Ambulatory Care National Patient Safety Goals

Goal: Improve the accuracy of patient identification.

• Use at least two patient identifiers whenever administering medications or blood products; taking blood samples and other specimens for clinical testing, or providing any other treatments or procedures.
• The patient's room number or physical location is not used as an identifier.
• Containers used for blood and other specimens are labeled in the presence of the patient.
• Prior to the start of any invasive procedure, conduct a final verification process to confirm the correct patient, procedure, site, and availability of appropriate documents. This verification process uses active—not passive—communication techniques.

Goal: Improve the effectiveness of communication among caregivers.

• For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the order or test result "read-back" the complete order or test result.
• Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization.
• Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
•All values defined as critical by the laboratory are reported to a responsible licensed caregiver within time frames established by the laboratory (defined in cooperation with nursing and medical staff). When the patient's responsible licensed caregiver is not available

within the time frames, there is a mechanism to report the critical information to an alternative responsible caregiver.

•Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.

Goal: Improve the safety of using medications.

• Standardize and limit the number of drug concentrations available in the organization.

• Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs.

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

Goal: Eliminate wrong-site, wrong-patient, and wrong-procedure surgery.

•Create and use a preoperative verification process, such as a checklist, to confirm that appropriate documents (e.g., medical records, imaging studies) are available.

•Implement a process to mark the surgical site and involve the patient in the marking process

Goal: Improve the effectiveness of clinical alarm systems.

• Implement regular preventive maintenance and testing of alarm systems.

• Assure that alarms are activated with appropriate settings and are sufficiently audible with respect to distances and competing noise within the unit.

Goal: Reduce the risk of health care-associated infections.

• Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.

• Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.

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

• Implement a process for obtaining and documenting a complete list of the patient's current medications upon the patient's admission to the organization and with the involvement of the patient. This process includes a comparison of the medications the organization provides to those on the list.
• A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization.

Goal: Reduce the risk of patient harm resulting from falls.

• Implement a fall reduction program and evaluate the effectiveness of the program.

Goal: Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.

• Develop and implement a protocol for administration and documentation of the flu vaccine.
• Develop and implement a protocol for administration and documentation of the pneumococcus vaccine.
• Develop and implement a protocol to identify new cases of influenza and to manage an outbreak.

Goal: Reduce the risk of surgical fires.

• Educate staff, including operating licensed independent practitioners and anesthesia providers, on how to control heat sources

and manage fuels, and establish guidelines to minimize oxygen concentration under drapes.

Goal: Implementation of applicable National Patient Safety Goals and associated Requirements by components and practitioner sites

• Inform and encourage components and practitioner sites to implement the applicable National Patient Safety Goals and associated Requirements.

Goal: Encourage the active involvement of patients and their families in the patient's care as a patient safety strategy.

• Define and communicate the means for patients to report concerns about safety and encourage them to do so.

Goal: Prevent health care-associated pressure ulcers

• Assess and periodically reassess each resident's risk for developing a pressure ulcer (decubitus ulcer) and take action to address any identified risks.

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

• The organization identifies patient at risk for suicide.
• The organization identifies risks associated with long-term oxygen therapy such as home fire.
• The organization identifies patient at risk for suicide.

Universal Protocol for Preventing Wrong-Site, Wrong-Person, Wrong-Procedure Surgery

Goal: Conduct a pre-operative verification process:

• Use a pre-op verification process such as checklist, to confirm appropriate documents available.

Goal: Marking the operative site

• Implement a process to mark the surgical site and involve the patient in the process.

• Make the mark at or near the incision site. Do NOT mark any non-operative site(s) unless necessary for some other aspect of care.

• The mark must be unambiguous (e.g., use initials or "YES" or a line representing the proposed incision; consider that "X" may be ambiguous).

• The mark must be positioned to be visible after the patient is prepped and draped.

• The mark must be made using a marker that is sufficiently permanent to remain visible after completion of the skin prep. Adhesive site markers should not be used as the sole means of marking the site.

• The method of marking and type of mark should be consistent throughout the organization.

• At a minimum, mark all cases involving laterality, multiple structures (fingers, toes, lesions), or multiple levels (spine). Note: In addition to pre-operative skin marking of the general spinal region, special intraoperative radiographic techniques are used for marking the exact vertebral level).

• The person performing the procedure should do the site marking.

• Marking must take place with the patient involved, awake and aware, if possible.

• Final verification of the site mark must take place during the "time out."

• A defined procedure must be in place for patients who refuse site marking.

Goal: "Time out" immediately before starting the procedure

- Prior to start any surgical or invasive procedure, conduct a final "time out" verification to confirm the correct patient, procedure and site.
- The final verification must be conducted in the location where the procedure will be done, just before starting the procedure.
- The process must involve the entire operative team, use active communication, and must, at least, include correct patient identity, correct side and site, agreement on the procedure to be done, correct patient position, and availability of correct implants and any special equipment or special requirements.
- The process is briefly documented, such as in a checklist (Note: the organization should determine the type and amount of documentation.)