

**2007 National Patient Safety Goals
Assisted Living Version
Manual Chapter, including Implementation Expectations**

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 Organizations are either compliant or not compliant with the requirements or the requirement is not applicable to the organization. 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 approval. The Advisory Group also assists the Joint

¹ For those programs required to complete a PPR.

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Commission in evaluating potential alternatives to goal requirements that have been suggested by individual organizations.

Goal 1

Improve the accuracy of resident identification.

Requirement 1A

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

Rationale for Requirement 1A

Wrong-resident 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 resident identifiers are used when doing the following:

- Administering medications or blood products
- Collecting blood samples and other specimens for clinical testing

A 2. The resident's room number or physical location is not used as an identifier.

(M) C 3. Containers used for blood and other specimens are labeled in the presence of the resident.

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 resident, 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) C 2. The process must involve the entire operative team, use active communication, and must, at least, include the following:

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

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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 resident 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** the order or test back.

(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.

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

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- 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
Not applicable

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 resident’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 resident safety goals.

In health care there are numerous types of resident hand offs, including but not limited to nursing shift changes, physicians transferring complete responsibility for a resident, 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

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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(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 resident information.

(M) C 2. The organization’s process for effective “hand off” communication includes: Up-to-date information regarding the resident’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 resident historical data, which may include previous care, treatment and services.

(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
Not applicable**

**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 residents, thereby decreasing the incidence of healthcare associated infections.

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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 residents 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 resident acquire an infection and, (2) given the fact of the infection, why did the resident die or suffer permanent loss of function?

Implementation Expectations Requirement 7B

(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 resident 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 resident's current medications with those ordered for the resident while under the care of the organization.

Rationale for Requirement 8A

Residents 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 resident's involvement, creates a complete list of the resident's current medications at admission/entry.

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

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(M) C 2. The medications ordered for the resident 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 resident's medications is communicated to the next provider of service when a resident 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 resident on discharge from the facility.

Implementation Expectations for Requirement 8B

(M) C 1. The resident'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 should check over the medication reconciliation list again to make sure it is accurate and in concert with any new medications to be ordered/prescribed.

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

Goal 9

Reduce the risk of resident 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 residents, 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 residents' 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.

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

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

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

(M) C 5. The resident and resident'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

Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.

Requirement 10A

Develop and implement a protocol for administration and documentation of the flu vaccine.

Rationale for Requirement 10A

Influenza and pneumonia combined represent the fifth leading cause of death in the elderly. Along with the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC), the Joint Commission promotes the administration of influenza and pneumococcal vaccines to adult residents in long term care and assisted living facilities, and disease-specific care programs.

Implementation Expectations for Requirement 10A

A 1. Appropriate protocols are developed to determine whether or not to administer the flu vaccine to a resident.

(M) C 2. There is evidence protocols were implemented for residents identified as high risk.

Requirement 10B

Develop and implement a protocol for administration and documentation of the pneumococcus vaccine.

Implementation Expectations for Requirement 10B

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A 1. Appropriate protocols are developed to determine whether or not to administer the pneumococcus vaccine to a resident.

(M) C 2. There is evidence protocols were implemented for residents identified as high risk.

Requirement 10C

Develop and implement a protocol to identify new cases of influenza and to manage an outbreak.

Implementation Expectations for Requirement 10C

A 1. Protocols are developed to identify cases of influenza and to manage an outbreak.

(M) C 2. There is evidence the protocols were followed for residents displaying signs and symptoms of influenza.

A 3. There is evidence the outbreak was managed (or identified) and tracked.

Goal 11

Not applicable

Goal 12

Not applicable

Goal 13

Encourage residents' active involvement in their own care as a resident safety strategy.

Requirement 13A

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

Rationale for Requirement 13A

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

Implementation Expectation for Requirement 13A

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

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**Goal 14
Not applicable**

**Goal 15
Not applicable**