

2007 National Patient Safety Goals

National Patient Safety Goals

This chapter addresses the 2007 National Patient Safety Goals, requirements, and implementation expectations. This chapter has been reformatted to make it consistent with the structure of the standards in the manual. Implementation expectations have been added to each requirement and appear in the same format as elements of performance (EPs) in standards. In addition, rationales have been added to some of the requirements. Organizations providing care relevant to these goals are responsible for implementing the applicable requirements or effective alternatives. Compliance with these requirements is assessed throughout the accreditation cycle, through on-site surveys, and the Periodic Performance Review (PPR).¹ When an organization does not fully comply with a requirement, the organization will be assigned a requirement for improvement in the same way that noncompliance with an element of performance generates a requirement for improvement at a standard. All requirements for improvement must be addressed in an Evidence of Standards Compliance (ESC) Report. Failure to resolve a requirement for improvement affects an organization's accreditation decision, which could ultimately lead to a loss of accreditation.

The purpose of the Joint Commission's National Patient Safety Goals is to promote specific improvements in patient safety. The goals highlight problematic areas in health care and describe evidence and expert-based consensus to solutions to these problems. Recognizing that sound system design is intrinsic to the delivery of safe, high quality health care, the goals generally focus on system-wide solutions, wherever possible.

As with Joint Commission standards, accredited organizations are evaluated for continuous compliance with the specific requirements associated with the National Patient Safety Goals. If an organization thinks that an alternative approach meets the intent of the requirement and wishes to implement such an alternative, the organization must obtain Joint Commission approval of the alternative.

The Joint Commission provides guidance on how to effectively comply with each goal's requirements. This guidance includes detailed answers to Frequently Asked Questions (FAQs), which are posted on the Joint Commission Web site (<http://www.jcaho.org>).

A broadly representative Sentinel Event Advisory Group works with Joint Commission staff on a continuing basis to prioritize and develop goals, requirements, and implementation expectations. As part of this development process, candidate goals, requirements, and implementation expectations are sent to the field for review and comment. The Advisory Group annually recommends selected existing and new goals, requirements, and implementation expectations to the Joint Commission's Board of Commissioners for review and

¹ For those programs required to complete a PPR.

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approval. The Advisory Group also assists the Joint Commission in evaluating potential alternatives to goal requirements that have been suggested by individual organizations.

Goal 1

Improve the accuracy of patient identification.

Requirement 1A

Use at least two patient identifiers when providing care, treatment or services.

Rationale for Requirement 1A

Wrong-patient errors occur in virtually all aspects of diagnosis and treatment. The intent for this goal is two-fold; first, to reliably identify the individual as the person for whom the service or treatment is intended; second to match the service or treatment to that individual.

Implementation Expectations for Requirement 1A:

(M) C 1. Two patient identifiers are used when administering medications or blood products

(M) A 2. Two patient identifiers are used when collecting blood samples and other specimens for clinical testing

(M) C 3. Two patient identifiers are used when providing other treatments or procedures

A 4. The patient's room number or physical location is not used as an identifier.

(M) A 5. Containers used for blood and other specimens are labeled in the presence of the patient.

Requirement 1B

Prior to the start of any surgical or invasive procedure, conduct a final verification process, (such as a "time out,") to confirm the correct patient, procedure and site, using active—not passive—communication techniques.

Implementation Expectations for Requirement 1B

A 1. The final verification process must be conducted in the location where the procedure will be done, just before starting the procedure.

(M) A 2. The process must involve the entire team, use active communication, and must, at least, include the following:

- Correct patient identity
- Correct side and site

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- Agreement on the procedure to be done
- Correct patient position
- Availability of correct implants and any special equipment or special requirements

A 3. The process is briefly documented, such as in a checklist (Note: The organizations should determine the type and amount of documentation).

A 4. The organization has processes and systems in place for reconciling differences in staff responses during the final verification process.

Goal 2

Improve the effectiveness of communication among caregivers.

Requirement 2A

For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.

Rationale for Requirement 2A

Ineffective communication is the most frequently cited category of root causes of sentinel events. Effective communication, which is timely, accurate, complete, unambiguous, and understood by the recipient, reduces error and results in improved patient safety.

Implementation Expectation for Requirement 2A

(M) C 1. The receiver of the information **writes** down the complete order or test result or enters it into a computer.

(M) C 2. The receiver of the information **reads** back the order or test result.

(M) C 3. The receiver of the information **receives** confirmation from the individual who gave the order or test result.

Requirement 2B

Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.

Implementation Expectations for Requirement 2B

A 1. The organization develops a standardized a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.

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A 2. The list of abbreviations not to be used includes the following:

- U,u
- IU
- Q.D., QD, q.d., qd
- Q.O.D., QOD, q.o.d, qod
- Trailing zero (X.0 mg)²
- Lack of leading zero (.X mg)
- MS
- MSO₄
- MgSO₄

(M) C 3. The organization implements the “do not use” list and applies this list to all orders and all medication-related documentation when handwritten or entered as free text into a computer.

A 4. Preprinted forms do not include any abbreviations identified as not to be used.

Requirement 2C

Measure, assess, and if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.

Implementation Expectations for Requirement 2C

A 1. The organization defines critical tests and critical results/values.

A 2. The organization defines the acceptable length of time between the ordering of critical tests and reporting the test results and values.

A 3. The organization defines the acceptable length of time between the availability of critical results/values and receipt by the responsible licensed care giver.

A 4. The organization collects data on the timeliness of reporting critical test results/values.

A 5. The organization assesses the data and determines whether there is a need for improvement.

² **Exception:** A “trailing zero” may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

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A 6. The organization takes appropriate action to improve and measure the effectiveness of those actions.

Requirement 2D **Not applicable**

Requirement 2E

Implement a standardized approach to “hand-off” communications, including an opportunity to ask and respond to questions.

Rationale for Requirement 2E

The primary objective of a “hand off” is to provide accurate information about a patient’s care, treatment, and services, current condition and any recent or anticipated changes. The information communicated during a hand off must be accurate in order to meet patient safety goals.

In health care there are numerous types of patient hand offs, including but not limited to nursing shift changes, physicians transferring complete responsibility for a patient, physicians transferring on-call responsibility, temporary responsibility for staff leaving the unit for a short time, anesthesiologist report to post-anesthesia recovery room nurse, nursing and physician hand off from the emergency department to inpatient units, different hospitals, nursing homes and home health care, critical laboratory and radiology results sent to physician offices.

Implementation Expectations for Requirement 2E

(M) C 1. The organization’s process for effective “hand off” communication includes: Interactive communications allowing for the opportunity for questioning between the giver and receiver of patient information.

(M) C 2. The organization’s process for effective “hand off” communication includes: Up-to-date information regarding the patient’s care, treatment and services, condition and any recent or anticipated changes.

(M) C 3. The organization’s process for effective “hand off” communication includes: A process for verification of the received information, including repeat-back or read-back, as appropriate.

A 4. The organization’s process for effective “hand off” communication includes: An opportunity for the receiver of the hand off information to review relevant patient historical data, which may include previous care, treatment and services.

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(M) C 5. Interruptions during hand offs are limited to minimize the possibility that information would fail to be conveyed or would be forgotten.

Goal 3

Improve the safety of using medications.

Requirement 3A

Not applicable

Requirement 3B

Standardize and limit the number of drug concentrations used by the organization.

Rationale for Requirement 3B

When medications are part of the patient treatment plan, appropriate management is critical to ensuring patient safety. The development of standardized and redundant systems has been shown to decrease errors and improve outcomes.

Implementation Expectations for Requirement 3B

A 1. Standardize the drug concentrations used by the organization.

A 2. When more than one concentration of a drug is necessary, the number of concentrations are limited to the minimum required to meet patient care needs.

Requirement 3C

Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.

Implementation Expectations for Requirement 3C

A 1. Identify a list of look-alike/sound-alike (LASA) drugs used by the organization (the list must include a minimum of 10 look-alike/sound-alike drug combinations selected from the tables of LASA drugs posted on the Joint Commission website).

A 2. Review the list of look-alike/sound-alike drugs used by the organization at least annually.

A 3. The organization takes action to prevent errors involving the interchange of these drugs.

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Goal 4
Not applicable

Goal 5
Not applicable

Goal 6
Not applicable

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.

Rationale for Requirement 7A

Compliance with the CDC hand hygiene guidelines will reduce the transmission of infectious agents by staff to patients, thereby decreasing the incidence of healthcare associated infections.

Implementation Expectation for Requirement 7A

(M) C 1. Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines³.

Requirement 7B

Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.

Rationale for Requirement 7B

A significant percentage of patients who unexpectedly die or suffer major permanent loss of function have healthcare associated infections. These unanticipated deaths and injuries meet the definition of a sentinel event and, therefore, are required to undergo a root cause analysis. The root cause analysis should attempt to answer the questions (1) why did the patient acquire an infection and, (2) given the fact of the infection, why did the patient die or suffer permanent loss of function?

Implementation Expectations Requirement 7B

³ Organizations are required to comply with all 1A, 1B, 1C CDC recommendations.

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(M) C 1. The organization manages all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection as sentinel events (that is, conducts a root cause analysis).

A 2. The root cause analysis addresses the management of the patient before and after the identification of infection.

Goal 8

Accurately and completely reconcile medications across the continuum of care.

Requirement 8A

There is a process for comparing the patient's current medications with those ordered for the patient while under the care of the organization.

Rationale for Requirement 8A

Patients are most at risk during transitions in care (hand-offs) across settings, services, providers, or levels of care. The development, reconciliation and communication of an accurate medication list throughout the continuum of care is essential in the reduction of transition-related adverse drug events.

Implementation Expectations for Requirement 8A

(M) C 1. The organization, with the patient's involvement, creates a complete list of the patient's current medications at admission/entry.

(M) C 2. The medications ordered for, administered to, or dispensed to the patient while under the care of the organization are compared to those on the list and any discrepancies (e.g., omissions, duplications, potential interactions) are resolved.

Requirement 8B

A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the organization.

Implementation Expectations for Requirement 8B

(M) C 1. The patient's accurate medication reconciliation list (complete with medications prescribed by the first provider of service) is communicated to the next provider of service, whether it be within or outside the organization

(M) C 2. The next provider of service checks the medication reconciliation list again to make sure it is accurate and in concert with any new medications to be ordered/prescribed.

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(M) C 3. The complete list of medications is also provided to the patient on discharge from the organization.

Goal 9

Reduce the risk of patient harm resulting from falls.

Requirement 9B

Implement a fall reduction program including an evaluation of the effectiveness of the program.

Rationale for Requirement 9B

Falls account for a significant portion of injuries in hospitalized patients, long term care residents, and home care recipients. In the context of the population it serves, the services it provides, and its environment of care, the organization should evaluate, its patients' risk for falls and take action to reduce the risk of falling and to reduce the risk of injury, should a fall occur. The evaluation could include fall history, medications and alcohol consumption review, gait and balance screening, walking aids, assistive technologies and protective devices assessment and environmental assessments.

Implementation Expectations for Requirement 9B

A 1. The organization establishes a fall reduction program.

(M) C 2. The fall reduction program includes an evaluation as appropriate to the patient population, settings and services provided.

A 3. The fall reduction program includes interventions to reduce the patient's fall risk factors.

(M) C 4. Staff receive education and training for the fall reduction program

(M) C 5. The patient and patient's family is educated on the fall reduction program and any individualized fall reduction strategies.

A 6. The fall reduction program is evaluated to determine the effectiveness of the program. (Outcome indicators such as decreased number of falls and decreased number and severity of fall-related injuries could be used.)

Goal 10

Not applicable

Goal 11

Not applicable

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Goal 12
Not applicable

Goal 13
Encourage patients' active involvement in their own care as a patient safety strategy.

Requirement 13A

Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.

Rationale for Requirement 13A

Communication with patients and families about all aspects of their care, treatment or services is an important characteristic of a culture of safety. When patients know what to expect, they are more aware of possible errors and choices. Patients can be an important source of information about potential adverse events and hazardous conditions.

Implementation Expectation for Requirement 13A

(M) C 1. Patients and families are educated on methods available to report concerns related to care, treatment, services and patient safety issues.

(M) C 2. The organization encourages patients and their families to report concerns about safety.

Goal 14
Not applicable

Goal 15
The organization identifies safety risks inherent in its patient population.

Rationale for Goal 15

Probabilistic risk assessment has been used to assess the designs of high hazard systems such as chemical engineering plants and space initiatives. Probabilistic risk assessment looks at events that contributed to adverse outcomes. Healthcare has the ability to identify those areas of high risk potential based on previous sentinel events and other data.

Requirement 15A
Not applicable

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Requirement 15B

The organization identifies risks associated with long-term oxygen therapy such as home fires.

Rationale for Requirement 15B

Nearly 43 percent of all sentinel events reported by home care programs to the Joint Commission were due to a fire in the patient's home. Since April 1997 eleven sentinel events were received and reviewed by the Joint Commission related to home health care patients who were either injured or killed as a result of a fire in the home. In each case home oxygen was in use.

Implementation Expectations for Requirement 15B

(M) C 1. The home safety risk assessment includes presence or absence and working order of smoke detectors, fire extinguishers and fire safety plans, and review of all medical equipment.

(M) C 2. The organization provides education to the patient and family regarding causes of fire and fire prevention activities.

(M) C 3. The organization assesses the patient's level of comprehension and compliance and reports any concerns to the patient's physician.