

2007 National Patient Safety Goals

Goal 1 Improve the accuracy of patient identification

- A. Use at least two patient identifiers (neither to be the patient's room number) whenever administering medications or blood products, taking blood samples and other specimens for clinical testing, or providing any other treatments or procedures.
- B. 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.

Goal 2 Improve the effectiveness of communication among caregivers

- A. 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 order or test result "read back" the complete order or test result.
- B. Standardize a list of abbreviations, acronyms, and symbols that are not to be used throughout the organization.
- C. 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.
- D. 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

- A. Standardize and limit the number of drug concentrations used by the organization.
- B. 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.
- C. Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.

Goal 7 Reduce the risk of health care-associated infections

- A. Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
- B. 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.

- A. There is a process for comparing the patient's current medications with those ordered for the patient while under the care of the organization.
- B. 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

- A. Implement a fall reduction program including an evaluation of the effectiveness of the program.

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

- A. Develop and implement a protocol for administration and documentation of the flu vaccine.
- B. Develop and implement a protocol for administration and documentation of the pneumococcus vaccine.
- C. Develop and implement a protocol to identify new cases of influenza and to manage an outbreak.

Goal 11 Reduce the risk of surgical fires.

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

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

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

A. Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.

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

A. Assess and periodically reassess each resident's risk for developing a pressure ulcer (decubitus ulcer) and take action to address any identified risks.

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

A. The organization identifies patients at risk for suicide.

B. The organization identifies risks associated with long-term oxygen therapy such as home fires.

Universal Protocol 1 The organization fulfills the expectations set forth in the Universal Protocol and associated implementation guidelines.

A. Conduct a pre-operative verification process as described in the Universal Protocol.

B. Mark the operative site as described in the Universal Protocol.

C. Conduct a "time out" immediately before starting the procedure as described in the Universal Protocol.

Print Name _____

Signature _____

Date _____