Is Your Facility Prepared to Implement the 2003 National Patient Safety Goals and Recommendations?

Patient safety has received considerable attention in the biomedical literature and media in the past few years. Healthcare consumers and providers have become aware that medical errors can and do occur and that many of these errors are preventable. To help promote patient safety, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) will implement its National Patient Safety Goals and Recommendations on January 1, 2003. Each goal has evidence-based recommendations to help facilities reduce and, hopefully, prevent errors. The goals are as follows.

- **Goal 1: Improve patient identification procedures.** Errors related to confusion about patients’ names, including those “mix-ups” related to patients with similar names, led to the creation of this goal. At least two patient identifiers should be used to ensure correct patient identification. Patients’ room numbers should not be used as identifiers.

- **Goal 2: Improve communication.** Errors related to communication failures and misunderstandings are commonplace. To reduce this type of error, each facility must standardize the process of taking verbal and telephone orders and require the individual receiving an order to repeat it in its entirety. All abbreviations, symbols, and acronyms used in the facility also should be standardized.

- **Goal 3: Improve safety when stocking, ordering, and dispensing medications that have been associated with a high risk of medication errors.** Concentrated electrolytes, such as potassium, should be removed from patient care units. Also, the number of different drug concentrations available in a facility should be limited. Concentrations need to be labeled clearly and stored in such a way that will reduce the likelihood of mingling different concentrations of the same drug (e.g., store these drugs separately on vertical shelves, rather than horizontally next to one another).

- **Goal 4: Perform the correct surgical procedure on the correct patient and correct site.** Before any invasive procedure (e.g., surgery), a verification process should be conducted formally to confirm that the correct patient has been identified, the correct procedure is scheduled, and when applicable, the correct body site is verified. This recommendation is designed to reduce errors by ensuring that the intended operation and operative site (e.g., right knee rather than left knee) are correct.

- **Goal 5: Improve safety when using infusion pumps.** Facilities should use only infusion pumps with free-flow protection for general use and patient-controlled analgesia to eliminate “runaway” IV infusions.

- **Goal 6: Improve the effectiveness of alarm systems located in patient care areas.** Alarm and alerting systems, such as patient-monitoring equipment and call bells, should be tested regularly and maintained. Alarms should be activated, have audible and visual indicators, and be distinguishable from competing noise in the area (JCAHO, 2002).

An advisory group comprised of physicians, nurses, pharmacists, risk managers, and others developed JCAHO’s goals. The goals were devised after the group considered the evidence and examined the affordability and practicality of implementation. JCAHO anticipates adding six patient safety goals and two recommendations per goal per year. Compliance data with the 2003 goals is expected to be available in JCAHO performance reports in 2004.

The initial National Patient Safety Goals and Recommendations are straightforward and relatively uncomplicated; they should be implemented easily. Many of these goals apply directly to nurses, and some are multidisciplinary in nature. I hope that nurses will have direct input into how these goals will be implemented in their facilities and that nurses will view these goals as a foundation or a mini-goal based on their experience and input.

**Reference**