

LAC GENERAL HOSPITAL CHILLICOTHE, OHIO

**PATHOLOGY AND LABORATORY MEDICINE  
QUALITY IMPROVEMENT PROGRAM MANUAL**

**NATIONAL PATIENT SAFETY GOALS (NPSG)**

<b>Prepared by: (Signature)</b>	<b>DATE</b>
<b>Approved by: (Signature)</b>	
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**POLICY**

This document describes how our laboratory maintains compliance with the above requirements

**BACKGROUND**

In order to enhance the patient safety during the clinical care Joint Commission established the following Goals for 2006 accreditation cycle. Compliance with these requirements is expected throughout the accreditation cycle and all the listed Goals are Category A type. Each Goal has certain Requirements. The Goals and the related Requirements are paraphrased and summarized below as they relate to laboratory functions:

**GOAL 1: PATIENT IDENTIFICATION**

**Requirement 1A**

- Use at least two patient identifiers (neither to be the patient's location) whenever collecting laboratory specimens or transfusing blood/products, labeling specimen collection containers.
- Label the specimens in the presence of the patient/patient's bed side
- The integrity of specimen identification must be maintained from receiving a test request until final disposition of the specimen.

**Requirement 1B**

- Conduct a final verification process to confirm the patient identification, and correlate with the test request.
- The patient's identity is reestablished if the patient/laboratory staff leaves the patient's location prior to initiating the procedure.
- Marci the site where applicable unless the laboratory staff is in continuous attendance from the beginning of the process until specimen collection.

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**GOAL 2: EFFECTIVE COMMUNICATION WITH THE PROVIDERS**

**Requirement 2 A**

- Implement and enforce Read Back/Receive Confirmation policy while receiving telephone/verbal orders from the providers and communication critical test results to the provider.

**Requirement 2 B:**

- Standardize unauthorized abbreviations, acronyms and symbols throughout the organization.

**Requirement 2C**

- Monitor effectiveness of critical (test) value reporting

**Requirement 2D**

- Establish and monitor a standardized protocol for critical results reporting including alternate receivers of the results.

**Requirement 2E**

- Implement a standardized protocol to hand over unfinished tests and unresolved problems during breaks and shift changes.

**GOAL 7: REDUCE THE RISK OF HEALTH CARE–ASSOCIATED  
INFECTIONS**

**Requirement 7A**

- Comply with current Centers for Disease Control and Prevention (CDC) hand-hygiene guidelines: *1A, 1B, 1C*

**Requirement 7B**

- Effective and prompt reporting of sentinel events.