# 2016 National Patient Safety Goals (NPSGs)

The purpose of the NPSGs is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

<table>
<thead>
<tr>
<th>Goal</th>
<th>How to demonstrate compliance:</th>
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| **Correct Patient Identification** | NPSG.01.01.01  
NPSG.01.03.01  
• Use at least 2 ways to identify patients. MBMC and RCH use name and date of birth (DOB).  
• Patient should state their name and date of birth. Orders should be compared with the patient’s armband to verify name and DOB.  
Note: IF additional identifiers are needed to be sure the correct patient gets the correct medicine and treatment, this is acceptable, start with name & date of birth!  
• Make sure the correct patient gets the correct blood when they get a blood transfusion. **Our lab performs a final check of the blood type at the bedside which is a unique safety practice.**  
• **NEVER use the room number as the only identifier.** |
| **Improve staff communication** | NPSG.02.03.01  
• Get important test results to the right staff person in a timely manner  
• Test results from the Laboratory, Radiology, Cardiovascular Diagnostics, Respiratory Care, etc. that are considered as **critical results (the physician needs to know urgently for a critical result)** are communicated as soon as possible to the physician.  
  o One example- the Respiratory Care policy as follows: **It is the responsibility of the Respiratory Care Practitioner to report all Critical (Panic) Laboratory Values to the patient’s nurse immediately (within 10 minutes)** so the physician can be notified or notify physician directly.  
  o **Source: CareNet – Policy/Procedure tab – Policy & Procedures – Public; MBMC Organizational P/P – Critical Test Results, Communication of** |
| **Use medicines safely** | NPSG.03.04.01  
NPSG.03.05.01  
NPSG.03.06.01  
• Before a procedure, label medications that are not labeled. For example, medicines in syringes, cups, and basins. This should be done in the area where medicines and supplies are set up. **Applies to OR, all procedural areas & procedures done in units at bedside.**  
• Take extra care with patients taking medications to thin blood.  
• Document and pass on correct information about a patient’s medicines. On admission find out what they are taking. Compare those medicines to new medicines given. Make sure the patient knows what medicines to take at home on discharge. **Tell the patient it is important to bring an up-to-date list of medicines every time they visit a doctor (or come to the hospital).** |
| **Use alarms safely** | NPSG.06.01.01  
• Both Baptist and RCH have established alarm safety as a priority. Staff identified all alarms and determined the risk to patients if the alarm is not responded to or malfunctions. Determined patient safety concerns and looked at best practices.  
• Improve processes to ensure alarms on medical equipment are heard and responded to on time! Make improvements to ensure that alarms on medical equipment are heard and responded to on time. **In 2016, the hospital will be developing policies and procedures for the management of critical alarms.** |
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| Prevent infection         | • Use hand cleaning guidelines from CDC. Set goals for improving hand hygiene. Use alcohol or soap/water before/after patient contact. Fingernails should not be longer than ¼” for any employee having patient contact. **IF YOU observe anyone not seen washing hands – raise both hands as a reminder!**  
  • Utilize the Infection Prevention Coordinators’ expertise!  
  • Use proven guidelines and evidence based practices to prevent infections that are difficult to treat.  
  • Use proven guidelines and evidence based practices to prevent infections of blood from central lines *(CLABSI – Central Line Associated Blood Stream Infection)*.  
  • Use proven guidelines and evidence based practices to prevent infections following surgery. *(SSI – Surgical Site Infection)*  
  • Use proven guidelines and evidence based practices to prevent infections of the urinary tract that are caused by catheters. *(CAUTI – Catheter Associated Urinary Tract Infection)*  
  *Baptist and Restorative Care Hospital have multiple units with ZERO CAUTI, CLABSI and SSI’s! Data is reported and reviewed every month on the hospitals’ score cards!* |
| Identify patient safety risks | • Find out which patients are most likely to try to commit suicide. **Patients identified as “possible suicidal” must have constant supervision!**  
  • Let your supervisor or the nurse know if you have heard a patient saying anything about harming self or others!  
  • When a patient at risk for suicide leaves the hospital, provide suicide prevention information *(such as a crisis hotline)* to the patient and family.  
  • Look at specific patient characteristics and environmental safety that may increase or decrease the risk of suicide.  
  • Be sure patients at risk for suicide are in a safe environment (no plastic bags in garbage cans, plastic utensils/tray, nothing that can be used to hang from/with, etc.) A list of harmful items in the patient’s room can be located on the CareNet – Policy & Procedures –Public. |
| Prevent mistakes in surgery | • Make sure the correct surgery is done on the correct patient and at the correct place on the patient’s body.  
  • Mark the correct place on the patient’s body where the surgery is to be done. **NOTE: the surgeon or person performing the procedure should initial on the correct site when appropriate (right, left, spinal level, etc)**  
  • Pause before the surgery or procedure starts to be sure a mistake is not being made.  
  • At a minimal, verify correct patient, correct site, and correct consent.  
  • **EVERYONE** in attendance MUST pay attention during Time Out!! |

*For more information, go to* [http://www.jointcommission.org/standards_information/npsgs.aspx](http://www.jointcommission.org/standards_information/npsgs.aspx)

*Updated: 3/2016*