

BHMC PATIENT SAFETY GOALS 2021

National Patient Safety Goals Calendar Year 2021		Numerator/Denominator	Target	Prior YTD	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD
Goal 1: Improve the Accuracy of Patient ID NPSG 01.01.01 Use at least two ways to identify patients. (Pharmacy) NPSG 02.03.01 Use at least two ways to identify patients. (Pharmacy) NPSG 01.01.01 Use at least two ways to identify patients. (Lab-Standard P.)	% of Patients Scanned # of patients scanned Total # of medication administration	100%		214511	208786	210802	634099	220896	197326	219060	637282	238913	261778	239296	739986	113,764	232723	236803	583290	2594657	
				220230	213145	214532	647907	225999	202392	225171	653562	245339	270125	249157	764621	118929	243536	247292	609757	2675847	
				97.40%	97.95%	98.26%	97.87%	97.74%	97.50%	97.29%	97.51%	97.38%	96.91%	96.04%	96.78%	95.66%	95.56%	95.76%	95.66%	96.97%	
	% of Medications Scanned # of medications scanned Total # of medication administration	100%		212804	207077	209612	629493	219009	195514	216899	631422	236607	258961	236981	732549	112403	230750	233612	576765	2570229	
				220230	213145	214532	647907	225999	202392	225171	653562	245339	270125	249157	764621	118929	243536	247292	609757	2675847	
				96.63%	97.15%	97.71%	97.16%	96.91%	96.60%	96.33%	96.61%	96.44%	95.87%	95.11%	95.81%	94.51%	94.75%	94.47%	94.59%	96.05%	
	% of Lab Mislabelled Specimens # of Mislabelled Total # spec drawn	0%		26	4	3	1	8	1	2	3	6	2	2	1	5	1	0	0	1	20
				691,873	66599	62140	68259	196998	67248	65390	67946	200584	73209	67223	62905	203337	71536	70004	72946	214486	815405
				0.004%	0.006%	0.005%	0.001%	0.004%	0.001%	0.003%	0.004%	0.003%	0.003%	0.003%	0.002%	0.002%	0.001%	0.000%	0.000%	0.000%	0.000%
Goal 2: Improve the Effectiveness of Communicating Among Caregivers NPSG 02.03.01 Get important results to the right to LIP on time. (Respiratory) NPSG 02.03.01 Get important results to LIP on time. (Radiology) NPSG 02.03.01 Get important results to LIP on time. (Nursing Admin)	Critical Test Called to LIP # Critical results called back in 30 minutes # of Critical Results looked at	90%		518	34	37	38	109	42	45	37	124	46	51	51	148	48	50	52	150	531
				524	36	37	38	111	42	45	39	126	48	51	52	151	49	52	52	153	541
				98.85%	94.44%	100.00%	100.00%	98.20%	100.00%	100.00%	94.87%	98.41%	95.83%	100.00%	98.08%	98.01%	97.96%	96.15%	100.00%	98.04%	98.15%
	Compliance with Critical Result Communication # of Critical Results called	100%		26	3	5	4	12	5	7	4	16	6	8	5	19	6	4	5	15	62
				26	3	5	4	12	5	7	4	16	6	8	5	19	6	4	5	15	62
				100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
	# CTRs to LIP # of Critical Results	90%		375	46	55	65	166	59	44	58	161	75	61	61	197	68	56	64	188	712
				398	47	58	71	176	62	49	63	174	85	65	61	211	69	59	69	197	758
				94.22%	97.87%	94.83%	91.55%	94.32%	95.16%	89.80%	92.06%	92.53%	88.24%	93.85%	100.00%	93.36%	98.55%	94.92%	92.75%	95.43%	
Goal 3: Use Medicines Safely NPSG 03.04.01 Before a procedure label medicines that are not labeled (OR) NPSG 03.05.01 Take extra care with patient who take medicines to thin their blood. (Pharmacy) NPSG 03.05.01 Take extra care with patient who take medicines to thin their blood. (Pharmacy) 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)	Surgical Procedure Area Total # of Observations	100%		205	68	27	46	141	34	32	64	130	31	39	57	127	38	36	36	110	508
				206	68	27	46	141	34	32	64	130	31	39	57	127	39	36	36	111	509
				99.51%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.44%	100.00%	100.00%	98.10%	99.80%
	EOM ADE 12 Excessive anticoagulation inpatients with Warfarin # inpatients receiving warfarin	0%		5	5	1	0	6	1	1	1	3	0	1	0	1	1	0	2	3	13
				192	16	12	18	46	21	21	19	61	13	9	0	22	12	16	11	39	168
				2.604%	31.250%	8.333%	0.000%	13.043%	4.762%	4.762%	5.263%	4.918%	0.000%	11.111%	-	4.545%	8.333%	0.000%	18.182%	7.692%	7.738%
	Anticoagulant Occurrences Actual Variances Total # of Adjusted admissions	1		12	2	0	1	3	5	0	4	9	5	2	2	9	3	2	2	7	28
				30248	2572	2310	2,767	7649	2697	2646	2792	8135	3,094	3096	2710	8900	2828	2933	3002	8763	33447
				0.000	0.001	0.000	0.000	0.000	0.002	0.000	0.001	0.001	0.002	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.001
Medication Reconciliation # of patients with Medications reconciled on admission completed Total # of patient's charts reviewed	90%		1922	162	170	211	543	210	175	207	592	162	160	212	534	179	170	167	516	2185	
			2341	177	196	255	628	253	195	251	699	211	207	252	670	217	207	219	643	2640	
			82.10%	91.53%	86.73%	82.75%	86.46%	83.00%	89.74%	82.47%	84.69%	76.78%	77.29%	84.13%	79.70%	82.49%	82.13%	76.26%	80.25%	82.77%	
Goal 6: Use Alarms Safely 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 Total # of patient's charts reviewed	100%		1943	124	152	177	453	173	148	177	498	158	174	188	520	179	170	167	516	1987
				1947	124	152	177	453	173	148	177	498	158	174	188	520	217	207	219	643	2114
				99.79%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	82.49%	82.13%	76.26%	80.25%	81.88%
Goal 7: Prevent Infection NPSG 07.01.01 Use the hand cleaning guidelines from the CDC and Prevention of the WHO. *Adult & Sabah (EPI)	# Compliant Total # Observed	85%		68600	7258	6873	7638	21769	7013	6309	7489	20811	6386	5306	17789	29481	4907	6231	6140	17278	89339
				71302	7416	7031	7744	22191	7109	6493	7579	21181	6501	5462	18009	29972	5019	6241	6020	17280	90624
				96.21%	97.87%	97.75%	98.63%	98.10%	98.65%	97.17%	98.81%	98%	98.23%	97.14%	98.78%	98%	97.77%	99.84%	101.99%	100%	99%
Goal 15: ID Patients at Risk for Suicide NPSG 15.01.01 Reduce the risk for suicide. (Nursing Admin)	Risk Assessment completed # of Charts	90%		1856	106	120	171	397	172	144	196	512	151	175	207	533	178	167	174	519	1981
				1925	107	125	176	408	189	152	203	544	158	185	215	558	192	174	187	553	2063
				96.42%	99.07%	96.00%	97.16%	97.30%	91.01%	94.74%	96.55%	94.12%	95.57%	94.59%	96.28%	95.52%	92.71%	95.98%	93.05%	93.85%	95.00%
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 UP.01.02.01 Team confirmed Correct Site/Side Marked Mark the correct place on the patient's body where the surgery is to be done. UP.01.03.01 Pause before the surgery to make sure that a mistake is not being made. (OR)	Team confirmed Correct Site/Side Marked (Compliant) Total # of Patients	100%		257	68	27	46	141	34	32	64	130	31	39	57	127	39	36	36	111	509
				257	68	27	46	141	34	32	64	130	31	39	57	127	39	36	36	111	509
				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Time Out called by physician provider before incision (Compliant) Surgical Procedure Area UP.01.03.01	100%		257	68	27	46	141	34	32	64	130	31	39	57	127	39	36	36	111	509
				257	68	27	46	141	34	32	64	130	31	39	57	127	39	36	36	111	509
				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	