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## ARE YOU READY FOR JCAHO'S 2007 NATIONAL PATIENT SAFETY GOALS?

In less than two weeks, the 2007 National Patient Safety Goals ("NPSGs"), promulgated by the Joint Commission on Accreditation of Healthcare Organizations ("JCAHO"), will go into effect. Like previous versions, the 2007 NPSGs will apply to a broad spectrum of health care providers, who will be expected to comply not only with the NPSGs themselves, but also with the related requirements issued by JCAHO in connection with each of the goals. Compliance with the NPSGs and the related requirements may impact an affected organization's accreditation status and may also have significant legal ramifications, in that JCAHO accreditation standards are increasingly being used as evidence of the minimum acceptable standard of care in medical liability litigation. By analogy, the NPSGs and related requirements may be offered as evidence for the same purpose. Accordingly, health care providers should be familiar with the NPSGs and the related requirements and implement the necessary policies, processes, and procedures to ensure that the goals are met.

#### The History of JCAHO and the National Patient Safety Goal Initiative

Founded in 1951, JCAHO is an independent, not-for-profit organization which evaluates and accredits health care organizations and programs in the United States. Governed by a 29-member Board of Commissioners that includes nurses, physicians, a consumer advocate, administrators, employers, a labor representative, health plan leaders, quality experts, ethicists, and educators, JCAHO establishes standards that focus on improving the quality and safety of care and provides an accreditation process which periodically evaluates an organization's compliance with these standards and other accreditation requirements. JCAHO currently provides accreditation to nearly 15,000 healthcare organizations and programs, including general, psychiatric, children's and rehabilitation hospitals; critical access hospitals; medical equipment services; hospice services and other home care organizations; nursing homes and other long term care facilities; behavioral health care organizations and addiction services; rehabilitation centers, group practices, office-based surgeries and other ambulatory care providers; and independent or freestanding laboratories. In recent years, JCAHO has also developed a program to provide "disease specific care certification" to various entities that provide management and chronic care services for a broad array of diseases and condition-specific services, including asthma, diabetes, cancer, congestive heart failure, coronary artery disease, chronic obstructive pulmonary disease, chronic kidney disease, skin and wound management, and primary stroke care. Over the past 50 years, JCAHO has clearly become the predominant organization for setting health care standards and accrediting health care organizations in the United States.

Beginning in 2003, and over each of the past four years, JCAHO has published what it refers to as "National Patient Safety Goals." In connection with each of the goals, JCAHO has also disseminated certain related requirements. The stated purpose of the NPSGs and the related requirements is to promote specific improvements in patient safety by highlighting problematic areas in health care, and by describing what JCAHO refers to as "evidence and expert-based solutions" to these problems. JCAHO's stated philosophy is that "sound system design is intrinsic to the delivery of safe, high quality health care," and therefore "the Goals focus on system-wide solutions, wherever possible." Once approved, the goals are published and put into effect for the upcoming year. As with JCAHO's accreditation standards, health care organizations seeking to obtain or

maintain accreditation status are evaluated for "continuous compliance" with the NPSGs and their specific requirements.

### **The 2007 Patient Safety Goals and Related Requirements**

The 2007 NPSGs, approved and published by JCAHO in June of 2006, include a number of significant changes. As has been the case since 2004, separate sets of NPSGs and related requirements have been issued for each of JCAHO's accreditation programs (Hospital/Critical Access Hospital, Ambulatory Care/Office-Based Surgery, Assisted Living, Behavioral Health Care, Home Care, Laboratory Services, Long Term Care, and Health Care Networks) and its Disease-Specific Care certification program. Each of the goals and related requirements apply to some programs but not others.

**Patient Identification:** Goal 1, which seeks to improve the accuracy of patient identification, has been in effect since 2003. In 2007, it will apply to all accreditation categories besides Health Care Networks. Related requirement 1(A), which requires use of at least two patient identifiers when providing care, treatment or services, is applicable to providers in all programs that are subject to the goal other than the Disease-Specific Care program. Requirement 1(B), which mandates use of a final verification process, using active (not passive) communication techniques (e.g. a "time out" procedure), to confirm the correct patient or resident, and to confirm correct procedure and site, applies to Assisted Living, Home Care, Laboratory Services, and Long-Term Care providers.

**Communication Among Caregivers:** Goal 2, which seeks to improve the effectiveness of communications between health care providers, has also been in effect since 2003. For 2007, its related requirements include the following: Requirement 2(A) mandates that the person receiving verbal or telephone orders or critical test results read back the complete order or test result to the person transmitting the information; Requirement 2(B) requires use of a standardized list of improper abbreviations, acronyms, symbols and dose designations that are not to be used throughout the organization; Requirement 2(C), requires assessment and, if necessary, implementation of steps to improve timely reporting of critical test results and values, and timely receipt of such information by the responsible caregiver; and Requirement 2(E) mandates implementation of a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions. Goal 2 applies to care providers in all of JCAHO's accreditation and certification programs, as do Requirements 2(A), 2(B), and 2(E). Requirement 2(C) applies to care providers in all accreditation and certification programs, other than Assisted Living and Long Term Care.

**Medication Safety:** Goal 3, which seeks improvement in the safety of using medications, originally addressed only "high-alert" medications, but in 2005 was broadened to address safety in the use of medications more generally. The related requirements under Goal 3 are the same as 2006: Requirement 3(B) mandates that drug concentrations used by the organization be standardized and that the number of such concentrations be limited; Requirement 3(C) requires annual (at least) identification of a list of look-alike/sound-alike drugs used by the organization and action taken to prevent drug interchange errors; and Requirement 3(D) requires labeling of all medications, medication containers and other solutions on and off the sterile field. Requirements 3(B) applies to care providers in all of JCAHO's accreditation and certification programs other than Assisted Living and Laboratory Services. Requirement 3(C) applies to care all

programs other than Assisted Living, Laboratory Services, and Disease-Specific Care. Requirement 3(D) only applies to the Hospital/Critical Access Hospital and Ambulatory Care programs.

**Health Care-Associated Infections:** Goal 7, which seeks reduction of the risk of health care-associated infections, was added to the NPSGs in 2004, as were the related requirements, which remain unchanged: Requirement 7(A) mandates compliance with CDC hand hygiene guidelines; and Requirement 7(B) requires that all cases of unanticipated death or major permanent loss of function resulting from a health care-associated infection be managed as a sentinel event. Goal 7 and its related requirements apply to all JCAHO accreditation and certification programs other than the Health Network program.

**Reconciliation of Medications:** Goal 8, which seeks to achieve accurate and complete reconciliation of medications across the continuum of care, was added in 2005. Related requirements in 2007 include Requirement 8(A), which stipulates that providers must have a process for comparing the patient or resident's current medications with those ordered while under the care of the organization; and Requirement 8(B) mandates that a complete list of the patient or resident's medications be communicated to the next care provider upon transfer or referral within or outside the organization. A new addition to Requirement 8(B) states that a complete list of medications is also provided to the patient or resident upon discharge from the facility. Goal 8 and Requirements 8(B) and 8(C) apply to all accreditation and certification programs other than Laboratory Services and the Health Network program.

**Patient Falls:** Goal 9, which seeks a reduction in the risk of injuries resulting from patient falls, was also added in 2005. Related Requirement 9(B) requires implementation of a fall reduction program, including an evaluation of the effectiveness of the program. Goal 9 and Requirement 9(B) apply to the Hospital/Critical Access Hospital, Ambulatory Care, Assisted Living, Long Term Care, and Home Care, and Disease-Specific accreditation and certification programs.

**Encouragement of Compliance Among Network Practitioners:** Goal 12, which applies uniquely to the Health Network program, implements the NPSGs and their related requirements at the component and practitioner site levels by requiring health networks to inform practitioners within the networks of the existence of the goals and related requirements and to encourage their implementation. This goal and requirement has been in effect since 2005.

**Patient Involvement:** New in 2007 is Goal 13, which seeks to encourage the patients' active involvement in their own care as a patient safety strategy. Requirement 13(A), mandates that affected organizations define and communicate the means for patients and their families to report concerns about safety and encourage them to do so. Beginning in 2007, this goal and its related requirement apply to all accreditation and certification programs other than the Health Network program. It previously applied only to the Assisted Living, Disease-Specific, Home Care, and Laboratory Services programs.

**Decubitus Ulcers:** Goal 14, which was added to the goals in 2006, seeks to prevent health care-associated decubitus ulcers. Requirement 14(A) requires assessment and periodic reassessment of each resident's risk for development of pressure ulcers and action taken to address any identified risks. Goal 14 and

Related Requirement 14(A) apply only to entities accredited under the Long Term Care program.

**Inherent Patient Population Safety Risks:** Goal 15, which seeks to have affected organizations identify safety risks inherent within their patient populations, is new in 2007. Related Requirement 15(A), which states that the affected organizations must identify patients at risk for suicide, applies only to entities accredited under the Hospital/Critical Access Hospital and Behavioral Health Care programs. Moreover, its application to entities accredited under the Hospital/Critical Access Hospital program is limited to psychiatric hospitals and patients being treated for psychiatric disorders in general hospitals. Related Requirement 15(B) requires that the affected organizations identify risks associated with long-term oxygen therapy, such as home fires; however, it only applies to entities accredited under the Home Health program.

### **Conclusion**

Obviously, a health care organization's compliance with the 2007 NPSGs is important from the standpoint of maintaining JCAHO accreditation and/or certification status. In addition, compliance may be important from a medical/legal liability perspective. Courts in Texas and a number of other jurisdictions have held that JCAHO standards do not, in and of themselves, establish the standard of care but may be used as evidence of the standard of care, for purposes of determining whether the health care providers acted in a culpable manner. Courts in some other jurisdictions have held that JCAHO standards actually establish the standard of care. Thus, in cases involving claims of medical negligence, JCAHO accreditation standards are frequently cited and debated by experts and attorneys on both sides of the case and can become an important factor affecting the outcome of the litigation.

What is true of JCAHO accreditation standards may also be true of the NPSGs and their related requirements; under the right set of facts, a Plaintiff asserting a claim of medical negligence could seek to introduce evidence of non-compliance with one or more relevant goals and requirements - and argue that compliance would have prevented the alleged harm or injury that occurred. Such evidence, if allowed, could provide strong evidence of culpability on the part of the health care provider.

For all these reasons, health care providers would be well-served to make sure they are ready for JCAHO's 2007 National Patient Safety Goals and related requirements.