

Guidelines for Safety

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has issued its 2007 National Patient Safety Goals (NPSGs) that apply specifically to accredited assisted living (AL) facilities. Dennis S. O'Leary, MD, president, Joint Commission suggests that "Organizations that truly integrate these requirements into their daily operations will realize major opportunities to improve patient safety."

The 2007 Assisted Living National Patient Safety Goals

Improve the accuracy of resident identification

- Use at least 2 resident identifiers when providing care, treatment, or services.
- Prior to the start of any surgical or invasive procedure, conduct a final verification process, such as a "time out," to confirm the correct resident, procedure, and site, using active—not passive—communication techniques.

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 information record and read the complete order or test result.

- Standardize a list of abbreviations, acronyms, symbols, and dose designations that are to be used throughout the organization.
- Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.

Reduce the risk of healthcare-associated infections

- Comply with current 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 a healthcare-associated infection.

Accurately and completely reconcile medications across the continuum of care

- There is a process for comparing the resident's current medications with those ordered for the patient and to the resident while under the care of the organization.
- A complete list of the resident's

medications is communicated to the next provider of service when a resident is transferred to another setting, or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility.

Reduce the risk of resident harm resulting from falls

- Implement a fall reduction program including an evaluation of the effectiveness of the program.

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.

Encourage residents' active involvement in their own care

- Define and communicate the means for residents and families to report concerns about safety and encourage them to do so. **ALC**

Discontinuation of Assisted Living Accreditation Program

JCAHO discontinued its assisted living accreditation program, effective January 1, 2006, but continues to provide a full array of support services and oversight to organizations accredited under this program through the end of each organization's respective accreditation award period. No new accreditation surveys or resurveys under this program will be conducted after the end of this year. JCAHO created the accreditation program for AL organizations in order to

leverage improvements in the quality and safety of care provided by these organizations. JCAHO believes that this impact was realized in those organizations that sought and achieved accreditation. However, relatively small numbers of AL facilities have pursued accreditation as a safety and quality improvement process.

The JCAHO 2005 Assisted Living Standards can be viewed or downloaded at www.jointcommission.org/AccreditationPrograms/AssistedLiving/Standards/05_asl_stds.htm.