

2004 Hospitals' National Patient Safety Goals

As of Jan. 1, 2004, all Joint Commission accredited health care organizations are surveyed for implementation of the following Requirements—or acceptable alternatives—as appropriate to the services the organization provides. Alternatives must be at least as effective as the published Requirements in achieving the goals. Failure by an organization to implement any of the applicable Requirements (or an acceptable alternative) for a National Patient Safety Goal will result in a special Requirement for Improvement for that goal. Organizations are made aware of the requirements to meet the NPSG-related Requirements in the Accreditation Participation Requirements in the accreditation manual.

1) Improve the accuracy of patient identification.

- a) *Use at least two patient identifiers (neither to be the patient's room number) whenever taking blood samples or administering medications or blood products. [Scored at Standard PC.5.10, EP #4]*
- b) *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. [Scored at Standard PC.13.20, EP #9]*

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. [Scored at Standard IM.6.50, EP #4]*
- b) *Standardize the abbreviations, acronyms and symbols used throughout the organization, including a list of abbreviations, acronyms and symbols not to use. [Scored at Standard IM.3.10, EP #2]*

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 patient care units. [Scored at Standard MM.2.20, EP #9]*
- b) *Standardize and limit the number of drug concentrations available in the organization. [Scored at Standard MM.2.20, EP #8]*

4) Eliminate wrong-site, wrong-patient, wrong-procedure surgery.

- a) *Create and use a preoperative verification process, such as a checklist, to confirm that appropriate documents (e.g., medical records, imaging studies) are available.*
- b) *Implement a process to mark the surgical site and involve the patient in the marking process.*

5) Improve the safety of using infusion pumps.

- a) *Ensure free-flow protection on all general-use and PCA (patient 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.

(Note: [View CDC Hand Hygiene Guideline Recommendations](#)) - Requires [Adobe Reader](#) - or visit the [CDC website](#) for more information.

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