

NPSG FY22 Student

1.1 Patient Safety II

National Patient Safety Goals For Clinical Staff




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.



1.2 Course Information

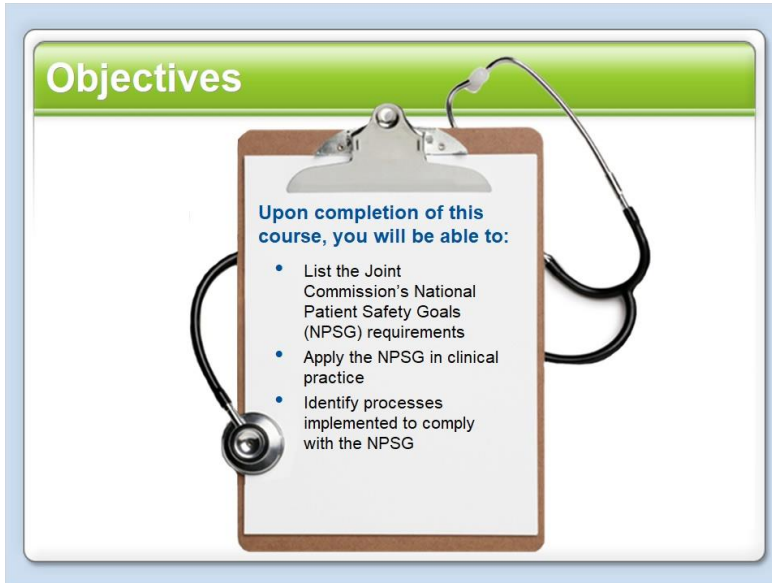
Course Information

Course Title:	National Patient Safety Goals for Clinical Staff
Regulations/Standards:	Joint Commission 2022 National Patient Safety Goals
Approximate Time to Complete:	20 minutes
Content Version:	Clinical Staff
Intended Audience:	Clinical Staff
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Date Revised:	January 31, 2022

Contact Information

Please call the Technology Support Center at 610-402-8303 with any technical issues.

1.3 Objectives

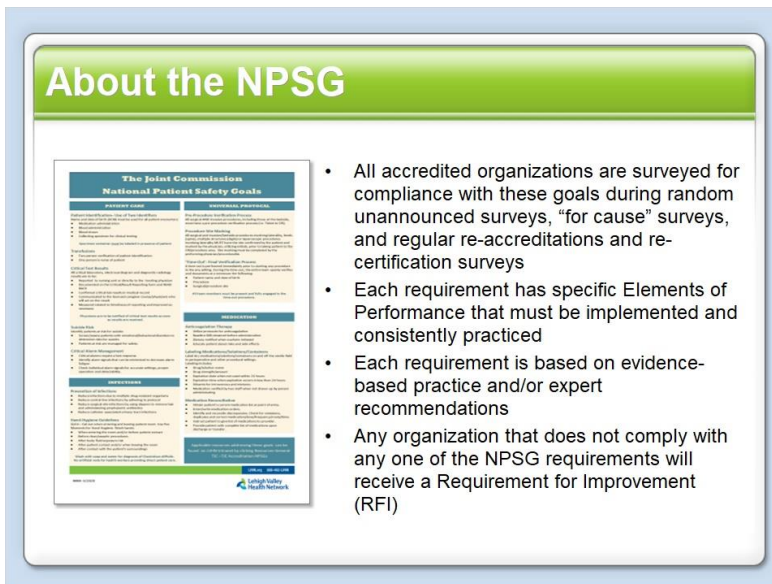


Objectives


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

1.4 About the NPSG




About the NPSG



- All accredited organizations are surveyed for compliance with these goals during random unannounced surveys, "for cause" surveys, and regular re-accreditations and re-certification surveys
- Each requirement has specific Elements of Performance that must be implemented and consistently practiced
- Each requirement is based on evidence-based practice and/or expert recommendations
- Any organization that does not comply with any one of the NPSG requirements will receive a Requirement for Improvement (RFI)

1.5 National Patient Safety Goals




The Joint Commission

National Patient Safety Goals

In the following section, you will learn more about the 2022 National Patient Safety Goals.

1.6 Goal 1



Goal 1:

Improve the accuracy of patient identification


- 01.01.01 Patient Identifiers
- 01.03.01 Blood Transfusions

1.7 Patient Identifiers

Patient Identifiers

To improve the accuracy of patient identification, use two identifiers to verify the patient identity:

- Name
- Date of birth (DOB)
 - (Exceptions: Behavioral Health and Home Care use alternate identifiers)



Verify patient identity each time for:

- Medication administration
- Blood administration
- Blood draws
- Specimens for clinical testing (must be labeled in the presence of the patient)
- Treatment / procedures (i.e. foley)

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.


Do not use patient room number as an identifier

1.8 Transfusions


Transfusions

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

- 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
- Patient identifiers are verified by comparing name, date of birth and medical record number



1.9 Goal 2



Goal 2:

Improve the effectiveness of communication among caregivers

- 02.03.01 Critical Test Results and Values


1.10 Critical Test Results and Values

Critical Test Results and Values

What to do when you receive critical laboratory, electrocardiogram and diagnostic radiology results:

- Report to nursing unit or directly to treating licensed health care provider
- Document on the Critical Value/Result Reporting form and READ BACK the results word for word
- The nurse should verify laboratory results by reviewing results in electronic medical record
- Communicate to the licensed health care provider who will act on the results

1.11 Goal 3



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

1.12 Labeling

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 needs to be completed when the drug or solution is prepared.

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



1.13 Labeling

Labeling

- Any medications/solutions found unlabeled are immediately discarded
- All labels must be verified by two qualified individuals whenever the person preparing the medication or solution is not the person administering it
- Label as soon as drug or solution is prepared



1.14 Anticoagulation Therapy

Anticoagulation Therapy

- Purpose of goal is to reduce 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
- Important to closely monitor side effects
- 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 protocols for administration of anticoagulants
- Obtain baseline INR before initiating Warfarin per Administrative policy
- Education 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

1.15 Medical Reconciliation

Medical Reconciliation

It is important to maintain and communicate accurate patient medication information.

Obtain patient's current medication list at point of entry

- This list includes current medications and those taken on an as-needed basis

Identify and reconcile discrepancies, including omissions or duplicates, and correct the medication, dose, frequency, route, and/or time

- Reconcile this list:
 - Within 24 hours of inpatient admission
 - 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.

1.16 Medical Reconciliation List

Medical Reconciliation List

Provide reconciled list of medications:

- To patient at time of discharge
- At end of outpatient encounter if change is made to medication list

Educate the patient in medication management:


- Instruct the patient to:
 - Give a list of medication to the next provider of care
 - Update the information on the list when medications are discontinued, doses are changed or new medications are added (including over the counter medications)

Document that the information was reviewed with the patient


1.17 Medical Reconciliation

Medical Reconciliation

- Include the status of patient medications with all patient hand-overs
- 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



1.18 Goal 7



Goal 6:

Reduce the harm associated with clinical alarm systems

- 06.01.01 Improve safety of clinical alarm systems

1.19 TJC Rationale for NPSG.06.01.01

TJC Rationale for NPSG.06.01.01

Clinical alarm systems can compromise patient safety if they are not properly managed.

- Critical alarm systems are intended to alert caregivers of potential patient problems, but if they are not properly managed, they can compromise safety.
- This NPSG focuses on managing clinical alarm systems that have the most direct relationship to patient safety.

1.20 How to Reduce Alarm Fatigue

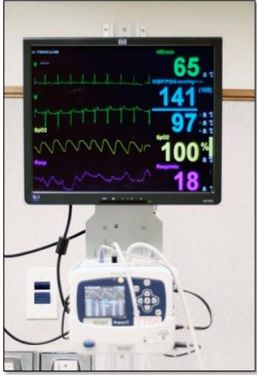
How to Reduce Alarm Fatigue

- Be aware of the medical device/equipment alarm settings in your clinical area that can be tailored to reduce nuisance and false-positive alarms.
- Remove, report and repair medical devices and equipment when malfunctioning or safety concerns arise.
- Review shared communications regarding alarm-related incidents, prevention strategies and lessons learned.


1.21 NPSG Critical Alarm Management Goals

NPSG Critical Alarm Management Goals

- Prompt, timely response required for critical alarms
- Identify alarms that can be minimized to decrease alarm fatigue
- Check individual alarm signal for accurate settings, proper operation and detectability
- Use documented procedures to guide alarm configuration and management



1.22 Goal 7



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

1.23 Hand Hygiene Guidelines

Hand Hygiene Guidelines

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 CDC Hand Hygiene Guidelines state that hands must be washed with soap, running water, and friction or cleaned with an alcohol-based, waterless hand sanitizer upon entering and exiting each patient room (Foam upon entry and exit).
- When hands are visibly soiled, they must be washed with soap and water. If a patient has 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.

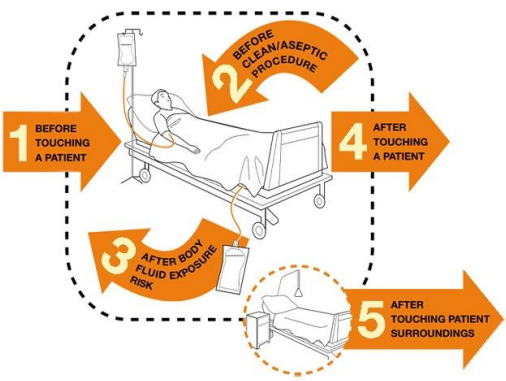


1.24 5 Moments for Hand Hygiene

5 Moments for Hand Hygiene

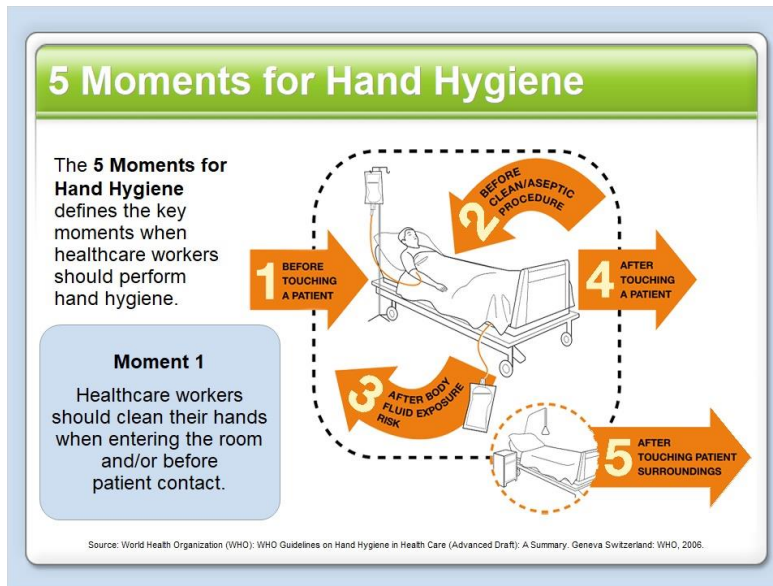
The **5 Moments for Hand Hygiene** defines the key moments when healthcare workers should perform hand hygiene.

[Click each moment](#) to learn about the 5 Moments for Hand Hygiene.

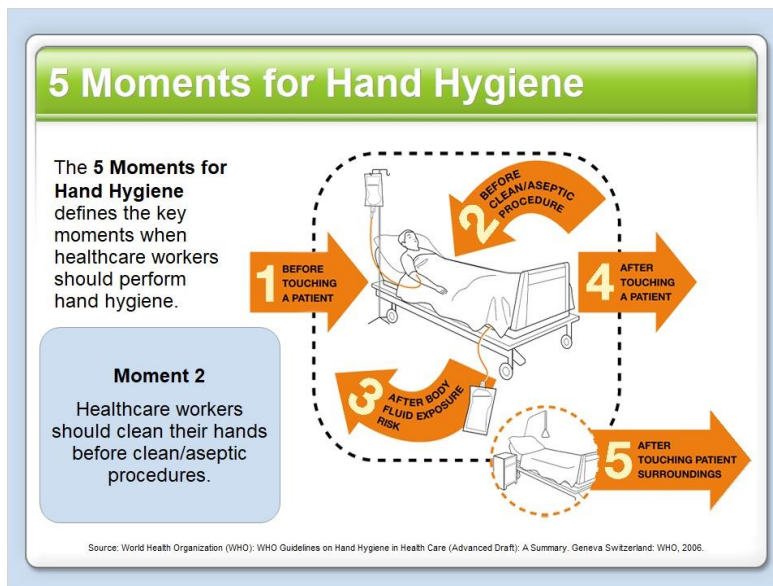


Source: World Health Organization (WHO): WHO Guidelines on Hand Hygiene in Health Care (Advanced Draft): A Summary. Geneva Switzerland: WHO, 2006.

Moment 1 (Slide Layer)



Moment 2 (Slide Layer)



Moment 3 (Slide Layer)

5 Moments for Hand Hygiene

The **5 Moments for Hand Hygiene** defines the key moments when healthcare workers should perform hand hygiene.

Moment 3
Healthcare workers should clean their hands after body fluid exposure risk.

Source: World Health Organization (WHO): WHO Guidelines on Hand Hygiene in Health Care (Advanced Draft): A Summary. Geneva Switzerland: WHO, 2008.

Moment 4 (Slide Layer)

5 Moments for Hand Hygiene

The **5 Moments for Hand Hygiene** defines the key moments when healthcare workers should perform hand hygiene.

Moment 4
Healthcare workers should clean their hands after patient contact and/or when leaving the room.

Source: World Health Organization (WHO): WHO Guidelines on Hand Hygiene in Health Care (Advanced Draft): A Summary. Geneva Switzerland: WHO, 2008.

Moment 5 (Slide Layer)

5 Moments for Hand Hygiene

The **5 Moments for Hand Hygiene** defines the key moments when healthcare workers should perform hand hygiene.

Moment 5
Healthcare workers should clean their hands after contact with the patient's surroundings.

Source: World Health Organization (WHO): WHO Guidelines on Hand Hygiene in Health Care (Advanced Draft): A Summary. Geneva Switzerland: WHO, 2008.

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5 Moments for Hand Hygiene

The **5 Moments for Hand Hygiene** defines the key moments when healthcare workers should perform hand hygiene.

Click each moment to learn about the 5 Moments for Hand Hygiene.

Source: World Health Organization (WHO): WHO Guidelines on Hand Hygiene in Health Care (Advanced Draft): A Summary. Geneva Switzerland: WHO, 2008.


1.25 Healthcare-Associated Infections

Healthcare-Associated Infections

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 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

1.26 Goal 15



Goal 15:

The organization identifies safety risks inherent in its patient population

- 15.01.01: Suicide Risk

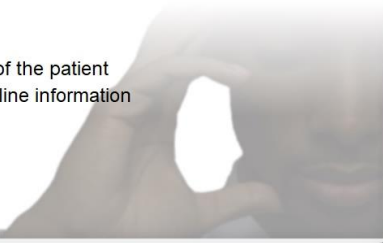
1.27 Suicide Risk

Suicide Risk

- Assess patients who are at risk for suicide. Patients will be assessed for suicide risk in the Emergency Departments, Behavioral Health Units and when a patient is admitted to the hospital with a primary diagnosis of emotional disorders, behavioral disorders or substance abuse. Document that the assessment was completed.

If the patient is identified as a risk:

- Obtain psychiatric referral
- Consult psychiatry
- Address immediate safety needs of the patient
- Provide the patient with Crisis Hotline information
- Provide appropriate treatment




1.28 Universal Protocol

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



1.29 Universal Protocol Verification


Universal Protocol Verification

- Use a pre-procedure verification process in all surgical and invasive procedure areas, including the bedside
- Initiate the process when the procedure is scheduled, for preadmission testing, and before the patient leaves for the procedure area
- Verify patient identification any time responsibility of the patient is transferred
- Involve the patient in the verification process when he or she is awake and aware
- Utilize the 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.



1.30 Procedure Checklist

Procedure Checklist




Complete checklist prior to transfer to procedure area:

- Ticket to the OR
- Ticket to Delivery/Post-partum Sterilization
- Invasive Procedure Checklist
- Other Dept/Unit Specific Procedural Checklist

1.31 Universal Protocol Site Marking

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
- For patients who refuse site marking or for those who cannot be easily marked, (i.e. premature infants, perineum, mucosal surfaces), the Anatomical Procedural Marking Sheet should be utilized.



1.32 Universal Protocol Time Out


Universal Protocol Time Out

All surgical, invasive procedure areas and bedside procedures must have a final verification process, or "Time Out".

- Have all team member present and engaged in the process
- Conduct immediately prior to starting procedure
- Verify and document components on the checklist
- Conduct a "Time Out" whenever there is a change in surgical team and for cases where there are two consents completed for the procedure

Checklist Components:


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



1.33 Your Responsibility

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



1.34 Other Resources

Other Resources

Applicable resources addressing these goals can be found on LVHN Intranet by clicking Resources – General – TJC - TJC Accreditation - NPSGs

