

2025 NATIONAL PATIENT SAFETY GOALS

IDENTIFY PATIENTS ACCURATELY

GENESIS RED RULE

- ▶ Use at least 2 patient identifiers (name & date of birth) prior to providing treatments or procedures, administering medications, blood or blood components, and collecting blood samples and specimens.
- ▶ Patient's room number is **NOT** an identifier.
- ▶ Use distinct method of identification for newborn patients.
- ▶ Label specimen and blood containers in the presence of the patient.

COMMUNICATE EFFECTIVELY

- ▶ Report critical results of tests and diagnostic procedures in a timely basis to the right person.

USE MEDICATIONS SAFELY

- ▶ Label all medications, medication containers (e.g. syringes, medicine cups, basins), or other solutions if not immediately administered - even if only one medication.
- ▶ Verify label both verbally and visually by two qualified individuals.
- ▶ Use anticoagulation therapy safely by following approved protocols and safety practices.
- ▶ Obtain, maintain, and communicate accurate patient medication information.

USE ALARMS SAFELY

- ▶ Safely manage and respond to critical clinical alarms in patient care areas.

PREVENT INFECTIONS

- ▶ Follow WHO "5 Moments" of hand hygiene guidelines...

- Before touching a patient.
- After touching a patient.
- Before a clean and aseptic procedure.
- After touching the patient's surroundings.
- After body fluid exposure risk.

IDENTIFY PATIENTS SAFETY RISKS

- ▶ Identify patients at risk for suicide.
- ▶ Assess care setting for objects that could be used for self-harm.
- ▶ Mitigate identified risks, for example: one-on-one monitoring, removal of items, safe transport, and monitor visitors.
- ▶ Provide individuals and their family suicide prevention information such as a crisis hotline.

IMPROVE HEALTH CARE EQUITY

- ▶ Hospital assesses the patient's health-related social needs (HRSNs) and provides information about community resources and support services.
- ▶ Hospital identifies health care disparities in patient population.
- ▶ Develops a written action plan describing how it will improve equity by addressing one of the identified disparities and takes action when goal(s) is not achieved.
- ▶ Informs key stakeholders, including leaders, licensed practitioners, and staff about progress to improve health care equity.

PERFORM PROCEDURES (SURGICAL AND INVASIVE) SAFELY

- ▶ Conduct a pre-procedure verification of correct person, correct procedure, and correct site.
- ▶ Identify items that must be available for the procedures and verify availability.
- ▶ Clearly mark the procedure site before the procedure, if possible, with the patient involved.
- ▶ Perform a "time-out" immediately prior to starting procedures or making an incision, which includes at a minimum the correct patient, correct site, and correct procedure. Completion of the time-out is documented.

*This is a synopsis of the goals. Detailed requirements can be found in The Joint Commission website:
<https://www.jointcommission.org/standards/national-patient-safety-goals/hospital-national-patient-safety-goals/>*

2025 NATIONAL PATIENT SAFETY GOALS

Since 2003, The Joint Commission has developed the National Patient Safety Goals (NPSGs) to assist accredited organizations to address specific areas of concern in regards to patient safety. All Joint Commission accredited organizations are surveyed for implementation of applicable NPSGs as appropriate to the services the organization provides. Genesis has adopted practices to meet these goals in providing safe patient care.

GOAL 1: IMPROVE THE ACCURACY OF PATIENT IDENTIFICATION

PATIENT IDENTIFICATION (Red Rule)

- Check the patient's name and date of birth prior to any services. Visually confirm patient has ID band, when applicable, and that the patient name and date of birth is correct on the band.
- Do NOT use patient room number, account numbers or medical record prior to looking at name and date of birth.
- Distinct methods of identification of newborns: use three identifiers (name, DOB and MR#), name consists of mother's first and last name and newborn sex, initiate a four-band identification system immediately following birth.
- Genesis Health System Administrative Policy: Patient Identification
- Genesis Health System Department Policy: Newborn, Identification of (Davenport, Silvis)

BLOOD AND SPECIMEN LABELING

- Prior to placing the label on the blood or specimen, validate and verify the label with the patient's ID band using the 2 patient identifiers (name and date of birth).
- Label the blood or specimen at the bedside in the presence of the patient.
- Genesis Health System Administrative Policy: Patient Identification
- Lippincott Procedures/Nursing: "Specimen Collection", "Blood Sampling"

GOAL 2: IMPROVE THE EFFECTIVENESS OF COMMUNICATION AMONG CAREGIVERS

CRITICAL RESULTS OF TESTS AND DIAGNOSTIC PROCEDURES

- Critical Results/Values defined as a diagnostic test or procedure finding that falls significantly outside the normal range to a degree that may indicate a life-threatening situation.
- The objective is to provide the responsible licensed caregiver these results within an established time frame so that the patient can be promptly treated.
- Only licensed healthcare professionals can receive and report critical value information on GMC patients. [Exception: qualified laboratory staff.] Unlicensed Assistive Personnel, CNAs, UAs, Nursing/Clinical Assistants, Patient Care Techs, Department Secretaries, etc. may NOT be the recipients of critical results.
- Contact the physician, Allied Health Professional or Associate Professional within 60 minutes of receipt of results and document notification in the patient's record (date and time of notification, name of Practitioner, and their response).
- Genesis Health System Administrative Policy: Critical Results Reporting: Patient Diagnostic Information

GOAL 3: IMPROVE THE SAFETY OF USING MEDICATIONS

LABEL MEDICATIONS AND SOLUTIONS

- Label medications and solutions that are not immediately administered, even if there is only one medication, whenever transferred from original packaging to another container (e.g. syringes, medicine cups, basins).
- "Immediately administered" is defined as one that an authorized staff member prepares, takes directly to a patient, and administers to that patient without any break in the process.
- Label each medication or solutions as soon as it is prepared.
- Label includes drug name, strength, diluent and volume (if not apparent from container), expiration date and expiration time.
- Two qualified staff (a RN physician, LIP, LPN, medical assistant, radiology technologist, surgical technologist, emergency technicians/paramedics or other designated individuals per departmental policies/competencies or scope of practice) verify labels visually and verbally when the person preparing the medication or solution is not the same as the person administering the medication or solution.
- Unacceptable to tape medication vial to syringes, medicine cups, or basins.
- Genesis Health System Administrative Policy: Medication/Solution Labeling on and off the Sterile Field

GOAL 3: IMPROVE THE SAFETY OF USING MEDICATIONS (continued)

ANTICOAGULANT THERAPY

- Standardized practices established to reduce risks associated with the use of anticoagulant medications which include unfractionated heparin, low molecular weight heparin (LMWH), warfarin, fondaparinux, argatroban, bivalirudin, and direct oral anticoagulants (DOACS) (ie. apixaban, betrixaban, dabigatran, edoxaban, and rivaroxaban).
- INR results and warfarin dosing is monitored by Pharmacy or LIP utilizing a daily report and other pertinent patient information.
- Food and Nutrition services is notified of all patients receiving anticoagulant.
- Patients and families receive education specific to the anticoagulant medication prescribed, including 1) adherence to medication dose and schedule; 2) importance of follow-up appointments and lab testing; 3) potential drug-drug and drug-food interactions; and, 4) potential for adverse drug reactions.
- Use approved protocols for the use of safe anticoagulation therapy.
- Genesis Health System Administrative Policy: Anticoagulation Management Program

COMMUNICATE ACCURATE PATIENT MEDICATION INFORMATION

- Obtain information on medications the patient is currently taking when admitted or seen in an outpatient setting. This includes over-the-counter, herbal, home infusion and research medications, medication delivery implants or devices.
- Compare the medications the patient is taking with medications ordered to identify and resolve discrepancies, i.e. duplications, omissions, interactions, and appropriateness.
- Provide patient (or family as needed) with written information on the medications the patient should be taking when discharged from hospital or at the end of an outpatient encounter (i.e. name, dose, route, frequency and purpose).
- Explain the importance of managing medication information to the patient when discharged.
- Genesis Health System Administrative Policy: Medication Reconciliation

GOAL 6: IMPROVE THE SAFETY OF CLINICAL ALARM SYSTEMS

- Manage critical patient alarms appropriately: Set alarm parameters Respond to alarm signals Reset signals
- Critical alarms [RED ALARMS] are alarms that when activated may result in injury or death of patient unless immediate clinic intervention results (i.e. ventilator, respiratory monitor, cardiac monitor).
- Alarms are set at default setting unless the nurse caring for the patient determines a need to change.
- Critical alarms cannot be turned off and on and must be addressed immediately.
- Genesis Health System Administrative Policy: Clinical Alarms

GOAL 7: REDUCE THE RISK OF HEALTH CARE-ASSOCIATED INFECTIONS

HAND HYGIENE GUIDELINES

- Follow World Health Organization (WHO) 5 Moments of Hand Hygiene:
 - 1) Before touching a patient
 - 2) Before a clean and/or aseptic procedure
 - 3) After body fluid exposure risk
 - 4) After touching a patient
 - 5) After touching the patient's surroundings
- Genesis Health System Multidisciplinary/Clinical Policy: Hand Hygiene

2025 NATIONAL PATIENT SAFETY GOALS

GOAL 15: IDENTIFY SAFETY RISKS INHERENT IN ITS PATIENT POPULATION

PATIENTS AT RISK FOR SUICIDE

- Screen all patients presenting to the ED using a validated screening tool and in nursing assessments.
- Conduct a suicide assessment of patients who screened positive for suicidal ideation. The assessment asks about suicidal ideation, plan, intent, suicidal or self-harm behaviors, risk factors and protective factors.
- Initiate appropriate level of suicide precaution based on patient's assessment.
- Assess the patient's environment for risks that could be used to attempt suicide and mitigate identified risks using a reference sheet. (See attached tool to Suicide Precautions policy or specific department tools.)
- Document patient's overall level of risk for suicide and the plan to mitigate the risk.
- Reassessment of patient suicide risk occurs every (4)-four hours and documented.
- At the time of discharge, any patient identified at moderate or high risk anytime during encounter will be provided with crisis line numbers, referral, and follow-up information.
- Genesis Health System Nursing Policies: Suicide Precautions *and* Constant Observation
- Genesis Health System Multidisciplinary/Clinical Policy: Suicide Risk Assessment in the Emergency Department

GOAL 16: IMPROVE HEALTH CARE EQUITY

- Joel Moore, Davenport CNO is Genesis designated leader to improve health care equity for hospital's patients.
- More information to be provided as initiatives are developed to improve health care equity.

UNIVERSAL PROTOCOL: PREVENT WRONG SITE, WRONG PROCEDURE AND WRONG PERSON SURGERY AND INVASIVE PROCEDURES

- In addition to the OR, NPSG applies to invasive procedures in other patient care locations.
- Verify the correct procedure, correct patient, and correct site prior to surgery.
- Use a standardized list to verify relevant documentation, labeled diagnostic test results, and any required blood products, implants devices and/or special equipment for procedure.
- Mark the site before procedure is performed and, if possible, with the patient involved. The mark is visible after draped.
- Conduct a time-out immediately before starting an invasive procedure or making an incision to agree on correct patient, correct site, correct procedure; and document the completion of the time-out. (Even when one person besides patient is involved.)
- All activity is ceased for all team members to focus on active confirmation during the time out.
- Genesis Health System Multidisciplinary/Clinical Policy: Universal Protocol/Time Out

Detailed requirements can be found in The Joint Commission website:

<https://www.jointcommission.org/standards/national-patient-safety-goals/hospital-national-patient-safety-goals/>