# MARTIN ARMY COMMUNITY HOSPITAL
# COMPLIANCE WITH THE
# NATIONAL PATIENT SAFETY GOALS

**NPSG 1: IMPROVE PATIENT IDENTIFICATION**

- When providing care, treatment and services to a patient we are to verify we have the right patient. We use NAME and DATE OF BIRTH.

- Anytime a specimen is collected we must label the container in the presence of the patient.

**NPSG 2: IMPROVE COMMUNICATION**

- Anytime a verbal or telephonic order is given or telephone reporting of critical test results, the person receiving the order must "READ BACK" the complete order or test result.

- Standardize a list of abbreviations NOT to use throughout the facility.

- U – Write "unit"
- IU – Write "international unit"
- Q.D. – Write "every day"
- Q.O.D. – Write "every other day"
- Trailing zero – Write "5 mg" do not use 5.0 mg
- Lack of leading zero – Write "0.5 mg" do not use .5mg
- MS – Write complete name of medication
- MSO4 – Write complete name of medication
- MgSO4 - Write complete name of medication

- Implement a standardized approach to "hand-off" communication. Our process is called BSTAR (background, situation, treatment, assessment, recommendation).

**NPSG 3: IMPROVE SAFETY OF USING MEDICATIONS**

- Identify a list of look-a-like/sound-a-like medications and take action to prevent errors involving these medications.

Ephedrine and Epinephrine
Insulin (Novolog vs. Novolin)
Oxycontin and Oxycodone
Dilaudid and Duramorph
Lamisil and Lamictal and Levetiracetam (Keppra)
Metformin and Metronidazole
Avandia and Coumadin and Cardura
Clonidine and Clonazepam
Celebrex and Celexa and Cerebyx
Zyprexa and Zyrtec and Zantac
Toprol XL and Topamax
Prilosec and Prozac
Wellbutrin SR and Wellbutrin XL
Abilify (Arripiprazole) and Omeprazole and Esomeprazole

- Label all medications, medication containers or other solutions on and off the sterile field. When you take a medication or solution out of its original container and place it in another, the container will be labeled.

- Reduce the likelihood of patient harm associated with the use of anticoagulant therapy. Use approved protocols (found on the sharepoint); for patients receiving warfarin a current INR is available and used to monitor and adjust therapy; follow written policy; provide education; and use programmable infusion pumps in order to provide consistent and accurate dosing of heparin.

**NPSG 7: REDUCE THE RISK OF HEALTH CARE ASSOCIATED INFECTIONS**

- Comply with current World Health Organization or Centers for Disease Control hand hygiene guidelines. All staff practice proper hand washing and use of hand gel (Purell).
- Implement evidence-based practices to prevent health-care associated infections due to multidrug resistant organisms (Infection Control measures).
- Implement best practices to prevent central line associated bloodstream infections (Infection Control measures).
- Prevent surgical site infections (Infection Control measures).

**NPSG 8: ACCURATELLY AND COMPLETELY RECONCILE MEDICATIONS ACROSS CONTINUUM OF CARE**

- A process exists for comparing the patient's current medications with those ordered while under the care of the organization. Print out the 508 (CHCS) and have the patient annotate any over the counter or other meds not listed, then provider will go over the complete list with the patient and add any additional meds to be given to the patient. Patient will be given the complete list of reconciled meds when departing the facility. Also if a patient is transferred the complete reconciled list is provided to the next provider.

**NPSG 9: REDUCE THE RISK OF PATIENT HARM FROM FALLS**

- Implement a fall reduction program. Inpatients are assessed for falls risk at each shift. If patient is identified as being a fall risk, a yellow wrist band is placed on the patient.

**NPSG 13: ENCOURAGE PATIENT INVOLVEMENT IN CARE**

- As a patient safety strategy, we are to encourage patients to be involved in their care. Encourage patients to report any safety issues they see in the facility. We have a patient tri-fold that educates patients on the patient safety strategies we have implemented in the facility.

**NPSG 15: IDENTIFY SAFETY RISKS INHERENT IN OUR PATIENT POPULATION**

- We identify patients at risk for suicide. We provide information such as a crisis hotline **1-800-273-8255.**

**NPSG 16: IMPROVE RECOGNITION AND REPONSE TO CHANGES IN PATIENTS CONDITION**

- We are to select a suitable method that enables health care staff members to directly request additional assistance from specially trained individuals. Our method is the Rapid Response Team (RRT). Adult RRT members include MOD, ICU RN, Respiratory Therapy, and Nursing Supervisor; Pediatric RRT members include POD, Respiratory Therapy, Assigned RN, Nursing Supervisor, and Staff, and Pediatrician during normal duty hours. The RRT is an inpatient function and criteria for calling a RRT can be found on posters hanging in the inpatient areas.

**UNIVERAL PROTOCOL**

- Conduct a pre-operative verification process - verify the correct person, correct site, and correct procedure; ensure all relevant documentation and items are available: H&P, assessments, signed consent form, diagnostic and radiology test results, and any required blood products, implants, devices and special equipment needed for procedure.
- Mark the procedure site - marking the procedure site allows staff to identify without ambiguity the intended site for the procedure and if patient refuses to be marked, use an alternative marking band.
- Conduct a "time-out" – immediately before starting the procedure each team member will pause and verbally confirm correct patient identification, agree on procedure to be done, correct site and side are marked, and relevant documentation, images and results are available.