

## 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).<sup>1</sup> 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

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<sup>1</sup> 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 client identification.**

##### **Requirement 1A**

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

##### **Rationale for Requirement 1A**

Wrong-client 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 client identifiers are used when administering medications

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

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

**A** 4. The client'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 client.

### **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 client safety.

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### 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.

**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)<sup>2</sup>
- Lack of leading zero (.X mg)
- MS
- MSO<sub>4</sub>
- MgSO<sub>4</sub>

**(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

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<sup>2</sup> **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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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 caregiver.

**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.

**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 client’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 client safety goals.

In Behavioral Health organizations that provide twenty-four hour care, treatment or services, a number of hand-offs may occur, such as from teacher to child care worker, at change of shift, or from clinical staff to program staff.

### **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 client information.

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**(M) C 2.** The organization's process for effective "hand off" communication includes: Up-to-date information regarding the client'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 client 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**

**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 client treatment plan, appropriate management is critical to ensuring client 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 client 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.

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### **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.

### **Requirement 3D 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 when providing services to a high-risk population, or administering physical care.

#### **Rationale for Requirement 7A**

Compliance with the CDC hand hygiene guidelines will reduce the transmission of infectious agents by staff to clients, 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 guidelines<sup>3</sup> when providing services to a high-risk population, or administering physical care.

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

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### **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 clients 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 client acquire an infection and, (2) given the fact of the infection, why did the client 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 client 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 client's current medications with those ordered for the client while under the care of the organization.

### **Rationale for Requirement 8A**

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

**(M) C 2.** The medications ordered for, administered to, or dispensed to the client 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.

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### **Requirement 8B**

A complete list of the client's medications is communicated to the next provider of service when a client 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 client'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.

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

### **Goal 9**

**Not applicable**

### **Goal 10**

**Not applicable**

### **Goal 11**

**Not applicable**

### **Goal 12**

**Not applicable**

### **Goal 13**

**Encourage clients' active involvement in their own care as a client safety strategy.**

### **Requirement 13A**

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

### **Rationale for Requirement 13A**

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

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### Implementation Expectation for Requirement 13A

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

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

**Goal 14**  
**Not applicable**

### Goal 15

The organization identifies safety risks inherent in its client 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

The organization identifies clients at risk for suicide.

#### Rationale for Requirement 15A

Suicide ranks as the eleventh most frequent cause of death (third most frequent in young people) in the United States, with one person dying from suicide every 16.6 minutes. Suicide of a care recipient while in a staffed, round-the-clock care setting has been the #1 most frequently reported type of sentinel event since the inception of the Joint Commission's Sentinel Event Policy in 1996. Identification of individuals at risk for suicide while under the care of or following discharge from a health care organization is an important first step in protecting and planning the care of these at-risk individuals.

### Implementation Expectations for Requirement 15A

**(M) C 1.** The risk assessment includes identification of specific factors and features that may increase or decrease risk for suicide.

**(M) C 2.** The client's immediate safety needs and most appropriate setting for treatment are addressed.

**(M) C 3.** The organization provides information such as a crisis hotline to individuals and their family members for crisis situations.