



Bayshore Community Hospital Joint Commission National Patient Safety Goals / Standards Medical Staff Requirements

This informational document is provided to update you on the Joint Commission's National Patient Safety Goal (NPSG) / Standard requirements and Bayshore Community Hospital Medical Staff's commitment to their implementation and fulfillment. Please review the requirements that highlight our Medical Staff's role in participating and contributing to these important patient safety initiatives.

Goal: Improve the Accuracy of Patient Identification

Patient Identification:

- ✓ To ensure correct patient identification, compare & match your patient's two identifiers with another source (i.e., consent form, order, requisition etc.) before administering any medications, treatments or procedures.
- ✓ For Adult & Pediatric patients, Meridian's two identifiers are the patient's *Full Name* and *Date of Birth*.
- ✓ For Nursery, NICU & Blood transfusion patients, Meridian's two identifiers are the patient's *Full Name* and *Medical Record #*.
- ✓ **Never** use the patient's room number or physical location to identify the patient.

Goal: Improve the Effectiveness of Communication Among Caregivers

Verbal and Telephone Orders:

- ✓ Verbal and telephone orders are error prone and should be limited to avoid medical errors.
- ✓ Verbal and telephone orders are to be used only when necessary in urgent situations or to maintain the smooth flow of patient care procedures (i.e., during procedures).
- ✓ For verbal orders, team members are required to repeat back the order to you, get confirmation that the information repeated back is what was stated, and document it.
- ✓ For telephone orders, team members are required to write the order down, read it back to you, and get confirmation that the information read back is what was stated.

Critical Results and Values:

- ✓ When critical results or values are reported verbally to you, you need to write them down, read them back, and get confirmation that the information read back is what was stated.
- ✓ Critical results / values communicated verbally to you must be responded to within one (1) hour of receipt of the report. If you don't respond within one hour, our team members are instructed to get administrative staff involved for problem-solving.

Do Not Use Abbreviations:

- ✓ The following abbreviations are not to be used anywhere on the medical record, including your history and physicals, orders, progress notes, consultations, or discharge instructions:
U, u, IU, QD, qd, QOD, qod, MS, MSO₄, MgSO₄, µg, TIW, tiw, AS, AD, AU, OS, OD, OU, Trailing zero (X.0 mg), Lack of leading zero (.X mg)

Hand-Off Communications:

- ✓ Recognize that we've standardized our approach to "hand-off" communication when transferring responsibility of a patient from one provider to another.
- ✓ Your hand-off communication to the next physician should address pertinent up-to-date information regarding the patient's treatment, care and services including diagnoses and current condition of the patient; medications; recent changes in condition or treatment; anticipated changes in condition or treatment; and what to watch for in the next interval of care.
- ✓ Nurses and other team members use the SBAR communication model for their hand-off communications, as well as when communicating a change in the patient's condition to you.
- ✓ SBAR stands for Situation, Background, Assessment and Recommendation.

Goal: Improve the Safety of Using Medications

Labeling Medications On & Off the Sterile Field:

- ✓ Team members are required to label all medications, medication containers & other solutions on & off the sterile field in all procedure areas.

Anticoagulant Therapy Management Program:

- ✓ Guidelines for the safe and effective use of warfarin therapy are available on-line on the Dashboard under Evidenced-Based Care.
- ✓ An automatic INR is ordered for your patient with every warfarin order.
- ✓ If the INR is > 4.5, the nurse or physician in charge of the patient will be notified.

Medication Reconciliation:

- ✓ Physicians are responsible for reviewing the patient's home medications on the *Medication Reconciliation Form* & comparing them to the admission medication orders to identify any discrepancies (i.e., omissions, duplications, contraindications, changes). Any discrepancies identified must be reconciled and changes made to the admission orders as appropriate.
- ✓ All medication orders are discontinued & must be re-ordered as appropriate when your patient:
 - undergoes surgery and returns to post-operative care
 - is transferred to the cardiovascular lab for interventional procedures
 - is admitted to, or discharged from an intensive / critical care or telemetry unit
- ✓ At the time of discharge, physicians are responsible for comparing the patient's current Medication Administration Record (MAR) with the patient's home medication list to determine which medications should be continued, stopped, changed and/or prescribed for discharge. Any discrepancies identified must be reconciled and documented on the patient's discharge medication list on / attached to the *Medication Reconciliation Form*.

- If the *Medication Reconciliation Form* is used, you need to document the patient's discharge medications and sign the form.
- If the electronic Discharge Medication list is available and used, you need to generate the list, which incorporates an electronic signature. A copy of the electronic discharge medication list must be attached to the *Medication Reconciliation Form* if used.
- If you are unable to complete either the electronic discharge medication process or *Medication Reconciliation Form*, the discharge RN will complete the discharge medication reconciliation process with you via telephone.

Goal: Reduce the Risk of Health Care-associated Infections

Hand Hygiene:

- ✓ Be sure to wash your hands with soap and water for at least 15 seconds or use the alcohol-based hand cleansers available before and after every direct contact with patients, before and after using gloves, and after touching equipment in the patient's room.
- ✓ Clean your hands with soap and water when hands are visibly soiled, as well as when caring for a patient with C.Difficile.

Multidrug-Resistant Organism (MDRO) Infection Prevention:

- ✓ Contact isolation precautions (i.e., dedicated equipment, isolation cart, gown and gloves) must be utilized for all patients with positive MRSA, VRE or C.Difficile.

Central Line-Associated Bloodstream (CLAB) Infection Prevention:

- ✓ CLAB prevention evidenced-based practices must be followed when inserting central venous catheters including proper hand hygiene; use of sterile gloves, cap, mask and gown; use of large drape; chlorhexidine prep; and Biopatch applied prior to suturing device.

Surgical Site Infection Prevention:

- ✓ Appropriate and timely antibiotics must be administered prior to surgery.
- ✓ Clippers must be utilized when hair removal is necessary.

Goal: Reduce the Risk of Patient Harm Resulting from Falls

Fall Prevention:

- ✓ Your patient is assessed for falls risk upon admission and during each shift using an evidenced-based risk assessment tool.
- ✓ If your patient is assessed as a high risk for falls, we implement interventions from the *Risk for Fall Protocol* (i.e., yellow wristband placed on patient, yellow star placed on doorway, etc.).
- ✓ If your patient is identified as a high risk for fall injury, a yellow star with a red flag is placed on the patient's doorway.
- ✓ Here's how you can help prevent your patient from falling while in the hospital:
 - If you know that your patient has fallen within the past three months, document this in your History & Physical. This fact is worth 25 points on the falls risk assessment scale.

- If your patient is not to get up on his/her own unless someone is there to assist, reinforce that order with your patient
- If your patient is assessed as a risk for fall or fall injury, reinforce this risk with your patient
- Before you leave your patient's room, check to see that anything you may have moved while examining the patient is returned so it's in easy reach for the patient (i.e., bedside table, call bell, assistive device, etc.)

Goal: Encourage Patients' Active Involvement in Their Own Care as a Patient Safety Strategy

Patients / Families are Partners in Care:

- ✓ Be aware that we are encouraging patients and their families to be partners in their care by speaking up if they have any questions or concerns about their condition, treatment or follow-up care.
- ✓ Recognize we advise patients of the measures we take to help reduce the risk of infection, such as proper hand hygiene & use of gloves.
- ✓ We also advise patients / families what precautions we take to prevent adverse surgical / procedure events, including marking the procedure site, administering antibiotic medications, and conducting a "time-out" verification process prior to the start of the procedure.

Goal: The Organization Identifies Safety Risks Inherent in its Patient Population

Suicide Risk Identification:

- ✓ A suicide risk identification assessment is performed as part of the Nursing admission assessment and any time the patient's mental status changes.
- ✓ If your patient is identified to be at risk for suicide, we will notify you and implement appropriate suicide precautions.

Goal: Improve Recognition and Response to Changes in a Patient's Condition

Rapid Response Teams:

- ✓ Be aware that Rapid Response Teams (RRTs) are available at each hospital to respond when there are signs that the patient is getting much sicker.
- ✓ The specially trained RRT includes a Physician, Critical Care RN, & Respiratory Therapist
- ✓ Patients / families are given information about RRTs upon admission and advised they can call the RRT themselves if a noticeable change in the patient occurs and they feel the healthcare team is not recognizing or addressing their concern.
- ✓ All team members are also instructed they can call the RRT themselves if they feel the clinical staff is not recognizing or addressing their concern.

**Goal: To Prevent Wrong Site, Wrong Procedure,
Wrong Person Surgery / Procedure**

Universal Protocol:

- ✓ Support our team members in the verification of the correct person, correct procedure, and correct site through review of relevant documentation and studies to ensure they are consistent with each other. If there is missing information or discrepancies, these must be resolved before starting the procedure.
- ✓ The operating physician or special procedure physician is responsible to mark the site of the procedure as “Correct” or with a “C” when there is more than one possible location for the procedure and when performing the procedure in a different location would affect quality or safety.
- ✓ Site marking must take place with the patient involved, if possible.
- ✓ Site markings must be visible after the patient is prepped, in final position and draped.
- ✓ Just prior to the incision / procedure, the operating physician / special procedure physician is responsible for initiating a final “Time-Out” verification with all members of the procedure team present. This is to be performed in every OR, every area performing moderate sedation, and EVERY PROCEDURE whether at the bedside in the ICU or in the Emergency Dept.
- ✓ During the Time-Out, each member of the procedure team must verbally agree with the following: correct patient identity; correct side / site are marked; correct procedure and position; accurate consent form; relevant images and results are correctly labeled and displayed; what antibiotics / fluids need to be administered, and any safety precautions that are needed.
- ✓ During the Time-Out, other activities are suspended so that all members are focused on the active verification process.
- ✓ Any team member is able to express concerns about the final verification process. If there are any questions or concerns, the procedure is not started until these are resolved and all team members verbally agree.
- ✓ Be aware that no procedure will begin if the operating physician / special procedure physician does not participate in the Time-Out verification process.

Please sign and date the acknowledgement statement on the last page. If you have any questions regarding these requirements, please call the Vice President of Medical Affairs / Clinical Effectiveness at your hospital or the hospital Nurse Manager or Supervisor in your clinical area.

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I acknowledge receipt of the National Patient Safety Goal / Standard requirements for the Medical Staff at Bayshore Community Hospital. I will seek to fulfill my commitment to making this hospital a safer place for all our patients.

Name (Print)

Signature

Date