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 01.01.01 Use at least two ways to identify patients. (Pharmacy)	# of patients scanned	100%	2594657	226947	683490	645253	643731	2199421
		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 Critical Test Results Timeliness - Overall Goal 60 minutes	**Critical Test Called to LIP** NPSG 02.03.01 Get important results to the right to LIP on time. (Respiratory)	# Critical results called back in 30 minutes	90%	531	138	147	149	139	573
		# of Critical Results looked at		541	142	150	151	140	583
				98.15%	97.18%	98.00%	98.68%	99.29%	98.28%
	Compliance with Critical Result Communication NPSG 02.03.01 Get important results to LIP on time. (Radiology)	# Result Called within 30 min	100%	62	22	22	21	25	90
		# of Critical Results called		62	22	22	21	25	90
				100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Critical Test Called to LIP NPSG 02.03.01 Get important results to LIP on time. (Nursing Admin)	# CTRs to LIP	90%	712	82	523	77	147	829
		# of Critical Results		758	96	620	105	154	975
				93.93%	85.42%	84.35%	73.33%	95.45%	85.03%

Goal 3: Use Medicines Safely	**Surgical Procedure Area** NPSG 03.04.01 Before a procedure label medicines that are not labeled. (OR)	All Medications and Solutions are Appropriately Labeled (Compliant)	100%	436	119	135	193	182	629
		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
				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 Adjusted admissions		33447	8796	7126	8657	9626	34205
				0.001	0.000	0.000	0.000	0.000	0.000
	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. (Nursing Admin)	# of patients with Medications reconciled on admission completed	90%	2185	396	466	590	625	2077
		Total # of patient's charts reviewed		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 improvements to ensure that alarms on medical equip are heard and responded to. (Nursing Admin)	# of Patient's Physiological Alarms	100%	1987	356	168	463	394	1381
		Total # of patient's charts reviewed		2114	356	184	507	394	1441
				93.99%	100.00%	91.30%	91.32%	100.00%	95.84%

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	85%	89157	20043	22695	23367	21717	87822
		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 risk for suicide. (Nursing Admin)	Risk Assessment completed	90%	1961	396	276	526	574	1772
		# of Charts		2063	415	276	599	592	1882
				95.06%	95.42%	100.00%	87.81%	96.96%	94.16%

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 Correct surgery done on correct patient and at correct place of person's body UP 01.02.01	Team confirmed Correct Site/Side Marked (Compliant)	100%	437	119	135	193	182	629
		Total # of Patients		437	119	135	193	182	629
				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 the correct place on the patient's body / Surgical Procedure Area UP 01.03.01 Pause before the surgery to make sure that a mistake is not being made. (OR)	Time Out called by physician provider before incision (Compliant)	100%	437	119	135	193	182	629
		Total # Assessed		437	119	135	193	182	629
				100%	100%	100%	100%	100%	100%