

UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE JACKSONVILLE
Office of Educational Affairs

Approval Date: 08-01-06	Subject: National Patient Safety Goals (NPSGs) Policy and Disciplinary Procedures	Page 1 of 11
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National Patient Safety Goals:

The purpose of The Joint Commission [National Patient Safety Goals](#) is to promote specific improvements in patient safety and the delivery of safe, high quality health care. The Goals highlight problematic areas in health care and describe evidence and expert-based solutions to these problems.

GME Policy Purpose:

In compliance with TJC accreditation standards, hospital and clinic policies and procedures for patient care and safety for all resident/fellow rotation sites, as well as ACGME Core Competencies, this document is intended to provide written guidelines for Residents/Fellows that define the NPSG requirements, the expectations, and disciplinary consequences for activities or practices that are not in line with these requirements. The NPSGs represent key aspects of the ACGME Core Competencies that Residents/Fellows are expected to develop; patient care, professionalism, interpersonal skills and communication, systems based practice and practice based learning and improvement. In addition, compliance with the NPSGs conforms to the requirements set forth in the University of Florida College of Medicine – Jacksonville [Professionalism Expectations and Standards](#).

GME Procedures:

All University of Florida College of Medicine Jacksonville Residents and Fellows will perform their duties in such a manner as to be 100% compliant with the requirements identified below. Violations of and/or failure to adhere to these standards will result in written warning, suspension, probation, or even non-renewal or dismissal/termination.

Residents/Fellows are directed to the [University of Florida College of Medicine Policies and Procedures for Discipline, Grievances, Non-renewal, Suspension or Dismissal of a Resident Policy](#) for due process and procedures.

All individual NPSG violations will be reported by the hospital data collection and monitoring systems to the appropriate Program Director and the University's Designated Institutional Official in the Office of Educational Affairs.

Upon first violation, Program Directors are required to issue a written warning and counsel/educate the Resident/Fellow within 3 working number of days of receiving report of a violation. A copy of the written warning will be provided to the University of Florida College of Medicine – Jacksonville Senior Associate Dean for Educational Affairs.

Each successive violation of an indicator/goal will warrant disciplinary action as outlined in Table I below. Please note that the method of counting violations is by indicator/goal, by working day. The recommended response to violation listed is a minimum level of response—i.e., the response may vary as appropriate depending on the level of severity of patient harm or outcome resulting from the violation incident and the outcome of investigation.

W=Written Warning; S=Suspension; P=Probation; NR or T=Nonrenewal or termination

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	Common Identifier	National Patient Safety Goal	Intent	NPSG Requirement	Expectation and/or Required Documentation/ Forms	1 st Violation	2 nd Violation	3 rd Violation	4 th Violation
Goal 1	PATIENT IDENTIFICATION	Improve the accuracy of patient identification	To reliably <i>identify</i> the individual as the person for whom the care, treatment, or service is intended	NPSG.01.01.01: Use at least two patient identifiers (neither to be the patient's room number) whenever administering medications or blood products; taking blood samples and other specimens for clinical testing, or providing any other treatments or procedures.	A patient must be positively identified by two identifiers to confirm his/her identity prior to any action, to include but not limited to registration/admission, history taking, specimen collection, medication administration, discussion of confidential information, etc.	W	W	W	S/P
Goal 2	READ BACK ➤ ORDERS ➤ CRITICAL TEST RESULTS	Improve the effectiveness of communication among caregivers.	To ensure that orders and directives that would be carried out in a verbal or telephone order are clear to the recipient and confirmed by the individual giving the order.	NPSG.02.01.01: For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the order or test result "read-back" the complete order or test result.	Orders: Read Back of orders documented on the Physician Order Form; verbal order countersigned & dated within 3 days Critical test results: Individual reporting the results must document in the final report who received and that it was read back. The Critical Tests Read Back Label is utilized for documentation in the progress notes.	W	W	W	S/P
Goal 2	UNACCEPTABLE ABBREVIATIONS AKA Dangerous Expressions	Improve the effectiveness of communication among caregivers.	To eliminate potential for misinterpretation and dispensing errors caused by the use of unsafe symbols, abbreviations and dangerous expressions.	NPSG.02.02.01: Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization. <i>These requirements apply to printed and electronic communications.</i>	All hand-written, printed or electronic documentation must be free of unacceptable abbreviations or expressions. This applies to the entire medical record, both Inpatient and Outpatient.	W	W	W	S/P

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Goal 2	HAND OFF COMMUNICATION	Improve the effectiveness of communication among caregivers.	To ensure the continuity and safety of care by passing patient specific information from one caregiver (or team) to another in a consistent manner.	NPSG.02.05.01: Implement a standardized approach to handoff communications, including an opportunity to ask and respond to questions.	Exercise clear, consistent and systematic hand-off of information between providers, including rounds and all sign-outs.	W	W	W	S/P
Goal 3	HIGH ALERT MEDICATIONS	Improve the safety of using medication	To prevent errors due to interchange of drugs that look-alike/sound-alike (LASA).	NPSG.03.03.01: Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs.	Review and be aware of high alert medication list to prevent errors due to interchange of drugs that look-alike/sound-alike.	W	W	W	S/P
Goal 3	MEDICATION LABELING	Improve the safety of using medications.	To ensure proper identification of a solution or medication removed from its original container.	NPSG.03.04.01: Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in peri-operative and other procedural settings.	If not given immediately, all solutions and/or medications used during a procedure must be labeled.	W	W	W	S/P
Goal 3	ANTI-COAGULATION THERAPY SAFETY	Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.	To reduce risks and adverse drug events due to complex dosing, requisite follow-up monitoring, and inconsistent patient compliance.	NPSG.03.05.01: ...The use of standardized practices for anticoagulation therapy that include patient involvement can reduce the risk of adverse drug events associated with the use of heparin (unfractionated), low molecular weight heparin (LMWH), and warfarin.	Use of a defined anticoagulation management program to individualize the care provided to each patient receiving anticoagulant therapy. Use of approved protocols for the initiation and maintenance of anticoagulation therapy appropriate to the medication used, to the condition being treated, and to the potential for medication interactions.	W	W	W	S/P
Goal 7	HAND HYGIENE	Reduce the risk of health care–	To prevent the spread of infection or	NPSG.07.01.01: Comply with current Centers for	Hand washing or alternative techniques must be utilized as	W	W	W	S/P

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		associated infections.	communicable diseases to patients, visitors, or hospital personnel. Hand hygiene is the most effective way to reduce infection transmission.	Disease Control and Prevention (CDC) hand hygiene guidelines.	specified in the policy to prevent the spread of disease.				
Goal 7	DEATH AND COMPLICATION REVIEW	Conduct of a root cause analysis on all identified cases of unanticipated death or major permanent loss of function related to a health care associated infection.	Root cause analysis addresses the management of the patient before and after the identification of infection.	NPSG.07.02.01: Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a healthcare associated infection.	Participation in death and complications review (M&M) within program and department, and in root cause analysis as requested and invited by QM.	W	W	W	S/P
Goal 7	MULTIPLE DRUG-RESISTANT ORGANISMS PREVENTION	Prevent health care associated infections due to multiple drug-resistant organisms.	To prevent infections such as MRSA, C Difficile, VRE, and multiple drug-resistant gram negative bacteria.	NPSG.07.03.01: Implement evidence-based practices to prevent health care associated infections due to multiple drug-resistant organisms in acute care hospitals.	Hand hygiene, contact precautions, as well as cleaning and disinfecting patient care equipment and the patient's environment are essential strategies. Assist in patient education, and family as needed, who are infected or colonized with a multi-drug resistant organism about health care associated infection strategies.	W	W	W	S/P
Goal 7	CVL-ASSOCIATED BLOODSTREAM INFECTION PREVENTION	Prevent bloodstream infections associated with central venous catheters.	To prevent CVL/CVC and PICC associated bloodstream infections.	NPSG.07.04.01: Implement best practices or evidence-based guidelines to prevent central line-associated bloodstream infections.	Hand hygiene compliance. Catheter checklist and standardized protocol for central venous catheter insertion. No femoral venous lines,	W	W	W	S/P

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					unless other sites are unavailable.				
Goal 7	SURGICAL SITE INFECTION PREVENTION	Prevent surgical site infections.	To prevent surgical site infections.	NPSG.07.05.01: Implement best practices for preventing surgical site infections.	Anitmicrobial agents for prophylaxis are administered according to evidence-based standards and guidelines for best practices...and discontinued within 24 hours after surgery (48 hrs for cardiothoracic procedures). When hair removal is necessary, use clippers or depilatories.	W	W	W	S/P
Goal 8	MEDICATION RECONCILIATION	Accurately and completely reconcile medications across the continuum of care.	To avoid errors of transcription, omission, duplication of therapy, drug interactions, etc. Communicating about the medication list, making sure it is accurate, and reconciling any discrepancies whenever new medications are ordered or current medications are adjusted are essential to reducing the risk of transition-related adverse drug events.	NPSG.08.01.01: A process exists for comparing the patient's current medications with those ordered for the patient while under the care of the organization. Have a process for obtaining and documenting a complete list of the patient's current medications upon the patient's entry to the organization and with the involvement of the patient. (Applicable to home care)	Completion of the Medication Reconciliation Form for all in-patient and out-patient encounters. On entry/admission—a complete list of medications the patient is taking at home is created and documented. Medications ordered while under the care of the hospital are compared to those on the list at time of entry/admission. Any discrepancies are reconciled and documented while the patient is under the care of the hospital. When the patient's care is transferred within the hospital, the current providers inform the receiving providers about the up-to-date reconciled	W	W	W	S/P

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					medication list and document the communication.				
Goal 8	MEDICATION RECONCILIATION	Accurately and completely reconcile medications across the continuum of care.	<p>To avoid errors of transcription, omission, duplication of therapy, drug interactions, etc.</p> <p>Communicating about the medication list, making sure it is accurate, and reconciling any discrepancies whenever new medications are ordered or current medications are adjusted are essential to reducing the risk of transition-related adverse drug events.</p>	NPSG.08.02.01: When a patient is referred to or transferred from one organization to another, the complete and reconciled list of medications is communicated to the next provider of service and the communication is documented.	<p>Completion of the Medication Reconciliation Form for all in-patient and out-patient encounters.</p> <p>The patient's most current reconciled medication list is communicated to the next provider of service, either within or outside the hospital. The communication between providers is documented.</p> <p>At the time of transfer, the transferring hospital informs the next provider of service how to obtain clarification on the list of reconciled medications.</p>	W	W	W	S/P
Goal 8	MEDICATION RECONCILIATION	Accurately and completely reconcile medications across the continuum of care.	<p>To avoid errors of transcription, omission, duplication of therapy, drug interactions, etc.</p> <p>Communicating about the medication list, making sure it is accurate, and reconciling any discrepancies whenever new medications are ordered or current medications are adjusted are essential</p>	NPSG.08.03.01: When a patient leaves the organization's care, a complete and reconciled list of the patient's medications is provided directly to the patient, and the patient's family as needed, and the list is explained to the patient and/or family.	<p>Completion of the Medication Reconciliation Form for all in-patient and out-patient encounters.</p> <p>When the patient leaves the hospital's care, the current list of reconciled medications is provided and explained to the patient, and their family as needed—this interaction is documented.</p>	W	W	W	S/P

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			to reducing the risk of transition-related adverse drug events.						
Goal 8	MEDICATION RECONCILIATION	Accurately and completely reconcile medications across the continuum of care.	<p>To avoid errors of transcription, omission, duplication of therapy, drug interactions, etc.</p> <p>Communicating about the medication list, making sure it is accurate, and reconciling any discrepancies whenever new medications are ordered or current medications are adjusted are essential to reducing the risk of transition-related adverse drug events.</p>	NPSG.08.04.01: In settings where medications are used minimally, or prescribed for a short duration, modified medication reconciliation processes are performed	<p>Completion of the Medication Reconciliation Form for all in-patient and out-patient encounters.</p> <p>In settings such as ED, urgent and emergent care, convenient care, office-based surgery, outpatient radiology, ambulatory care, and behavioral health care: a list of the patient's original, known, and current medications that he/she is taking at home is still important; however, obtaining information on the dose, route, and frequency of use is not required.</p>	W	W	W	S/P
Goal 9	PATIENT FALLS PREVENTION	Reduce the risk of patient fall resulting from falls.	To evaluate the patient's risk for falls and take action to reduce the risk of falling as well as the risk of injury, should a fall occur.	NPSG.09.02.01: The organization implements a fall reduction program that includes an evaluation of the effectiveness of the program	<p>Evaluate patients for risk of falls—appropriate to the patient population, settings and services provided.</p> <p>Fall reduction program—with monitoring effectiveness of fall reduction program by outcomes such as number of falls and number and severity of fall-related injuries.</p>	W	W	W	S/P

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Goal 13	PATIENT INVOLVEMENT IN SAFETY	Encourage patients' active involvement in their own care as a patient safety strategy.	When the patient knows what to expect, he/she is more aware of possible errors and choices. The patient can be an important source of information about potential adverse events and hazardous conditions.	NPSG.13.01.01: Identify the ways in which the patient and his/her family can report concerns about safety and encourage them to do so.	<p>Patient/family education on reporting methods for concerns.</p> <p>Provide patient with information regarding infection control measures—hand hygiene, respiratory hygiene, and contact precautions.</p> <p>Describe the measures taken to prevent adverse events in surgery for surgical patients.</p>	W	W	W	S/P
Goal 15	SUICIDE RISK ASSESSMENT & PREVENTION	Identify safety risks inherent in the patient population	<p>Suicide of a care recipient while in a staffed, round-the-clock care setting is a frequently reported type of sentinel event.</p> <p>Identify individuals at risk for suicide while under the care of or following discharge from a healthcare organization—an important step in protecting these at-risk individuals.</p>	NPSG.15.01.01: The organization identifies patients at risk for suicide.	<p>Risk assessment—including identification of specific patient factors and environmental features that may increase or decrease the risk for suicide.</p> <p>Address the patient's immediate safety needs and most appropriate setting for treatment.</p> <p>Provide information such as a crisis hotline to individuals at risk for suicide and their family members.</p>	W	W	W	S/P
Goal 16	PATIENT CONDITION CHANGE RECOGNITION	Improve recognition of and response to changes in a patient's condition.	A significant number of critical inpatient events are preceded by warning signs prior to the event. Early response to changes in a patient's condition by a specially trained individual(s) may	NPSG.16.01.01: The organization selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening.	<p>Early recognition and response—including activation of Rapid Response Team (by staff and/or patient, family).</p> <p>Early intervention in patient condition changes.</p> <p>Monitoring of measures such as RRT activations, codes</p>	W	W	W	S/P

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			reduce cardiopulmonary arrests and patient mortality.		called, code survival, mortality rate.				
Universal Protocol (UP)	TIME-OUT #1— Pre-procedure To Include Patient Identification	Eliminate wrong-site, wrong-patient, wrong-procedure....	To ensure that all the relevant documents and studies are available, have been reviewed and are consistent. Missing information or discrepancies are addressed before starting the procedure.	UP.01.01.01: Conduct a pre-procedure verification process.	Check list must be completed and included in chart.	W	W	W	S/P
UP	SITE MARKING	Eliminate wrong-site, wrong-patient, wrong-procedure.....	To identify unambiguously the intended site of incision or insertion.	UP.01.02.01: Mark the procedure site.	Check list must be completed and included in chart. Method of marking the site and type of mark is unambiguous and should be used consistently throughout the hospital. Involve the patient in the marking process if possible.	W	W	W	S/P
UP	TIME-OUT #2, Prior to starting procedure	Eliminate wrong-site, wrong-patient, wrong-procedure...	To conduct a final assessment that the correct patient, site, positioning and procedure are identified, and that, as applicable, all relevant documents, related information, and necessary equipment are available.	UP.01.03.01: A time-out is performed immediately prior to starting procedures.	Check list must be completed and included in chart. The time-out must be conducted in a standardized fail-safe mode—procedure is NOT started until all questions and concerns are resolved. The time-out is initiated by a designated member of the team, and includes active communication among all relevant members of the procedure team.	W	W	W	S/P

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Although Residents and Fellows may not be directly responsible for the following subset of National Patient Safety Goals, the Program Director and/or Office of Educational Affairs is obligated to investigate any reported Resident or Fellow violation and implement disciplinary action accordingly. Residents and Fellows must be cognoscente of the patient safety relevance and in compliance with the requirements of all National Patient Safety Goals.

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Common Identifier	National Patient Safety Goal	Intent	NPSG Requirement	Shands Policy and Procedure	Required Documentation/Forms
	Improve the safety of using medications.		3A: Remove concentrated electrolytes (including, but not limited to, potassium chloride, potassium phosphate, sodium chloride >0.9%) from patient care units. 3B: Standardize and limit the number of drug concentrations available in the organization.	Pharmacy manages concentrated electrolytes.	N/A
	Improve the safety of using infusion pumps.	To shield the patient from potential adverse outcomes involving general-use and PCA pumps by requiring intrinsic free-flow protection.	5A: Ensure free-flow protection on all general-use and PCA (patient controlled analgesia*) intravenous infusion pumps used in the organization.	ALL pumps utilized at Shands have free flow protection.	N/A
	Improve the effectiveness of clinical alarm systems.	This goal applies to alarm systems that are patient-specific and used for the purpose of alerting staff to a patient emergency (for example, cardiac monitor alarms, apnea alarms, elopement or abduction alarms, infusion pump alarms).	6A: Implement regular preventive maintenance and testing of alarm systems. (Applicable to disease-specific care) 6B: Assure that alarms are activated with appropriate settings and are sufficiently audible with respect to distances and competing noise within the unit. (Applicable to disease-specific care)	Alarm Policy for Medical Equipment	
	Reduce the risk of influenza and pneumococcal disease in older adults.	Reduce the risk – Pneumococcal disease is responsible for more deaths than any other	10A: Develop and implement a protocol for administration and documentation of the flu vaccine. (Applicable to assisted living, disease-specific care, long term care) 10B: Develop and implement a protocol for administration and documentation of the	Adult Influenza and Pneumococcal Protocol	

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		vaccine-preventable bacterial disease	pneumococcus vaccine. (Applicable to assisted living, disease-specific care, long term care) 10C: Develop and implement a protocol to identify new cases of influenza and to manage an outbreak. (Applicable to assisted living, disease- specific care, long term care)		
	Reduce the risk of surgical fires.	To reduce the potential for surgical fires. Estimated that there are approximately 100 surgical fires each year.	11A: Educate staff, including operating licensed independent practitioners and anesthesia providers, on how to control heat sources and manage fuels, and establish guidelines to minimize oxygen concentration under drapes. (Applicable to ambulatory care, office-based surgery)		