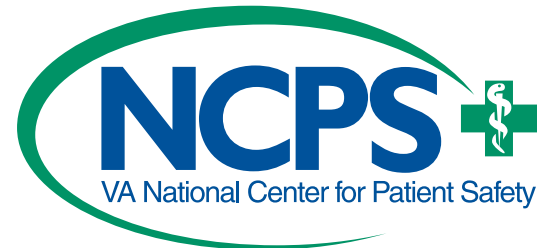


TIPS



Volume 5, Issue 1

Topics In Patient Safety

January/February 2005

JCAHO National Patient Safety Goals for 2005

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In 2002, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) issued a set of six National Patient Safety Goals to be implemented on Jan. 1, 2003; a seventh goal was then added for 2004 implementation.

For 2005, several additions and other changes were made. Five new goals (8-12) and three new requirements (2c, 2d, and 3c) were added. Additional information was also added regarding how and where to implement the actions required by the goals.

Ten areas of care are specified in the goals: Ambulatory Care; Assisted Living; Behavioral Health Care; Critical Access Hospitals; Disease Specific Care; Home Care; Hospitals; Laboratories; Long Term Care; and Office-Based Surgery. Information on these areas is available at: www.jcaho.org/htba/index.htm

JCAHO offers a Web page that introduces the goals and provides links to other resources: www.jcaho.org/accredited+organizations/patient+safety/05+npsg/index.htm

Selected highlights of the new goals and new aspects of the pre-existing goals are provided below. Pages 2 and 3 of this issue have been converted into a poster summarizing the application of the goals for easy reference.

Summary Highlights of the 2005 Patient Safety Goals

Goal 1 — Improve the accuracy of patient identification

The intent of this goal is twofold: first, to reliably identify the individual as the person for whom the care, treatment, or service is intended; and second, to match the care, treatment, or service to that individual. The two required patient-specific identifiers must be directly associated with the medication, blood products, specimen tubes, etc.

Both requirements under this goal have been expanded to include laboratory samples. Requirement 1a now calls for using at least two patient identifiers (neither to be the patient's room number) whenever collecting laboratory samples or administering medications or blood products. Two identifiers must also be used to label specimen collection containers while in the presence of the patient. Procedures must be established to maintain specimen identity throughout the pre-analytical, analytical and post-analytical processes.

It is acceptable to use a wristband that includes the patient's name and unique ID number to correctly identify the patient because the name and the unique ID number

would be considered as two separate pieces of information. This would also be true for stickers affixed to containers with collected samples — two identifiers are required on labels.

Requirement 1b now makes clear that invasive procedures such as bone biopsies require a "time-out" process.

Goal 2 — Improve the effectiveness of communication among caregivers

Two new requirements have been added to this goal, 2c and 2d. According to these requirements, critical test results and values must be reported to and received by the responsible licensed caregiver in a timely manner. When the particular responsible caregiver is unavailable, the information may be provided to an authorized agent of the caregiver and/or an alternative caregiver, consistent with local policies and the nature of the data. Healthcare organizations must establish how their laboratories, working with clinicians, will identify critical values, and how they will provide the information in an appropriate and timely way. Organizations must also establish a process to assess and measure their performance with respect to the timeliness of reporting critical test results and values.

This goal continues to require that all completed orders or critical test results provided verbally must be verified by having the receiver "read back" the complete order or test result. Read back requires writing down or typing up the order and then reading it back to the sender. The requirement to standardize abbreviations, acronyms, and symbols used in the organization also remains in place.

Goal 3 — Improve the safety of using medications

The new requirement, 3c, calls for identifying, and at least annually reviewing, a list of look-alike/sound-alike drugs used in the organization. It also requires taking action to prevent errors involving the interchange of these drugs. To meet this requirement, actions must be taken to prevent errors for at least 10 pairs of drugs that may be confused. These pairs of drugs must be selected from a list developed by JCAHO for the purpose of identifying look-alike/sound-alike drugs that may be problematic in different settings. The JCAHO list is available online:

www.jcaho.org/accredited+organizations/patient+safety/05+npsg/lasa.pdf

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Goal 4 — Eliminate wrong-site, wrong patient, wrong procedure surgery

For all but one applicable setting (Disease-Specific Care), this requirement is now surveyed under the JCAHO Universal Protocol rather than under this goal and its requirements. VHA Directive 2004-028, Ensuring Correct Surgery and Invasive Procedures, provides detailed requirements and a sample policy. It is available at www.patientsafety.gov/CorrectSurg.html

Goal 5 — Improve the safety of using infusion pumps

Except for the increased specificity of its application, this goal is unchanged from 2004.

Goal 6 — Improve the effectiveness of clinical alarm systems

This goal and its requirements will be surveyed under the JCAHO Environment of Care standards, except in Disease-Specific Care settings.

Goal 7 — Reduce the risk of healthcare associated infections

Both requirements for this goal are largely unchanged from 2004.

Goal 8 — Accurately and completely reconcile medications across the continuum of care

Requirement 8a calls for establishing a standardized process for documenting and obtaining a complete and accurate list of patient medications, with the involvement of the patient, upon admission. This includes querying the patient regarding medications prescribed by non-VA physicians as well as over-the-counter medications and herbal remedies. Full implementation of 8a is not required until Jan. 1, 2006.

Requirement 8b calls for establishing a procedure to ensure that a complete list of a patient's medications is communicated to the next provider of service when that patient is transferred or referred. This includes transfer to another setting, service, practitioner, or level of care inside or outside the organization. For most VA patients and facilities, this requirement can be accomplished by using CPRS.

A JCAHO-recommended resource for more information on these matters can be found on the Massachusetts Coalition of the Prevention of Medical Errors Web site: www.macoalition.org

Goal 9 — Reduce the risk of patient harm resulting from falls

Requirement 9a calls for an initial assessment of a patient's risk of falling, as well as conduct of periodic

reassessments to enable actions to address potentially increased risks. The VHA Falls Toolkit developed by NCPS provides a variety of methods to address this requirement. Hard copy versions of the kit were forwarded to VA facilities in November 2004. It's also available online: www.patientsafety.gov/fallstoolkit/index.html

Requirement 9b requires the implementation of a patient fall reduction program for applicable settings. This should also include a transfer protocol: in this case, *transfer* refers to moving a patient from a wheelchair to a bed, for example, rather than from one facility to another.

Goal 10 — Reduce the risk of influenza and pneumococcal diseases in older adults

Requirements 10a and 10b call for development and implementation of protocols for administering the flu and pneumococcus vaccines.

Requirement 10c calls for development and implementation of a protocol to identify cases of influenza and management of outbreaks.

VHA patient safety staff who monitor local compliance with JCAHO patient safety goals should consult with facility infection control professionals to understand and ensure local efforts are consistent with system-wide VHA actions on these topics.

Goal 11 — Reduce the risk of surgical fires

Requirement 11a addresses educating staff on how to control heat sources and manage fuels, and establish guidelines to minimize oxygen concentration under drapes. In this case, staff shall include operating, licensed independent practitioners and anesthesia providers. For 2005, this applies only to Ambulatory Care and Office-Based Surgery settings.

Goal 12 — Implementation of applicable National Patient Safety Goals and associated requirements by components and practitioner sites

This applies to healthcare networks, and requires that they inform and encourage components and practitioner sites to implement the applicable patient safety goals and requirements.

More information is available at these NCPS Web sites: vawww.ncps.med.va.gov/JCAHOgoals.html or www.patientsafety.gov/JCAHOgoals.html



TIPS is published bimonthly by the VA National Center for Patient Safety. As the official patient safety newsletter of the Department of Veterans Affairs, it is meant to be a source of patient safety information for all VA employees. Opinions of contributors are not necessarily those of the VA. Suggestions and articles are always welcome.

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Thanks to all contributors and those NCPS program managers and analysts who offered their time and effort to review and comment on these *TIPS* articles prior to publication.