

2010 National Patient Safety Goals

Goal 1: Improve the accuracy of patient identification.



Use at least **two patient identifiers** (full name and date of birth preferred) to match the person to the service before administering meds, collecting specimens, doing procedures, etc.

Use **two-person verification** to prevent transfusion errors related to patient misidentification.



Goal 2: Improve the effectiveness of communication among caregivers.



Get **critical results / values** to the provider in **60 minutes or less**.

Document communication with the provider to include:

- Result
- Time of receipt
- Name of provider contacted
- Time of contact

Goal 3: Improve the safety of using medications.

Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field.



Reduce the likelihood of patient harm associated with the use of **anticoagulation therapy**. Use standardized protocols; educate staff and patients.

Goal 8: Accurately and completely reconcile medications across the continuum of care.



Make a list of the patient's current home medications. **Compare the list of current medications** with those ordered for the patient while under the care of the organization to prevent omission, duplication, or adverse events.

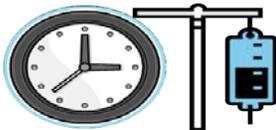
Goal 7: Reduce the risk of healthcare-associated infections.

Comply with current Centers for Disease Control and Prevention (CDC) **hand hygiene** guidelines. Perform hand hygiene frequently and thoroughly!



Implement evidence-based practices to **prevent health care-associated infections due to multidrug-resistant organisms**.

Implement best practices or evidence-based guidelines to **prevent central line-associated bloodstream infections**.



Implement best practices for **preventing surgical site infections**.

If the patient is referred or transferred, **communicate the list of reconciled medications to the next provider** and document the communication. When the patient leaves the hospital's care, provide the list to a primary care or referring provider (if known).



At discharge, **provide a copy of the reconciled list of medications to the patient** and, as needed, the family. Explain the list to the patient and/or family.

Perform a **modified medication reconciliation process** in minimal-use situations or when only short-term medications are prescribed.

Goal 15: The organization identifies safety risks inherent in its patient population.



The organization **identifies patients at risk for suicide** and takes appropriate action to address their immediate safety needs.

The Universal Protocol

The **Universal Protocol** is applied in all settings in which procedures are performed. The purpose is to ensure that you're doing the right procedure to the right part of the right patient.

Elements include:

- Preoperative verification**
- Site marking**
- A pre-procedural Time-Out**



Questions?
Contact the TAMC Patient Safety Manager at 433-2464.
Use the eQAA report on the homepage to report errors / events / close calls!