



Berkshire Medical Center

2020 ~ NATIONAL PATIENT SAFETY GOALS (NPSG)

Goal 1: Improve the accuracy of patient identification

- Use at least two patient identifiers when providing care, treatment, and services. Always ask the patient their name and date of birth before:
 - Registering the patient on admission and placing the name band
 - Administering medications
 - Providing treatment or performing any invasive procedures
 - Administering blood or blood products (use 2-person verification process)
 - Drawing blood or collecting specimen (must be labeled in the presence of the patient)
 - Labeling and handling breast milk

Goal 2: Improve the effectiveness of communication among caregivers

- Critical results of tests and diagnostic procedures must be reported to the correct person within a specified time period.

Goal 3: Improve the safety of using medications

- Label all medications, medication containers (include syringes, medicine cups, and basins) or other solutions that are not immediately administered, even if there is only one medication being used.
- Medications or solution labels include the following: medication name, strength, quantity, diluent name and volume, expiration time or date when not used within 24 hours.
- Anticoagulants (heparin, low molecular weight heparin, warfarin and direct oral anticoagulants) must be ordered and administered with evidence-based protocols, carefully monitored and patients must receive drug safety education.
- Medication Reconciliation – Compare what the patient should be and is currently taking to new medication that are being ordered and resolve discrepancies. Record and hand off correct information about a patient's medicines (name, dose, frequency, route, and purpose). Provide a list of medications to the patient and family and make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Goal 6: Reduce the harm associated with clinical alarm systems

- Use evidence-based guidelines to identify and prioritize alarm signals to prevent potential patient harm.
- Our policy identifies who can set, change, and turn off alarms and when to notify a provider.

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

- Hand Hygiene– foster a culture of hand hygiene, monitor compliance and provide feedback.
 - Cleanse hands with gel/soap at all appropriate hand hygiene opportunities.
 - Educate patients/families about prevention of healthcare-associated infections.
- Use evidence-based guidelines and antibiotic stewardship to prevent multiple drug-resistant organisms (MDROs).
- Use evidence-based guidelines to prevent central line associated blood stream infections (CLABSIs).
 - Prior to insertion educate patients and their families on CLABSI prevention.
 - Use the Central Line Checklist with every insertion, which includes hand hygiene, maximal barrier precautions, standardized supplies, correct site selections, etc.
 - Evaluate all central venous catheters routinely and remove nonessential lines.
- Use evidence-based guidelines to prevent infection after surgery.
 - Antibiotics within an hour of cut time, normothermia, hair removal, glucose control.
- Use evidence-based guidelines to prevent catheter associated urinary tract infections (CAUTIs).
 - Educate staff and licensed independent practitioners to limit catheter use and duration to clinical necessity and use aseptic techniques for site preparation, insertion and handling.
 - Secure catheters for unobstructed urine flow and drainage, always maintain sterility of the urine collection system including when changing collection system and collecting samples.

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

- Identify patients at risk for suicide
 - Conduct a risk assessment, document risk level and safety interventions.
 - Address the patient's immediate safety needs and most appropriate setting for treatment.
 - Provide suicide prevention information to the patient or patient's family.

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

- A pre-procedure verification will be conducted with the patient to verify name, DOB, correct procedure and documentation. The provider will include the patient when marking the procedural site with the provider's initials. If it is not possible to mark the procedural site, the provider will initial a wristband as an alternative.
- A "time-out" is performed immediately before the procedure begins. Each team member must agree with the following:
 - Correct patient, correct site with visible site-marking, correct procedure, correct implant and equipment, correct documentation and correct imaging or test results.
 - Everyone in the room must stop all activity to participate.
 - The procedure will not begin until all questions and concerns are resolved.