

Note: Gaps in the numbering indicate that the goal is inapplicable to the program or has been retired, usually because the requirements were integrated into the standards.

Goal 1: Improve the accuracy of patient identification.

- We use two patient identifiers, the patient's name and date of birth, whenever administering medications or blood products, taking blood samples and other specimens for clinical testing, or providing any other treatments or procedures.
- We label containers used for blood and other specimens in the presence of the patient.
- We use a two-person bedside verification process to eliminate transfusion errors.



Goal 2: Improve the effectiveness of communication among caregivers.

- We measure and assess the timeliness of reporting and receipt by the responsible licensed caregiver of critical test results and values.

Goal 3: Improve the safety of using medications.

- We have labeled all medications, medication containers and other solutions on and off the sterile field in perioperative and other procedural settings.
- We are monitoring patients who receive anticoagulation therapy and providing education to patients and families on anticoagulation therapy.
- We interview our patients to obtain a current medication list upon the patient's admission to the organization. This is done with the involvement of the patient/family. This process includes a comparison of the medications we provide to those on the list.
- We communicate a complete list of the patient's medications to the next provider of service for our patient. This would occur when a patient is transferred to another setting, service, practitioner or level of care within or outside our organization.
- We provide each patient with the complete list of medications that he or she is taking so that the patient has that information upon discharge from the hospital for his/her own records.

Goal 6: Use Alarms Safely.

- Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Goal 7: Reduce the risk of healthcare-associated infections.

- We comply with current Centers for Disease Control and Prevention hand-hygiene guidelines.
- We use evidence-based guidelines to prevent infections from multi-drug resistant organisms.
- We use an evidence-based protocol to prevent central-line associated bloodstream infections.
- We use evidence-based practices to prevent surgical site infections.
- We use evidence-based practices to prevent catheter associated urinary tract infections.

Goal 15: Identify patients at risk for suicide.

- We perform a Suicide Screen with patients, at point of entry to our system, to determine if they are at risk for suicide.
- We partner with Community Hospital Behavioral Health Services to further assess patients determined to be at risk.
 - We address the patient's immediate safety needs and determine the most appropriate setting for treatment, providing as many options as possible.
 - We provide information to both patients and their families regarding resources for crisis situations and follow up.



Universal Protocol: Prevent errors in surgery and other areas where procedures are performed.

- We have a procedure and check list for staff to follow so that all documents needed for surgery are on hand before surgery starts.
- The licensed practitioner marks the part of the patient's body where the surgery will be done. We involve the patient in doing this.
- Our staff performs a time-out immediately prior to starting a procedure. A time-out is where everyone involved in the procedure stops and determines that this is the right patient, right procedure and correct site.