

2007 JCAHO Patient Safety Goals and Their Application to Healthcare Settings

AMC = Amb. Care, BHC = Behavioral Health Care, HC = Home Care, HOSP = Hospital, LAB = Laboratories, LTC= Long Term Care						
HOSP	LTC	BHC	HC	AMC	LAB	2007 NATIONAL PATIENT SAFETY GOALS (NPSG)
REQUIREMENT						
Goal 1 - Improve the accuracy of patient identification.						
✓	✓	✓	✓	✓	✓	Requirement 1a: Use at least two patient identifiers (neither to be the patient's room number) whenever administering medications or blood products, taking blood samples, collecting laboratory samples and other specimens for clinical testing, or providing any other treatments or procedures. Use two identifiers to label sample collection containers in the presence of the patient. The 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 to confirm the correct patient, procedure, site, and availability of appropriate documents. This verification process uses active - not passive - communication techniques (see Universal Protocol). The patient's identity is re-established if the practitioner leaves the patient's location prior to initiating the procedure. 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 (CHANGES IN CAPS): 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 results.
✓	✓	✓	✓	✓	✓	Requirement 2b (CHANGES IN CAPS): Standardize a list of abbreviations, acronyms, symbols, AND DOSE DESIGNATIONS that are not to be used throughout the organization.
✓		✓	✓	✓	✓	Requirement 2c: Measure, assess and, if appropriate, take action to improve the timeliness of reporting of critical test results and values.
					✓	Requirement 2d: Values defined as critical by lab are reported directly to a responsible licensed caregiver. When the patient's responsible licensed caregiver is not available within the time frames, there is a mechanism to report the critical information to an alternative response caregiver.
✓	✓	✓	✓	✓	✓	Requirement 2e: Implement a standardized approach to "hand-off" communications, including an opportunity to ask and respond to questions.
Goal 3 - Improve the safety of using medications.						
✓	✓	✓	✓	✓		Requirement 3b: Standardize and limit the number of drug concentrations available in the organization.
✓	✓	✓	✓	✓		Requirement 3c: Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs.
✓				✓		Requirement 3d: Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings.
Goal 4 (RETIRED) - Eliminate wrong site, wrong patient, and wrong procedure surgery (covered under Universal Protocol).						
Goal 5 (RETIRED) - Improve the safety of using infusion pumps.						
Goal 6 (RETIRED) - Improve the effectiveness of clinical alarm systems (covered under the Environmental Care Standards).						
Goal 7 - Reduce the risk of healthcare-associated infections.						
✓	✓	✓	✓	✓	✓	Requirement 7a: Comply with current Centers for Disease Control and Prevention (CDC) and hand hygiene guidelines. http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1214
✓	✓	✓	✓	✓	✓	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.
Goal 8 - Accurately and completely reconcile medications across the continuum of care.						
✓	✓	✓	✓	✓		Requirement 8a: There is a process for comparing the [patient's] current medications with those ordered for the patient while under the care of the organization.
✓	✓	✓	✓	✓		Requirement 8b (CHANGES IN CAPS): A complete list of the patient's medications is communicated to the next provider of service when a patient 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 FACILITY.
Goal 9 - Reduce the risk of patient harm resulting from falls.						
✓	✓		✓			Requirement 9b: Implement a fall reduction program and evaluate the effectiveness of the program.
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.
	✓					Requirement 10b: Develop and implement a protocol for administration and documentation of the pneumococcus vaccine.
	✓					Requirement 10c: Develop and implement a protocol to identify new cases of influenza and to manage an outbreak.
Goal 11 - Reduce the risk of surgical fires.						
				✓		Requirement 11a: Educate staff, including operating licensed independent practitioners and anesthesia providers, on how to control heat sources and manage fuels with enough time for patient preparation, and establish guidelines to minimize oxygen concentration under drapes.
Goal 12 (NOT APPLICABLE) - Implementation of applicable National Patient Safety Goals and associated requirements by components and practitioner sites.						
Goal 13 - Encourage the active involvement of patients and their families in the patient's own care as a patient safety strategy.						
✓	✓	✓	✓	✓	✓	Requirement 13a (EXPANDED TO ALL SETTINGS): Define and communicate the means for patients and their families to report concerns about safety, and encourage them to do so.
Goal 14 - Prevent healthcare-associated pressure ulcers (decubitus ulcers).						
	✓					Requirement 14a: Assess and periodically reassess each patient's risk for developing a pressure ulcer (decubitus ulcer) and take action to address any identified risks.
Goal 15 (NEW) - The organization identifies safety risks inherent in its patient population.						
✓		✓				Requirement 15A: The organization identifies patients at risk for suicide. (Applicable to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.)
			✓			Requirement 15B: The organization identifies risks associated with long-term oxygen therapy, such as home fires.



AMC = Ambulatory Care
 BHC = Behavioral Health Care
 HC = Home Care

HOSP = Hospitals
 LAB = Laboratories
 LTC = Long-Term Care

✓ = Active

