

2010 National Patient Safety Goals

Naval Medical Center San Diego

Goal: Improve accuracy of patient identification



Expected Practice:

- ❖ Use at least 2 identifiers every time you provide a service or treatment
- ❖ Acceptable identifiers include
 - First and Last Name
 - Date of Birth
 - FMP/Full Sponsor Social
 - Photograph
 - Admission Number
- ❖ Two staff members must match patient to intended blood product per instruction.

Goal: Improve communication among caregivers



Expected Practice:

- ❖ Communicate critical results to the licensed provider of care 30 minutes after the result is identified as critical.
- ❖ Ancillary service identifying the critical result must document who they notified and the time of notification.
- ❖ Nursing: Must document the time you were notified of the critical results and what time you notified the licensed medical provider.

Goal: Improve the safety of using medications



Expected Practice:

- ❖ Label all medicines and solutions out of the original container that are not being given immediately.
- ❖ Medications must be drawn up and labelled one at a time.
- ❖ Label must include:
 - Medication name
 - Strength
 - Quantity
 - Diluent and volume
 - Preparation Date
 - Expiration date when not used within 24 hours
 - Expiration time if expires in less than 24 hours

Goal : Improve the safety of using medications



Expected Practice:

- ❖ When giving anticoagulants:
 - ❖ Use hospital protocols for the initiation and maintenance of anticoagulant therapy.
 - ❖ Use unit dose, prefilled syringes or premixed infusion bags when giving heparin.
 - ❖ Always use an infusion pump when giving continuous heparin infusions.

Goal : Reduce the risk of health-care associated infections



Expected Practice:

- ❖ Wash your hands before and after patient contact
- ❖ Wash hands before and after removing gloves
- ❖ Follow Infection Control guidelines to prevent:
 - Multidrug-Resistant Organism Infections
 - Central Line Blood Stream Infections
 - Surgical Site Infections

Goal: Accurately and completely reconcile medications



Expected Practice:

- Create a list of home medications at admission or the clinic visit
- ❖ Have patient or family check the list
- ❖ Update the list before discharge or leaving the clinic
- ❖ Give patient an updated copy of the list
- ❖ Make sure next provider of care has updated list of medications

Goal: Identify safety risks inherent in the patient population



Expected Practice:

- ❖ Assess risk of suicide for all patients whose primary reason for being seen is an emotional or behavioral complaint.
- ❖ Make sure at risk patients and family has suicide prevention information (such as crisis hotline) at time of discharge.

NMCSD References:

www.jointcommission.com

6010.31 – Medication Reconciliation

6010.40 – Management of Anticoagulation Therapy

Infection Control Manual

6220.1C – Isolation Policies for Patients with Communicable Diseases

6220.3 – Policy for Management of Multidrug-Resistant Organisms

6510.6 – Critical Result Policy

6550.5A – Insertion and Maintenance of Venous and Arterial Catheters

6550.1D – Administration of Intravenous Fluids and Drugs

6530.2E – Regulations Governing Blood Bank and Transfusion Services