



## Contents

Annual  
Special Issue:

**JCAHO  
National  
Patient Safety  
Goals for 2007**

**Review:**  
Pages 1 and 4

**Poster:**  
Pages 2 and 3

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## JCAHO National Patient Safety Goals for 2007

By Audrey Revere, NCPS management and program analyst, and Noel Eldridge, MS, NCPS executive officer

ONE NEW GOAL and five notable changes to pre-existing goals appear in the fifth annual release of the JCAHO National Patient Safety Goals.

The new goal, Goal 15, states that “the organization identifies safety risks inherent in its patient population.” Requirement 15a specifies patients being treated for emotional or behavioral disorders in hospitals or behavioral healthcare settings should be assessed to determine if they are *at risk for suicide*; and, that facilities should follow up accordingly. Requirement 15a is applicable to inpatients and outpatients that have an emotional or behavioral disorder as their primary complaint or diagnosis. Requirement 15b specifies that home care programs should identify risks that are associated with long-term *oxygen therapy* programs, such as *home fires*.

The four notable changes to pre-existing requirements concern Goals 2, 8, and 13. The most significant aspect of these changes is an addition to the existing *medication reconciliation requirement* (8b). For 2007, a patient must be provided with a complete list of current medications upon discharge from a facility – this includes providing an updated list of current medications after an office visit or outpatient procedure if a patient’s medications have been modified.

These care programs surveyed by JCAHO are relevant to VHA: Ambulatory Care, Behavioral Health Care, Home Care, Hospitals, Laboratories, and Long Term Care. For reference, pages 2 and 3 of this issue can be used as a poster of the goals and requirements applicable to care program areas.

### Key Information on the 2007 National Patient Safety Goals

**Goal 1 – Improve the accuracy of patient identification:** Requirements 1a and 1b are unchanged.

**Goal 2 – Improve the effectiveness of communication among caregivers:**

*Requirement 2a* is as follows (with substantive 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.” The information received must be written down or

entered into an electronic file before reading it back. The read-back must be done by actually reading the text back, not from memory.

*Requirement 2b* now requires that dose designations be considered and inappropriate dose designations be identified and communicated. Facilities must now: “Standardize a list of abbreviations, acronyms, symbols AND DOSE DESIGNATIONS that are not to be used throughout the organization.”

*Requirements 2c through 2e* are unchanged. *Requirement 2e*, which requires a standardized approach to patient hand-offs is a subject of ongoing attention and activity in VHA, with respect to nursing and physician shift-change hand-offs.

**Goal 3 – Improve the safety of using medications:**

*Requirement 3a* (remove electrolytes from patient care units) was retired in 2006 and incorporated into Joint Commission Standard MM.2.20, EP #9. *Requirements 3b, 3c, and 3d* are unchanged. An organization’s list of look-alike/sound-alike drugs must contain a minimum of 10 drug combinations. A revised list (August 2006) of look-alike/sound-alike drugs can be accessed via: [www.jointcommission.org/NR/rdonlyres/C92AAB3F-A9BD-431C-8628-11DD2D1D53CC/0/Revised\\_LASA\\_list\\_200607.pdf](http://www.jointcommission.org/NR/rdonlyres/C92AAB3F-A9BD-431C-8628-11DD2D1D53CC/0/Revised_LASA_list_200607.pdf).

**Goal 4 – Eliminate wrong site, wrong patient, and wrong procedure surgery:**

This goal was retired in 2005 and is now surveyed under the Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery. VA requirements go beyond those of JCAHO on this topic and are described in Directive 2004-028. It is available to VA employees at: [vaww.ncps.med.va.gov/Guidelines/CorrectSurg/Index.html](http://vaww.ncps.med.va.gov/Guidelines/CorrectSurg/Index.html).

**Goal 5 (Improve the safety of using infusion pumps) and Goal 6 (Improve the effectiveness of clinical alarm systems)** were retired as NPSGs in 2006.

**Goal 7 – Reduce the risk of healthcare-associated infections:** *Requirements 7a and 7b* are unchanged.

**Goal 8 – Accurately and completely reconcile medications across the continuum of care:**

*Requirements 8a* is unchanged. Here is a reminder of the information that should be gathered on medications not prescribed by a VA provider:

# 2007 JCAHO Patient Safety Goals and Their Application to Healthcare Settings

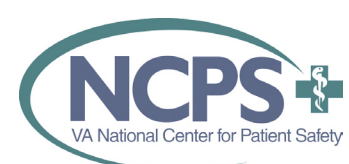
AMC = Amb. Care, BHC = Behavioral Health Care, HC = Home Care, HOSP = Hospital, LAB = Laboratories, LTC= Long Term Care						
HOSP	LTC	BHC	HC	AMC	LAB	2007 NATIONAL PATIENT SAFETY GOALS (NPSG)
<b>REQUIREMENT</b>						
<b>Goal 1 - Improve the accuracy of patient identification.</b>						
✓	✓	✓	✓	✓	✓	Requirement 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. 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).
<b>Goal 2 - Improve the effectiveness of communication among caregivers.</b>						
✓	✓	✓	✓	✓	✓	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.
<b>Goal 3 - Improve the safety of using medications.</b>						
✓	✓	✓	✓	✓		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.
<b>Goal 4 (RETIRED) - Eliminate wrong site, wrong patient, and wrong procedure surgery (covered under Universal Protocol).</b>						
<b>Goal 5 (RETIRED) - Improve the safety of using infusion pumps.</b>						
<b>Goal 6 (RETIRED) - Improve the effectiveness of clinical alarm systems (covered under the Environmental Care Standards).</b>						
<b>Goal 7 - Reduce the risk of healthcare-associated infections.</b>						
✓	✓	✓	✓	✓	✓	Requirement 7a: Comply with current Centers for Disease Control and Prevention (CDC) and hand hygiene guidelines. <a href="http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1214">http://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 associated with a health care-associated infection.
<b>Goal 8 - Accurately and completely reconcile medications across the continuum of care.</b>						
✓	✓	✓	✓	✓		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.
<b>Goal 9 - Reduce the risk of patient harm resulting from falls.</b>						
✓	✓		✓			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, and 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>						
<b>Goal 13 - Encourage the active involvement of patients and their families in the patient's own care as a patient safety strategy.</b>						
✓	✓	✓	✓	✓	✓	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.
<b>Goal 14 - 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.
<b>Goal 15 (NEW) - The organization identifies safety risks inherent in its patient population.</b>						
✓		✓				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



# JCAHO National Patient Safety Goals for 2007

Continued from page 1



## JCAHO NPSGs for 2007 “at a glance”

**Goal 1:**  
Unchanged

**Goal 2:**  
Caregiver  
Communications  
New Requirements  
(2a & 2b)

**Goal 3:**  
Medication Safety  
New List (3c)

**Goals 4, 5, 6:**  
Retired

**Goal 7:**  
Unchanged

**Goal 8:**  
Reconcile Meds  
New Requirements (8b)

**Goals 9, 10,  
11, 12:**  
Unchanged

**Goal 13:**  
Patient Involvement  
New Requirements (13a)

**Goal 14:**  
Unchanged

**Goal 15:**  
Inherent Risks in  
Patient Population  
New Goal

- Medications on the “Home Medication” list typically include: prescription medications, sample medications, vitamins, nutraceuticals, over-the-counter drugs, and respiratory therapy-related drugs.
- For each medication, the list should include: name of medication, dose, route, frequency; and, if a patient is to be admitted, the last dose.

*Requirement 8b* has been changed and a complete list of prescribed medications must now be provided to the patient upon discharge from a facility or after an office visit when a change was made in the patient’s prescribed medication list. To be successful, coordination by clinical staff, pharmacists, information technology staff, and support staff will be required. Additional information on this topic will be forthcoming from VA Central Office prior to the end of 2006.

**Goal 9 – Reduce the risk of patient harm resulting from falls:** *Requirement 9b* is unchanged. (9b replaced 9a for 2006).

**Goal 10 – Reduce the risk of influenza and pneumococcal disease in institutionalized older adults:** *Requirements 10a, 10b, and 10c* are unchanged.

**Goal 11 – Reduce the risk of surgical fires:** *Requirement 11a* is unchanged.

**Goal 12 – Implementation of applicable National Patient Safety Goals and associated requirements:** *Requirement 12a* is unchanged.

**Goal 13 – Encourage the active involvement of patients and their families in the patient’s care as a patient safety strategy:**

*Requirement 13a* under this goal to “define and communicate the means for patients and their families to report concerns about safety, and encourage them to do so” is now applicable in all care programs (i.e., Ambulatory Care, Behavioral Health Care, Home Care, Hospitals, Laboratories, and Long Term Care). No specific VA-wide guidance on meeting this requirement has been established. This should be addressed using methods specified by the facility or VISN. For suggestions from NCPS, click to: [www.patientsafety.gov/patients.html](http://www.patientsafety.gov/patients.html)

**Goal 14 – Prevent health care-associated pressure ulcers (decubitus ulcers):** *Requirement 14a* is unchanged. A new VHA handbook relevant to this topic was issued in 2006 and should be consulted for VA recommendations and requirements on this topic, and is accessible to VA employees at: [vaww1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1447](http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1447)

**Goal 15 – The organization identifies safety risks inherent in its patient population:**

*Requirement 15a.* Identify patients at risk for

suicide. This requirement is applicable to inpatients and outpatients being treated for emotional or behavioral disorders as a primary complaint or diagnosis. Suicide risk assessment of patients with secondary diagnoses or secondary complaints of emotional or behavioral disorders is encouraged, but not required by JCAHO.

JCAHO’s implementation expectations for this requirement are as follows:

- The risk assessment includes identification of specific factors and features that may increase or decrease risk for suicide.
- The patient’s immediate safety needs and most appropriate setting for treatment are addressed.
- The organization provides information such as a crisis hot line to individuals and their family members for crisis situations.

A VHA Information Letter that addresses these three points is in preparation by the Mental Health Strategic Healthcare Group within the VHA Office of Patient Care Services, with assistance from NCPS. A previously distributed VHA pocket card on suicide risk assessment is being updated and will also be reissued.

*Requirement 15b:* Identify risks associated with long-term oxygen therapy. JCAHO reports that nearly 43 percent of all sentinel events reported by home care programs to the Joint Commission were due to a fire in a patient’s home; further, that home oxygen was in use in all reported cases in which home healthcare patients were either injured or killed as a result of a fire in the home.

The JCAHO Implementation Expectations for *Requirement 15b* are as follows:

- The home safety risk assessment includes presence or absence and working order of smoke detectors, fire extinguishers and fire safety plans, and review of all medical equipment.
- The organization provides education to the patient and family regarding causes of a fire and fire prevention activities.
- The organization assesses the patient’s level of comprehension and compliance, and reports any concerns to the patient’s physician.

A VHA directive relevant to this requirement was issued in 2006 and should be reviewed as steps are taken to meet the JCAHO requirement. VA employees can access this directive at: [vaww1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1407](http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1407)

Many additional Web links and other sources of relevant information were not included in this article due to space constraints. They are available to VA employees online at: [vaww.ncps.med.va.gov/Guidelines/NPSG/index.html](http://vaww.ncps.med.va.gov/Guidelines/NPSG/index.html)