Understanding the Joint Commission’s Hospital National Patient Safety Goals

Contributor: Glenn Billman MD, Chief Quality Officer
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The purpose of this training module is to familiarize you with the current National Patient Safety Goals. **All hospitals accredited by the Joint Commission are expected to adhere to these goals as a condition of continuing accreditation.**

Our last Joint Commission survey was in **November 2017**.
Goal 1- Improve accuracy of patient identification:
Use at least 2 patient identifiers when providing care, treatment, or services

What this Means:
• For Inpatient – use patient’s name and medical record number (MR#)
• For Ambulatory – patient name and date of birth (DOB)
• Compare the name and MR# or DOB to the label, medication administration record, or service/procedure to the name and MR# (or DOB) on the patient’s wristband
• The patient’s room number or physical location is NOT used as an identifier
• Always label containers used for blood and other specimens in the presence of the patient.

Confirmation of patient identification is a non-delegatable responsibility
Goal 1- Improve accuracy of patient identification: Eliminate transfusion errors related to patient misidentification

What this Means:

Before initiating a blood or blood component transfusion:

• Match the blood or blood component to the order,
• Match the patient to the blood component,
• Use a 2 person verification process.

One individual conducting the verification is the qualified transfusionist who will administer the blood.

Second individual conducting the identification verification is qualified to participate in the process, as determined by the hospital.
Goal 2 - Improve Communication Among Caregivers: Report critical results of tests and diagnostic procedures on a timely basis:

What this Means:

- Critical Result reporting should be done immediately.
- The Critical Result Turn-Around-Time begins when the result is generated, and ends only after a decision-maker has been received the test result information.
- Turn-Around-Times vary by result type, but are between 30 and 60 mins.
- When critical value or critical test result information is provided by telephone, the critical value or critical test result should be written down, or entered into a computer, and “Read Back” by the receiving licensed independent practitioner (LIP)/nurse; the caller then “Confirms” that the result has been received correctly.
Goal 3- Improve the Safety of Using Medications: Label all medications, medication containers or other solutions on and off the sterile field in peri-operative and other procedural settings.

What this Means:

- Label as soon as the medication is removed from the original container if it is not to be used immediately.
- The label should contain:
  - Medication name
  - Strength of medication
  - Quantity
  - Volume (if not apparent from container)
  - Expiration date and time when not used in 24 Hours
  - Expiration time when expiration occurs in less than 24 Hours
- Two person label verification must occur if the person preparing the medication is not the person who will be administering it.
- Immediately discard any unlabeled medication or solution.
Goal 3- Improve the Safety of Using Medications: Reduce the likelihood of patient harm associated with use of anticoagulant therapy

**What this Means:**

- Use only unit dosed products, prefilled syringes, or premixed infusion bags
- Use approved order sets and protocols for the initiation and maintenance of anticoagulant therapy.
- Before starting a patient on Warfarin assess the patient’s baseline coagulation status.
- Use appropriate resources to manage potential food and drug interactions
- Provide education regarding anticoagulant therapy to prescribers, staff, patients, and families.
Goal 3- Improve the Safety of Using Medications: Maintain and communicate accurate patient medication information

What this Means:

- Obtain a list of medications the patient is taking prior to the encounter;
- Compare that list with any new orders written;
- Give the patient and family written information on medications they will be taking when they go home;
- When the patient exits the care setting, explain the importance of keeping an accurate medication list, including giving the list to his or her physician.
Goal 6- Reduce the Harm Associated with Clinical Alarm Systems

What this Means:
Since 2014 an RCHSD Alarm Safety Task Force has worked to:

• Identify the most important alarm signals to manage
• Established policies and procedures for managing alarms
• Educated Staff about the purpose and proper operation of alarm systems for which they are responsible
Goal 7 - Reduce the Risk of Health Care-Associated Infections (HAIs):
Comply with either the current CDC Hand Hygiene guidelines

What this Means:
Hand Hygiene must be performed when:
• Hands are visibly dirty or contaminated
• Before contacting a patient or entering the patient’s room
• Before putting on gloves AND after removing gloves
• Before performing an invasive procedure
• Before eating
• After contact with a patient, body fluids, non-intact skin, contaminated surfaces, or leaving the patient’s room
• After using the restroom
Goal 7- Reduce the Risk of Health Care-Associated Infections (HAIs):
Implement evidence-based practices to prevent health care–associated infections due to **Multidrug-Resistant Organisms (MDRO)** in acute care hospitals.

**What this Means:**

- Partner with clinical pharmacists to correctly order, modify and discontinue antibiotic therapy as appropriate
- Ensure that appropriate isolation precautions are ordered for and carried out for your patients
- Always wear appropriate personal protective equipment (PPE) when entering the room of a patient on isolation precautions….even if you do not intend to provide direct care
- Educate patients and their families who are infected or colonized with a MDRO about HAI prevention strategies.
Goal 7- Reduce the Risk of Health Care-Associated Infections (HAIs):
Implement evidence-based practices to prevent Central Line-associated bloodstream infections (CLA-BSI)

What this Means:
1. Utilize the Central Line Insertion Bundle:
   • Perform Hand hygiene
   • Maximal sterile barrier precautions used: sterile gown, sterile gloves, large sterile drape, cap
   • Sterile Field Maintained
   • Skin preparation: Chlorhexidine Gluconate (CHG) - 1st choice for skin prep agent
   • Skin prep completely dry @ time of first skin puncture
   • Antimicrobial Patch applied to site (i.e. Biopatch)
   • Minimize repairs or exchanging a line over a guide wire
2. Educate staff and providers about health care-associated infection prevention strategies.
3. Implement a surveillance program.
4. Educate patients and their families about health care associated infection prevention strategies.
5. Measure, monitor, and report process and outcome data to medical and hospital leadership
Goal 7- Reduce the Risk of Health Care-Associated Infections (HAIs): Implement evidence-based practices to prevent Surgical Site Infections

What this Means:
1. Utilize the Surgical Site Infection Prevention Bundle:
   • Appropriate timing of prophylactic antibiotics prior to incision
   • Appropriate hair removal (no razors)
   • Postoperative serum glucose levels in cardiac surgery patients
   • Normothermia
2. Educate staff and providers about health care-associated infection prevention strategies.
3. Implement a surveillance program.
4. Educate patients and their families about health care associated infection prevention strategies.
5. Measure, monitor, and report process and outcome data to medical and hospital leadership
Goal 7- Reduce the Risk of Health Care-Associated Infections (HAIs): Implement evidence-based practices to Catheter-Associated Urinary Tract Infections (CA-UTI)

What this Means:
1. Utilize the Urinary tract Infection Prevention Bundle:
   - Use Aseptic Technique for Insertion
   - Assess need for catheter daily and remove when not needed
   - Maintain a closed drainage system with unobstructed flow
   - Keep bag level below the level of the bladder to prevent backflow.
   - Secure catheter to prevent irritation.
   - Minimize access into catheter.
2. Educate staff and providers about health care-associated infection prevention strategies.
3. Implement a surveillance program.
4. Educate patients and their families about health care associated infection prevention strategies.
5. Measure, monitor, and report process and outcome data to medical and hospital leadership
Goal 15 - The Hospital Identifies Safety Risks Inherent in its Patient Population:
Identify patients at risk for Suicide

What this Means:

1. Conduct a Risk assessment that identifies specific patient characteristics and environmental features that increase or decrease the risk of suicide,
2. Address the patient’s immediate safety needs and most appropriate setting for treatment.
3. Consult/refer to a mental health professional (Social Work/Psychiatry) to complete an assessment
4. Once patients at risk for self harm have been identified, a sitter will be assigned until Social Work/Psychiatry has determined that a sitter is not necessary
5. When the patient is leaving RCHSD it is important that the patient and family are provided with information related to suicide prevention.
Universal Protocol:
Preventing Mistakes when a patient is Having Surgery or another Invasive Procedure

What this Means:

UP 01.01.01 Conduct a Pre-Procedural Verification

- Use a standardized list (Checklist, Surgical Safety Checklist, Script)
- Verify correct patient, correct procedure, correct site and side
- All relevant documents such as History & Physical, diagnostic and radiology test results, and the consent form are present and correct

UP 01.02.01: Mark the Site

- All patients having an invasive procedure or surgical procedure that involves laterality, multiple structures or levels

UP 01.03.01 Conduct a Time Out

- Formal verification of correct patient, procedure, site, and side documented in the medical record
- Time out process needs to include the **ACTIVE** participation of the entire team (all members stop to participate)