

## **2008 National Patient Safety Goals Laboratory**

### **National Patient Safety Goals**

This chapter addresses the 2008 National Patient Safety Goals, requirements, and implementation expectations. 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.

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.

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

Organizations providing care, treatment, and services 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 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.jointcommission.org>).

### **Goal 1**

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<sup>1</sup> For those programs required to complete a PPR.

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### **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].

**A** 6. Processes are established to maintain samples' identity throughout the pre-analytical, analytical and post-analytical processes.

**Requirement 1B** Prior to the start of any 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 and availability of appropriate documents
- Agreement on the procedure to be done
- Correct [patient] 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.

**(M) C 5.** The patient's identity is re-established if the practitioner leaves the patient's location prior to initiating the procedure.

**(M) C 6.** Marking the site is required unless the practitioner is in continuous attendance from the time of the decision to do the procedure and patient consent to the initiation of the procedure (for example, bone marrow collection, or fine needle aspiration).

### **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**

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**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

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 tests and critical results and values.

### Implementation Expectations for Requirement 2C

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

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

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

**A 4.** The organization collects data on the timeliness of reporting critical tests and critical results-and values.

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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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**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.

**(M) C 7.** Critically abnormal results are communicated quickly to a responsible individual so that prompt action may be taken.

**A 8.** When the responsible licensed caregiver is not available, a back-up reporting system can ensure the information is provided in a timely manner to another qualified responsible caregiver to prevent avoidable delays in treatment or response.

### **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.

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**(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.

**(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 World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.

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

Compliance with the WHO Hand Hygiene Guidelines or 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 WHO Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines<sup>3</sup>.

#### **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.

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

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### **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**

**(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  
Not applicable**

**Goal 9  
Not applicable**

**Goal 10  
Not applicable**

**Goal 11  
Not applicable**

**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.

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**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 [patient]s and their families to report concerns about safety.