

Hospital National Patient Safety Goals

NPSG.02.03.01

Report critical results of tests and diagnostic procedures on a timely basis.

Rationale for NPSG.02.03.01

Critical results of tests and diagnostic procedures fall significantly outside the normal range and 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.

Elements of Performance for NPSG.02.03.01

1. **D** Develop written procedures for managing the critical results of tests and diagnostic procedures that address the following: A
 - The definition of critical results of tests and diagnostic procedures
 - By whom and to whom critical results of tests and diagnostic procedures are reported
 - The acceptable length of time between the availability and reporting of critical results of tests and diagnostic procedures
 2. Implement the procedures for managing the critical results of tests and diagnostic procedures. A
 3. Evaluate the timeliness of reporting the critical results of tests and diagnostic procedures. A
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NPSG.03.04.01

Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings.


Note: Medication containers include syringes, medicine cups, and basins.



Rationale for NPSG.03.04.01

Medications or other solutions in unlabeled containers are unidentifiable. Errors, sometimes tragic, have resulted from medications and other solutions removed from their original containers and placed into unlabeled containers. This unsafe practice neglects basic principles of safe medication management, yet it is routine in many organizations.

The labeling of all medications, medication containers, and other solutions is a risk-reduction activity consistent with safe medication management. This practice addresses a recognized risk point in the administration of medications in perioperative and other procedural settings. Labels for medications and medication containers are also addressed at MM.05.01.09.






Elements of Performance for NPSG.03.04.01

1. In perioperative and other procedural settings both on and off the sterile field, label medications and solutions that are not immediately administered. This applies even if there is only one medication being used.  A

Note: An immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process. Refer to NPSG.03.04.01, EP 5, for information on timing of labeling.
 2. In perioperative and other procedural settings both on and off the sterile field, labeling occurs when any medication or solution is transferred from the original packaging to another container.  A
 3. In perioperative and other procedural settings both on and off the sterile field, medication or solution labels include the following:  A
 - Medication name
 - Strength
 - Quantity
 - Diluent and volume (if not apparent from the container)
 - Expiration date when not used within 24 hours
 - Expiration time when expiration occurs in less than 24 hours

Note: The date and time are not necessary for short procedures, as defined by the hospital.
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Hospital National Patient Safety Goals

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| M | <p>4. Verify all medication or solution labels both verbally and visually. Verification is done by two individuals qualified to participate in the procedure whenever the person preparing the medication or solution is not the person who will be administering it.</p> |  | C |
| | <p>5. Label each medication or solution as soon as it is prepared, unless it is immediately administered.
 Note: An immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process.</p> |  | A |
| | <p>6. Immediately discard any medication or solution found unlabeled.</p> |  | A |
| | <p>7. Remove all labeled containers on the sterile field and discard their contents at the conclusion of the procedure.
 Note: This does not apply to multiuse vials that are handled according to infection control practices.</p> |  | A |
| M | <p>8. All medications and solutions both on and off the sterile field and their labels are reviewed by entering and exiting staff responsible for the management of medications.</p> |  | C |

NPSG.03.05.01

Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.




Note: This requirement applies only to hospitals that provide anticoagulant therapy and/or long-term anticoagulation prophylaxis (for example, atrial fibrillation) where the clinical expectation is that the patient's laboratory values for coagulation will remain outside normal values. This requirement does not apply to routine situations in which short-term prophylactic anticoagulation is used for venous thrombo-embolism prevention (for example, related to procedures or hospitalization) and the clinical expectation is that the patient's laboratory values for coagulation will remain within, or close to, normal values.

Rationale for NPSG.03.05.01

Anticoagulation therapy can be used as therapeutic treatment for a number of conditions, the most common of which are atrial fibrillation, deep vein thrombosis, pulmonary embolism, and mechanical heart valve implant. However, it is important to note that anticoagulation medications are more likely than others to cause harm due to complex dosing, insufficient monitoring, and inconsistent patient compliance. This National Patient Safety Goal has great potential to positively impact the safety of patients on this class of medications and result in better outcomes.

To achieve better patient outcomes, patient education is a vital component of an anticoagulation therapy program. Effective anticoagulation patient education includes face-to-face interaction with a trained professional who works closely with patients to be sure that they understand the risks involved with anticoagulation therapy, the precautions they need to take, and the need for regular International Normalized Ratio (INR) monitoring. The use of standardized practices for anticoagulation therapy that include patient involvement can reduce the risk of adverse drug events associated with heparin (unfractionated), low molecular weight heparin, and warfarin.

Elements of Performance for NPSG.03.05.01

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| | <p>1. Use only oral unit-dose products, prefilled syringes, or premixed infusion bags when these types of products are available.
 Note: For pediatric patients, prefilled syringe products should be used only if specifically designed for children.</p> |  | A |
| M | <p>2. Use approved protocols for the initiation and maintenance of anticoagulant therapy.</p> |  | C |
| | <p>3. Before starting a patient on warfarin, assess the patient's baseline coagulation status; for all patients receiving warfarin therapy, use a current International Normalized Ratio (INR) to adjust this therapy. The baseline status and current INR are documented in the medical record.
 Note: The patient's baseline coagulation status can be assessed in a number of ways, including through a laboratory test or by identifying risk factors such as age, weight, bleeding tendency, and genetic factors.</p> |  | A |