2007 National Patient Safety Goals

On June 2, 2006, the Joint Commission’s Board of Commissioners approved the 2007 National Patient Safety Goals (NPSGs). The Goals and related requirements are below. New Goals and requirements are indicated in bold and accreditation program applicability is indicated in brackets. Program-specific language changes are omitted from this version. The goals and requirements for each accreditation program are available on the Joint Commission website. As of January 1, 2007, all Joint Commission accredited health care organizations and the Disease-Specific Care certified programs will be surveyed for implementation of applicable 2007 goals and requirements—or acceptable alternatives (see below)—as appropriate to the services the organization or program provides. Compliance with applicable requirements (or an acceptable alternative) will be scored at the associated implementation expectation(s) for that requirement in the NPSGs chapter of each standards manual.

Goal 1  Improve the accuracy of patient identification.
1A Use at least two patient identifiers when providing care, treatment or services.  
[Ambulatory, Assisted Living, Behavioral Health Care, Critical Access Hospital, Disease-Specific Care, Home Care, Hospital, Lab, Long Term Care, Office-Based Surgery]

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.  
[Assisted Living, Home Care, Lab, Long Term Care]

Goal 2  Improve the effectiveness of communication among caregivers.
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.  
[Ambulatory, Assisted Living, Behavioral Health Care, Critical Access Hospital, Disease-Specific Care, Home Care, Hospital, Lab, Long Term Care, Office-Based Surgery]

2B Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.  
[Ambulatory, Assisted Living, Behavioral Health Care, Critical Access Hospital, Disease-Specific Care, Home Care, Hospital, Lab, Long Term Care, Office-Based Surgery]

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 test results and values.  
[Ambulatory, Behavioral Health Care, Critical Access Hospital, Disease-Specific Care, Home Care, Hospital, Lab, Long Term Care, Office-Based Surgery]

2E Implement a standardized approach to “hand off” communications, including an opportunity to ask and respond to questions.  
[Ambulatory, Assisted Living, Behavioral Health Care, Critical Access Hospital, Disease-Specific Care, Home Care, Hospital, Lab, Long Term Care, Office-Based Surgery]

Goal 3  Improve the safety of using medications.
3B Standardize and limit the number of drug concentrations used by the organization.  
[Ambulatory, Behavioral Health Care, Critical Access Hospital, Disease-Specific Care, Home Care, Hospital, Long Term Care, Office-Based Surgery]

3C Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.  
[Ambulatory, Behavioral Health Care, Critical Access Hospital, Home Care, Hospital, Long Term Care, Office-Based Surgery]

3D Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.  
[Ambulatory, Critical Access Hospital, Hospital, Office-Based Surgery]

Goal 7  Reduce the risk of health care-associated infections.
7A Comply with current Centers for Disease Control and Prevention (CDC) hand
hygiene guidelines. [Ambulatory, Assisted Living, Behavioral Health Care, Critical Access Hospital, Disease-Specific Care, Home Care, Hospital, Lab, Long Term Care, Office-Based Surgery]

7B Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection. [Ambulatory, Assisted Living, Behavioral Health Care, Critical Access Hospital, Disease-Specific Care, Home Care, Hospital, Lab, Long Term Care, Office-Based Surgery]

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

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. [Ambulatory, Assisted Living, Behavioral Health Care, Critical Access Hospital, Disease-Specific Care, Home Care, Hospital, Long Term Care, Office-Based Surgery]

8B 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. [Ambulatory, Assisted Living, Behavioral Health Care, Critical Access Hospital, Disease-Specific Care, Home Care, Hospital, Long Term Care, Office-Based Surgery]

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

9B Implement a fall reduction program including an evaluation of the effectiveness of the program. [Assisted Living, Critical Access Hospital, Disease-Specific Care, Home Care, Hospital, Long Term Care]

Goal 10 Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.

10A Develop and implement a protocol for administration and documentation of the flu vaccine. [Assisted Living, Disease-Specific Care, Long Term Care]

10B Develop and implement a protocol for administration and documentation of the pneumococcus vaccine. [Assisted Living, Disease-Specific Care, Long Term Care]

10C Develop and implement a protocol to identify new cases of influenza and to manage an outbreak. [Assisted Living, Disease-Specific Care, Long Term Care]

Goal 11 Reduce the risk of surgical fires.

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. [Ambulatory, Office-Based Surgery]

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

12A Inform and encourage components and practitioner sites to implement the applicable National Patient Safety Goals and associated requirements. [Networks]

Goal 13 Encourage patients’ active involvement in their own care as a patient safety strategy.

13A Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so. [Ambulatory, Assisted Living, Behavioral Health Care, Critical Access Hospital, Disease-Specific Care, Home Care, Hospital, Lab, Long Term Care, Office-Based Surgery]

Goal 14 Prevent health care-associated pressure ulcers (decubitus ulcers).

14A Assess and periodically reassess each resident’s risk for developing a pressure ulcer (decubitus ulcer) and take action to address any identified risks. [Long Term Care]

Goal 15 The organization identifies safety risks inherent in its patient population.

15A The organization identifies patients at risk for suicide. [Behavioral Health Care, Hospital (applicable to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals)]

15B The organization identifies risks associated with long-term oxygen therapy such as home fires. [Home Care]