

# 2006 JCAHO Patient Safety Goals and Their Application to Healthcare Settings

AMC = Amb. Care, BHC = Behavioral Health Care, HC = Home Care, HOSP = Hospital, LAB = Laboratories, and LTC = Long Term Care						
✓ = Active * = Retired NA = Not Applicable						
HOSP	LTC	BHC	HC	AMC	LAB	2006 NATIONAL PATIENT SAFETY GOALS
<b>Requirement</b>						
<b>Goal 1: Improve the accuracy of patient identification.</b>						
✓	✓	✓	✓	✓	✓	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. Processes are established to maintain samples' identity throughout the pre-analytical, analytical and post-analytical processes.
	✓		✓		✓	Requirement 1b ( <b>Expanded</b> ): 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).
<b>Goal 2: Improve the effectiveness of communication among caregivers.</b>						
✓	✓	✓	✓	✓	✓	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 who receives the order or test result read-back the complete order or test results.
✓	✓	✓	✓	✓	✓	Requirement 2b: Standardize a list of abbreviations, acronyms and symbols 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 the lab are reported directly to a responsible licensed caregiver. When the patient's responsible licensed caregiver is not available within the time frame, there is a mechanism to report the critical information to an alternative response caregiver.
✓	✓	✓	✓	✓	✓	Requirement 2e ( <b>New</b> ): Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.
<b>Goal 3: Improve the safety of using medications.</b>						
Requirement 3a ( <b>Retired</b> ): Remove concentrated electrolytes (including but not limited to, potassium chloride, potassium phosphate, sodium chloride >0/9%) from patient care units.						
✓	✓	✓	✓	✓		Requirement 3b: Standardize and limit the number 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 ( <b>New</b> ): 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.
<b>Goal 4 (Retired): Eliminate wrong site, wrong patient and wrong procedure surgery (covered under Universal Protocol)</b>						
*	*			*		Requirement 4a: Create and use a preoperative verification process, such as a checklist, to confirm that appropriate documents (e.g., medical records, imaging studies) are available.
*	*			*		Requirement 4b: Implement a process to mark the surgical site and involve the patient in the marking process.
<b>Goal 5 (Retired): Improve the safety of using infusion pumps.</b>						
*		*	*	*		Requirement 5a: Ensure free-flow protection on all general-use intravenous infusion pumps used in the organization.
<b>Goal 6 (Retired): Improve the effectiveness of clinical alarm systems (covered under the Environmental Care Standards).</b>						
*	*	*	*	*	*	Requirement 6a: Implement regular preventive maintenance and testing of alarm systems.
*	*	*	*	*	*	Requirement 6b: Ensure that alarms are activated with appropriate settings and are sufficiently audible.
<b>Goal 7: Reduce the risk of healthcare-associated infections.</b>						
✓	✓	✓	✓	✓	✓	Requirement 7a: Comply with current CDC and hand hygiene guidelines ( <a href="http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1214">www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1214</a> ).
✓	✓	✓	✓	✓	✓	Requirement 7b: Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function related to a healthcare-associated infection.
<b>Goal 8: Accurately and completely reconcile medications across the continuum of care.</b>						
✓	✓	✓	✓	✓		Requirement 8a: Implement a process for obtaining and documenting a complete list of the patient's, resident's or client's current medications upon their admission to the organization, to include their involvement. This process includes a comparison of the medications the organization provides to those on the list.
✓	✓	✓	✓	✓		Requirement 8b: A complete list of the patient's medications is communicated to the next provider of service when it refers or transfers a patient to another setting, service, practitioner or level of care within or outside the organization.
<b>Goal 9: Reduce the risk of patient harm resulting from falls.</b>						
Requirement 9a (Replaced with requirement 9b): Assess and periodically reassess each patient's risk for falling, to include the potential risk associated with the patient's medication regimen, and take action to address any identified risks.						
✓	✓		✓			Requirement 9b: Implement a fall reduction program and evaluate the effectiveness of the program.
<b>Goal 10: Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.</b>						
	✓					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.
<b>Goal 11: Reduce the risk of surgical fires.</b>						
				✓		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; also, establish guidelines to minimize oxygen concentration under drapes.
<b>Goal 12 (Not Applicable): Implementation of applicable National Patient Safety Goals and associated requirements by components and practitioner sites.</b>						
NA	NA	NA	NA	NA	NA	Requirement 12a: Inform and encourage components and practitioner sites to implement the applicable National Patient Safety Goals and associated requirements.
<b>Goal 13 (New): Encourage the active involvement of patients and their families in the patient's own care as a patient safety strategy.</b>						
			✓		✓	Requirement 13a: Define and communicate the means for patients and their families to report concerns about safety, and encourage them to do so.
<b>Goal 14 (New): Prevent healthcare-associated pressure ulcers (decubitus ulcers).</b>						
	✓					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.
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