

## JCAHO issues 2005 Patient Safety Goals

**T**he Joint Commission on Accreditation of Healthcare Organizations announced its 2005 National Patient Safety Goals July 20.

For the first time, goals are specific to the type of setting, such as hospitals, critical access hospitals, ambulatory care organizations, and office-based surgery facilities, among others. There continue to be 7 goals in all.

Two new goals have been added for hospitals:

- Reconciling medications across the continuum of care. This requires planning a process in 2005 for full implementation in 2006.
- Reducing the risk of patient harm from falls.

Two of the 2004 goals are no longer National Patient Safety Goals:

- Requirements for surgical site verification are now covered under the Universal Protocol for preventing wrong surgery, which took effect July 1. The protocol applies to hospitals as well as ambulatory surgery and office-based surgery facilities.
- The goal on clinical alarms has been dropped because of progress toward meeting this goal.

Three goals have been reworded or expanded:

- The goal on patient identifiers now applies not only to giving medications and blood and taking blood samples but also to other specimens and any other treatments or procedures.
- The goal on improving communication has a new requirement for caregivers to measure, assess, and if needed, take action to improve timeliness of reporting of critical test results and values.
- The goal on medications has a new requirement for organizations to review a list of look-alike/sound-alike drugs annually and take action to prevent errors for these drugs.

The goals for critical access hospitals are identical to those for hospitals.

### **Surgical fire goal for ambulatory care**

The goals for ambulatory care organizations, including ambulatory surgery centers (ASCs), and office-based surgery facilities are the same as the hospital goals—with 2 important differences:

- Reducing the risk of surgical fires is a new goal for ASCs and office facilities but not for hospitals.
- The goal on patient falls applies to hospitals but not to ASCs and offices.

For 2005, ambulatory organizations and office-based surgery facilities are required to educate their staff about fires. This includes “operating licensed independent practitioners” (like doctors) and anesthesia providers.

Why isn’t this a goal for hospitals also?

This year, the goals were specifically developed and ranked for each type of organization, explains Michael Kulczycki, MBA, executive director of JCAHO’s Ambulatory Care Accreditation Program. For hospitals, the surgical-fire goal did not rank as high as others that were selected.

“This does not mean hospitals should ignore the issue of preventing surgical fires,” he said. “However, the Joint Commission will not be surveying for that in the hospital setting for 2005.”

There is no readily available data on how many surgical fires occur in ASCs and offices, noted Mark Bruley, vice president of accident and forensic investigation for

ECRI, an expert on surgical fires. ECRI is a nonprofit organization that specializes in health care technology.

ECRI estimates 50 to 100 surgical fires occur each year in the U.S., with 1 to 2 patient deaths. "Most of the cases we have investigated have involved ambulatory surgery, regardless of the type of facility," Bruley said.

Approximately 75% of surgical fires involve oxygen-enriched atmospheres, Bruley noted. Oxygen-enriched atmospheres are most common under the surgical drapes when an oxygen source is used on the face during monitored anesthesia care (MAC). This is very common in ambulatory surgery.

"The fact that the Joint Commission hasn't made this a National Patient Safety Goal for hospitals doesn't remove the burden to be proactive about preventing fires," he said. "It's a huge risk management issue regardless of whether it's a goal targeted at your type of facility."

### **Reconciling medications**

The purpose of the new goal on reconciling medications across the continuum of care is to prevent medication errors that can occur if clinicians aren't aware of all of the medications patients are taking, Kulczycki noted.

How will this goal apply to surgical facilities?

"The expectation is that the surgery center will get as accurate a list as possible from patients both of their medications and herbal products they may be using," Kulczycki said.

"If they discharge the patient to any other provider setting, they need to make sure they provide as complete a list as possible to the other setting." That includes postoperative pain medications. An example is a patient having orthopedic surgery who is released to home care.

For 2005, surveyors will be looking for some evidence that organizations are planning for this goal. Full implementation is not required until 2006.

JCAHO has answers to frequently asked questions about the 2005 goals on its web site. Go to [www.jcaho.org](http://www.jcaho.org) and look under the National Patient Safety Goals. ♦

*The Joint Commission will present a session on the National Patient Safety Goals at the Managing Today's OR Suite conference Oct 6 to 8 in Chicago. Mark Bruley of ECRI will present a session, Surgical Fires: Awareness of a Continuing Risk. A conference brochure is at [www.ormanager.com](http://www.ormanager.com)*

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### **ECRI resources**

Free poster: Only You Can Prevent Surgical Fires, plus other publications on fires are at [www.ecri.org](http://www.ecri.org), Professional Information, Medical Device Safety Reports.

A clinician's guide to surgical fires: How they occur, how to prevent them, how to put them out. *Health Devices*. 2003; 32(1):5-24. Article rates 8 OR fire safety videos, finding 3 worth consideration. Contact ECRI at 610/825-6000 ext 5888.

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### **Joint Commission resources**

"Preventing surgical fires." *Joint Commission Perspectives on Patient Safety*. October 2003.

"Train staff to prevent surgical fires." *Joint Commission: The Source*. April 2004. Both available from Joint Commission Resources at [www.jcrinc.com](http://www.jcrinc.com)

## 2005 National Patient Safety Goals

	Hospitals & critical access hospitals	Ambulatory care and office-based surgical facilities
<b>Goal: Improve the accuracy of patient identification.</b>	X	X
<ul style="list-style-type: none"> <li>Use at least 2 patient identifiers (neither to be the patient's physical location) whenever administering medications or blood products, taking blood samples and other specimens for clinical testing, or providing any other treatments or procedures.</li> <li><b>What's new?</b> Goal is expanded to include other specimens or other treatment or procedures.</li> </ul>		
<b>Goal: Improve effectiveness of communication among caregivers.</b>	X	X
<ul style="list-style-type: none"> <li>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.</li> <li>Standardize a list of abbreviations, acronyms, and symbols that are not to be used throughout the organization.</li> <li>Measure, assess, and if appropriate, take action to improve the timeliness of reporting, and timeliness of receipt by the responsible licensed caregiver, of critical test results and values.</li> <li><b>What's new?</b> First requirement has been reworded. Third requirement is new.</li> </ul>		
<b>Goal: Improve safety of using medications.</b>	X	X
<ul style="list-style-type: none"> <li>Remove concentrated electrolytes (including, but not limited to, potassium chloride, potassium phosphate, sodium chloride &gt;0.9%) from patient care areas.</li> <li>Standardize and limit the number of drug concentrations available in the organization.</li> <li>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.</li> <li><b>What's new?</b> Requirement on look-alike/sound-alike drugs is new.</li> </ul>		
<b>Goal: Improve safety of using infusion pumps.</b>	X	X
<ul style="list-style-type: none"> <li>Ensure free-flow protection on all general-use and PCA (patient-controlled analgesia) intravenous infusion pumps used in the organization.</li> <li><b>This goal is unchanged.</b></li> </ul>		
<b>Goal: Reduce the risk of health care-associated infections.</b>	X	X
<ul style="list-style-type: none"> <li>Comply with current U S Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.</li> <li>Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with health care-associated infections.</li> <li><b>This goal is unchanged.</b></li> </ul>		

**Goal: Accurately and completely reconcile medications across continuum of care.**

X

X

- During 2005, for full implementation by January 2006, develop a process for obtaining and documenting a complete list of the patient's current medications upon the patient's entry 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.
- 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.
- **What's new?** *This is a new goal. During 2005, surveyors will look for evidence that planning is underway for implementation in 2006.*

**Goal: Reduce the risk of patient harm resulting from falls.**

X

- Assess and periodically reassess each resident's risk of falling, including the potential risk associated with the resident's medication regimen, and take action to address any identified risk.
- **What's new?** *This is a new goal for hospitals.*

**Goal: Reduce the risk of surgical fires.**

X

- Educate staff, including operating licensed independent practitioners and anesthesia providers on how to control heat sources and manage fuels and establish guidelines to minimize oxygen concentration under drapes.
- **What's new?** *This is a new goal for ambulatory care organizations and office-based surgical facilities.*