

**2012**

# **National Patient Safety Goals**



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# Purpose

The purpose of this e-learning module is to help educate patient care providers on the National Patient Safety Goals and how these NPSG's will help avoid “never events” and increase patient safety.

Content provided by:  
**Institute for Nursing**

# Instructions

In order to complete this e-learning module you must:

1. Read the entire e-learning module
2. Complete and answer all the questions in the post assessment on the National Patient Safety Goals
3. Proceed to next e-Module



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# Objectives

1. Identify the National Patient Safety Goals.
2. Explain how the National Patient Safety Goals are implemented to provide patient safety.



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# Introduction

The purpose of The National Patient Safety Goals is to promote specific improvements in patient safety. With Joint Commission standards, accredited organizations are evaluated for their continuous compliance with the specific requirements associated with the National Patient Safety Goals.

The National Patient Safety Goals promote specific improvements in patient safety by organizations with evidence-based guidance on persistent patient safety problems. These goals apply to the more than 15,000 Joint Commission– accredited and –certified health care organizations and programs. Compliance with the requirements is a condition of continuing accreditation or certification.



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# Overview

- Goals and Requirements are guided by the Patient Safety Advisory Group
- Each year, the Sentinel Event Advisory Group works with The Joint Commission to undertake a systematic review of the literature and available databases to identify potential new Goals and Requirements
- The Goals and their Requirements are published mid-year



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# What is a Sentinel Event?

A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.



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# Sentinel Event Alerts

- Potassium chloride
- Wrong site surgery
- Suicide
- Restraint deaths
- Infant abductions
- Transfusion errors
- High Alert Medications
- Op/post-op complications
- Fatal falls
- Infusion pumps
- Kernicterus
- Look-alike, sound-alike drugs
- Kreutzfeldt-Jakob disease
- Medical gas mix-ups
- Needles & sharps injuries
- Dangerous abbreviations
- Ventilator-related events
- Delays in treatment
- Bed rail deaths & injuries
- Nosocomial infections
- Surgical fires
- Perinatal deaths
- Anesthesia awareness
- PCA by proxy
- Intrathecal vincristine
- Medication reconciliation
- Wrong route / wrong tube
- Emergency electrical power system failures



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# List of NPSG's

NPSG 1- Improve the accuracy of patient identification

NPSG 2-Improve the effectiveness of communication among caregivers

NPSG 3 Improve the safety of using medications

NPSG 7. Reduce the risk of health care associated infections

NPSG 8. Accurately and completely reconcile medications across the continuum of care.

NPSG 9. Reduce the risk of patient harm resulting from falls

NPSG Goal 10. Reduce the risk of influenza and pneumococcal disease in institutionalized older adults

NPSG Goal 13. Encourage patients' active involvement in their own care as a patient safety strategy

NPSG Goal 14. Prevent health care associated pressure ulcers (decubitus ulcers)

NPSG Goal 15. The organization identifies safety risks inherent in its patient population.

NPSG Goal 16. Improve recognition and response to changes in a patient's condition

Universal Protocol

**The out of sequence numbering is due to the fact that all goals may not apply to hospital settings.\***

Retrieved from:

[http://www.jointcommission.org/NR/rdonlyres/CEE2A577-BC61-4338-8780-43F132729610/0/NPSGChapterOutline\\_FINAL\\_HAP\\_2010.pdf](http://www.jointcommission.org/NR/rdonlyres/CEE2A577-BC61-4338-8780-43F132729610/0/NPSGChapterOutline_FINAL_HAP_2010.pdf)



# GOAL 1- Improve Accuracy of Patient Identification

- NPSG.01.01.01: Use at least two patient identifiers when providing care, treatment and services.
- NPSG.01.02.01: Prior to the start of any surgical or invasive procedure, individuals involved in the procedure conduct a final verification process, such as a time-out, to confirm the correct patient, procedure and site using active, not passive, communication techniques.
- NPSG.01.03.01: Eliminate transfusion errors related to patient misidentification. Two persons verification process when initiating a blood transfusion



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## GOAL 1- Patient Identification

- Identifying the patient for the first time
  - Prior to placement of an identification band, the health care provider will ask the patient to:
    - State and spell full name
    - State date of birth
    - Confirm full name on ID band is accurate



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## GOAL 1- Patient Identification

- Patients shall be identified by asking **the patients name & date of birth** and matching that information to:

- **Patient's ID Band**

### AND

- Requisitions
- Specimen Labels
- Medexes
- Transfusion Records & Blood Products
- Identification Tags to Morgue



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# GOAL 1- Patient Identification

- Education:
  - Patients shall be informed that hospital personnel must use these identification procedures to “ensure patient safety”



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## NPSG 2- Improve of Communication among Caregivers

- NPSG.02.01.01: For verbal or telephone orders or for telephone reporting of critical test results, the individual giving the order verifies the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.
- NPSG.02.02.01: There is a standardized list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.

To view official list of unapproved abbreviations link to URL below:

[http://www.jointcommission.org/assets/1/18/dnu\\_list.pdf](http://www.jointcommission.org/assets/1/18/dnu_list.pdf)



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## Goal 2- Improve Communication

- NPSG.02.03.01: The organization measures, assesses and, if needed, takes action to improve the timeliness of reporting, and the timeliness of receipt of critical tests, and critical results and values by the responsible licensed caregiver.
- NPSG.02.05.01: The organization implements a standardized approach to hand-off communications, including an opportunity to ask and respond to questions.



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## Goal 2- Improve Communication

Read back method:

1. The individual receiving the information writes down the complete order or test result on the Drs order form or enters it into a computer.
2. The individual receiving the information **reads back** the complete order or test result to the person on the phone.
3. The individual who gave the order or test result confirms that the information that was read back is accurate.
4. In the chart, directly under the telephone order the individual receiving the information **documents, 'verified using read back method.'**



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## Goal 2- Improve Communication

### Repeat back method:

- In an emergency situation, when a verbal order is given, the receiver of the information **repeats the order aloud** to the individual who gave the order.
- The individual who gave the order **verbally confirms** accuracy of the order



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## NPSG 3- Medication Safety

- NPSG.03.03.01: The organization identifies and, at a minimum, annually reviews a list of look-alike/sound-alike medications used by the organization and takes action to prevent errors involving the interchange of these medications.
- NPSG.03.04.01: Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.
- NPSG.03.05.01: Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.



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## NPSG 7- Reduce Healthcare Associated Infections (HAI's)

- NPSG.07.01.01: Comply with current World Health Organization (WHO) hand hygiene guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
- NPSG.07.02.01: Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function related to a health care associated infection.



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## Goal 7- Healthcare Associated Infections

- NPSG.07.03.01: Implement evidence-based practices to prevent health care associated infections due to multiple drug-resistant organisms in acute care hospitals.
- NPSG.07.04.01: Implement best practices or evidence-based guidelines to prevent central line-associated bloodstream infections.



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## Goal 7- Healthcare Associated Infections

- NPSG.07.04.01: Implement best practices or evidence-based guidelines to prevent central line-associated bloodstream infections.
- NPSG.07.05.01: Implement best practices for preventing surgical site infections.
  - Do not shave hair over surgical site, an electrical clipper should be utilized
  - Administer antibiotics zero to sixty minutes prior to incision



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# NPSG 8- Reconcile Medications Across the Continuum

- NPSG.08.01.01: A process exists for comparing the patient's current medications with those ordered for the patient while under the care of the organization.
  - At the time a patient is admitted, a complete list of medications the patient is taking at home is created and documented.
  - A comparison is made of meds taken at home and newly ordered meds.
  - Any discrepancies must be reconciled.
  - When the patient care is transferred, the current provider informs the receiving provider about any up to date reconciled medications. This is part of the patient care hand-off.



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## Goal 8- Reconcile Medications

- NPSG.08.02.01: When a patient is referred or transferred from one organization to another, the complete and reconciled list of medications is communicated to the next provider of service and the communication is documented. Alternatively, when a patient leaves the organization's care directly to his or her home, the complete and reconciled list of medications is provided to the patient's known primary care provider, or the original referring provider, or a known next provider of service.



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## Goal 8- Reconcile Medications

- NPSG.08.03.01: When a patient leaves the organization's care, a complete and reconciled list of the patient's medications is provided directly to the patient, and the patient's family as needed, and the list is explained to the patient and/or family.
- NPSG.08.04.01: In settings where medications are used minimally, or prescribed for a short duration, modified medication reconciliation processes are performed.



# NPSG 15. Identifies safety risks inherent in its patient population.

NPSG.15.01.01: The organization identifies patients at risk for suicide.

Suicide of a patient while in a staffed, round the clock care settings is a frequently reported 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 at risk individuals.

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# Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery

The Universal Protocol applies to all surgical and nonsurgical invasive procedures.

Evidence indicates that procedures that place the patient at the most risk include those that involve general anesthesia or deep sedation.



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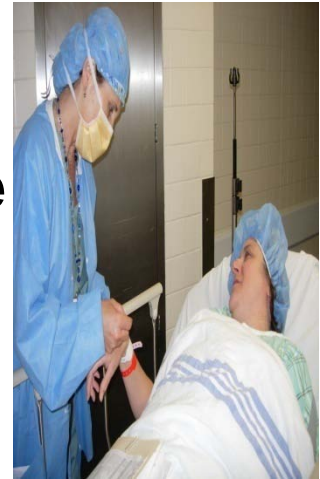
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# Universal Protocol

## UP.01.01.01- Conduct a pre-procedure verification process

Verification of procedure is done:

1. When the procedure is scheduled
2. At the time of preadmission testing and assessment
3. At the time of admission or entry into the facility for a procedure
4. Before the patient leaves the pre-procedure area or enters the procedure room.



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# Universal Protocol

## UP.01.02.01- Mark the procedure site

1. Mark ALL procedures that involve laterality
2. Mark ONLY the surgical site with MD's initials
3. No "X's"
4. No dots
5. The mark MUST be unambiguous
6. As close to the surgical site as possible



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# Universal Protocol

## UP.01.03.01- A Time-Out is performed before the procedure.

1. All persons involved in the procedure must actively participate in the Time-Out process
2. During the Time-Out, the team members agree on the following:
  - Correct patient identity
  - The correct site
  - The procedure to be done
  - The Time-Out must be documented

The Time-Out **MUST** be done in the location where the procedure will be done, just prior to starting the procedure



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The following are NPSG from 2010 that are not addressed in the 2011 JC NPSG document but still warrant your careful consideration as a healthcare professional.



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## NPSG 9- Reducing Harm from Falls

NPSG.09.02.01: The organization implements a fall reduction program that includes an evaluation of the effectiveness of the program.

You may review NSLIJHS module 114. Patient Safety and Fall Prevention by clicking here:

<https://nsljhp.northshorelij.com/nursing/EWD/SysNurseEd/NSLIJ%20Nursing%20Ed%20Modules/114.%20Patient%20Safety%20and%20Fall%20prevention%201.12.11.pdf>



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# NPSG 10. Reduce the risk of influenza and pneumococcal disease

- NPSG.10.01.01: The organization develops and implements protocols for administration of the flu vaccine.
- NPSG.10.02.01: The organization develops and implements protocols for administration of the pneumococcus vaccine.
- NPSG.10.03.01: The organization develops and implements protocols to identify new cases of influenza and to manage outbreaks.



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## NPSG 13. Encourage patients' active involvement in their own care

- Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.



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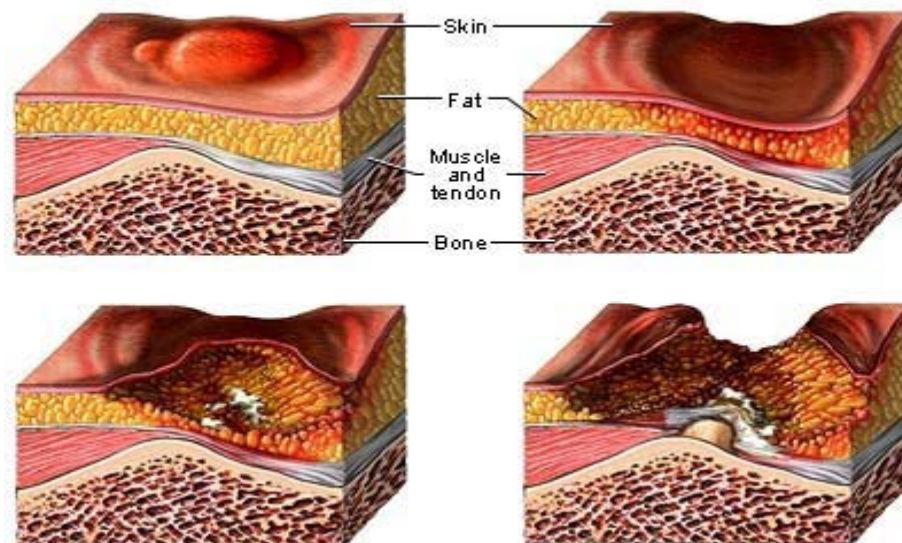
- > [NPSG 1](#)
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## NPSG 14. Prevent health care associated pressure ulcers (decubitus ulcers)

NPSG.14.01.01: Assess and periodically reassess each resident's risk for developing a pressure ulcer (decubitus ulcer) and take action to address any identified risks.

Progression of decubitus ulcer



ADAM.

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**NPSG.16.01.01**: The organization selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening. [was Goal 16A]

You may view the NSLIJHS module on Rapid Response Teams here:

<https://nsljhp.northshorelij.com/nursing/EWD/SysNurseEd/NSLIJ%20Nursing%20Ed%20Modules/126.%20Rapid%20Response%20Teams%20RRT%2012.2010.pdf>



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# Surveying & Scoring of NPSG

- All applicable Goals & Requirements, or acceptable alternative approaches, must be implemented.
- Surveyors evaluate the actual performance, not just the intent of meeting the Goals and Requirements.
- NPSG Requirements are scored as either Compliant or Not Compliant.
- Failure to comply with a NPSG Requirement will result in a “Requirement for Improvement” (RFI).



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# References

NSLIJHS Policy and Procedure: Identification of Patients

Joint Commission Website:

<http://www.jointcommission.org/SentinelEvents/SentinelEventAlert/>



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## You have completed this module

- It is required that you take a post assessment after completing this module.
- Passing score is 100%.

**Complete the post assessment  
JC National Patient Safety Goals Quiz  
which is located on the Quia site**

