



## 2007 National Patient Safety Goals

- **Improve the accuracy of patient identification.**
  - Use at least two patient identifiers when providing care, treatment, or procedures, i.e. verbally ask name, compare to wrist band and chart.
  
- **Improve the effectiveness of communication among caregivers.**
  - Always enforce the “read back” for verbal or telephone orders or for reporting of critical test results
  - Refer to and utilize the official standardize abbreviations and “DO NOT USE LIST”.
  - Strive to improve timely reporting of clinical test results and values.
  - “Hand off” communications such as changing shift should always include the opportunity to ask and respond to questions.
  
- **Improve the safety of using medication.**
  - Standardize and limit the number of drug concentrations.
  - Annually review list of look alike/sound alike medications.
  - Label all medications, containers, or other solutions on and off the sterile field (syringes, medicine cups).
  
- **Reduce the risk of health care related infections.**
  - Comply with current CDC hand hygiene guidelines.
  - Infection related death is managed as sentinel event. Sentinel events typically involve case of unanticipated death or permanent loss of function.
  
- **Accurately and completely reconcile medications across the continuum of care.**
  - Obtain list of patient’s current medication upon admission to hospital and compare with those ordered while in the hospital.
  - Communicate a complete list of patient’s medication to the next care provider when transferring to another setting.
  - Provide the complete list of medication to the patient upon discharge from the hospital.
  
- **Reduce the risk of patient harm resulting from falls.**
  - Implement a fall reduction program and evaluate effectiveness.
  - Assess/reassess patients risk for falling.
  
- **As a patient safety strategy, encourage patients’ participation in their own care.**
  - Encourage patients and their families to report concerns about safety.
  
- **The organization identifies safety risks inherent in its patient population.**
  - Reassessment of patients identified at risk.
  - The organization identifies patients at risk for suicide. (Applicable to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.)
  - Assess and reassess those thought to be at risk for suicide attempt.

*Adapted from 2007 JCAHO Guidelines*