

2009 National Patient Safety Goals

GOAL	REQUIREMENTS
Improve the accuracy of patient identification.	<ul style="list-style-type: none"> ▪ Use at least two patient identifiers when providing care, treatment or services. ▪ Engage patient and/or family in the patient's care: <ul style="list-style-type: none"> - Reliably identify the patient as the person for whom care, service or treatment is intended. - Use at least two patient identifiers (name and date-of-birth) to compare to orders, requisitions, computer screen, or other documentation before providing care, treatment or service. - Always label and confirm the accuracy of the labeling specimen containers (blood, urine, etc) with the patient involvement. - Two individuals, using at least two identifiers are needed to verify patient identification when blood or blood components are transfused.
Improve the effectiveness of communication among caregivers.	<ul style="list-style-type: none"> ▪ For telephone orders/telephonic reporting of critical test results, verify complete order or test result by having the person receiving the information record and "read-back" the complete order or test result. ▪ Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization. ▪ Measure, assess and if appropriate, take action to improve the timeliness of reporting and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values. ▪ Implement a standardized approach to "hand-off" communications, including an opportunity to ask and respond to questions.
Improve the safety of using medications.	<ul style="list-style-type: none"> ▪ Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs. ▪ Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field. ▪ Follow BHSF anticoagulation therapy protocols and procedures.
Reduce the risk of healthcare associated infections.	<ul style="list-style-type: none"> ▪ Comply with current <u>World Health Organization (WHO) Hand Hygiene Guidelines</u> or Center of Disease Control (CDC) hand hygiene guidelines. ▪ Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a healthcare associated infection. ▪ Identify best practices to prevent infections due to multiple drug-resistant organisms. ▪ Identify best practices to prevent central line-associated bloodstream infections. ▪ Identify best practices to prevent surgical site infections.
Accurately and completely reconcile medications across the continuum of care.	<ul style="list-style-type: none"> ▪ There is a process for comparing the patient's current medications with those ordered for the patient while under the care of the organization. ▪ A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility.
Reduce the risk of patient harm resulting from falls.	<ul style="list-style-type: none"> ▪ Implement a fall reduction program including an evaluation of the effectiveness of the program.
Encourage patient's active involvement in their own care as a patient safety strategy.	<ul style="list-style-type: none"> ▪ Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so. ▪ Educate patients about hand hygiene and respiratory precautions as well as patient involvement in preventing adverse events in surgery.
The organization identifies safety risks inherent to its patient population.	<ul style="list-style-type: none"> ▪ The organization identifies patients at risk for suicide (applicable to patients being treated for emotional or behavioral disorders in general hospitals).
Improve recognition and response to changes in a patient's condition.	<ul style="list-style-type: none"> ▪ The organization selects a suitable method to call for additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening. ▪ Encourage patients/families to seek assistance when a patient's condition worsens.
Universal Protocol	<ul style="list-style-type: none"> ▪ Conduct a preoperative verification process as described in the Universal Protocol. ▪ Mark the operative side as described in the Universal Protocol. ▪ Conduct a "time out" immediately before starting the procedure as in the Universal Protocol.

There are additional goals for other programs (BOS/MASC/Homecare).

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