

The National Patient Safety Goals and the DNP: Keeping Patients Safe from Harm

Second National Annual Nursing Practice Conference: Defining Ourselves

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Objectives

- **Understand the 2009 National Patient Safety Goals (NPSGs)**
- **Describe the role of the DNP relative to the NPSGs**
- **Describe how the DNP can work in a Complex Adaptive System (CAS) to keep patients safe from harm**



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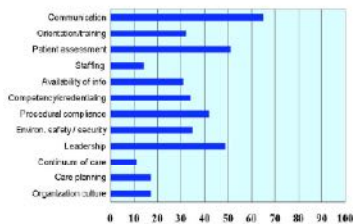
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Historical Perspective of the National Patient Safety Goals (NPSG)

- Joint Commission established the NPSGs in 2002
 - First set was effective January 1, 2003
- Patient Safety Advisory Group (formerly the Sentinel Event Advisory Group)
 - Overseen by panel of experts
 - Develop and perform annual updating

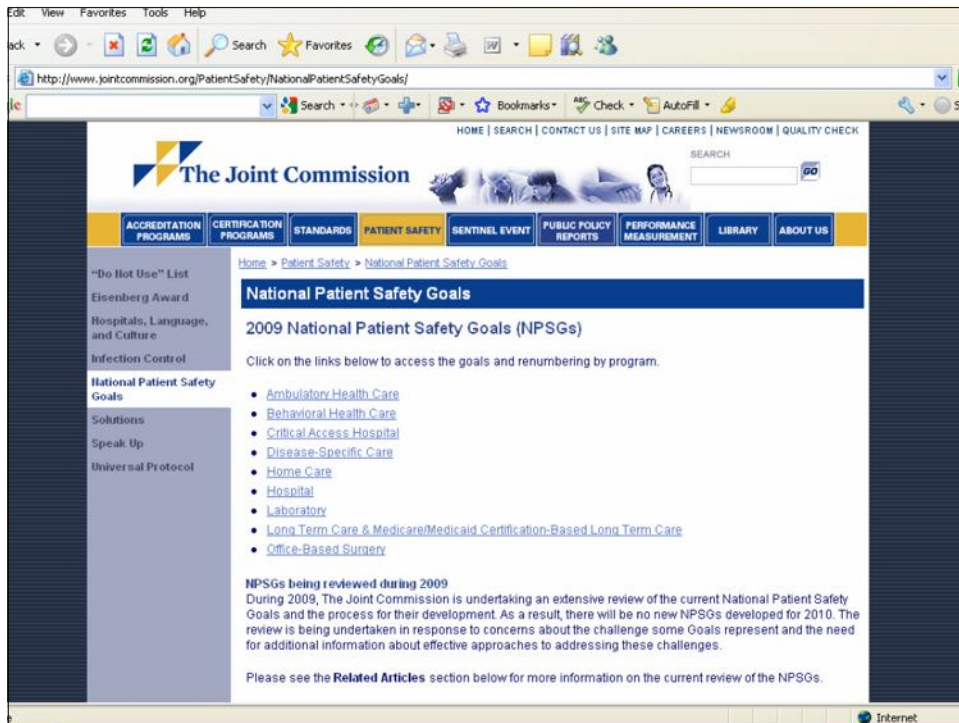


Root Causes of Sentinel Events
(All categories; 2006)



Root Causes of Sentinel Events
(All categories; 1995-2005)





Overview of the 2009 NPSGs for Hospitals (Joint Commission)

- 1. Improve the accuracy of patient identification
- 2. Improve the effectiveness of communication among caregivers
- 3. Improve the safety of using medications
- 7. Reduce the risk of health care associated infections (Joint Commission, 2009)



Overview of the 2009 NPSGs for Hospitals (Joint Commission)

- 8. Accurately and completely reconcile medications across the continuum of care
- 9. Reduce the risk of patient harm resulting from falls
- 11. Reduce the risk of surgical fires
- 13. Encourage patients' active involvement in their own care as a patient safety strategy (Joint Commission, 2009)

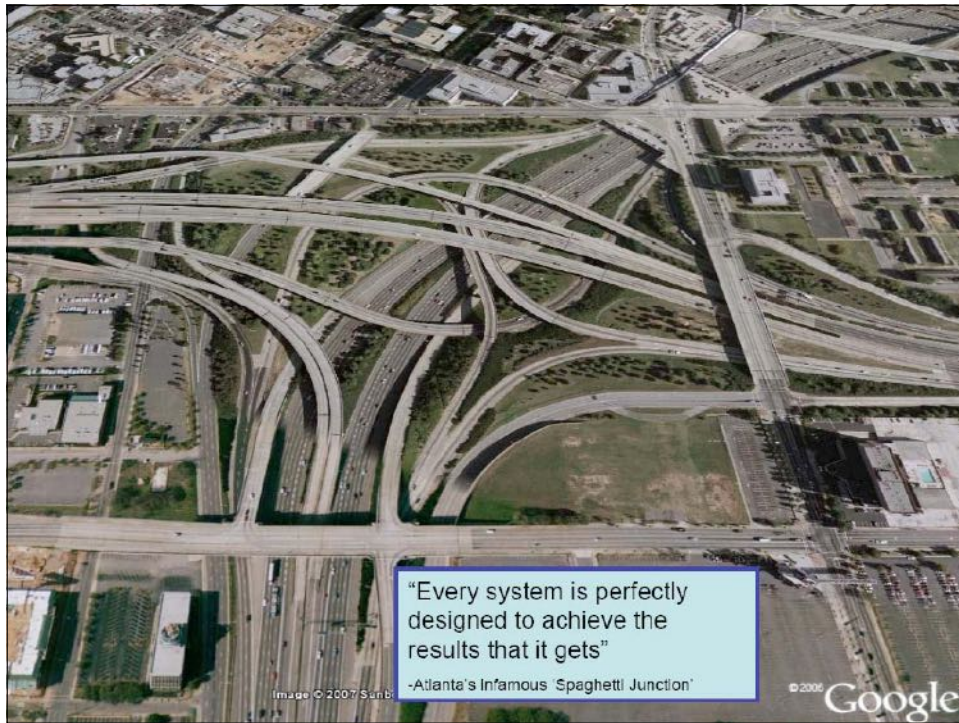
Overview of the 2009 NPSGs for Hospitals (Joint Commission)

- 14. Prevent health care associated pressure ulcers
- 15. The organization identifies safety risks inherent in its patient population
- 16. Improve recognition and response to changes in a patient's condition
- Universal Protocol. The organization meets the expectations of the Universal Protocol (Joint Commission, 2009)

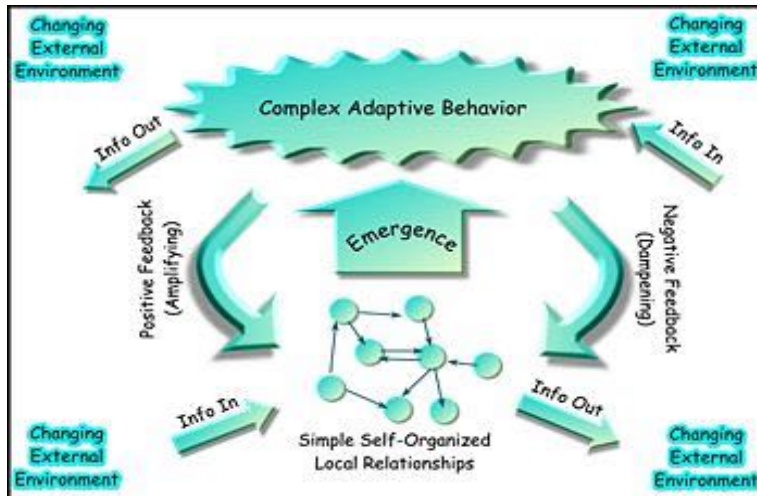
World Health Organization SURGICAL SAFETY CHECKLIST (FIRST EDITION)		
Before induction of anaesthesia	Before skin incision	Before patient leaves operating room
<p>SIGN IN</p> <p><input type="checkbox"/> PATIENT HAS CONFIRMED</p> <ul style="list-style-type: none"> • IDENTITY • SITE • PROCEDURE • CONSENT <p><input type="checkbox"/> SITE MARKED/NOT APPLICABLE</p> <p><input type="checkbox"/> ANAESTHESIA SAFETY CHECK COMPLETED</p> <p><input type="checkbox"/> PULSE OXIMETER ON PATIENT AND FUNCTIONING</p> <p>DOES PATIENT HAVE A:</p> <p>KNOWN ALLERGY?</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES</p> <p>DIFFICULT AIRWAY/ASPIRATION RISK?</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES, AND EQUIPMENT/ASSISTANCE AVAILABLE</p> <p>RISK OF >500ML BLOOD LOSS (7ML/KG IN CHILDREN)?</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED</p>	<p>TIME OUT</p> <p><input type="checkbox"/> CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE</p> <p><input type="checkbox"/> SURGEON, A NAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM</p> <ul style="list-style-type: none"> • PATIENT • SITE • PROCEDURE <p>ANTICIPATED CRITICAL EVENTS</p> <p><input type="checkbox"/> SURGEON REVIEW: WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS?</p> <p><input type="checkbox"/> ANAESTHESIA TEAM REVIEW: ARE THERE ANY PATIENT-SPECIFIC CONCERNS?</p> <p><input type="checkbox"/> NURSING TEAM REVIEW: HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN CONFIRMED? ARE THERE EQUIPMENT ISSUES OR ANY CONCERNS?</p> <p>HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NOT APPLICABLE</p> <p>IS ESSENTIAL IMAGING DISPLAYED?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NOT APPLICABLE</p>	<p>SIGN OUT</p> <p>NURSE VERBALLY CONFIRMS WITH THE TEAM:</p> <p><input type="checkbox"/> THE NAME OF THE PROCEDURE RECORDED</p> <p><input type="checkbox"/> THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT (OR NOT APPLICABLE)</p> <p><input type="checkbox"/> HOW THE SPECIMEN IS LABELLED (INCLUDING PATIENT NAME)</p> <p><input type="checkbox"/> WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED</p> <p><input type="checkbox"/> SURGEON, A NAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT</p>

THIS CHECKLIST IS NOT INTENDED TO BE COMPREHENSIVE. ADDITIONS AND MODIFICATIONS TO FIT LOCAL PRACTICE ARE ENCOURAGED.

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Complex Adaptive Systems



- Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking
 - Ensure accountability for quality of health care and patient safety
 - Uses advanced communication skills/processes to lead quality improvement and patient safety initiatives (AACN, 2006)

- Essential III: Clinical scholarship and analytical methods for evidence-based practice
 - Use analytic methods to critically appraise evidence to determine and implement the best
 - Design and implement processes to evaluate outcomes
 - Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care
 - Disseminate findings to improve health care outcomes (AACN, 2006)

DNP Role Relative to the NPSGs in a Complex Adaptive System

- Essential VI: Interprofessional collaboration for improving patient and population health outcomes
 - Employ effective communication and collaborative skills
 - Lead interprofessional teams in the analysis of complex practice and organizational issues
 - Employ consultative and leadership skills with intra/interprofessional teams to create change in complex health care delivery systems (AACN, 2006)



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Applying Lessons Learned

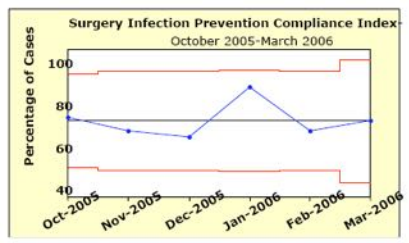


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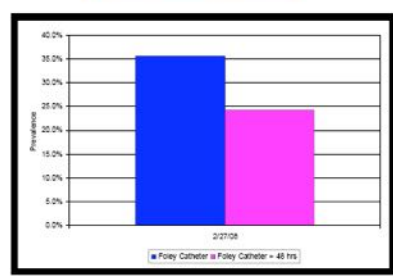
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Data Display



Unit	Total # Patients	Total # Foleys	Foley Prevalence
ICUW	9	9	100%
ICUE	10	7	70%
7E	13	5	38%
6E	14	2	14%
TCW	16	5	31%
SW	15	6	40%
Total Units	77	34	44%



Team in Action at Saint Francis



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What to Expect in 2010

- No new NPSGs for 2010!
- Extensive review of current NPSGs
 - Medication reconciliation
 - Effective January 1, 2009
 - While evaluation is in process, survey findings for NPSG 8 will not be factored into the organization's accreditation decision.
 - In addition, survey findings will not generate RFIs and will not appear on the accreditation report (Joint Commission, 2009)

The Definition of Insanity

- Doing things the same way, over and over...and expecting different results



- Questions?



References

- American Association of Colleges of Nursing (2006). *The essential of doctoral education for advanced nursing practice*. Washington, DC: AACN.
- Joint Commission (2009). National Patient Safety goals. Retrieved from www.jointcommission.org/patientsafety/nationalpatientsafetygoals/