

International Patient Safety Goals (IPSG)

Overview

This chapter addresses the International Patient Safety Goals (IPSG), required for implementation as of 1 January 2011 in all organizations accredited by Joint Commission International (JCI) under the International Accreditation Standards for Hospitals.

The purpose of the International Patient Safety Goals is to promote specific improvements in patient safety. The goals highlight problematic areas in health care and describe evidence- and expert-based consensus solutions to these problems. Recognizing that sound system design is intrinsic to the delivery of safe, high-quality health care, the goals generally focus on systemwide solutions, wherever possible.

The goals are structured in the same manner as the other standards, including a standard (goal statement), an intent statement, and measurable elements (MEs). The goals are scored similar to other standards as “met” or “not met.” The accreditation decision rules include compliance with the goals as a separate decision rule.

Goals and Standards

The following is a list of all goals and standards for this function. They are presented here for your convenience without their intent statements or measurable elements. For more information about these standards, please see the next section in this chapter, Goals, Standards, Intents, and Measurable Elements.

Goal 1: Identify Patients Correctly

IPSG.01.00 The hospital implements a process to improve accuracy of patient identifications.

Goal 2: Improve Effective Communication

IPSG.02.00 The hospital implements a process for reporting critical results of diagnostic tests.

IPSG.02.01 The hospital implements a standardized process for handover communication.

Goal 3: Improve the Safety of Medications

IPSG.03.00 The hospital implements a process to improve the safety of high-alert medications.

IPSG.03.01 The hospital implements a process to improve the safety of look-alike/sound-alike medications.

IPSG.03.02 The hospital implements a process to manage the safe use of concentrated electrolytes.

Goal 4: Ensure Safe Surgery

IPSG.04.00 The hospital implements a process for the preoperative verification and surgical/invasive procedure site marking.

IPSG.04.01 The hospital implements a process for the time-out that is performed immediately prior to the start of the surgical/invasive procedure and the sign-out that is conducted after the procedure.

Goal 5: Reduce the Risk of Health Care–Associated Infections

IPSG.05.00 The hospital implements evidence-based hand-hygiene guidelines to reduce the risk of health care–associated infections.

Goals, Standards, Intents, and Measurable Elements

Goal 1: Identify Patients Correctly

Standard IPSG.01.00

The hospital implements a process to improve accuracy of patient identifications.

Intent of IPSG.01.00

Incorrect patient identification can result in wrong-person and wrong-procedure errors, treatment errors, medication errors, diagnostic errors, and more that may result in patient harm. Correctly identifying a patient and matching them with intended treatment and services must be performed in all care settings. The identification process used throughout the hospital requires two patient identifiers, such as the patient's name, identification number, birth date, a bar-coded wristband, or other ways. The patient's room number or location in the hospital, or other numbers such as incubator numbers for neonates, cannot be used for identification. The two different patient identifiers used may be different in different circumstances; however, the two identifiers used must be consistent within an area. It is a best practice that the patient be involved in the identification process to whatever extent possible. There are special circumstances in which the hospital may need to develop a specific process for patient identification. The process considers the unique needs of the patients, and staff use the process for patient identification in these special circumstances to prevent error. Two different patient identifiers are required in any circumstance involving patient interventions. Patients are identified before providing treatments, before performing procedures, and before any diagnostic procedures are performed. The hospital should include the following in its patient identification practices:

- Involve the patient in the identification process whenever possible.
- Include special circumstances in the identification process. Examples include the following:
 - Comatose or confused/disoriented patients with no identification
 - Newborn patients when the parents have not immediately chosen a name, such as using the mother's given name in addition to "baby boy" or "baby girl" and the parents' surname (for example, "Baby Girl Mariam Khan" instead of "Baby Girl Khan," or "Baby Boy Maria Silva" instead of "Baby Boy Silva" in the event more than one baby of the same gender has the same last name, and adding a third name such as the father's given name or the mother's middle name if there is the likelihood of two or more patients on the ward with the same given and surname, or multiple births)
- Organizations that allow different identifiers to be used in different care areas or scenarios must ensure that the process is consistent in these circumstances, as in the following examples:
 - A patient's name and date of birth are used in verbal interactions with the patient on the ward; these same two identifiers must be used in all verbal interactions with the patient.
 - A patient's name and identification number or medical record number are used during the time-out for surgical/invasive procedures, to label specimens, or to report diagnostic tests, and the like; these same two identifiers must be used in all similar circumstances.
- Patients are identified before providing treatments, before performing procedures, before any diagnostic procedures, and before any other treatments, cares, or interventions intended for a specific patient; this includes labeling any treatments and medications intended for a specific patient. Examples include the following:
 - Blood samples and pathology samples