

**INTERNATIONAL ESSENTIALS  
OF  
HEALTH CARE QUALITY  
AND  
PATIENT SAFETY™**

Joint Commission International



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**Joint Commission International**  
**A division of Joint Commission Resources, Inc.**

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# INTERNATIONAL ESSENTIALS OF HEALTH CARE QUALITY AND PATIENT SAFETY™

## INTRODUCTION

Health care organizations around the world are called upon to provide high-quality, safe patient care despite inadequate equipment or financial, human, and other resources. These health care organizations are frequently aware of what they need to do to provide quality, safe patient care; however, they lack the leadership, staff knowledge, or organizational structures necessary to begin the quality journey. Frequently, organizations simply do not know where to start or do not know which interventions will have the greatest effect on quality and patient safety.

Ministries of health, health authorities, and other governmental agencies committed to providing safe, quality health care often need objective information to guide strategic and financial decisions to improve the safety and quality of the services provided to the public. They often do not have the tools to gather and analyze the level of risk in health care organizations in an incisive manner that will permit strategic direction of resources to improve quality and safety. Likewise, health care purchasers and insurance companies often do not have the data they need to make choices that direct patients to lower-risk health care delivery settings.

The *International Essentials of Health Care Quality and Patient Safety™* is a program designed by Joint Commission International (JCI) to address these diverse needs by assessing the level of risk to patients in an individual health care organization or in a national health care delivery system. The program can be adapted to individual organization needs as well as to national priorities, with the evaluation results used for process improvement, public policy, recognition of risk-reduction achievement in health care organizations, awarding of contracts, and other purposes. JCI developed the *International Essentials of Health Care Quality and Safety* program to provide non-accreditation related strategies to a wider segment of health care organizations and public health systems in pursuit of JCI's mission to improve the safety and quality of health care provided to the public. The program also complements, and provides a framework for implementing, other JCI quality and patient safety tools, education, and knowledge-transfer strategies.

## PROGRAM FRAMEWORK

This document identifies five “risk areas” on which to focus initial quality and safety improvement efforts. These five areas were developed from an extensive international literature search on health care quality and safety. Criteria for each Risk Area provide clear and achievable risk-reduction strategies.

This document covers the following information:

- The five Risk Areas widely recognized as the major domains toward which risk-reduction strategies should be directed.
- The Criteria that represent ten risk-reduction strategies for that domain.

# INTERNATIONAL ESSENTIALS OF HEALTH CARE QUALITY AND PATIENT SAFETY

## Overview of Risk Areas

Risk Area▶	1	2	3	4	5
Criteria ▼	Leadership Process and Accountability	Competent and Capable Workforce	Safe Environment for Staff and Patients	Clinical Care of Patients	Improvement of Quality And Safety
1	Leadership responsibilities and accountabilities identified	Personnel files and job descriptions for all staff	Regular inspection of buildings	Correct patient identification	There is an adverse event reporting system.
2	Leadership for quality and safety	Review of credentials of physicians	Control of hazardous materials	Informed consent	Adverse events are analyzed.
3	Collaborative management	Review of credentials of nurses	Fire safety program	Medical and nursing assessments for all patients	High-risk processes and high-risk patients are monitored.
4	Oversight of contracts	Review of credentials of other health professionals	Biomedical equipment safety	Laboratory services are available and reliable.	Patient satisfaction is monitored.
5	Integration of quality and risk management	Staff orientation to their jobs	Stable water and electricity sources	Diagnostic imaging services are available, safe, and reliable.	Staff satisfaction is monitored.
6	Compliance with laws and regulations	Oversight of students and those in training	Coordination of infection prevention and control program	Planned and provided care is written.	There is a complaint process.
7	Commitment to patient and family rights	Training in resuscitative techniques	Reduction of health care-associated infections (hand hygiene)	Anesthesia and sedation are used appropriately.	Clinical guidelines and pathways are available and used.
8	Policies and procedures for care of high-risk patients	Staff education on infection prevention and control	Barrier techniques are used (gloves, masks, and so on).	Surgical services are appropriate to patient needs.	Staff understand how to improve processes.
9	Oversight of human subject research	Communication among those caring for the patient	Proper disposal of sharps and needles	Medication use is safely managed.	Clinical outcomes are monitored.
10	Organ procurement, donation, and transplantation	Staff health and safety program	Proper disposal of infectious medical waste	Patients are educated to participate in their care.	Communicating quality and safety information to staff

# RISK AREAS

## RISK AREA #1 – LEADERSHIP PROCESS AND ACCOUNTABILITY

Experience around the world has shown that in large and small health care organizations, in general and specialty care facilities, in rural and urban settings, and in public and private settings, the most essential factor in improving quality and patient safety is leadership support at the highest level of the organization. Strong leadership is necessary to create and sustain an organizational culture that supports quality care delivered safely. Leadership for quality can come from many places within the organization such as a governing body, the chief executive officer or senior manager, and physician, nursing and allied health professionals. This leadership can also come from multiple sources outside the organization such as ministries of health, private health care associations, and corporate offices of health care systems. Identifying and affirming the leadership for quality, and confirming leaders' commitment to champion a quality organization, make this the first and most essential risk area.

<b>CRITERION #1 Leadership responsibilities and accountabilities are identified.</b>
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The leadership structure of the organization is identified in an organizational table or other written document that identifies each leader's responsibilities on which he or she will be evaluated.
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<b>RISK LINK</b>
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The basis of any quality organization is a clear understanding of which leaders are responsible for setting the mission, plans, and policies of the organization, and how the oversight of daily operations is managed. This level of transparency makes for clear lines of authority and accountability and is fundamental to an organizational culture of quality. Resource decisions needed to advance quality and safety are made at this level.
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<b>CRITERION #2 Leadership for quality and patient safety</b>
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The individuals accountable for patient care quality and the safety of patients and staff are clearly identified by name, position title, and responsibilities in an up-to-date organizational table or other written document. The leaders are educated about quality and are actively involved in setting quality and safety priorities.
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<b>RISK LINK</b>
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Clear and consistent leadership from the most senior leaders of the organization is necessary for a culture of quality and safety. Without clear leadership, a culture of quality will not develop, and quality and patient safety will not be viewed as an organizational priority.
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**CRITERION # 3 Collaboration and cooperation at all levels**

The leaders and managers of the organization, including department, unit, and/or service leaders, select a mechanism to collaborate and set policies and procedures that support quality and patient safety and cooperation on a daily basis. These leaders and managers report annually to senior leadership on quality and patient safety activities.

**RISK LINK**

A key to improving quality and safety is to understand that systems must change for improvements to last. Because systems (for example, patient assessment systems, medication use systems) cut across many divisions and units of an organization, the leaders must recognize the need to break down operational silos and to cooperate and collaborate on a daily basis to achieve quality objectives.

**CRITERION # 4 Quality requirements in clinical and managerial contracts**

Quality considerations are a part of all contracts and agreements for clinical or support services from sources outside the health care organization. The contracts are managed with transparency and renewed based on quality requirements.

**RISK LINK**

Health care organizations frequently arrange for clinical or support services from outside sources. These may range from clinical laboratory services to equipment maintenance or food service management. Because these services can often influence the quality and safety of services, there is a clear process to approve all contracts or agreements and to include quality requirements.

**CRITERION # 5 Quality, patient safety, and risk management are integrated.**

The organization integrates all quality and risk-management activities to increase the efficiency and effectiveness of measurement and improvement activities. The integration considers data collection, analysis, and improvement.

**RISK LINK**

As an organization's quality programs increase in number and scope over time, they might become separately and independently managed, with separate databases and overlapping priorities. This can fragment and undermine the effectiveness of the quality and patient safety program. Thus, it is best to integrate all clinical quality, facility safety, risk management, and other similar programs to coordinate approaches, use resources wisely, and provide to management a composite picture of quality and patient safety in the organization.

**CRITERION # 6 Compliance with laws and regulations**

Designated individuals in the organization are responsible for making the organization aware of applicable laws and regulations and ensuring that the organization complies with all applicable laws and regulations. The response to compliance or inspection citations is complete, timely, and reported to senior leaders.

**RISK LINK**

Patients and their families assume that health care organizations comply with all applicable laws and regulations, such as fire safety, clean water, infection control, and so on. When organizations ignore such laws and regulations or become out of compliance, patients and staff alike are at risk. The organization needs a clear structure to ensure ongoing compliance and reporting to the senior leaders.

**CRITERION # 7 Commitment to patient and family rights**

The organization's leaders and managers identify patients' rights, and staff respect and protect the rights of patients and their families in the health care process, and seek to understand patient satisfaction with processes to respect their rights.

**RISK LINK**

Patient participation is integral to an organization's culture of safety. International organizations, such as the World Health Organization (WHO), recognize that health care is significantly safer when patients exercise their rights to participate in care decisions, receive information in a language and communication method they can understand, give informed consent for high-risk treatments and procedures, and have an advocate present when appropriate.

**CRITERION # 8 Policies and procedures for high-risk procedures and patients**

The organization identifies high-risk clinical procedures and high-risk patients and develops policies and procedures to guide the care of these patients or those undergoing clinical procedures. The organization monitors adherence to these policies and procedures to get information for improvement in staff training and policy and procedure use.

**RISK LINK**

Many patients are high risk (for example, comatose patient, immune-compromised patient), and many procedures can be high risk (for example, surgery, anesthesia). Risk is reduced when policies and procedures guide consistent care in these situations and staff follow them.

**CRITERION # 9 Oversight of human subject research**

There is oversight of any research in the organization involving human subjects. This oversight includes a clear mechanism that is based on protecting patient rights and safety and the use of data to enhance and strengthen the program.

**RISK LINK**

Many types of research occur in health care organizations, from formal drug trials to the use of a drug or device for a purpose other than for which it was approved. Because all research poses potential risk to subjects/patients, there needs to be an oversight mechanism that protects subjects/patients and holds the organization to the highest ethical standards of behavior.

**CRITERION # 10 Oversight of organ and tissue donation and transplantation**

There is a process to oversee the harvesting and transplantation of organs and tissues. The process is guided by policies and procedures that are consistent with relevant laws and ethical practices. Staff are trained on the policies and procedures. Data are collected, analyzed, and used to evaluate and improve the program.

**RISK LINK**

International data shows that there are unlawful, unethical, and potentially dangerous practices in many countries related to the donation/harvesting and transplantation of organs and tissues. The ethical framework of a health care organization needs to protect patients from these risks and support staff vigilance.

## **RISK AREA #2 – COMPETENT AND CAPABLE WORKFORCE**

Patients assume that the health care professionals providing their care and treatment are competent and capable. Furthermore, even though health care professionals may intend to provide quality and safe patient care every day, they are frequently not supported by consistent and low-risk processes and systems, thus placing patients at risk. Many health care professionals, such as physicians, traditional care providers, and others, are permitted by law or regulation to work without supervision and thus without some of the checks and balances that reduce risk. It is essential that all health care professionals have appropriate and valid credentials and are competent to provide care and treatment to patients.

A primary activity related to a competent and capable workforce is an appropriate orientation and ongoing education in patient risk areas. These include infection control, hazardous materials management, and others. It is also critical that staff members know how to communicate essential patient information from one person to another and from one care unit to another. The criteria below address risk points in workforce management.

<b>CRITERION #1 Personnel files and job descriptions for all staff</b>
All staff members have a personnel file that contains their job description, or privileges in the case of physicians and other independent practitioners. The personnel file also contains copies of credentials such as those related to education, training, and licensure; work history; and results of evaluations.
<b>RISK LINK</b>
Patients are at risk when health care professionals provide care and treatments for which they are not qualified. Thus, job descriptions improve safety by clearly identifying what activities and services the professional is qualified to provide. Job descriptions and job assignments are based on evidence of competence such as completion of health profession training programs, in-service education, and other work experience. This evidence is maintained in a personnel file along with other information such as work history. The file also contains the results of evaluations of skills, knowledge, and patient care. Evaluations are carried out at least annually.

<b>CRITERION #2 Review of credentials of physicians</b>
There is a process to gather, verify, evaluate, and then authorize physicians to provide patient services that are appropriate to their licensure, education, training, and competence.
<b>RISK LINK</b>
Physicians work independently evaluating patients, making decisions regarding patient care and performing high-risk procedures such as surgery. Patients place high trust in their physicians. Organizations need consistent processes for gathering, verifying, and reviewing the credentials of physicians to ensure that patient trust is not violated and the services of physicians do not place patients at risk.

**CRITERION #3 Review of credentials of nurses**

There is a process to gather, verify, evaluate, and make job assignments for nurses to provide patient services that are appropriate to their licensure, education, training, and competence.

**RISK LINK**

Nurses are often the primary patient caregivers. They evaluate patients, provide certain nursing services independently, and carry out physician orders. Nurses often prepare medications and administer most medications to patients, two high-risk procedures. Nurses may have unique training and skills (for example, nurse midwives, intensive care nurses). The assignment of the nurse must be based on a careful review of qualifications to ensure patient safety.

**CRITERION #4 Review of credentials of other health professionals**

There is a process to gather, verify, evaluate, and make job assignments for other health professionals to provide patient services that are appropriate to their licensure, education, training, and competence.

**RISK LINK**

A variety of other health professionals, including laboratory technicians, nutritionists, physical therapists, and respiratory therapists, work in health care organizations, often providing evaluations and services without the direct supervision of physicians or nurses. This can be high risk if the individual is not adequately trained. Also, because training programs for these health professionals vary widely, and many health care organizations provide on-the-job training, it is important that the qualifications of these professionals support their job responsibilities.

**CRITERION #5 Staff members are oriented to their jobs.**

All staff members are oriented to their job responsibilities, job assignments, and work location.

**RISK LINK:** Inadequate job orientation is a major contributor to adverse events in health care organizations. Such events include mistakenly giving patients concentrated electrolyte solutions, not knowing how to operate medical equipment and injuring patients, administering incorrect medications, and many other situations that can lead to patient harm or even death. A thorough job orientation to the unit on which the worker is to work, or the unit on which the worker is temporarily assigned, is essential for patient safety.

**CRITERION #6 Oversight of students and those in training**

When the organization is a training site for health care professional students, there is adequate oversight of the students and trainees to ensure that they are known to staff, that their current competence matches any patient care responsibilities they may have, that they have the appropriate level of supervision, and that the training program is integrated into the quality and patient safety program.

**RISK LINK**

Many hospitals are training sites for medical, nursing, and other health professional students. It is important that the current competence (level of training) of each trainee is known, and the trainees are appropriately assigned and supervised based on their competency. Trainees can introduce a new level of risk to patients unless the training program is well managed with good oversight. The training program is included in the organization's quality management and patient safety activities to ensure the risks introduced into the care process are known and managed.

**CRITERION #7 Training in resuscitative techniques**

Staff members who provide patient care are trained in resuscitative techniques (cardiac life support), have evidence of satisfactory completion of advanced or basic training, and have access to retraining every two years. The impact of the training on survival rates following cardiac events is tracked and used to improve the program.

**RISK LINK**

It is essential that areas where cardiac life support may be needed (for example, emergency areas, intensive care units, operating theaters) have individuals with cardiac life-support training immediately available or have life-support teams available in the organization. An additional risk is that the training was incomplete or retraining did not occur.

**CRITERION #8 Staff education on infection prevention and control**

All staff members are educated on infection prevention and control practices relative to their work responsibilities and patient contact. The education includes current scientific knowledge related to hand hygiene guidelines, common health care-associated infections, and proper disposal of sharps and medical waste.

**RISK LINK**

Hospital-associated infections are among the most common reasons for increased length of stay, morbidity, and even mortality. Reducing these infections is in large part linked to staff education on barrier techniques and hand hygiene. In addition, the organization needs to be clean and medical waste properly gathered and disposed.

**CRITERION #9 Communication among those caring for the patient**

Essential patient information is communicated among those caring for the patient through the use of standardized patient records, information exchange between shifts of nurses, and when a patient is transferred to another unit within the hospital. Periodic review of patient records contributes to improved completeness, legibility, and accuracy.

**RISK LINK**

Many patient safety incidents occur when essential information is not recorded, recorded incorrectly, is not available, or is not transferred with the patient (for example, transferred from an emergency unit to a surgical unit). The key to reducing these risks is to have a standardized patient record available to all those providing care to the patient. This includes standardized entries, such as for medication dosages and for the use of any abbreviations, signs, or symbols.

**CRITERION #10 Staff health and safety program**

There is a program to reduce health hazards for staff and to provide safe working conditions that includes control of hazardous materials, prevention of injuries from poorly maintained equipment, immunizations or other measures to protect workers from infectious diseases, screening for tuberculosis and other diseases, and proper care for needle stick and other injuries.

**RISK LINK**

A healthy workforce is essential to provide quality and safe patient care. Staff may bring infectious diseases into the hospital from the community, or they may spread infections between patients, and may even be absent or ineffective in their work if they are injured or ill. Hazardous materials (such as chemicals in the clinical laboratory) need to be labeled and stored safely; there needs to be a means to wash or decontaminate those splashed or exposed. Where risk resides, there needs to be proactive steps to protect workers.

## **RISK AREA #3 – SAFE ENVIRONMENT FOR STAFF AND PATIENTS**

Health care organizations are very complex places which house a significant amount of equipment, hazardous materials, and many types of patient supplies. Health care practitioners may be proficient in using equipment, but may often lack the expertise to inspect and maintain the equipment. Those inspecting and maintaining equipment may not have the required skills and knowledge to ensure that equipment is functional and safe. Health care facilities typically undergo frequent remodeling or expansion, resulting in varying types and levels of fire safety conditions. These are a few examples of why health care organizations are high-risk places for patients, staff, and visitors. Reducing environmental risks requires leadership commitment to safety, staff training, and regular inspection, maintenance, and monitoring.

Patients and visitors usually do not understand the risks in the health care environment and assume conditions are safe. Because they are not prepared to be vigilant on their own behalf, the organization must take appropriate actions to ensure that patients are safe and to provide a protective and supportive environment.

<b>CRITERION #1 Regular inspection of buildings</b>
All the health care organization's buildings are thoroughly inspected to ensure awareness of risks to patients, staff, and visitors, and to plan for reducing the risks and continuously improving the safety of the environment.
<b>RISK LINK</b>
To protect patients from risks in the health care environment, the first step is for the organization to know the location, nature, and severity of the risks. This inspection covers a full range of risks, from broken furniture and locked or blocked fire exits to faulty biomedical equipment and missing signs. The effort then is to systematically reduce or eliminate those risks.

<b>CRITERION #2 Control of hazardous materials</b>
There is a list of hazardous materials in the organization and a plan for their safe handling, storage, and use. Hazardous materials are properly labeled, and there is a process to report and investigate spills, exposures, and other incidents.
<b>RISK LINK</b>
Hazardous materials include radioactive diagnostic and treatment materials, chemicals in the clinical laboratory, and caustic cleaning supplies. The first level of risk reduction is knowing the location of hazardous materials, with the second level of risk reduction being the proper labeling, storage, and handling of the materials. Spilled hazardous materials are reported, investigated, and cleared in a manner that does not expose patients and staff to undue risk.

**CRITERION #3 Fire safety program**

There is a program to ensure that all occupants of the health care facility are safe from fire, smoke, and other emergencies. The program includes prevention, early detection, suppression, abatement, and safe exit from the facility. The entire fire safety program is tested, including any related equipment, as well as staff knowledge on how to move patients to safe areas.

**RISK LINK**

Although fires are not common in health care facilities, when they occur, they can have devastating outcomes. An effective approach to fire safety includes fire risk reduction, appropriate reaction when a fire occurs, and staff knowledge and training to ensure patients and staff can exit safely or move to safety in another part of the building.

**CRITERION #4 Biomedical equipment safety**

There is an inventory of all medical equipment, and qualified individuals provide appropriate inspection, testing and preventive maintenance of the equipment.

**RISK LINK**

Poorly maintained biomedical equipment can injure patients and staff. Broken, unusable equipment can potentially compromise the diagnostic and treatment process for patients. Poorly maintained equipment may not give accurate results, further compromising patient care.

**CRITERION #5 Stable water and electricity sources**

Safe drinking water and electrical power are available 24 hours a day, seven days a week, through regular or alternate sources, to meet essential patient care needs.

**RISK LINK**

Clean water is needed for many activities in a health care organization, including sterilization and infection control. Similarly, electricity is needed to refrigerate medicines and blood and blood products and to operate all types of equipment, including respirators, infusion pumps, and other life-maintaining equipment.  
Without a plan for alternate sources of water and electricity, many patients are at high risk for injury and death, and staff are also at risk.

**CRITERION #6 Coordination of infection prevention and control program**

One or more individuals oversee and coordinate all infection prevention and control activities. The individual is qualified in infection prevention and control practices through education, training, experience, or certification.

**RISK LINK**

Effective infection prevention and control requires consistent oversight and coordination by one or more qualified individuals. This is essential for caring for infectious disease patients as well as preventing patient and staff infections from drug-resistant and other hospital-endemic organisms. When unqualified individuals are accountable for the infection prevention and control program and do not have time to carry out their responsibilities, patients and staff are at high risk for hospital-associated infections, and even patient deaths.

**CRITERION #7 Reduction of health care-associated infections**

There is a hand hygiene program based on accepted guidelines. The program is effective in reducing the prevalence and incidence of health care-associated infections.

**RISK LINK**

Infections contribute to increased length of stay, cost, morbidity, and mortality. The adoption and consistent use of hand hygiene guidelines from WHO or another authoritative source can dramatically decrease infections.

**CRITERION #8 Barrier techniques are used.**

Gloves, masks, eye protection, and other protective equipment are used correctly when required.

**RISK LINK**

Along with hand hygiene, barrier techniques are essential to any program to reduce the risk of infections in patients and staff. To be effective, the supplies must be available, readily accessible, used, and disposed of correctly.

**CRITERION #9 Proper disposal of sharps and needles**

Staff receives clear guidance on the proper disposal of all types of sharps and needles throughout the organization. Sharps and needles are not reused and are collected in dedicated, puncture-proof containers that are regularly collected. The organization disposes of the containers safely and legally.

**RISK LINK**

Sharps and needles pose a risk for infection and injury to staff and patients and their families. Proper disposal requires an organized, uniform process that is self sustaining and not at the discretion of the worker. The regular collection and disposal of collection containers is essential to overall safety in the workplace, and proper disposal is essential for the health and safety of the community.

**CRITERION #10 Proper disposal of infectious medical waste**

Staff receive clear guidance on the proper disposal of all types of infectious medical waste. Such waste includes body fluids, materials contaminated with body fluids, blood and blood components, and waste from operating theaters, clinical laboratories, and mortuaries or postmortem areas. There is a uniform collection process, and the waste is disposed safely and legally.

**RISK LINK**

Health care organizations generate great quantities of infectious medical waste every day. Because health care staff may not be aware of what waste is or could be infectious, all such waste must be disposed of in a uniform and safe way that protects the health care worker and the community.

## **RISK AREA #4 – CLINICAL CARE OF PATIENTS**

The clinical care of patients includes medications, laboratory and diagnostic imaging services, surgery, anesthesia, and many types of treatments that place patients at risk. These risks may result in the mix-up of test results between patients, delays in diagnosis and treatment, wrong side or wrong patient surgical procedures, incorrect medications or doses, and many other harmful outcomes which for the most part are preventable. While health care providers intend to do the right thing, the lack of consistent systems and checks and balances in health care processes may mean that a minor incorrect act or decision may cause harm or even death to the patient.

Clinical care is usually fast paced; many decisions are often made in rapid succession. Physicians and others who are authorized to provide care without supervision may have incomplete information that leads to incorrect conclusions and treatment.

In the clinical care of patients, all the systems of care (for example, human resource management, information management, diagnostic imaging, clinical laboratory, patient rights) and other systems come together. Planning, accurate and timely documentation, and sound patient assessment and re-assessment must come together completely and correctly. This is not an easy task in most organizations but an essential one that requires constant attention to risk, risk intervention, and risk reduction.

<b>CRITERION #1 Correct patient identification</b>
Patients are identified correctly before administering medications, blood or blood products, before taking blood and other specimens for clinical testing, and before performing procedures and treatments. Two patient identifiers are used each time to correctly identify the patient.
<b>RISK LINK</b>
Clinical errors are frequently not reversible; thus, the risk of such errors must be reduced. Administering a medication to the wrong patient may have no consequences or may cause morbidity or mortality. Similarly, surgery on the wrong patient can result in loss of function, disability, or death. Thus, having a method to positively identify each patient at high-risk times is essential. Each organization decides on the identification method to be used by all staff and in all areas of the hospital.

<b>CRITERION #2 Informed consent</b>
Informed consent is obtained before surgery, anesthesia, use of blood and blood products, and other high-risk treatments and procedures. Patients are educated about the risks, benefits, and alternatives of treatments and procedures as part of the consent process.
<b>RISK LINK</b>
Patients' active participation in their care process often reduces risk. One of the most important ways patients participate is through granting consent for treatments and procedures that pose risk to them. Patients remain at risk if they grant consent without understanding the risks, benefits, and alternatives to the proposed treatment or procedure.

**CRITERION #3 Medical and nursing assessments for all patients**

There is a medical assessment, including a physical examination and health history, and a nursing assessment for all patients admitted for care and treatment in the organization. The assessments are documented in the patient's record in a time frame, as determined by the organization, that permits care planning and treatment to begin as soon as possible.

**RISK LINK**

Patients are at risk if they are not promptly and appropriately evaluated by a physician and nurse when they are admitted to a hospital. The scope of the assessment must be appropriate to their needs, and the assessment process is as prompt on weekends and evenings as at other times.

**CRITERION #4 Laboratory services are available and reliable.**

Laboratory services are consistently available to meet patient needs, and are provided by qualified individuals, using standardized norms and ranges to report results in a reliable and timely manner.

**RISK LINK**

Patients are at risk for inappropriate or delayed treatment when clinical laboratory services are not available during certain times or are performed by individuals without appropriate qualifications. Patients are also at risk when results are not reported in a standardized format and in a timely manner. The result can be incorrect, missed, or delayed diagnosis and treatment.

**CRITERION #5 Diagnostic imaging services available, safe, and reliable.**

Diagnostic imaging services are consistently available to meet patient needs and are safely provided by qualified individuals, with reliable results reported in a timely manner.

**RISK LINK**

Patients are at risk when their assessment requires diagnostic imaging services and the services are not available within or outside the organization, or are not provided safely (for example, lead aprons used) or if the services are not conducted and reported by qualified individuals and in a timely manner. The result can be incorrect, missed, or delayed diagnosis and treatment. Also, ionizing radiation can harm patients and staff if proper precautions are not taken.

**CRITERION #6 Planned and provided care is written.**

The care planned and provided for the patient is written in the patient's record. The record entries are timely and complete, and the patient's record is available to all those caring for the patient.

**RISK LINK**

Patients are at risk for less-than-optimal outcomes if their care is not planned or if the planned care is provided but not written in the patient's record to ensure communication of essential information among care providers. This good communication of patient information depends on complete and accurate record entries that are timely and available to all the patient's care providers.

**CRITERION #7 Anesthesia and sedation are used appropriately.**

Anesthesia and sedation services are based on a pre-anesthesia/sedation assessment of the patient by a qualified physician, and include the physiological monitoring of the patient during anesthesia and anesthesia/sedation recovery.

**RISK LINK**

The selection of the appropriate (lowest risk) anesthesia is based on the patient's medical history and physical examination, the medications used by the patient, and other health issues or co-morbidities. Risk is further lowered by appropriately monitoring the patient during anesthesia and anesthesia recovery. All three of these risk-reduction activities are overseen or performed by an individual(s) who is qualified as an anesthesiologist or anesthetist.

**CRITERION #8 Surgical services are appropriate to patient needs**

Surgical services are planned based on the assessment of the patient, and a pre-operative diagnosis is recorded. The physiological status of the patient is monitored during surgery; after surgery a surgical report is recorded that includes a post-operative diagnosis and identification of the patient's nursing care and other post-surgery needs.

**RISK LINK**

Surgery patients are at risk if the intended surgical procedure is not based on the patient's assessment data, when the patient is inadequately monitored during the procedure, and when post-surgical planning is absent or weak.

**CRITERION #9 Medication use is safely managed.**

Medication use complies with applicable law and regulation and is overseen by an individual who is qualified by licensure, training, or experience. The organization establishes who can prescribe and administer medications and how medications are verified before administration.

**RISK LINK**

Medication use is a complex system of processes (selection, storage, prescribing, dispensing, administration, and patient monitoring) that has many risk points. There must be a qualified individual familiar with and responsible for all parts of the medication use system. There also needs to be check points to ensure that the right medication, in the right dose, reaches the right patient at the right time.

**CRITERION #10 Patients are educated to participate in their care.**

Patients and their families receive education they can understand to support their participation in their care (for example, granting consent) during their hospitalization and after discharge. The education includes how to correctly use medications and when to return for continuing or follow-up care.

**RISK LINK**

Patients are at risk for readmission, poor outcomes, and complications if they, and their families as appropriate, are not educated about medications at discharge. Also, the education needs to include reasons to return for emergency or routine follow-up care.

## **RISK AREA #5 – IMPROVEMENT OF QUALITY AND SAFETY**

Health care organizations, and their patients, remain at risk from poor quality and unsafe practices if organizations do not learn from their good and bad experiences and take actions to continually improve. Data are at the core of this learning. Organizations need to understand and value data collection and analysis in process improvement. Organizations must gain experience in setting improvement priorities, collecting data, displaying data for better analysis, and finally, planning and implementing improvement strategies. When leaders are committed to quality improvement and value the data that form the basis of evidence-based learning, the organization's culture is focused on quality and safety. This helps create a non-punitive environment and encourages a reporting system for adverse events. It embraces teamwork on all levels, and includes patients as important members of their treatment teams.

Most organizations know what needs to be accomplished to support quality care and patient safety but are inconsistent in how they perform. Reducing variation among how physicians and nurses care for patients, and reducing differences in care from one day of the week to another and from one patient care unit to another, are the overwhelming challenge. The criteria in this Risk Area address the key strategies needed to get started in this effort.

<b>CRITERION #1 There is an adverse event reporting system.</b>
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There is a system for reporting adverse events that is non-punitive, based on a clear definition of what is to be reported, and efficient.
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<b>RISK LINK</b>
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The frequency, magnitude, and impact of adverse events can only be known if data are collected and analyzed. Frequently, the review of data convinces organizations that risk is indeed present and of significant magnitude and impact so that action must be taken to understand and reduce the risk. A difficult challenge is to develop a reporting process that is free of punitive overtones and/or actions.
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<b>CRITERION #2 Adverse events are analyzed.</b>
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The organization analyzes significant single adverse events as well as aggregate adverse event data. The analysis seeks to identify the root cause of events and make changes in care processes to prevent their reoccurrence.
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<b>RISK LINK</b>
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One of the most powerful risk-reduction activities is investigating the underlying cause (root cause) of a significant adverse event and making process changes to prevent the event from recurring. Certain events, such as the unanticipated death of a patient or surgery on the wrong patient or body part, trigger this action independently. Other event data can be aggregated to understand trends and patterns, such as patient falls and medication errors. The organization that collects data but does not analyze the data and take action remains a high-risk organization. Data collection alone does not reduce risk.
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**CRITERION #3 High-risk processes and high-risk patients are monitored.**

Leaders identify high-risk patient care processes and high-risk patient groups and establish indicators or other mechanisms to monitor and collect data on these processes and patients.

**RISK LINK**

Risk reduction needs to be focused to be effective. It is necessary to focus first on what clinical leaders and others believe are the most high-risk care processes (for example, emergency care, resuscitation) and the most high-risk patients (for example, immune-suppressed patients, comatose patients). Monitoring these processes and patients will reveal positive and negative trends over time and lead to improvements that reduce risk.

**CRITERION #4 Patient satisfaction is monitored.**

There is a process to monitor the patient satisfaction with the care process, the care environment, and the organization's staff.

**RISK LINK**

Patient satisfaction with the care process, the care environment, and the staff involved in their care is important information that will help identify quality and patient safety issues. This information is useful in identifying priorities for improvement and for understanding if improvements increase patient satisfaction.

**CRITERION #5 Staff satisfaction is monitored.**

There is a process to monitor staff satisfaction with the care process, the environment of care, and the education and technical support available to them to support their patient care or other responsibilities.

**RISK LINK**

Knowing staff satisfaction with the care process, care environment, education, and technical support will help identify quality and patient safety issues. This information is useful in identifying priorities for improvement and for understanding if improvements already made contribute to staff satisfaction. A satisfied staff are more likely to provide safe and caring services to patients.

**CRITERION #6 There is a complaint process.**

There is a process to receive and act on complaints from patients, families, and others.

**RISK LINK**

A complaint is often the first indication that a process has failed and that other patients may be at risk for the same or a similar event. Thus, complaints are received through an established process so they can be tracked and actions taken.

**CRITERION #7 Clinical guidelines and pathways are available and used.**

There is a process to identify the clinical pathways and guidelines that relate to the patient population and clinical services, and to adapt or adopt the guidelines when appropriate and make available for use.

**RISK LINK**

Reducing variation reduces risk. Clinical guidelines and pathways are tools to adapt good science to practice and thereby reduce the variation among care providers.

**CRITERION #8 Staff understands how to improve processes.**

Staff are educated on the principles of quality improvement appropriate to their participation in quality improvement activities.

**RISK LINK**

When staff are aware of quality and patient safety issues but does not have the knowledge or tools to improve, the risks will remain and potentially compound. It is important that when an opportunity or a priority for improvement is established, the staff involved in the improvement process receive basic training in quality improvement.

**CRITERION #9 Clinical outcomes are monitored.**

The hospital monitors the outcomes of care for patients with the most prevalent diagnoses and the outcomes of the most common operations and acts to improve them over time.

**RISK LINK**

The purposes of caring for patients are to mitigate disease, eliminate or palliate symptoms, and to prolong high-quality life. The outcome of any one single episode of care does not reliably indicate to what extent the hospital is meeting its goals in these areas, nor does it tell how clinical performance compares to prior performance, that of similar organizations, or published norms. The risk is that in the absence of monitoring clinical outcomes, less-than-optimal outcomes will be the norm and patient risk will not be reduced over time.

**CRITERION #10 Communicating quality and safety information to staff**

Staff are aware of the organization's quality and patient safety activities through the periodic reports, newsletters, posters or other means.

**RISK LINK**

An organization's quality and patient safety efforts are at risk if its staff believes the program is one or two events and not an ongoing activity, or if program activities are perceived as not related to their jobs but carried out by others. Regular communication of quality and patient safety information will keep the program visible and more relevant to the work activities of all staff.