



Berkshire Medical Center

2016 ~ NATIONAL PATIENT SAFETY GOALS (NPSG)

Goal 1: Improve the accuracy patient identification

- Use at least two patient identifiers (name and DOB) when providing care, treatment, and services
 - **Pay particular attention:**
 - When placing the name band or registering the patient on admission
 - When administering medications
 - When performing any invasive procedures
 - When administering blood or blood products
 - When drawing blood
 - Specimen containers must be labeled in the presence of the patient
- Eliminate transfusion errors related to patient misidentification:
 - Use a two-person verification process when drawing type and cross and hanging blood

Goal 2: Improve the effectiveness of communication among caregivers

- Report critical results of tests and diagnostic procedures to the right person on time.

Goal 3: Improve the safety of using medications

- Label all medications, medication containers (include syringes, medicine cups, and basins) or other solutions on and off the sterile field
 - Label medications and solutions that are not immediately administered, even if there is only one medication being used
 - Labeling should occur when any medication or solution is transferred from the original packaging to another container
 - Medication or solution labels include the following: Medication name, Strength, Quantity, Diluent and volume, Expiration time or date when not used within 24 hours
 - Immediately discard any medication or solution found unlabeled
- Reduce the likelihood of patient harm associated with the use of anticoagulant therapy
 - Use approved protocols for the initiation and maintenance of anticoagulant therapy
- Patient/family education includes the following:
 - The importance of follow-up monitoring, compliance, drug-food interactions, potential for adverse drug reactions and interactions
- Maintain and communicate accurate patient medication information
 - Obtain and document information on the medications the patient is currently taking when he/she is admitted or seen as an outpatient
 - Compare medication information brought by the patient to those ordered for the patient to identify and resolve discrepancies
 - Provide the patient and/or family with written information on the medications the patient should be taking when he/she is discharged from the hospital or at the end of an outpatient encounter
 - Instruct the patient to give a list of medications to his/her primary care physician and carry medication information in the event of an emergency

Goal 6: Reduce the harm associated with clinical alarm systems

- Use best practice/evidence based guidelines to identify and prioritize alarm signals to prevent potential patient harm

Goal 7: Reduce the risk of health care-associated infections

- Comply with current Center for Disease Control and Prevention (CDC) hand hygiene guidelines
 - Wash/gel before and after contact with a patient and improve compliance with hand hygiene guidelines based on goals
- Education of patients/families must occur surrounding every aspect of healthcare-associated infection prevention strategies
- Use best practice/evidence based guidelines to prevent healthcare-associated infections due to multiple drug-resistant organisms (MDRO)
- Use best practices/evidence based guidelines to prevent central line associated bloodstream infections (CLABSI)
 - Prior to insertion of a central venous catheter, educate patients and, as needed, their families CLABSI prevention
 - Use the Central Line Checklist with every insertion, which includes: hand hygiene, maximal barrier precautions, site selections, etc
 - Evaluate all central venous catheters routinely and remove nonessential catheters
- Use best practices for preventing surgical site infections (SSI) following the Surgical Care Improvement Project (SCIP) guidelines
 - Antibiotics within an hour of cut time, normothermia, hair removal
- Use best practices/evidence based guidelines to prevent indwelling catheter-associated urinary tract infections (CAUTI)
 - Limit use and duration to situations clinically necessary and use aseptic techniques for site preparation, equipment, and supplies
 - Secure Catheters for unobstructed urine flow and drainage, Maintain sterility of the urine collection system and do not lift collection bag above the level of the bladder

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

- Identify patients at risk for suicide
 - Complete the Psychosocial Assessment on Admission and address the patient's immediate safety needs
 - Identify the most appropriate setting and services and follow-up as needed with a Social Work Consultation

Universal Protocol 1: Preventing wrong site, wrong procedure, wrong person surgery

- Conduct a pre-procedure verification process
- Mark the procedure site: The physician will include the patient when marking the surgical site. The physician will initial the surgical site, if marking the surgical site is not an option the physician will initial the wristband as an alternative.
- A "time-out" is performed immediately before the procedure begins
 - Involving the entire team, where each team member must agree with the following:
 - Correct patient, correct site, correct procedure to be done
 - Everyone in the room must stop what they are doing to participate
 - Document the completion of the time-out on the checklist



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Behavioral Health

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify individuals served correctly

NPSG.01.01.01

Use at least two ways to identify individuals served. For example, use the individual's name *and* date of birth. This is done to make sure that each individual served gets the correct medicine and treatment.

Use medicines safely

NPSG.03.06.01

Record and pass along correct information about an individual's medicines. Find out what medicines the individual served is taking. Compare those medicines to new medicines given to the individual served. Make sure the individual served knows which medicines to take when they are at home. Tell the individual served it is important to bring their up-to-date list of medicines every time they visit a doctor.

Prevent infection

NPSG.07.01.01

Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

Identify individuals served safety risks

NPSG.15.01.01

Find out which individuals served are most likely to try to commit suicide.



This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.



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Home Care

Goal 1- Improve the accuracy patient identification

- Use at least two patient identifiers (name and DOB) when providing care, treatment, and services including:
 - **Pay particular attention:**
 - When administering medications
 - When drawing blood
 - Specimen containers must be labeled in the presence of the patient

Goal 3: Improve the safety of using medications

- Maintain and communicate accurate pt medication information
- Obtain and document information on medications the patient is currently taking
- Compare the 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/family with written information on the medications the patient should be taking
- Instruct the patient to give a list of medications to his/her PCP, Carry medication information at all times in the event of an emergency

Goal 7: Reduce the risk of health care-associated infections

- Comply with current Center for Disease Control and Prevention (CDC) hand hygiene guidelines
- Wash/gel before and after contact with a patient
- Improve compliance with hand hygiene guidelines based on goals

Goal 9: Reduce the risk of patient harm resulting from falls

- Assess the patients risk for falls
- Implement interventions to reduce falls based on the patient's risk
- Educate the patient/family on any individualized fall reduction strategies
- Evaluate the effectiveness of all fall reduction activities, including assessment, interventions, and education

Goal 15: Identify safety risks inherent in the patient population

- Identify risks associated with home oxygen therapy such as fires.
- Conduct a home oxygen safety risk assessment that addresses the following: smoking materials in the home, other fire safety risks, such as potential open flames, and functioning smoke detectors.
- Inform the patient/family/caregiver of the findings of the safety risk assessment and educate the patient/family/caregiver about: causes of fire, precautions that prevent fire related injuries, recommendations to address specific identified risk.