BHMC PATIENT SAFETY GOALS 2022

BHMC NATIONAL PATIENT SAFETY GOALS CY2022									
National Patient Safety Goals Calendar Year 2022		Numerator/ Denominator	Target	Prior YTD	Q1	Q2	Q3	Q4	YTD
Goal 1: Improve the Accuracy of Patient ID	% of Patients Scanned NPSG 0.10.10.1 Use at least the ways to identify patients. (Pharmacy)		100%	2594657	226947	683490	645253	643731	2199421
		# of patients scanned Total # of medication administration		2,675,847	239586	722755	679711	656857	2298909
				96.97%	94.72%	94.57%	94.93%	98.00%	95.67%
	% of Medications Scanned NPSG 01.01.01 Use at least two ways to identify patients. (Pharmacy)	# of medications scanned	100%	2570229	226947	673262	634848	637797	2172854
		Total # of medication administration		2675847	239586	722755	679711	656857	2298909
				96.05%	94.72%	93.15%	93.40%	97.10%	94.52%
	% of Lab MislabeledSpecimens NPSG 01.01.01 Use at least two ways to identify patients. (Lab)	# of Mislabeled	0%	20	4	6	2	0	12
		Total # speci drawn		815,405	218399	214466	206055	213872	852792
				0.002%	0.002%	0.003%	0.001%	0.00%	0.001%
Goal 2: Improve the Effectiveness of Communicating Among Caregivers Citical Test Results Timeliness - Overall Goal 60 minutes -	Critical Test Called to LIP NPSG 02.03.01	# Critical results called back in 30 minutes	90%	531	138	147	149	139	573
	Get important results to the right to LIP on time. (Respiratory)	# of Critical Results looked at		541 98.15%	142	150	151	140	583 98.28%
	Compliance with Critical Result Communication	# Result Called within 30 min	100%	62	97.18%	98.00%	98.68%	99.29%	90.20%
	NPSG 02.03.01 Get important results to LIP on time. (Radiology)	# of Critical Results called		62 100.00%	22 100.00%	22 100.00%	21 100.00%	25 100.00%	90 100.00%
	Critical Test Called to LIP NPSG 02.03.01 Get important results to LIP on time.	# CTRs to LIP	90%	712	82	523	77	147	829
		# of Critical Results		758	96	620	105	154	975
	(Nursing Admin)			93.93%	85.42%	84.35%	73.33%	95.45%	85.03%
Goal 3: Use Medicines Safely	Surgical Procedure Area	All Medications and Solutions are Appropriately Labeled (Compliant)	100%	436	119	135	193	182	629
	NPSG 03.04.01 Before a procedure label medicines that are not labeled. (OR)	Total # of Observations		437	119	135	193	182	629
				99.77%	100.00%	100.00%	100.00%	100.00%	100.00%
	EOM ADE 12 Excessive anticoagulation inpatients with Warfarin NPSG 03.05.01 Take extra care with patient who take medicines to thin their blood. (Pharmacy)	# of patients with INR>5	0%	13	5	3	0	6	14
		# Inpatients receiving warfarin		168	54	36	36	52	178
	(Filalmacy)			7.738%	9.259%	8.333%	0.00%	11.538%	7.865%
	Anticoagulant Occurrences NPSG 03.05.01 Take extra care with patient who take medicines to thin their blood. (Pharmacy)	Actual Variances	1	28	4	1	4	3	12
		Total # of Adiusted admissions		0.001	0.000	7126 0.000	0.000	9626	34205 0.000
	Medication Reconciliation NPSG 30.6.01 Record and pass along cornect information about patient's meds. Find out what patient is taking. Compare to new meds. (Nursing Admin)	# of patients with Medications reconciled on admission completed Total # of patient's charts reviewed	90%	2185	396	466	590	625	2077
				2640	503	498	749	727	2477
				82.77%	78.73%	93.57%	78.77%	85.97%	83.85%
Goal 6: Use Alarms Safely	Clinical Alarms NPSG 06.01.01 Make improvement to ensure that alarms on medical equip are heard and responded to.	# of Patient's Physiological Alarms	100%	1987	356	168	463	394	1381
				2114	356	184	507	394	1441
	(Nursing Admin)	Total # of patient's charts reviewed		93.99%	100.00%	91.30%	91.32%	100.00%	95.84%
Goal 7: Prevent Infection	Hand Hyglene (Observational) NPSG 07.01.01 Use the hand cleaning guidelines from the CDC and Prevention or the VIPC. *Adult & Salath (EPI)	# Compliant	85%	89157	20043	22695	23367	21717	87822
		# Compaint Total # Observed		90624	20443	22912	23743	21944	89042
				98.38%	98.04%	99%	98%	99%	99%
Goal 15: ID Patients at Risk for Suicide	Suicide Assessment completed NPSG 15.01.01 Reduce the trisk for suicide. (Nursing Admin)	Risk Assessment completed	90%	1961	396	276	526	574	1772
		# of Charts		2063	415	276	599	592	1882
	Prevent Mistakes in Surgery			95.06%	95.42%	100.00%	87.81%	96.96%	94.16%
Universal Protocol	"UP.01.01.01 Make sure the correct surgery is done on the correct patient and at the correct place on the patient's body Correct surgery done on correct patient and at correct place of persons to body	Team confirmed Correct Site/Side Marked (Compliant)	100%	437	119	135	193	182	629
		Total # of Patients		437	119	135	193	182	629
	UP 01.02.01			100%	100%	100%	100%	100%	100%
	"UP.01.01.01 Make sure the correct surgery is done on the correct patient and at the correct place on the patient's body Make sure the correct surgery is done on the correct patient and at	Time Out called by physician provider before incision (Compliant)	100%	437	119	135	193	182	629
	the correct place on the patient's body / Surgical Procedure Area	Total # Assessed		437	119	135	193	182	629
	UP 01.03.01 Pause before the surgery to make sure that a mistake is not being made. (OR)			100%	100%	100%	100%	100%	100%
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