BHCS NATIONAL PATIENT SAFETY GOALS 2022

NPSG 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 01.01.01** Use at least two ways to identify patients.	# of patients scanned	98%	1,116,966	262,676	263,100	258,689	269,627	1,054,092
		Total # of medication administration		1,163,382	275,193	274,551	267,959	276,848	1,094,551
				96.0%	95.5%	95.8%	96.5%	97.4%	96.3%
	% of Medications Scanned NPSG 01.01.01 Use at least two ways to identify patients.	# of medications scanned	98%	1,106,190	260,032	260,539	255,751	267,120	1,043,442
		Total # of medication administration		1,163,382.0	275,193	274,551	267,959	276,848	1,094,551
				95.1%	94.5%	94.9%	95.4%	96.5%	95.3%
	% of Specimens Scanned NPSG 01.01.01 Use at least two ways to identify patients.	# of specimens (Total PPID)	98%	397,809	87,238	94,604	94,602	93,075	369,519
		Total # specimens received (Total Sticks)		411,580	91,452	99,884	98,988	97,465	387,789
				96.7%	95.4%	94.7%	95.6%	95.5%	95.3%
	% of Lab MislabeledSpecimens NPSG 01.01.01 Use at least two ways to identify patients.	# of Mislabeled	≤0.03%	47	11	4	4	3	22
		Total # speci drawn		401,243	95,277	99,884	99,840	99,177	394,178
				0.01%	0.01%	0.00%	0.0%	0.00%	0.0%
Goal 2: Improve the Effectiveness of Communicating Among Caregivers Critical Test Results Timeliness - Overall Goal 60 minutes	**Compliance with Critical Result Communication NPSG 02.03.01** Get important results to LIP on time. (Radiology)	# Result Called within 30 min	90%	88	3	4	5	4	16
		# of Critical Results called		88	3	4	5	4	16
				8	100%	100%	100%	100%	100.0%
	Critical Test Called to LIP NPSG 02.03.01 Get important results to LIP on time. (LAB results/nursing calls)	# CTRs to LIP (RN spoke to DR<60mins)	90%	3,427	648	843	1,185	1,044	3,720
		# of Critical Results (lab call to RN)		4,911	948	1,104	1,557	1,424	5,033
				70%	68%	76%	76%	73%	73.9%
Goal 3: Use Medicines Safely	**Surgical Procedure Area NPSG 03.04.01** Before a procedure label medicines that are not labeled. (GI & OR)	All Medications and Solutions are Appropriately Labeled (Compliant)	100%	9	163	178	170	173	684
		Total # of Observations		9	165	180	180	180	705
				100%	99%	99%	94%	96%	97.0%
	EOM ADE 12 Excessive anticoagulation inpatients with Warfarin NPSG 03.05.01 Take extra care with patient who take medicines to thin their blood.	# of patients with INR>5	0%	6	2	1	2	2	7
		# Inpatients receiving warfarin		145	35	24	46	27	132
				4%	6%	4%	4%	7%	5%
	Anticoagulant Occurrences NPSG 03.05.01 Take extra care with patient who take medicines to thin their blood. (Pharmacy)	Actual Variances		10	0	5	3	4	12
		Total # of admissions		10,933	2,470	2,601	2,668	2,734	10,473
				0%	0.00%	0.19%	0.11%	0.15%	0.1%
	Medication Reconciliation NPSG 03.06.01 Record and pass along correct information about patient's meds. Find out what patient is taking. Compare to new meds.	# of patients with Medications reconciled on admission completed		10,875	2,455	2,588	2,651	2,720	9,528
		Total # of admissions		10,933	2,470	2,601	2,668	2,734	10,473
				99.5%	99.4%	99.5%	99.4%	99.5%	91.0%
Goal 6: Use Alarms Safely	**Clinical Alarms NPSG 06.01.01** Make improvements to ensure that alarms on medical equip are heard and responded to. (rapid response calls by monitor tech)	# of Patient's Physiological Alarms	100%	1	4	2	2	0	8
		Total # of patient's charts reviewed		1	4	2	2	0	8
				100.00%	100.00%	100.00%	100.00%	-	100.0%
Goal 7: Prevent Infection	**Hand Hygiene (Observational) NPSG 07.01.01** Use the hand cleaning guidelines from the CDC and Prevention or the WHO. *Adult & Salah (EPI)	# Compliant	95%	35,599	11,461	10,497	9,248	96,118	127,324
		Total # Observed		36,321	11,989	11,268	10,300	107,274	140,831
				98%	96%	93%	90%	90%	90%
Goal 15: ID Patients at Risk for Suicide	**Suicide Assessment completed NPSG 15.01.01** Reduce the risk for suicide. (Quality)	Risk Assessment completed	90%	326	83	83	84	82	332
		# of Charts		330	90	90	90	90	360
				98.8%	92.2%	92.2%	93.3%	91.1%	92.2%
Universal Protocol	**Prevent Mistakes in Surgery *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 **UP 01.02.01 Team confirmed Correct Site/Side Marked**	Team confirmed Correct Site/Side Marked (Compliant)	100%	9	165	180	180	120	645
		Total # of Patients		9	165	180	180	120	645
				100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Surgical Procedure Area UP 01.03.01 Pause before the surgery to make sure that a mistake is not being made.	Time Out called by physician provider before incision (Compliant)	100%	9	165	180	180	180	705
		Total # Assessed		9	165	180	180	180	705
				100.0%	100.0%	100.0%	100.0%	100.0%	100.0%