Mon Health℠

Patient Safety

Updated 11.2021

Background

The National Patient Safety Goals (NPSGs) were established in 2002 by The Joint Commission to help accredited organizations address specific areas of concern regarding patient safety.

The first set of NPSGs was effective January 1, 2003.

The Patient Safety Advisory Group advises The Joint Commission on the development and updating of NPSGs.

Goal 1:
Improve the Accuracy of Patient Identification

NPSG 01.01.01: Use at least two patient identifiers when providing care, treatment, and services.

**Patient Room Number is not a Patient Identifier

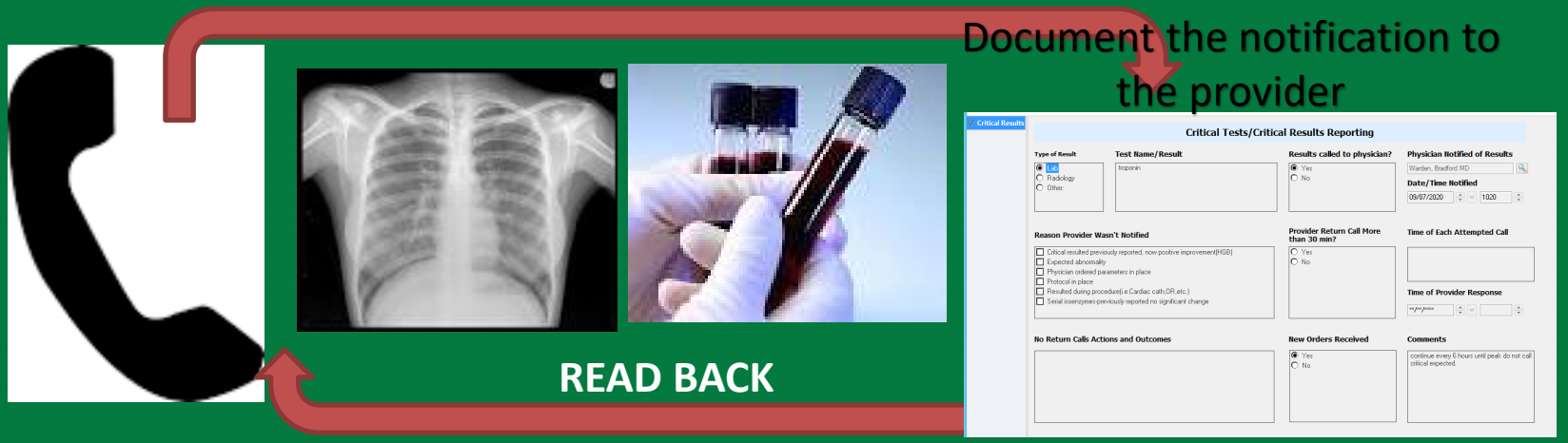
Always ask the patient to state their name and DOB.

NPSG 01.03.01: Eliminate transfusion errors related to patient misidentification.

Label IV medications and containers used for blood/specimen in the presence of the patient

Goal 2:
Improve the Effectiveness of Communication

NPSG 02.03.01: Report critical results of laboratory tests and diagnostic procedures within 30 minutes.



Verbal and telephone orders or critical results must be written down and then verbally stated to confirm that an order was heard correctly.

The above results must be documented on the Critical Result Form.

Goal 3:
Improve the Safety of Using Medications

NPSG 03.04.01: Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings.

Rationale: If not immediately given once removed from its original container, the medication cannot be identified by staff administering medication.

Goal 3:
Improve the Safety of Using Medications

NPSG 03.05.01: Reduce the likelihood of patient harm associated with the use of **Anticoagulant Therapy**.

Provide discharge instructions for the specific anticoagulation medication when discharged. **(Even if the patient has been on the medication in the past.)

NPSG 03.06.01: Maintain and communicate accurate patient medication information.

Discharge teaching is our last effort to enable the patient for success!

Goal 3:
Improve the Safety of Using Medications

Bar code scanning should be done, where available, on every medication and every patient. If you receive an alert **STOP**.

If you are unable to discern the alert, consider having another nurse verify and calling the pharmacy for assistance.

Every Patient, Every Time, Every Medication!

Goal 6:
Reduce the harm associated with clinical alarm systems

NPSG 06.01.01: Improve the safety of clinical alarm systems.

<u>To help with Telemetry Nuisance Alarms</u>

Change batteries daily

Change leads daily and prn

<u>MGH Top Priority Alarming Devices</u>

Continuous Cardiac Monitors

Ventilators

Pulse Ox Monitors

Clinical alarm volumes shall never be turned off or adjusted to a level that cannot be readily heard.

Policy NPSG-023

Goal 15:
Identify safety risks inherent in the patient population

NPSG 15.01.01: Identify patients at risk for suicide.

- All Emergency Department, Inpatients, and Observation patients will be **screened for suicide risk using the PHQ and Colombia Protocol** during triage and/or during the admission assessment.

Fact: Most hospital suicides occur in patient restrooms by hanging.

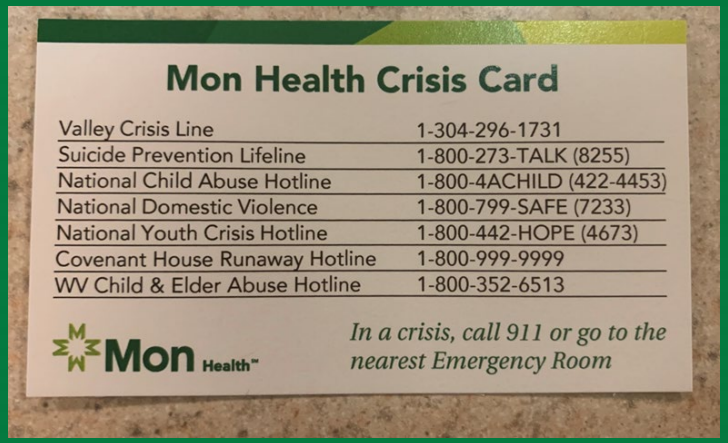
Goal 15:
Identify safety risks inherent in the patient population

Constant Visual Observation

- "CVO" is our most proactive measure to keep the patients safe.

Mon Health Crisis Card

- All patients determined to be at risk should be provided the card.



Universal Protocol

UP 01.01.01: Conduct a pre-procedure verification process.

UP 01.02.01: Mark the procedure site.

UP 01.03.01: A time-out is performed before the procedure.

TIME OUT

Confirm :

- correct patient
- correct side/site
- correct procedure
- correct patient position
- availability of implants and equipment

SIGN IN Before Induction of Anesthesia INITIATED by CIRCULATOR	TIME-OUT Before the incision INITIATED by SURGEON	SIGN OUT Before Patient Leaves the OR INITIATED by SURGEON/CIRCULATOR
Introduction of team members **Circulator and anesthesia provider** **VERBALLY VERIFY:** 1. **Patient's identity using name and birthdate, procedure, procedure site, and consent** ☐ **Yes** ☐ **NO=STOP** 2. **Known allergies?** ☐ **Yes** ☐ **No** **Allergies verbalized to entire team** 3. **Difficult Airway risk?** ☐ **Yes=Equipment available** 4. **Risk of Hypothermia (surgery >1 hr)** ☐ **Yes=warming in place** --- **SCRUB AND CIRCULATOR :** **All necessary equipment/supplies/implants available?** **Sterilization indicators have been confirmed?** **Personal Protective equipment in use?**	<u>All other activities to be suspended (unless a life-threatening emergency)</u> **SURGEON VERBALLY VERIFIES**: 1. PATIENT IDENTITY 2. PATIENT PROCEDURE 3. Consent matches the stated procedure ☐ Yes ☐ NO=STOP 4. Antibiotic prophylaxis within one hour before incision ☐ Yes ☐ Not applicable 5. Surgical site verified (marked if required) 6. Surgical Position correct 7. Any critical steps/risk/EBL/duration? **SURGICAL SCRUB VERBALLY VERIFIES:** Medications and solutions on the sterile field are labeled? ☐ Yes ☐ NA **ANESTHESIA & CIRCULATOR VERBALLY VERIFY:** ☐ Fire safety Precautions in place: fluids, fire extinguisher, No drape tenting; Low O2	**SURGEON VERBALLY VERIFIES**: Name of procedure **CIRCULATOR & SCRUB VERBALLY VERIFY:** 1. All instrument, sponge, sharp, and other counts are correct? 2. All specimens identified, labeled, and ordered correctly? 3. Photo/Images labeled? **ALL TEAM MEMBERS DISCUSS**: 1. Any concerns for the post op patient 2. Estimated blood loss 3. Any equipment issues to be addressed 4. Questions? Comments?

Everybody (employees, patients, physicians, management, administration and medical staff leaders) has a role in promoting Patient Safety!

Our goal is to always be

PATIENT SAFETY focused.

Please report all questions or concerns to the Risk Management Department @ #1388.