

Long-Term Care Survey Alert

Clip 'n' Save: Achieve A Winning Patient Safety Record: Know And Go For The Goals

Find out what's on JCAHO's list for 2006.

Here's one list you want to post to make sure you're meeting key patient safety standards in your facility. The 2006 Long Term Care National Patient Safety Goals are:

1. Improve the accuracy of resident identification.

- Use at least two resident identifiers (neither to be the resident'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.
- Prior to the start of any invasive procedure, conduct a final verification process to confirm the correct resident, procedure and site using active--not passive--communication techniques.

2. Improve the effectiveness of communication among caregivers.

- 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.
- Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization.
- Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.

3. Improve the safety of using medications.

- Standardize and limit the number of drug concentrations available in the organization.
- 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.

4. Reduce the risk of health care-associated infections.

- Comply with current **U.S. Centers for Disease Control and Prevention** (CDC) hand hygiene guidelines.
- Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with health-care associated infection.

5. Accurately and completely reconcile medications across the continuum of care.

- Implement a process for documenting a complete list of the resident's current medications upon the resident's admission to the organization and with the involvement of the resident. 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 a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization.

6. Reduce the risk of resident harm resulting from falls.

- Implement a fall reduction program and evaluate the effectiveness of the program.

7. Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.

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

8. Prevent health care-associated pressure ulcers (decubitus ulcers).

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