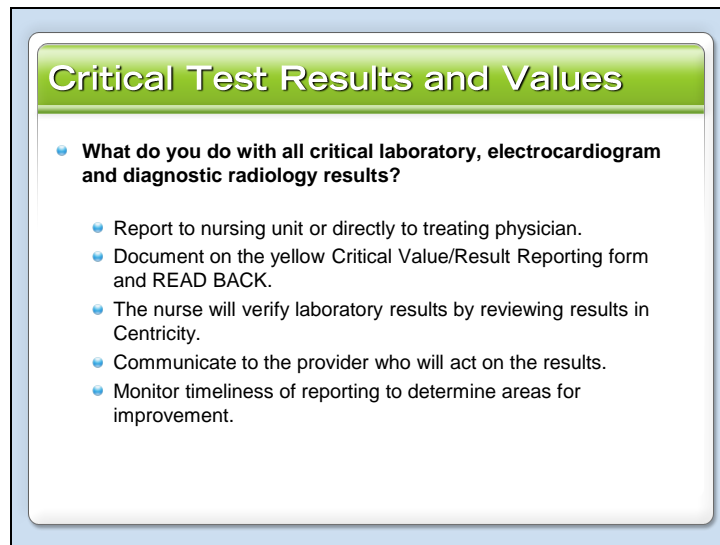


**Goal 2:**

**Improve the effectiveness of communication among caregivers**

- 02.03.01 Critical Test Results and Values


Goal number 2 is to improve the effectiveness of communication among caregivers.



**Critical Test Results and Values**

- **What do you do with all critical laboratory, electrocardiogram and diagnostic radiology results?**
  - Report to nursing unit or directly to treating physician.
  - Document on the yellow Critical Value/Result Reporting form and READ BACK.
  - The nurse will verify laboratory results by reviewing results in Centricity.
  - Communicate to the provider who will act on the results.
  - Monitor timeliness of reporting to determine areas for improvement.

When a qualified staff member receives a critical lab value, EKG reading, or x-ray reading, he or she must write the result on the yellow “Critical Value Report” chart form and READ back results, word for word to the person providing the information. The nurse verifies laboratory results by reviewing the results in Centricity. Results must be reported to the physician as soon as they are obtained.



**Goal 3:**

**Improve the safety of using medications**

- 03.04.01 Labeling medications, solutions, and containers
- 03.05.01 Anticoagulation therapy
- 03.06.01 Medication Reconciliation

Goal number 3 is to improve the safety of using medications.

## Labeling

Labeling includes:

- Drug/solution name
- Strength/amount
- Initials of person preparing solution
- Date/time prepared and the diluents for IV ad mixtures
- Expiration date/time if not used within 24 hours
- Expiration time when expires in less than 24 hours

- Any medications/solutions found unlabeled are immediately discarded
- All labels verified by 2 qualified individuals whenever person preparing medication/solution is not person administering it

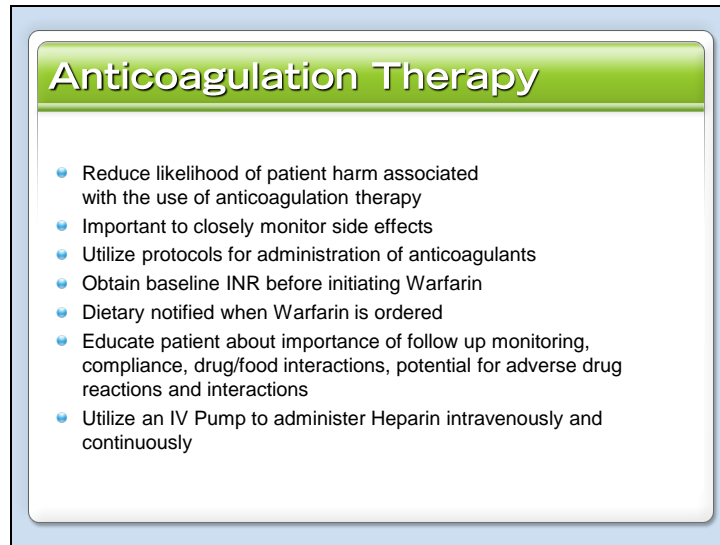
The image shows three orange plastic medication containers of different sizes and shapes, along with a white circular cap. They are arranged in a cluster, representing various types of medical supplies that require labeling.

All medications, solutions and containers on and off the sterile field in perioperative and other procedural settings need to be labeled even when there is only one medication.

Labeling includes:

- Drug or solution name
- Drug strength and amount
- Initials of person preparing the solution
- Date and time prepared and the diluents for IV ad mixtures
- Expiration date and time when not used within 24 hours
- Expiration time if expiration occurs in less than 24 hours

Any medications or solutions found unlabeled are discarded. All labels must be verified by two qualified individuals whenever the person preparing the medication or solution is not the person administering it.



The slide is titled "Anticoagulation Therapy" in a green header. Below the header is a list of seven bullet points, each starting with a blue circular icon. The text is as follows:

- Reduce likelihood of patient harm associated with the use of anticoagulation therapy
- Important to closely monitor side effects
- Utilize protocols for administration of anticoagulants
- Obtain baseline INR before initiating Warfarin
- Dietary notified when Warfarin is ordered
- Educate patient about importance of follow up monitoring, compliance, drug/food interactions, potential for adverse drug reactions and interactions
- Utilize an IV Pump to administer Heparin intravenously and continuously

The purpose of this goal is to reduce the likelihood of patient harm associated with the use of anticoagulation therapy. Anticoagulation therapy poses risks to patients and often leads to adverse drug events due to complex dosing, requisite follow up monitoring, and inconsistent patient compliance.

Standardized procedures for anticoagulation therapy that include involvement of the patient can reduce the risk of adverse drug events associated with Heparin and Coumadin. Utilize anticoagulation protocols whenever possible.

Obtain a baseline INR and monitor the INR for subsequent anticoagulation doses.


Always use a pump to administer Heparin intravenously or continuously.

When an order for Warfarin is entered into CAPOE, dietary receives electronic notification.

Provide education to patients and families on the importance of follow up monitoring, compliance, drug/food interactions, potential for adverse drug reactions and interactions.

### Medication Reconciliation

- Obtain patient's current medication list at point of entry
- Identify and reconcile discrepancies:
  - Within 24 hours of inpatient admission
  - At time of discharge
- Document reconciliation
- Provide reconciled list of medications to:
  - Patient at time of discharge
  - At end of outpatient encounter if change is made to medication list
- Include status of patient medications with all patient care hand-offs
- Educate patient on medication management
- Instruct patient to give list of medication to next provider of care




**Medication lists cannot contain Do Not Use Abbreviations or the statement "resume home meds"**

It is important to maintain and communicate accurate patient medication information. You must obtain a patient's current medication list at the point of entry. This list includes current medications and those taken on an as-needed basis. Identify and reconcile any discrepancies, including omissions or duplicates, and correct the medication, dose, frequency, route, and/or time. Reconcile this list within 24 hours of inpatient admission and at time of discharge. In ambulatory settings, reconcile the medication list any time there is a change in medications. Document the reconciliation and communications used to reconcile the medication reconciliation list.

The patient must be given a reconciled list of medications at the time of discharge or at the end of an outpatient encounter if there are medication changes. Explain the importance of managing medication information to the patient when discharged or at the end of a patient encounter. This includes instructing the patient to give a list of medication to the next provider of care and to update the information on the list when medications are discontinued, doses are changed or new medications are added (including OTCs). Document that the information was reviewed with the patient. Include the status of patient medications with all patient care hand-offs.

Medication lists cannot contain Do Not Use Abbreviations or the statement "resume home meds".

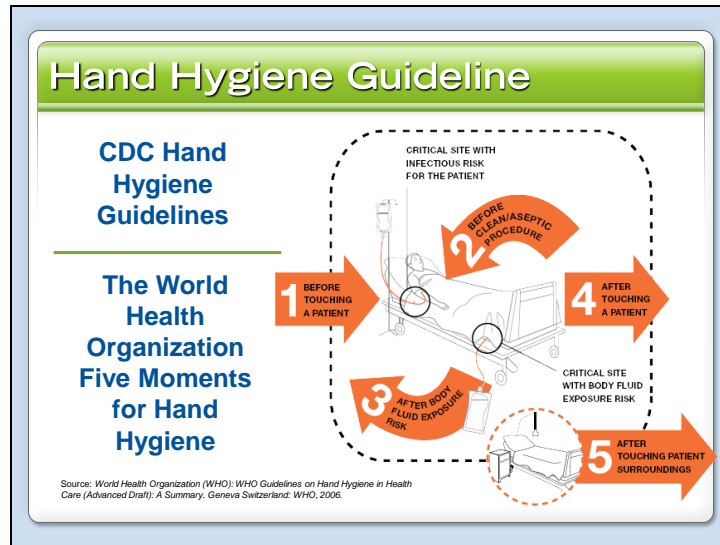
You cannot write an order to resume previous medications for your patients.



**Goal 7:**  
**Reduce the risk of healthcare-associated infections**

- 07.01.01 Meeting Hand Hygiene Guidelines
- 07.03.01 Healthcare-Associated Infections
- 07.04.01 Central Line-Associated Bloodstream Infections
- 07.05.01 Surgical Site Infections
- 07.06.01 Catheter Associated Urinary Tract Infection

Goal number 7 is to reduce the risk of healthcare-associated infections.



To reduce the risk of healthcare-associated infections, we follow the Centers for Disease Control (CDC) Guidelines and the World Health Organization Five Moments for Hand Hygiene. The 5 Moments for Hand Hygiene approach defines the key moments when healthcare workers should perform hand hygiene.

The approach recommends healthcare workers clean their hands:

- When entering the room and/or before patient contact
- Before clean/aseptic procedures
- After body fluid exposure risk
- After patient contact and/or when leaving the room
- After contact with the patient's surroundings

The CDC Hand Hygiene Guidelines state that hands must be washed with soap, running water, and friction or an alcohol-based, waterless hand sanitizer upon entering and exiting each patient room (Gel upon entry and exit). When hands are visibly soiled, they must be washed with soap and water. With a diagnosis of *Clostridium difficile*, hands must be washed with soap and water.

Healthcare personnel providing direct care to patients may not wear artificial nails, plastic press-on nails or nail wraps.

Gloves may only be worn for one patient and must be removed after caring for that patient.



### Healthcare-Associated Infections

Three NPSGs address Healthcare-Associated Infections (HAI's)

- Multiple-Drug Resistant Organisms
- Central Line-Associated Bloodstream Infections
- Surgical Site Infections
- Catheter Associated Urinary Tract Infections

Think Prevention & Routine Hand Hygiene




Healthcare-associated infection (HAI) is a major problem for patient safety, and its surveillance and prevention must be a top priority for hospitals committed to making healthcare safer. Most infections are preventable. Hand hygiene is the primary measure to reduce HAI's.

Four of the National Patient Safety Goals address healthcare-associated infections which include:

- Multiple-Drug Resistant Organisms
- Central Line-Associated Bloodstream Infections
- Surgical Site Infections
- Catheter Associated Urinary Tract Infections

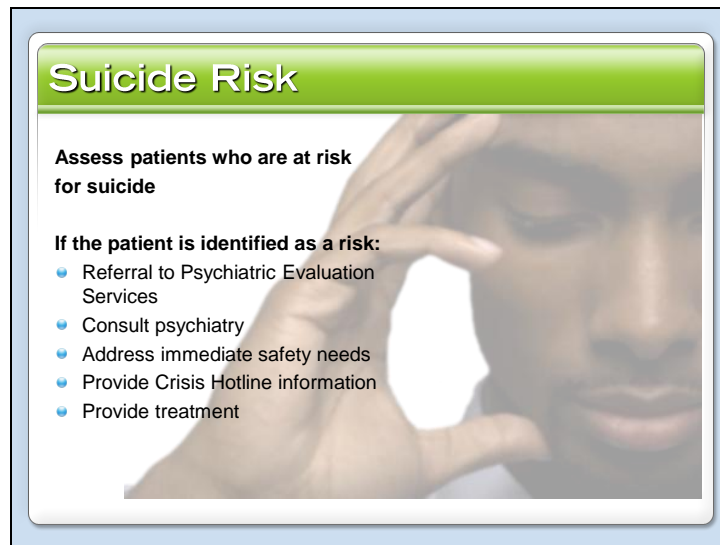
Further information and details regarding healthcare-associated infections is presented in the accompanying, Prevention of HAI eLearning module.



**Goal 15:**  
The organization identifies safety risks inherent in its patient population

- 15.01.01: Suicide Risk

Goal number 15 is for organizations to identify the safety risks inherent in its patient population.



**Suicide Risk**

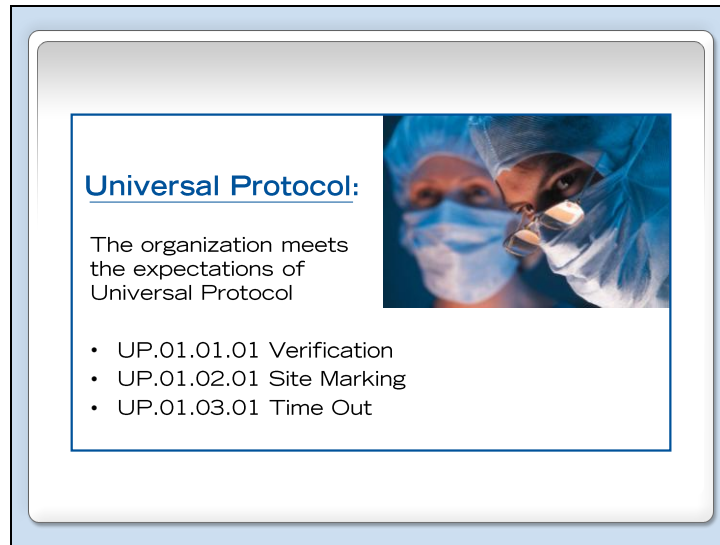
**Assess patients who are at risk for suicide**

**If the patient is identified as a risk:**

- Referral to Psychiatric Evaluation Services
- Consult psychiatry
- Address immediate safety needs
- Provide Crisis Hotline information
- Provide treatment

This goal requires that patients who are at risk for suicide are assessed. Any patient with a diagnosis of emotional or behavioral disorders or substance abuse is required to be screened for suicide risk. Screenings will be done in the emergency room and behavioral health and when a patient is admitted to the hospital with a primary diagnosis of emotional/behavioral disorders or substance abuse. Document that the screening and assessment were completed.

If the patient is identified as at risk, psychiatric referral should be obtained and you should consult with psychiatry. Immediately address the safety needs of the patient and provide the patient with Crisis Hotline information. Provide the patient with the appropriate treatment.



**Universal Protocol:**

The organization meets the expectations of Universal Protocol

- UP.01.01.01 Verification
- UP.01.02.01 Site Marking
- UP.01.03.01 Time Out

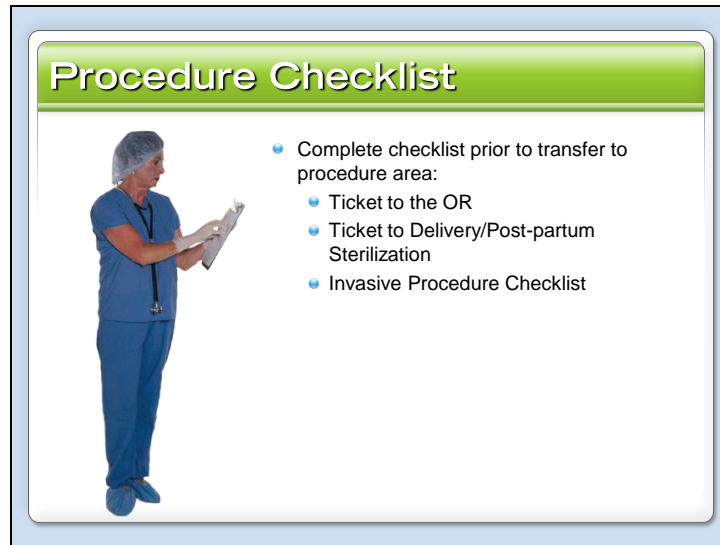
The final goal is that the organization meets the expectations of Universal Protocol.



### Universal Protocol Verification

- All surgical AND invasive procedure areas, including at the bedside, must have a pre-procedure verification process
- Initiate process when the procedure is scheduled, for preadmission testing, & before patient leaves for procedure area
- Involve patient when awake and aware
- Utilize ticket to the OR (L&D) or Invasive Procedure Checklist to confirm verification of relevant documentation for H&P consent form, diagnostic tests, required blood procedures, equipment, etc...

All surgical and invasive procedure areas, including procedures at the bedside, must have a pre-procedure verification process to verify the correct procedure, correct patient, at the current site. The patient needs to be involved in the verification process. This process should be initiated when the procedure is scheduled, for pre-admission testing, and before the patient leaves for the procedure area. Verify patient identification any time responsibility of patient is transferred. You should involve the patient when he or she is awake and aware.



### Procedure Checklist

- Complete checklist prior to transfer to procedure area:
  - Ticket to the OR
  - Ticket to Delivery/Post-partum Sterilization
  - Invasive Procedure Checklist

Complete the procedure checklist prior to transfer to the procedure area.

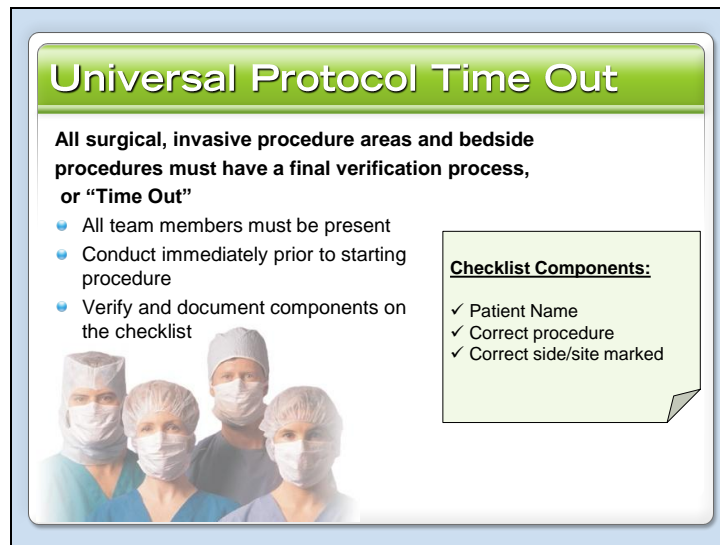
### Universal Protocol Site Marking

- Verify site of procedure with the patient
- Site marking needs to be completed for procedures involving laterality, spinal levels, multiple digits/structures, midline procedures involving laterality
- Site marking is to be completed by physician/proceduralist who will be performing the procedure
- Site marking is done by writing the physician/proceduralist initials at the appropriate site
- Site marking needs to be visible after the patient is draped
- Utilize grey wrist band when you can not mark site on patient



Verify the site of the procedure with the patient. Site markings need to be completed for procedures involving laterality, spinal levels, multiple digits or structures, and midline procedures involving laterality. The site marking should be completed by the physician or proceduralist who will be performing the procedure. To mark the site, the physician or proceduralist will write his or her initials at the procedure site. The marking must be visible after the patient is draped.

If site marking can not be placed on skin, or patient refuses, apply a grey wrist band. The physician will indicate site on the wrist band located on limb that is same side as planned procedure.




**Universal Protocol Time Out**

**All surgical, invasive procedure areas and bedside procedures must have a final verification process, or “Time Out”**

- All team members must be present
- Conduct immediately prior to starting procedure
- Verify and document components on the checklist

**Checklist Components:**

- ✓ Patient Name
- ✓ Correct procedure
- ✓ Correct side/site marked



All surgical, invasive procedure areas and bedside procedures must have a final verification process, or a “Time Out”. During the time out, all team members must be present. The entire team pauses and is engaged in the process. Components listed on the checklist are verified and documented. The time out must address patient name, the correct procedure, and correct side or site marked.

A time out is done whenever there is a change in surgical team and for cases where there are two consents completed for the procedure.



**Your Responsibility**

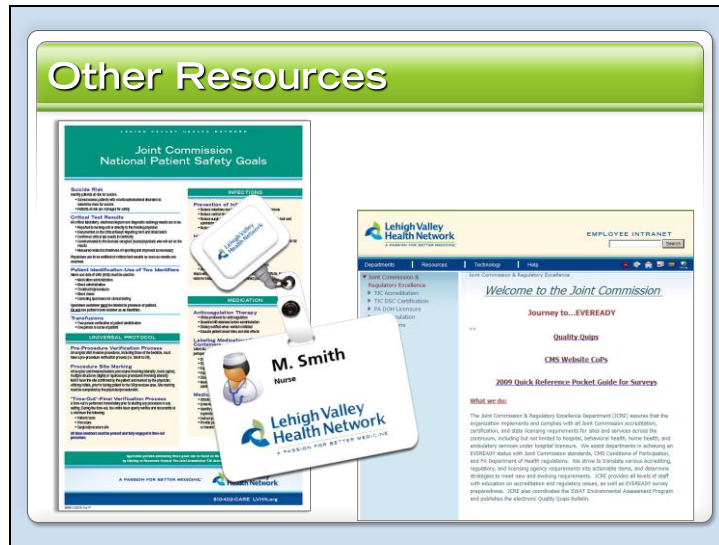
- Be knowledgeable of NPSG
- Be able to speak to goals and how to comply
- Be aware of policies involving NPSG
- Be compliant because it is the right thing to do for our patients
- Practice compliance to NPSG every day

The slide features a photograph of five healthcare professionals (three men and two women) standing together. They are dressed in professional attire, including scrubs and a lab coat. The background is a plain, light color.

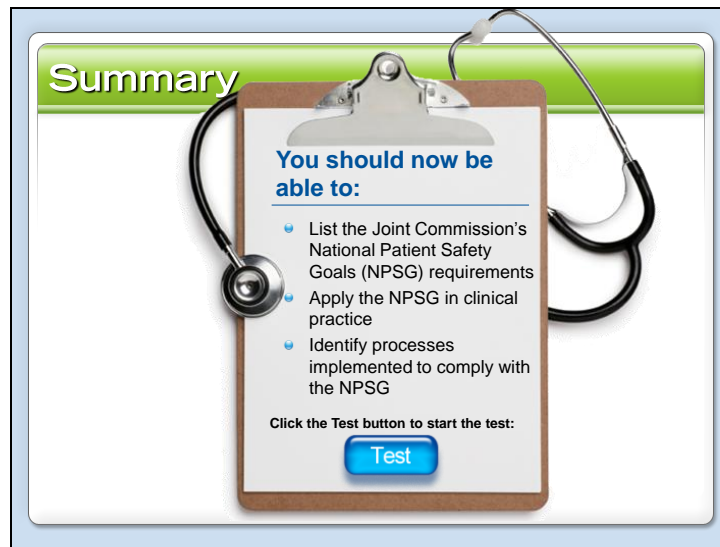
What are your responsibilities regarding the National Patient Safety Goals?

You should:

- Be knowledgeable of the National Patient Safety Goals
- Be able to speak to the goals and how to comply
- Be aware of policies involving the National Patient Safety Goals
- Be compliant because it is the right thing to do for your patients, and
- Practice compliance to the National Patient Safety Goals every day



You can find additional resources and information on the National Patient Safety Goals through posters, name tag badges, talking points, and policies located on the LVHN Intranet, and the Joint Commission FAQs.



You should now be able to:

- List the Joint Commission's National Patient Safety Goals requirements,
- Apply the National Patient Safety Goals in clinical practice, and
- Identify processes implemented to comply with the National Patient Safety Goals.

If you need to review, you can select the Outline tab and click on any topic. If you are ready to start the final test, click the Test button. You must earn a score of at least 80% on the test to successfully pass this course. If you do not pass on your first attempt, you may go back and try the test again. Good Luck!

Slide 28

Question 1 of 10

Select the two pieces of information that are acceptable to use as identifiers:

- Room number
- Patient name
- Date of birth
- Procedure

**PROPERTIES**

- On passing, 'Finish' button:
- On failing, 'Finish' button:
- Allow user to leave quiz:

quiz

After user has completed

Close Window  
Goes to Slide  
After user has completed

Properties...

Edit in Quizmaker

