

Joint Commission National Patient Safety Goals & Universal Protocol Update

UNIVERSAL PROTOCOL. Before any surgical or invasive procedure, a pre-procedure verification is completed, the procedure site is marked (when appropriate), and a time-out is performed immediately prior to starting procedures.



IMPROVE THE ACCURACY OF PATIENT IDENTIFICATION. Use 2 patient identifiers when providing care, treatment, and services—patient's name and medical record, or date of birth only if a medical record number is not available. The patient's room number CANNOT be used as an identifier. The patient is involved when possible. Containers used for blood and other specimens are labeled in the presence of the patient.

IMPROVE THE EFFECTIVENESS OF COMMUNICATION AMONG CARE-

GIVERS. Read-back of telephone orders and/or reporting of critical test results is required. There is a standardized list of DO NOT USE abbreviations. Hand-off of information is standardized to insure information is passed along (SBAR). The opportunity to ask questions is provided.

SBAR

IMPROVE THE SAFETY OF USING MEDICATIONS. Look-alike, sound-alike medications are minimized throughout the hospital. For anti-coagulation therapy, the hospital has developed a management program. Unit dose is used only. Infusion pumps are always used for IV anti-coagulant infusion. In surgery and procedural areas, meds, med containers, and solutions on/off the sterile field are labeled. Labeling occurs when any med or solution is transferred from the original packaging to another container. No more than 1 med is labeled at a time. Any meds or solutions found unlabeled are discarded. All original containers from meds or solutions remain available for reference until the procedure is completed. At shift change or break relief, all meds and solutions on/off the sterile field and their labels are reviewed by entering and exiting staff.



REDUCE THE RISK OF HEALTH CARE ASSOCIATED INFECTIONS. Comply with WHO/CDC guidelines for hand hygiene. Implement best-practices to prevent central line associated bloodstream infections. Use maximum sterile barrier precautions (hat, cap, mask at the sterile table). Use chlorhexidine-based antiseptic for skin prep. Implement best practices to prevent surgical site infections: Clip hair; shaving is inappropriate hair removal. Appropriate selection and timely administration of pre-pacer/ICD antibiotics. A root cause analysis will be done for patients who develop significant infections.



ACCURATELY AND COMPLETELY RECONCILE MEDS ACROSS THE CONTINUUM OF CARE. The hospital has a process for obtaining the complete list of meds. Updating the status of a patient's meds is an important component of patient care hand-offs. When the patient is discharged, this information is given to the patient and their primary care provider when known.



REDUCE THE RISK OF PATIENT HARM RESULTING FROM FALLS. The hospital has implemented a fall-risk reduction program. Inpatients are screened daily for their fall risk.



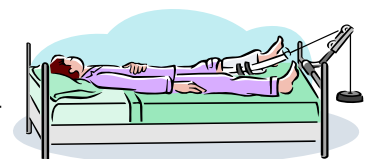
REDUCE THE RISK OF INFLUENZA AND PNEUMOCOCCAL DISEASE. The hospital has implemented protocols to ensure that patients are appropriately vaccinated.

REDUCE THE RISK OF SURGICAL FIRES. Staff and physicians are educated on how to control heat sources and manage fuels with enough time for patient preparation, and establish guidelines to minimize oxygen concentration under drapes.



ENCOURAGE PATIENT'S ACTIVE INVOLVEMENT IN THEIR OWN CARE AS A PATIENT SAFETY STRATEGY. Teach patients how to report safety concerns.

PREVENT HEALTH CARE ACQUIRED PRESSURE ULCERS. The hospital has implemented protocols to assess patient's risk for pressure ulcer and initiate appropriate therapies to prevent them from occurring.



IDENTIFY SAFETY RISKS INHERENT IN OUR PATIENT POPULATION. The hospital has defined a process for identifying patients at risk of suicide.

R R T
SMH 508-8587
SGH 508-8589

IMPROVE RECOGNITION AND RESPONSE TO CHANGES IN A PATIENT'S CONDITION. A rapid response team (RRT) is in place to help throughout the hospital. Hospital staff, physicians, and family members can activate the RRT if they need assistance with a patient who's condition is deteriorating.