Sharpening Your Saw

National Patient Safety Goals Guide Safe Care

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BEGINNING January 1, 2004, all organizations accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) will begin their transition to the new “tracer” methodology survey. Initially, the JCAHO developed for 2003 six National Patient Safety Goals (NPSG) that they expect will guide the delivery of safe patient care (A 7th NPSG has been added for 2004). How consistently each healthcare organization has implemented the recommendations for the 7 goals will be a part of each organization’s survey. The challenge faced by these organizations is assuring that nurses at all levels, including orientees, are informed about the 7 NPSGs, their related recommendations for each, and, most importantly, the standards established by each organization that need to be carried out consistently by all staff to provide safe patient care.

As educators of a large medical/surgical service, our initial motivation stemmed from the recognition that our leadership peers, as well as staff providing direct patient care, could not articulate how the approved NPSGs were being implemented at Strong Memorial Hospital. While we did not conduct a formal study to demonstrate this, numerous conversations with nurses at all clinical levels reinforced the accuracy of our concerns. With this in mind, we entertained numerous discussions addressing methods to successfully communicate the recently approved NPSGs. Nurses arrive at work with the goal of providing quality care for their patients, but sometimes feel there are regulatory barriers in existence that preclude this from happening.

Providing nurses with standards to assist with provision of higher quality, safe patient care was deemed a more effective motivator than the all-too-familiar, last-minute chaos associated with pre-JCAHO review preparations. Thus, all of the correspondence in regard to the NPSGs was articulated carefully with a stronger focus on structuring an environment conducive to patient safety than on the upcoming JCAHO review.

A poster (Table 1) listing each NPSG as well as the 2 associated evidence-based or expert-based recommendations was developed and provided to every unit on the medical/surgical service. An NPSG manual was developed for each unit, which included as much information about each individual goal as was initially available. Content areas in the manual were as follows:

- Joint Commission's Perspectives on Patient Safety
- Patient Safety FAQs
- Sentinel Event Alerts
- Medication Safety Alerts
Table 1. 2004 National Patient Safety Goals*

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| 1.   | Improve the accuracy of patient identification.  
a. Use at least two patient identifiers (neither to be the patient's room number) whenever taking blood samples or administering medications or blood products.  
b. Prior to the start of any surgical or invasive procedure, conduct a final verification process, such as a "time out," to confirm the correct patient, procedure, and site, using active—not passive—communication techniques.  
2.   | Improve the effectiveness of communication among caregivers.  
a. Implement a process for taking verbal or telephone orders or critical test results that require a verification "read-back" of the complete order or test by the person receiving the order or test result.  
b. Standardize the abbreviations, acronyms, and symbols used throughout the organization, including a list of abbreviations, acronyms, and symbols not to use.  
3.   | Improve the safety of using high-alert medications.  
a. Remove concentrated electrolytes (including, but not limited to, potassium chloride, potassium phosphate, sodium chloride > 0.9%) from patient care units.  
b. Standardize and limit the number of drug concentrations available in the organization.  
a. Create and use a preoperative verification process, such as a checklist, to confirm that appropriate documents (e.g., medical records, imaging studies) are available.  
b. Implement a process to mark the surgical site, and involve the patient in the marking process.  
5.   | Improve the safety of infusion pumps.  
a. Ensure free-flow protection on all general-use and PCA (patient controlled analgesia) intravenous infusion pumps used in the organization.  
6.   | Improve the effectiveness of clinical alarm systems.  
a. Implement regular preventive maintenance and testing of alarm systems.  
b. Assure that alarms are activated with appropriate settings and are sufficiently audible with respect to distances and competing noise within the unit.  
7.   | Reduce the risk of healthcare-acquired infections.  
a. Comply with current CDC hand hygiene guidelines.  
b. Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a healthcare-acquired infection. |

*From reference 1.

- Guidelines from the Centers for Disease Control and Prevention

   Additionally, newly created or revised hospital policies specific to Strong Memorial Hospital, as they related to the NPSGs, were included. Finally, applicable copies of revised flowsheets that visually displayed changes in documentation standards were added to the manual. The manual was developed as a 3-ring binder so that information could be added as standards associated with the NPSGs evolved. Each NPSG on the poster was color-coded with the materials in the manual to help distinguish the 6 different areas and to ensure that the revised information was properly correlated with the manual. By having updated information readily available in one well-organized source, staff nurses have quick access to information that directs their clinical practice; this will, hopefully, improve compliance with these regulatory standards.

   Once the poster and manual were completed, they were presented to the Central Nursing Education Committee at Strong Memorial Hospital. The presentation focused on the original goal of providing pertinent safety information to all nurses. The poster and manuals were identified as tools to assist
### Figure 1. Example of page 1 of a unit-specific orientation map of University of Rochester Medical Center.

in the delivery of safe patient care. A decision was made to expand outside of the medical/surgical nursing service and to use these guides to provide ongoing information for each inpatient and outpatient unit in the organization.

Nurse managers and unit educators presented the posters and manuals in unit staff meetings. They shared the content with each of the nurses, focusing particularly on their nurses who were functioning in preceptor roles. This assisted in dispersing information to the current staff, who in turn shared it with the orientees they were precepting. In addition to the poster and manuals, an NPSG was added to the Nursing Practice Orientation program at Strong Memorial Hospital and to the Medical/Surgical Orientation Program.

The medical/surgical service also added each NPSG to the first page of their unit-specific orientation maps (Fig 1). Nursing preceptors at Strong Memorial Hospital are familiar with the orientation map format. The addition of the NPSGs to this form is a daily reminder that they need to incorporate recommendations developed as a result of the NPSGs in their own clinical practice, as well as review this content in detail with each orientee. Our institution is at the 6-month mark after having implemented this NPSG educational endeavor. The original goal of reaching all nursing staff with the patient safety standards is being reevaluated, and a second wave of education has been proposed. To determine what additional education may be needed, a pretest is being developed. If this pretest demonstrates that our original goal has been met, then the process will be reevaluated frequently to determine continued success. If our original goal has not been met satisfactorily, a mandatory self-learning module (including highlights from the NPSGs manual) and posttest will be developed.
By focusing our efforts on consistent, safe patient care, instead of focusing solely on preparing for our fourth quarter JCAHO review, we hope we will inspire our nurses to improve and ultimately maintain the quality of care delivered to our patients. Since the NPSGs were developed with this purpose in mind, we will have enabled our nurses to practice in an environment where providing safe care is a conscious act and simultaneously will have successfully met the challenge of attaining accreditation status.

REFERENCE
