

**GOAL 1: IMPROVE THE ACCURACY OF PATIENT IDENTIFICATION**

- ◆ **Use at least two patient identifiers when providing care, treatment, and services (name and either Medical Record Number or Date of Birth):**
  - ◇ When administering medications, blood or blood components.
  - ◇ When collecting blood samples and other specimens for clinical testing.
  - ◇ When providing treatments or procedures.
- ◆ **Label containers used for blood and other specimens in the presence of the patient.**
- ◆ **Using a two person verification process, 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.

**GOAL 2: IMPROVE THE EFFECTIVENESS OF COMMUNICATION AMONG CAREGIVERS**

- ◆ **Report critical results of tests and diagnostic procedures within one hour of receipt.**
- ◆ **Document communication related to critical results in the medical record.**

**GOAL 3: LABELING MEDICATIONS**

- ◆ **Label all medications, medication containers, & other solutions on and off the sterile field in perioperative and other procedural settings.**
  - ◇ Labeling must occur when medications and solutions are not immediately administered and when any medication or solution is transferred from the original packaging to another container.
  - ◇ Labels should include:
    - ◆ Medication name.
    - ◆ Diluent and volume (if not apparent from container).
    - ◆ Strength.
    - ◆ Expiration date when not used within 24 hours.
    - ◆ Quantity.
    - ◆ Expiration time when expiration occurs in less than 24 hours.
- ◆ **Whenever the person preparing a medication or solution is not the person who will be administering it, verify the labels both verbally and visually.**
- ◆ **Immediately discard any medication or solution found unlabeled.**

**GOAL 4: REDUCING HARM FROM ANTI-COAGULATION THERAPY**

- ◆ **Reduce the likelihood of patient harm associated with the use of anticoagulant therapy:**
  - ◇ Use approved protocols for initiation and maintenance of anticoagulant therapy.
  - ◇ Assess the patient's baseline anticoagulation status and use a current INR to adjust therapy.
  - ◇ Use authoritative resources to manage potential food and drug interactions.
  - ◇ Use a programmable pump when heparin is administered intravenously and continuously.
  - ◇ Provide education regarding anticoagulation therapy related to:
    - ◆ Importance of follow-up monitoring.
    - ◆ Compliance.
    - ◆ Drug-food interactions.
    - ◆ The potential for adverse drug reactions & interactions.

**GOAL 5: RECONCILING MEDICATIONS**

- ◆ **Maintain and communicate accurate patient medication information**
  - ◇ Obtain information on the medications the patient is currently taking when he/she is admitted to the hospital or is seen in the outpatient setting.
  - ◇ 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 (or family as needed) 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.
  - ◇ Explain the importance of managing medication information to the patient when he/she is discharged from the hospital or at the end of an outpatient encounter.
  - ◇ Encourage patient to take their most recent list of medications to every physician visit.

**GOAL 6: IDENTIFY SAFETY RISKS INHERENT IN THE PATIENT POPULATION**

- ◆ **Identify patients at risk for suicide:**
  - ◇ On admission, conduct a risk assessment that identifies specific patient characteristics and environmental features that may increase or decrease the risk for suicide.
  - ◇ Address the patient's immediate safety needs.
  - ◇ When a patient at risk for suicide leaves the care of the hospital, provide suicide prevention information (such as a crisis hotline) to the patient and his/her family.

## GOAL 7: HAND HYGIENE

### ◆ Follow the World Health Organization's (WHO)

#### *Five Moments of Care:*

- ◇ Before touching a patient.
- ◇ Before a clean/aseptic procedure.
- ◇ After body fluid exposure.
- ◇ After touching a patient.
- ◇ After touching a patient's surroundings.

#### ◆ **Handwashing with soap & water must be performed:**

- ◇ When hands are visibly dirty.
- ◇ When hands are contaminated with proteinaceous material or visibly soiled with blood/body fluids.
- ◇ After using a restroom.
- ◇ When caring for a patient with suspected or confirmed *Clostridium difficile*.

## GOAL 8: PREVENTING MDROIs

### ◆ Implement evidence-based practices to prevent health care-associated infections due to multidrug-resistant organisms in acute care hospitals

- ◇ Educate patients, and their families as needed, who are infected or colonized with a multidrug-resistant organisms (MRSA, VRE, Gram Negative Rods) about health care-associated infection prevention strategies.

## GOAL 9: PREVENTING CLABSI

### ◆ Implement evidence-based practices to prevent central-line associated bloodstream infections (CLABSI)

- ◇ Educate patients & their families, who are infected or colonized with a multidrug-resistant organism about health care-associated infection prevention strategies.
- ◇ Prior to insertion of central venous catheter, educate patients about central line-associated bloodstream infection prevention.
- ◇ Use the catheter checklist and a standardized protocol for central venous catheter insertion
- ◇ Use Chloraprep for skin preparation during central venous catheter insertion.
- ◇ "Scrub the Hub" for at least 15 seconds before accessing ports.
- ◆ Evaluate all central venous catheters daily and remove nonessential catheters.

## GOAL 10: PREVENTING CAUTI

### ◆ Implement evidence-based practices to prevent indwelling catheter associated urinary tract infections (CAUTI)

- ◇ Review reasons for catheter insertion at initial insertion and at daily reassessment.
- ◇ Utilize nurse-driven removal protocol when ordered by the physician.
- ◇ Manage indwelling catheters by:
  - ◆ Securing catheter for unobstructed drainage
  - ◆ Maintaining system sterility
  - ◆ Replacing the system as needed
  - ◆ Properly collecting a urine sample

## GOAL 11: PREVENTING SSI

### ◆ Implement evidence-based practices for preventing surgical site infections (SSI):

- ◇ Educate patients who are undergoing a surgical procedure about surgical site infection prevention.
- ◇ Administer antimicrobial agent prophylaxis according to SCIP guidelines.

## GOAL 12: PREVENTING PATIENT/RESIDENT FALLS

- ◆ Assess the patient/resident risk for falls and fall related injury.
- ◆ Implement interventions to reduce falls based on the patient/resident's assessed risk.
- ◆ Educate the patient/resident and, as needed, family on any individualized fall reduction strategies.
- ◆ Calculate & document the fall injury/safety score daily.
- ◆ Assess each patient/resident on admission for risk of pressure ulcers.

## GOAL 13: PREVENTING PRESSURE ULCERS IN PATIENTS/RESIDENTS

- ◆ Develop a plan of care to identify and prevent pressure ulcers.
- ◆ Implement interventions to reduce health care-associated pressure ulcers.
- ◆ Perform and document skin assessment each shift with the SKIN (Acute) or Braden (TCC) score.

*The purpose of the National Patient Safety Goals is to help healthcare organizations address specific areas of concern in regards to patient safety. Be sure to know how these goals impact your job duties. Complete details of the National Patient Safety Goals can be found on the Joint Commission website: [www.jointcommission.org](http://www.jointcommission.org).*