

JCAHO Hospital National Patient Safety Goals 2003 - 2007

Note: The 2007 goals and requirements are indicated in **bold (8B, 13 & 15, 15A)**.
The other goals are still listed in the National Patient Safety Goal category unless otherwise indicated.

- Goal 1 Improve the accuracy of patient identification.
- 1A 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.
- 1B *
- 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 order or test result "read-back" the complete order or test result.
- 2B Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization.
- 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.
- 2D *
- 2E 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.
- 3A Retired into JCAHO standards: Remove concentrated electrolytes (including, but not limited to, potassium chloride, potassium phosphate, sodium chloride >0.9%) from patient care units.
- 3B Standardize and limit the number of drug concentrations available in the organization.
- 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.
- 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

*These goals are not listed because they are labeled by JCAHO as not applicable for hospitals.

Reference: www.jcaho.org June 2, 2006

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- Goal 4 Moved into standards and the Universal Protocol. Eliminate wrong-site, wrong-patient, wrong-procedure surgery
- Conduct a preoperative verification process per protocol
 - Mark the operative site
 - Conduct a “time out” immediately before starting the procedure
- Goal 5 Retired into JCAHO hospital standards: Improve the safety of using infusion pumps.
Ensure free-flow protection on all general-use and PCA (patient controlled analgesia) intravenous infusion pumps used in the organization.
- Goal 6 Retired into JCAHO hospital standards: Improve the effectiveness of clinical alarm systems.
- Implement regular preventive maintenance and testing of clinical alarms.
 - Assure that alarms are activated with appropriate settings and are sufficiently audible with respect to distances and competing noise within the unit.
- Goal 7 Reduce the risk of health care-associated infections.
- 7A Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
- 7B 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.
- 8A Implement a process for obtaining and documenting a complete list of the patient’s current medications upon the patient’s admission to the organization and with the involvement of the patient. This process includes a comparison of the medications the organization provides to those on the list.
- 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.**
- Goal 9 Reduce the risk of patient harm resulting from falls.
- 9A Replaced by 9B.
- 9B Implement a fall reduction program and evaluate the effectiveness of the program.
- Goal 10 *
- Goal 11 *
- Goal 12 *
- Goal 13 **Encourage patients’ active involvement in their own care as a patient safety strategy.**

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13A Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.

Goal 14

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Goal 15

The organization identifies safety risks inherent in its patient population.

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.]