

# The International Patient Safety Goals

Updated for 6<sup>th</sup> edition Hospital Standards

# The International Patient Safety Goals

- What are The International Patient Safety Goals (IPSG)?
  - Required as of 1<sup>st</sup> January 2011
  - Highlight particularly persistent and difficult healthcare problems
  - Describe evidence and expert-based consensus solutions to these problems
  - The goals generally focus on system-wide solutions

# International Patient Safety Goals

- **IPSG 1:** *Identify Patients Correctly*
- **IPSG 2:** *Improve Effective Communication*
- **IPSG 3:** *Improve the Safety of High Alert Medications*
- **IPSG 4:** *Ensure Safe Surgery*
- **IPSG 5:** *Reduce the Risk of Health Care-Associated Infections*
- **IPSG 6:** *Reduce the Risk of Patient Harm Resulting from Falls*

# Decision Rule 5

- Under the 6<sup>th</sup> edition of the JCI Hospital Standards, every organization must receive at least a partially met for each IPSG measurable element
- One or more measurable element in the IPSGs is scored “Not Met” will result in DENIAL of accreditation.

# Quiz

## IPSG 1

# Quiz

- Do you need to use two patient identifiers when serving a restricted diet tray to a patient?
  1. No, two patient identifiers are not required
  2. Yes, two patient identifiers are required



# IPSG .1: Identify Patients Correctly

## *Standard Statement*



**IPSG.1:** The hospital develops and implements a process to improve accuracy of patient identifications.



# IPSG .1: Identify Patients Correctly

## *Description*



- Use at least two (2) ways to identify a patient when:
  - giving medications
  - giving blood and blood products
  - taking blood samples
  - taking other samples for clinical testing
  - providing treatment or procedure
- The patient's Room Number cannot be used as an identifier

# Compliance Tips: IPSSG 1

## Compliance Tips



- Staff should actively involve the patient whenever this is possible



- The organization policy should be very specific and directive for staff



- The standards provide some very specific examples for when two patient identifiers are required.



# Compliance Tips: IPSSG 1

## Compliance Tips



- Comatose, stroke, dementia, and psychiatry patients



- Consistency throughout the inpatient organization



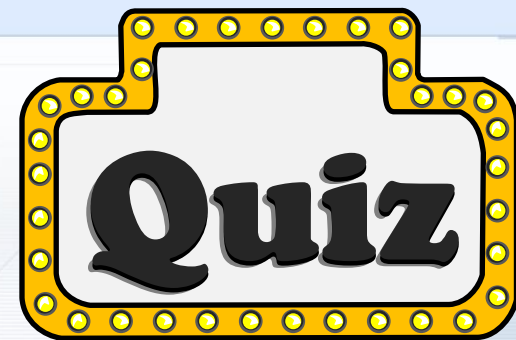
- OPD/ER might be different from inpatient

- Remember food trays, breast milk, etc.

- Ask patients and family if checked correctly



## IPSG.2



- The correct way to confirm a verbal order is to:
  1. Repeat it back to the person giving the order.
  2. Ask the person to write it in the patient medical record the next time she is in the department.
  3. Write it down, read it back, and wait for confirmation from the person who gave the order.

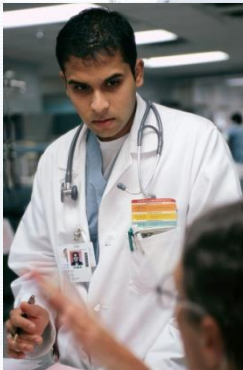


# IPSG.2, IPSG.2.1, IPSG.2.2: Improve Effective Communication

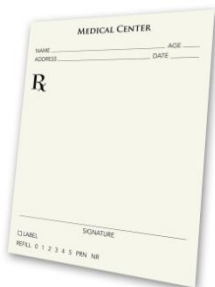
## *Standards Statements*



**IPSG.2:** The hospital develops and implements a process to improve the effectiveness of verbal and/or telephone communication among caregivers.



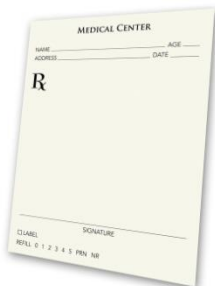
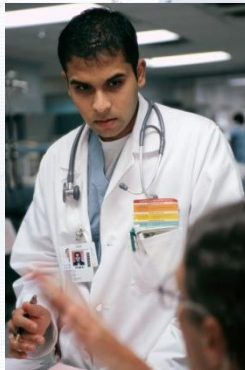
**IPSG.2.1:** The hospital develops and implements a process for reporting critical results of diagnostic tests.



**IPSG.2.2:** The hospital develops and implements a process for handover communication.

# IPSG.2, IPSG.2.1, IPSG.2.2: Improve Effective Communication

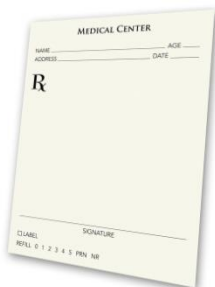
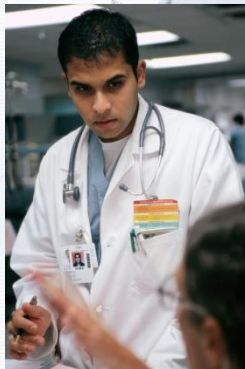
## Description



- A collaborative process is used to develop policies and/or procedures that address the accuracy of verbal and telephone communications
- Must use a verification “read back” of complete order or test result when receiving:
  - Verbal orders
  - Telephone orders
  - Critical test results
- The order or test result is confirmed by the individual who gave the order or test result

# Compliance Tips: IPSG.2

## Compliance Tips



MEDICAL CENTER

NAME \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

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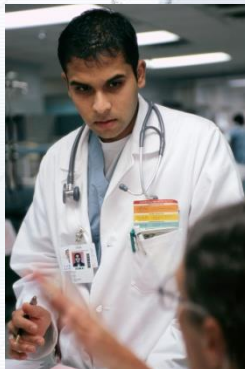
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- Formal policy
- Any drugs not allowed?
- Write down and read back
- Problem areas: countersignature, date and time, needlessly frequently

# Compliance Tips: IPSG.2.1

## Compliance Tips



MEDICAL CENTER

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ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

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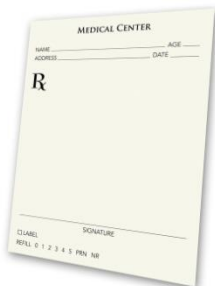
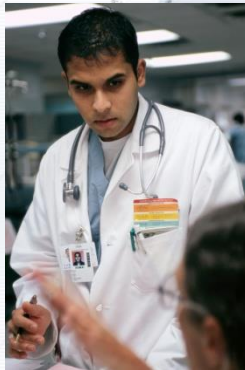
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- Critical results need to be defined
- How/when are they conveyed to responsible staff
- Tracking this communication, and times, and actions
- Problem areas: POC testing, ECG, Echo, PFTs

# Compliance Tips: IPSG.2.2

## Compliance Tips



MEDICAL CENTER

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ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

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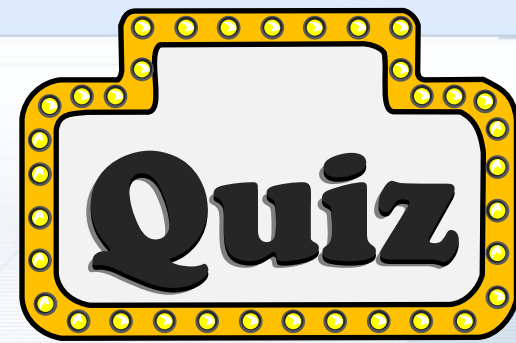
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- Improving handover communication
- Nurses have traditionally documented this more, and better than physicians
- Try to standardize in any given area (ER/ICU)
- Change--data to assess IF related to an adverse event



# IPSG.3



- All high alert medications must be removed from clinical departments?
  1. True
  2. False



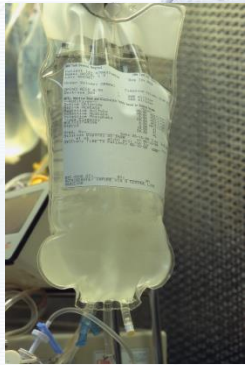


# IPSG.3, IPSG.3.1: Improve the Safety of High Alert Medication

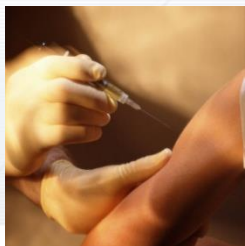
## *Standards Statements*



**IPSG.3:** The hospital develops and implements a process to improve the safety of high-alert medications.

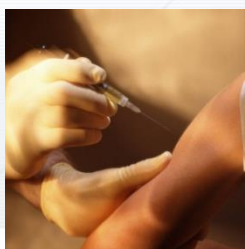
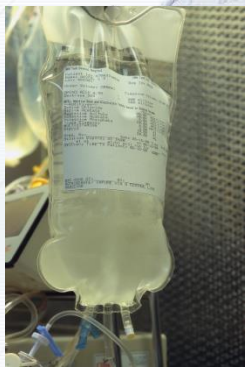


**IPSG.3.1:** The hospital develops and implements a process to manage the safe use of concentrated electrolytes.



# IPSG.3, IPSG.3.1: Improve the Safety of High Alert Medication

## Description



## High Alert Medications

Medications involved in a high percentage of errors or sentinel events

- *Insulin*
- *Heparin*
- *Chemotherapeutics*

*Look alike/sound alike* medications (based on name, packaging, labeling, or clinical use)

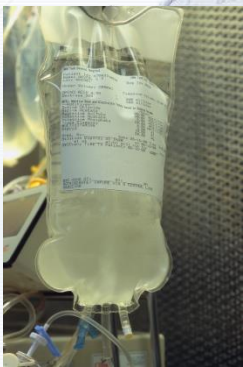
- *Xanax or Zantac*
- *Naloxone or Lanoxin*
- *Protamine or Protonix*

# IPSG.3, IPSG.3.1: Improve the Safety of High Alert Medication

## Description



- A collaborative process is used to develop policies and/or procedures that address the location, labeling and storage of concentrated electrolytes



- Concentrated electrolytes are not present in patient care units unless clinically necessary

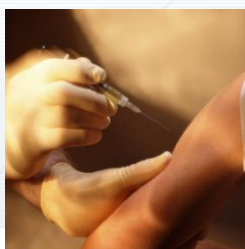
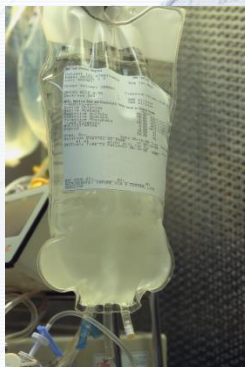
- Actions are taken to prevent inadvertent administration in areas where concentrated electrolytes are permitted by policy



- Remove concentrated electrolytes from patient care units including, but not limited to, the following:
  - Potassium Chloride
  - Potassium Phosphate
  - Sodium Chloride > 0.9%

# Compliance Tips: IPSG 3

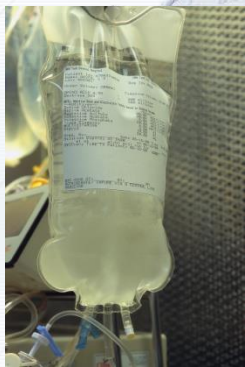
## *Compliance Tips*



- Involve front line staff in redesigning the process for high alert medications
- Use reference lists for developing the organization's high alert list
- Perform routinely scheduled rounds to ensure compliance
- Include medication bags such as transport bags, resuscitation trolleys, and procedure bags

# Compliance Tips: IPSG 3

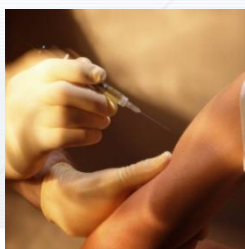
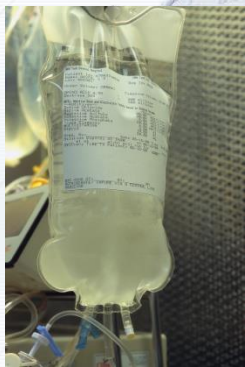
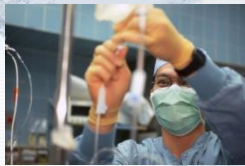
## Compliance Tips



- Uniform approach to storage and labeling
- Look alike sound alike—same or different approach?
- Ways **NOT** to label
- Problem areas—be 100% consistent: all meds, all forms, all cabinets, all carts, all areas (warehouse, OPD)

# Compliance Tips: IPSG 3.1

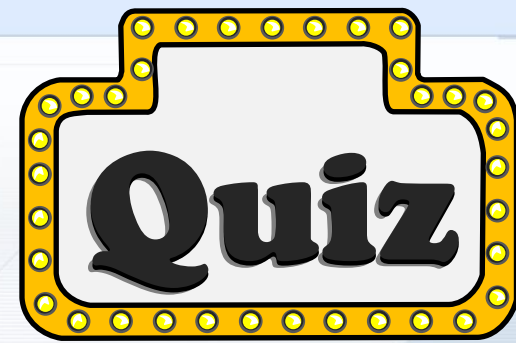
## Compliance Tips



- Concentrated electrolytes (particularly potassium and sodium) (?) clinically necessary **in the concentrated form** in which locations, or just for dilution. Logical areas are mostly **ONLY** Cardiac OR, dialysis, and infrequent ICU (syringes on pump direct into central line)
- Magnesium uses/locations



# IPSG 4



– Time out is required:

1. For all procedures that require cutting, removing, altering or insertion of diagnostic/therapeutic scopes.
2. Only in the operating theater.
3. Prior to IV cannula and urinary catheter insertions.
4. All of the above.



# IPSG.4, IPSG.4.1: Ensure Safe Surgery

## *Standard Statement*



**IPSG.4:** The hospital develops and implements a process for the preoperative verification and surgical/invasive procedure site-marking.



**IPSG.4.1:** The hospital develops and implements a process for the time-out that is performed immediately prior to the start of the surgical/invasive procedure and the sign-out that is conducted after the procedure.





# IPSG.4, IPSG.4.1: Ensure Safe Surgery

## Description



- Collaborative process used to develop policies and procedures



- Develop a preoperative process or checklist to verify correct site, procedure, and patient



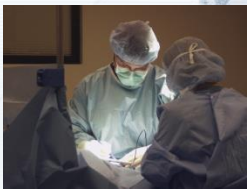
- Develop a preoperative process to ensure that all documents and equipment are on hand, correct, and functional

- Mark the precise site in clearly understood way and involve patient in doing this

- Use a Checklist including “Time-Out” just before surgical procedure

# Compliance Tips: IPSG 4

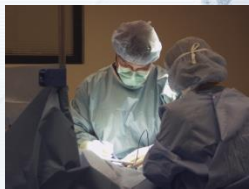
## *Compliance Tips*



- Verification process--Correct patient, procedure, site
- NEW---blood and implants to be included
- Yes/No questions; even better to also write information
- Patient involved in site marking; consistent use of specific, unambiguous mark; **must** be done by person performing procedure

# Compliance Tips: IPSG 4

## Compliance Tips



- Problem areas: Dental, digits, verticality (spinal marking), position changes
- Confusing areas: midline entry, considerations in interventional diagnostics (cath lab, radiology) where entry and target are different—but watch if target is right vs. left

# Compliance Tips: IPSG 4.1

## Compliance Tips



- Time Out—document the time (immediately prior), full team
- Uniform process/format for documentation
- NEW: Sign Out: immediately post procedure; some may be N/A
- Name of procedure; instrument/needle/sponge counts; label specimen and read aloud; any problems
- Document names and items like the Time Out

# Quiz

## IPSG 5

# Quiz

- Hand hygiene guidelines from acceptable organizations include:
  1. World Health Organization
  2. Centers for Disease Control and Prevention
  3. European Centre for Disease Prevention and Control
  4. All of the above



# IPSG 5: Reduce the Risks of Health Care-Associated Infections

## *Standard Statement*



**IPSG.5:** The hospital adopts and implements evidence-based hand-hygiene guidelines to reduce the risk of health care–associated infections.



# IPSG 5: Reduce the Risks of Health Care-Associated Infections

## *Description*



- The hospital has adopted currently published and generally accepted hand hygiene guidelines (can be national or international)



- The hospital implements an effective hand hygiene program



- Hand washing and hand-disinfection procedures comply with the hand hygiene guidelines.



# Compliance Tips: IPSG 5

## *Compliance Tips*

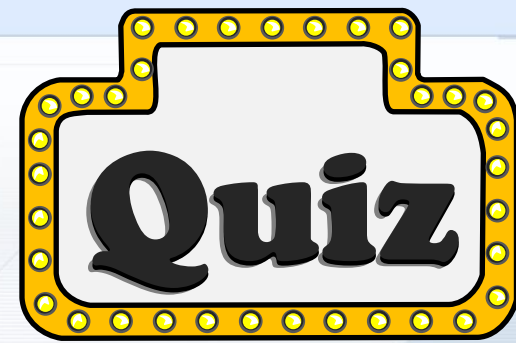


- Document review; PCI Tracer
- Watching in open bay areas—ER, PACU, ICU
- “Effective” program data to assess—methodology, sampling—make sure data is credible
- Stethoscopes—relates here, and PCI.7





# IPSG 6



- Which patients must be assessed for fall risk?
  1. In patients
  2. Out patients
  3. All of the above

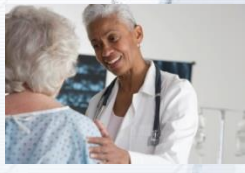


# IPSG.6, IPSG.6.1: Reduce the Risk of Patient Harm Resulting from Falls

## *Standards Statement*



**IPSG.6:** The hospital develops and implements a process to reduce the risk of patient harm resulting from falls for the inpatient population.

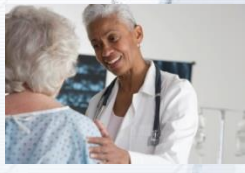


**IPSG.6.1:** The hospital develops and implements a process to reduce the risk of patient harm resulting from falls for the outpatient population.



# IPSG.6, IPSG.6.1: Reduce the Risk of Patient Harm Resulting from Falls

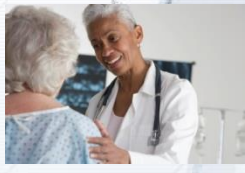
## *Description*



- Assess and periodically reassess each patient's risk for falling, including the potential risk associated with the patient's medication regime
  - Assess all inpatients
  - Assess all outpatients whose condition, diagnosis, or location places them at high risk for falls.
- Take action to decrease or eliminate any identified risks

# Compliance Tips: IPSG 6

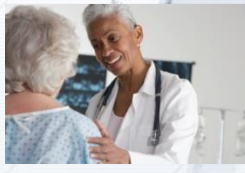
## *Compliance Tips*



- Assessment tool in patient records
- Generally excellent at time of admission
- Does the assessment lead to actions when needed?
- Watch out for accurate reassessments, and what dictates/defines a change in status?  
Remember meds, pain, sedation, Obstetrics

# Compliance Tips: IPSG 6.1

## *Compliance Tips*



- OPD settings—screening assessments
- Appropriate patients; may decide by clinic, specialty, diagnosis, age, etc.
- Does the assessment lead to actions when needed?
- Watch out for accurate reassessments

# Questions?

- **IPSG 1:** *Identify Patients Correctly*
- **IPSG 2:** *Improve Effective Communication*
- **IPSG 3:** *Improve the Safety of High Alert Medications*
- **IPSG 4:** *Ensure Correct-Site, Correct-Procedure, Correct-Patient Surgery*
- **IPSG 5:** *Reduce the Risk of Health Care-Associated Infections*
- **IPSG 6:** *Reduce the Risk of Patient Harm Resulting from Falls*