



National Patient Safety Goals (NPSGs)

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- Objectives:
 - Identify the main purpose of the Joint Commission National Patient Safety Goals
 - Name two patient identifiers to promote patient safety
 - Review the importance of medication reconciliation
 - Apply each of the NPSGS to practice

The Joint Commission National Patient Safety Goals® – Effective January 2024 for Hospitals

The Purpose:

**To promote specific improvements in patient
safety nationwide.**



The Joint Commission

National Patient Safety Goals® – Effective January 2024 for Hospitals

TJC Goal 1: Improve accuracy of patient identification

TJC Goal 2: Improve the effectiveness of communication among caregivers.

TJC Goal 3: Improve the safety of using medications

TJC Goal 6: Reduce the harm associated with clinical alarm systems

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

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

TJC Goal 16: Improve health care equity

Also, Introduction to the Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™

Reference: TJC National Patient Safety Goals. (2023). Retrieved from https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2024/npsg_chapter_hap_jan2024.pdf

TJC Goal 1: Improve accuracy of patient identification

- Use at least two patient identifiers when providing care, treatment, & services
 - Ask the patient their:
 - Name
 - Date of Birth
 - Then verify this information with the patient's armband to ensure the information matches



Remember: You know your patients, HOWEVER, to ERR is human. Confirm patient identifiers prior to administering meds, performing ALL procedures or when transporting to other areas.

TJC Goal 1: Improve accuracy of patient identification continued

Check armbands EVERYTIME you interact with the patient:

- At the beginning of your shift
- Before administering a medication
- Before administering a blood product or blood component
- Before performing any procedure
- Before transporting or transferring a patient off a unit



TJC Goal 1: Improve accuracy of patient identification continued

Two Patient Identifiers:

- Neither identifier can be the patient's room number!!!
- **Outpatient:** Use patient name and date of birth and verify with the medical record consent.
 - If the patient's reliability is in question, it is particularly important for the caregiver to verify the patient's identity
- **Nursing Home Patient:** If a nursing home patient arrives without an ID band and cannot identify him/herself, the nursing home staff member accompanying the patient to the facility must be asked to positively identify the patient. If no staff member accompanies the patient, the nursing home is to be contacted to send someone who can positively identify the patient.
- **Newborn:** The baby will always be identified with two identifiers: the Mother's full name and a unique baby ID number *that is not the medical record number.*

TJC Goal 1: Improve accuracy of patient identification

continued

Unresponsive Patient: If an unresponsive patient is brought to the hospital by a police officer or emergency medical services (EMS) personnel, and there are not two sources of patient identification, or there is not a family member with the patient, then ER Registration should assign the patient a temporary name and a medical record number. These two identifiers can then be used to identify the patient and match against specimen labels, medications ordered. For example, temporary name (John Doe One, Two , Three, etc.) and a medical record number.

Sample Collection and Identification: Use two identifiers to label sample collection containers in the presence of the patient.

TJC Goal 1: Improve accuracy of patient identification continued

Eliminate transfusion errors related to patient misidentification

- Before initiating a blood or blood component transfusion:
 - Match the blood or blood component to the order
 - Match the patient to the blood or blood component
 - Use two qualified people to complete verification process:
 - When using the two-person verification process, one individual conducting the identification verification is the qualified transfusionist who will administer the blood or blood component to the patient. The other individual is qualified to participate in the process, as determined by the hospital

FOLLOW TWO PERSON VERIFICATION PROCESS USING THREE IDENTIFIERS!

1. The patient's name.
2. The patient's date of birth
3. The patient's medical record number (on the armband).



TJC Goal 2: Improve the Effectiveness of Communication Among Caregivers

- Report critical results of tests and diagnostic procedures on a timely basis
- Communication of Critical results from tests and diagnostic procedures:
 - **Critical Test:** The results of a test delineated as critical by the medical staff, must be immediately reported to the ordering provider. Flagler Hospital has delineated the following two tests as critical tests:
 - 1. CT Head Stroke Alert from the Emergency Care Center (ECC)
 - 2. Frozen Section

TJC Goal 2: Improve the Effectiveness of Communication Among Caregivers continued

Critical Result: A critical result is defined as a “panic value” or other diagnostic test result that requires an urgent response (by either the ordering physician or his/her ordering advanced practice provider with the ability to adjust therapy in response to the value).

- The nurse who obtains and reads the test results must contact the ordering physician or his/her ordering advanced practice provider within 15 minutes; if no response, notify switchboard operator to attempt another page. If no response, follow the chain of command.
- Nurse must document the following:
 - Date and time call made to physician or his/her advanced practice provider
 - Name of physician or his/her advanced practice provider with whom the nurse spoke
 - Critical test result

TJC Goal 2: Improve the Effectiveness of Communication Among Caregivers continued

Critical hand-off situations involving patients include:

- Nursing shift changes
- Nurses temporarily leaving their unit (i.e. meal break)
- Transfer of patients between nursing units or between other departments
- Physicians transferring complete responsibility of a patient to another physician
- Transfer of a patient to a nursing home or home health agency

TJC Goal 2: Improve the Effectiveness of Communication Among Caregivers continued

During critical hand-offs utilize SBAR Hand-Off Communication

– the standardized approach to Hand-Offs

- **Situation Background, Assessment Recommendation (SBAR)** is one of the standardized approaches for giving and receiving hand-off patient information
 - **SBAR includes:**
 - Diagnosis & Current Condition
 - Recent changes in patient's condition or treatment
 - Anticipated changes in patient's condition or treatment
 - What to watch for in the next interval of care
 - Documentation of SBAR process regarding the patient

TJC Goal 3: Improve the Safe Use of Medications

- a. All medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions must be labeled on and off the sterile field in the perioperative and other procedural settings. Medications and solutions both on and off the sterile field should be labeled even if there is only ONE MEDICATION being used.
- b. Medications must be labeled when any medication or solution is transferred from the original packaging to another container. (Pre-labeling medication and solution containers is NOT acceptable.) The label should be prepared and applied at the time the medication or solution is prepared. Applying the label immediately before drawing up the medication is acceptable. It is NOT acceptable to label a syringe by taping the vial (from which the medication was drawn up) to the syringe.

TJC Goal 3: Improve the Safe Use of Medications continued

Labeling of medications must include:

- Medication or solution name
- Strength of medication or solution
- Amount of medication or solution containing medication (if not apparent from the medication or solution container)
- Diluent name and volume (if not apparent from the container)
- Expiration date when medication or solution containing medication is not used within 24 hours
- Expiration time when expiration of medication occurs in less than 24 hours

TJC Goal 3: Improve the Safe Use of Medications continued

In compliance with The Joint Commission National Patient Safety Goals, UF Health Flagler Hospital uses P&T approved protocols and evidence-based practice guidelines for anticoagulant therapy:

- Initiation and maintenance of anticoagulant therapy that addresses medication selection; dosing, including adjustments for age, renal or liver function; drug-drug and drug-food interactions; and other risk factors as applicable.
- Perioperative management of all patients on oral anticoagulants. Perioperative management may address the use of bridging medications, timing for stopping and anticoagulant, and timing and dosing for restarting an anticoagulant
- Reversal of anticoagulation and management of bleeding events related to each anticoagulant medication

TJC Goal 3: Improve the Safe Use of Medications continued

To reduce the likelihood of patient harm associated with the use of anticoagulant therapy, the health care team will:

- Monitor PT/INR when patients are on Coumadin
- Monitor PTT when patients are receiving IV Heparin
- Educate patient/family about anticoagulation therapy
- Individualize care provided to each patient receiving anti-coagulant therapy

TJC Goal 3: Improve the Safe Use of Medications continued

- ❖ Medication Reconciliation is the process of verifying patient's medication upon:
 - Admission
 - Transfer(s) (different level of care)
 - Discharge
- ❖ To ensure medication safety, patient's medications should be reconciled by the healthcare team, *always maintaining and communicating accurate information about all patient medications.*

TJC Goal 6: Reduce the harm associated with clinical alarm systems

The following challenges are involved with improving the safety of clinical alarm systems

- Alarm signals can be difficult to detect
- Too many devices with alarms: numerous alarms desensitize staff
- Universal solutions have yet to be identified, but it is important for a hospital to understand its own situation and to develop a systematic, coordinated approach to clinical alarm system management. UF Health Flagler has developed policy I-NUR-GEN-Alarm Management.

TJC Goal 6: Reduce the harm associated with clinical alarm systems continued

The following strategies are recommended by The Joint Commission in reducing the harm associated with clinical alarm systems. Leaders must:

- Establish alarm system safety as a hospital priority
- Identify the most important alarm signals to manage
- Establish policies and procedures for managing the alarms as UF Health Flagler Hospital has done
- Educate staff and licensed independent practitioners about the purpose and proper operation of alarm systems for which they are responsible.

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

Hospital Leaders must establish a hospital environment that is in compliance with the following current CDC Hand-Hygiene Guidelines:

- Hands, wrists, and forearms are washed for at least 20 seconds with soap and water
- Alcohol hand-rubs are appropriate for rapid hand decontamination between patients when hands are not soiled.

NOTE: It is considered a sentinel event if a health care acquired infection (HAI) leads to death or major permanent loss.

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

Washing your hands frequently is an essential part of staying healthy and preventing the spread of bacteria and viruses

Wash hands:

- Before Eating
- After using the bathroom
- Before AND after patient contact
- Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices
- Before moving from working on a soiled body site to working on a clean body site with the same patient
- After touching items in a patient's immediate environment
- After contact with blood, body fluids, or contaminated surfaces
- Immediately after glove removal
- When hands are visibly dirty



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

- Implement evidence-based practices to prevent health care acquired infections (HAI) due to multiple drug-resistant organisms (MDRO) in acute care hospitals.
- Implement best practices or evidence-based guidelines to prevent:
 - central line-associated bloodstream infections
 - surgical site infections
 - ventilator-associated pneumonia
 - catheter-associated urinary tract infections

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

Strategies for preventing indwelling Catheter-Associated Urinary Tract Infections (CAUTI):

- Limit use and duration of indwelling urinary catheters
- Use aseptic technique for site preparation and when using catheter equipment during the procedure of inserting an indwelling catheter

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

The Healthcare Team and Patients must be educated regarding infection prevention strategies.

- All patients/caregivers need basic infection prevention education.
- Isolation patients/caregivers need isolation and isolatable organism education.
- Patients/caregivers with a central line, urinary catheter, ventilator, or surgical site need device/procedure related infection prevention education.

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

- TJC Goal 15 focuses on reducing the risk of suicide for a patient while in a staffed, round-the-clock care setting. Patient suicide is a frequently reported type of sentinel event.
- Identification of individuals at risk for suicide, while under the care of or following discharge from a health care organization, is an important step in protecting the identified at-risk individuals.

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

The following strategies are recommended by The Joint Commission for psychiatric hospitals or hospitals with psychiatric units to use in identifying safety risks inherent in their patient populations:

- Performance of environmental risk assessments identifying elements in the physical environment that could be used by patients to attempt suicide; hospitals then take necessary action to minimize risks (i.e. removal of door hinges, and hooks that can be used for hanging).
- Implementation of one-to-one monitoring of patients; remove objects posing risk for self-harm without adversely affecting the patient's medical care; assess objects brought into a patient's room by visitors; use of safe transportation procedures when moving patients to other parts of a hospital

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

- Document patients' overall suicide risk level and the plan to mitigate suicide risk.
- Follow written suicide risk mitigation policies and procedures addressing care of patients, to include:
 - Training and competency assessment of staff who care for patients at risk for suicide
 - Guidelines for reassessment of suicide risk
 - How to monitor patients at risk for suicide
- Follow written policies and procedures for counseling and follow-up care at discharge for patients identified at risk for suicide.
- Monitor implementation and effectiveness of policies and procedures for screening, assessment, and management of patients at risk for suicide and take action as needed to improve compliance.

TJC Goal 16: Improve health care equity

- Understanding individual patients' health-related social needs (HRSNs) can be critical for designing practical, patient-centered care plans. Each health care organization should focus on patients' social needs that are most relevant to the health care organization's unique situation based on patient populations served, availability of community resources, and capacity of the health care organization. The health care organization may determine relevant information about potential community interventions, services, and resources needed to address the health-related social needs of patients.

Flagler Hospital identifies Falls as a potential high safety risk inherent with patients continued

Strategies for prevention of patient falls:

- Report all patient falls even when injury is not apparent
- Conduct purposeful rounding on patients
- Provide sitters at the bedside, if family unable to stay with patients
- Educate families on fall prevention strategies
- Offer nutrition and bathroom assistance to patients frequently
- Move patients at risk for falls closer to nurses station for observation
- Maintain beds in low position at all times for high fall risk patients
- Maintain call light within reach of patients at all times
- Keep bed side rails up
- Maintain appropriate room lighting for patients
- Consistently use bed alarm technology
- Keep patients' personal items within reach at all times

TJC Introduction to the Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™

Hospitals promote patient safety by correctly identifying the patient, the appropriate procedure, and the correct site of the procedure using the following steps in the pre-operative verification process:

Step 1: Verify

- Correct patient
- Correct Procedure
- Correct Site

Step 2: Verify by

- Correctly MARKING the operative/procedure site

Step 3: Verify by conducting

- A TIME OUT immediately before starting the operation/procedure

TJC Introduction to the Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™ continued

Important Reminder:

- The TIME-OUT process applies to patient procedures **OUTSIDE** the Operating Room as well
 - Any procedure that requires a consent, especially a “high risk” procedure, requires the TIME-OUT *process*