

## 2004 Long Term Care National Patient Safety Goals

The Joint Commission is "tailoring" the National Patient Safety Goals (NPSGs) to each of its non-hospital programs. This is the first phase of a process to make the NPSGs more relevant to the other programs. The second phase will involve identifying new program-specific evidence- or experience-based goals and requirements. Phase II is planned for implementation beginning in January 2005.

### 1) Improve the accuracy of resident identification.

- a) Use at least two resident identifiers (neither to be the resident's room number) whenever taking blood samples or administering medications or blood products.
- b) Prior to the start of any 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.

### 2) Improve the effectiveness of communication among caregivers.

- a) Implement a process for taking verbal or telephone orders or critical test results that require a verification "read-back" of the complete order or test result by the person receiving the order or test result.
- b) Standardize the abbreviations, acronyms and symbols used throughout the organization, including a list of abbreviations, acronyms and symbols not to use.

### 3) Improve the safety of using high-alert medications.

- a) Remove concentrated electrolytes (including, but not limited to, potassium chloride, potassium phosphate, sodium chloride >0.9%) from resident care units.
- b) Standardize and limit the number of drug concentrations available in the organization.

### 4) Not applicable.

### 5) Improve the safety of using infusion pumps.

- a) Ensure free-flow protection on all general-use and PCA (resident controlled analgesia) intravenous infusion pumps used in the organization.

### 6) Improve the effectiveness of clinical alarm systems.

- a) Implement regular preventive maintenance and testing of alarm systems.
- b) Assure that alarms are activated with appropriate settings and are sufficiently audible with respect to distances and competing noise within the unit.

### 7) Reduce the risk of health care-acquired infections.

- a) Comply with current CDC hand hygiene guidelines.

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