2022 National Patient Safety Goals

Patient Safety is a Priority Across the Care Continuum

Goal: Use at least two ways to identify patients when providing care, treatment or services. For example, use the patient's name *and* date of birth. Room number alone is not to be used. Eliminate transfusion errors related to patient misidentification, such as by using automated identification systems. Use distinct newborn identification practices established by facility protocol, such as mother's name and baby's gender.

Goal: Improve the effectiveness of communication among health care staff. Get important results to the right staff person on time. Document time, date and names of individuals notified about critical values.

Goal: Improve the safety of using medications. Before a procedure, label all medicines not labeled. Label medication containers and other solutions, on and off the sterile field in perioperative and other procedural settings. This includes medicines in syringes, cups and basins. *Label medications in the area where medicines and supplies are set up.*

Reduce the likelihood of patient harm associated with the use of *anticoagulation therapy*. This requirement applies to organizations that provide anticoagulant therapy and/or long-term anticoagulation prophylaxis. Use unit dosing, prefilled syringes, premixed bags and pumps as available. Use approved protocols for starting and ending infusions.

Medication reconciliation. Find out, record and pass along correct information about patient medicines. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Inform all patients that it's important to bring up-to-date medication lists *every time* they visit a doctor or go to the hospital or other health care institution.

Goal: Reduce harm associated with clinical alarm systems and improve their safety. Clinical alarms are supposed to alert health care workers to potential problems but if they are not managed correctly they can compromise patient safety. Too many alarms going off can desensitize the staff who deal with them, they may not be able to distinguish between them, ignore them or turn them off. Alarms need to be heard and responded to in a timely basis.

Goal: Use the Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the World Health Organization (WHO) hand hygiene guidelines. Reduce the risk of health care-associated infections and multi-drug resistant organisms (MDRO). Use proven guidelines to prevent infections that are difficult to treat, such as those caused by multi-drug resistant organisms. This requirement applies, but is not limited to, epidemiologically important organisms such as methicillin resistant staphylococcus aureus (MRSA), clostridium difficile (CDI), vancomycin resistant enterococci (VRE), carbapenem resistant enterobacteriaceae (CRE) and multi-drug resistant gram negative bacteria. Use evidence-based practices to prevent blood stream infections from *central line contamination*. This requirement covers short and long term central venous catheters and peripherally inserted central catheters (PICC). Use *chlorhexidine* antiseptic as skin preparation unless contraindicated. Implement evidence based practices to prevent indwelling catheter-associated urinary tract infections.

Goal: Identify patient safety risks inherent in the patient population served and use an environmental risk assessment tool. Identify patients at risk for suicide. Directly ask about suicide ideation, provide hotline numbers and remove objects/environmental elements that can be used for self-harm. This applies to facilities dealing with psychiatric patients or patients being treated for emotional or behavioral disorders in general hospitals. In the home care setting, find out if there are any risks for patients who are getting oxygen at home, such as fires.

Goal: Conduct pre-procedure verification. Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body (e.g., mark the surgical site on the patient's body) . Take a time-out before surgery to make sure that a mistake is not being made.

Goal: Reduce the risk of patient harm from falls. Reassess. Make sure everyone on the team is aware of identified fall risks. Use bed alarms as needed. Find out if patients are taking medicines that can make them sleepy or dizzy.

Goal: Prevent health care-associated pressure ulcers (decubitus ulcers). Find out which patients are most likely to have bed sores, take action. Reassess periodically per facility protocol.