International Patient Safety Goals (IPSG)

Goals

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

**IPSG.1** Identify Patients Correctly

**IPSG.2** Improve Effective Communication

**IPSG.3** Improve the Safety of High-Alert Medications

**IPSG.4** Ensure Correct-Site, Correct-Procedure, Correct-Patient Surgery

**IPSG.5** Reduce the Risk of Health Care–Associated Infections

**IPSG.6** Reduce the Risk of Patient Harm Resulting from Falls
Patient Access and Assessment (PAA)

Standards

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

Access

PAA.1 Patients have access to services based on their identified health care needs and the ambulatory care organization's mission, resources, and scope of services.

PAA.1.1 Patient flow in the ambulatory care organization is designed to provide uniform access based on the needs of the patient.

PAA.2 The ambulatory care organization seeks to reduce physical, language, cultural, and other barriers to access and delivery of services.

Assessment

PAA.3 An initial assessment process is used to identify the health care needs of all patients.

PAA.3.1 The scope and content of initial assessments conducted by different clinical disciplines is defined in writing and is based on applicable laws and regulations.

PAA.3.2 When an assessment relevant to the patient's care is conducted outside the ambulatory care organization, the findings are available.

PAA.4 There is an established reassessment process for patients requiring additional services or ongoing care.

PAA.5 The ambulatory care organization has a process to identify those patients who may need additional care that is beyond the scope and mission of the organization and provides or advises those patients to seek additional care for further assessment, treatment, and follow-up.

PAA.6 The time frame for initial assessments and, as appropriate, reassessment is consistent with each patient's needs, organizational policy, and accepted professional guidelines.

PAA.7 Assessment findings are integrated and documented in the patient's record and readily available to those responsible for the patient's care.
Clinical Laboratory Services

**PAA.8** Pathology and clinical laboratory services and consultation are readily available to meet patient needs.

**PAA.8.1** Laboratory services provided within the ambulatory care organization meet applicable local and national standards, laws, and regulations; are directed and staffed by qualified individuals; are organized with adequate supplies; and have a quality control program.

**PAA.8.2** Current written policies and procedures are readily available and address, at a minimum
- specimen collection;
- specimen preservation;
- instrument calibration;
- quality control and remedial action;
- equipment performance evaluation; and
- test performance.

Radiology Services

**PAA.9** Diagnostic imaging services are available within the ambulatory care organization or are readily available through a contractual arrangement with outside sources to meet patient needs.

**PAA.9.1** Diagnostic imaging services provided within the ambulatory care organization meet applicable local and national standards, laws, and regulations; are directed and staffed by qualified individuals; are organized with adequate supplies; and have a quality control program.
Standards

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The Care Process
PCC.1 The care provided to each patient is planned, revised when indicated by a change in the patient’s condition, and documented in the patient record.

PCC.2 Policies and procedures and applicable laws and regulations ensure the uniform level of care for all patients.

Care of High-Risk or Complex Patients
PCC.3 Policies and procedures guide the care of high-risk patients and the provision of high-risk services.

  PCC.3.1 Policies and procedures guide the care of emergency patients.
  PCC.3.2 Policies and procedures guide the use of resuscitation services throughout the organization.
  PCC.3.3 Policies and procedures guide the handling, use, and administration of blood and blood products.
  PCC.3.4 Policies and procedures guide the use of restraint.
  PCC.3.5 Policies and procedures guide the care of those at-risk populations identified by the organization.

The Use of Medications
PCC.4 Medication use in the ambulatory care organization is organized to meet patient needs and complies with applicable laws and regulations.

PCC.5 Medications available within the ambulatory care organization for dispensing to patients or for practitioner administration are organized efficiently and effectively, and use is guided by policies and procedures.

PCC.6 Medication administration within the ambulatory care organization follows standardized processes to ensure patient safety.
PCC.7 Medications are monitored for patient adherence, clinical appropriateness and effectiveness, and adverse medication effects.

PCC.8 Medication errors are reported through a process and time frame defined by the ambulatory care organization.

Food and Nutrition

PCC.9 When patients remain in the ambulatory care organization for extended periods, food appropriate for the patient and consistent with his or her clinical care is available and is stored, prepared, and distributed in compliance with laws, regulations, and current acceptable practices.

PCC.9.1 Patients at nutritional risk receive nutrition therapy.

Care to Terminally Ill Patients

PCC.10 The ambulatory care organization addresses care at the end of life appropriate to the patient’s condition and needs, or refers the patient to outside sources of appropriate care.

Coordination and Continuity of Care

PCC.11 There is a process to integrate and coordinate the care provided to each patient.

PCC.12 There is a qualified individual identified as responsible for the patient’s care.

Referral and Transfer

PCC.13 There is a process to appropriately refer patients to other providers, other health care settings, or another organization to meet their continuing care needs.

PCC.13.1 There is a process to appropriately transfer patients to another organization to meet their continuing care needs.

PCC.13.2 The services and support that the patient will need when he or she will not receive continuing care and services from the ambulatory care organization are reviewed with the patient and, when appropriate, his or her family.

PCC.13.3 The process for referring or transferring the patient evaluates the need for transportation.
Patient Rights and Responsibilities (PRR)

Standards

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

PRR.1  The ambulatory care organization is responsible for developing and implementing processes that support patients’ and families’ rights during care.

PRR.1.1 Care is considerate and respectful of the patient’s personal values and beliefs.

PRR.1.2 Care is respectful of the patient’s need for privacy.

PRR.1.3 Children, disabled individuals, the elderly, and other populations at risk receive appropriate protection.

PRR.1.4 Patient information is confidential.

PRR.2  The ambulatory care organization supports patients’ and families’ rights to participate in the care process.

PRR.2.1 Patients and families receive adequate information about the illness, proposed treatment(s), and care providers so that they can participate in care decisions.

PRR.2.2 Patients and, when appropriate, families are informed of their responsibilities in the care process.

PRR.3  All patients are informed about their rights and responsibilities in a manner they can understand.

Informed Consent

PRR.4  Patient informed consent is obtained through a process defined by the ambulatory care organization and carried out by trained staff.

PRR.4.1 The organization establishes a process, within the context of existing law and culture, for when others can grant consent.

PRR.4.2 The organization lists those categories or types of treatments and procedures that require specific informed consent.
Research

**PRR.5** Research, investigations, or clinical trials involving human subjects conducted by the ambulatory care organization are guided by policies and procedures.

**PRR.6** The ambulatory care organization has a committee or another way to review and approve all research, investigations, and clinical trials involving human subjects conducted within the organization.
Patient Record and Information Flow (PRI)

Standards

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

Patient Clinical Record

PRI.1 The ambulatory care organization initiates and maintains a clinical record for every patient assessed or treated.

PRI.1.1 The clinical record contains sufficient information to identify the patient, support any diagnosis, justify the treatment, document the course and results of treatment, and promote the flow of information among the patient’s health care providers.

PRI.1.1.1 The clinical record of every patient receiving urgent care includes the time of arrival, the conclusions at termination of treatment, the patient’s condition at discharge, and follow-up care instructions.

PRI.1.1.2 For patients receiving continuing care, the patient record contains a summary of all known significant diagnoses, drug allergies, current medications, and any past surgical procedures and hospitalizations.

PRI.2 Those authorized to make entries in the patient clinical record and authorized to have access to patient clinical records are identified in ambulatory care organization policy.

PRI.3 As part of its quality and safety monitoring activities, the ambulatory care organization regularly assesses the content, completeness, and legibility of patient clinical records.

Information Management

PRI.4 The ambulatory care organization meets the information needs of all those who provide clinical services, those who manage the organization, and those outside the organization who require data and information from the organization.

PRI.5 Confidentiality, security, and integrity of data and information are maintained.

PRI.6 Records and information are protected against loss, destruction, tampering, and unauthorized access or use.
PRI.7 The ambulatory care organization uses standardized diagnosis codes, procedure codes, symbols, definitions, and abbreviations, and limits the number of abbreviations allowed.

PRI.8 The retention time of patient record information is determined by the ambulatory care organization based on law and regulation and on its use for patient care, legal, research, and educational activities.

PRI.9 The ambulatory care organization collects and analyzes aggregate data to support patient care, effective management, and the quality and patient safety program.
Patient Service Contracts (PSC)

Standards

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

**PSC.1** Care, treatment, or services provided through contractual agreement are provided safely and effectively.

**PSC.2** Contracts and other arrangements are monitored as part of the ambulatory care organization's quality management and improvement program.

**PSC.3** Independent practitioners not employed by the ambulatory care organization have appropriate credentials for the services provided to the organization's patients.
Patient and Family Education (PFE)

Standards

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

PFE.1 Patient education is focused on patient and, when appropriate, family participation in care decisions and care processes.

PFE.2 The ambulatory care organization provides patient and family education related to treatment and services provided by the organization as well as the patient’s immediate and ongoing health needs.

PFE.3 Education methods incorporate the patient’s and family’s values and preferences and allow sufficient interaction among the patient, family, and staff for learning to occur.
Standards

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

Organization and Management

**PAS.1**  Anesthesia services (which includes general and major regional anesthesia and moderate and deep sedation), if provided by the organization, meet professional standards and applicable local and national standards, laws, and regulations.

**PAS.2**  A qualified individual(s) is responsible for managing the anesthesia services and maintains policies and procedures that guide the care of patients undergoing anesthesia or sedation.

**PAS.3**  Policies and procedures guide the care of patients undergoing moderate and deep sedation.

**PAS.4**  Informed consent is obtained before procedural sedation, anesthesia, surgery, use of blood products, or other high-risk procedures/interventions.

Use of Sedation/Anesthesia

**PAS.5**  The risks, benefits, potential complications, and options of sedation/anesthesia are discussed with the patient and, when appropriate, the family or those who make decisions for the patient.

**PAS.6**  A qualified individual conducts a pre-sedation/anesthesia assessment.

**PAS.7**  Each patient’s anesthesia care is planned and documented.

**PAS.7.1**  The anesthesia used and the anesthetic technique are documented in the patient’s record.

**PAS.7.2**  Each patient’s physiological status during anesthesia administration is continuously monitored and documented in the patient’s record.

**PAS.7.3**  Each patient’s postanesthesia status is monitored and documented, and a qualified individual discharges the patient using established criteria.
Surgical Care

**PAS.8** The risks, benefits, potential complications, and options of surgery/interventions are discussed with the patient and, when appropriate, the family or those who make decisions for the patient.

**PAS.9** Each patient’s surgical care is planned and documented based on the results of the assessment.

**PAS.9.1** The surgery performed is written in the patient record.

**PAS.9.2** Each patient’s physiological status is continuously monitored during and immediately after surgery and written in the patient’s record.

**PAS.9.3** Patient care after surgery is planned and documented.
Improvement in Quality and Patient Safety (IQS)

Standards

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

IQS.1 Those responsible for governing and leading the ambulatory care organization plan and oversee a quality improvement and patient safety program and set measurement priorities and priorities for improvement.

IQS.1.1 The ambulatory care organization’s quality and safety program includes both patient and staff safety and includes the organization’s risk management and quality control activities.

IQS.2 The quality and safety monitoring process includes the collection of data, the aggregation and analysis of the data, and the reporting of the results.

IQS.3 Quality monitoring includes both clinical and managerial processes and outcomes as selected by the ambulatory care organization’s leaders.

IQS.4 Improvement in quality and safety is achieved and sustained for the priority improvement areas and measures identified by the ambulatory care organization’s leaders.

IQS.5 Clinical practice guidelines and clinical pathways and other evidence-based recommendations are used to guide patient assessment and treatment and reduce unwanted variation.

IQS.6 The ambulatory care organization uses a defined process for identifying and managing sentinel events.

IQS.7 Data are analyzed when undesirable trends and variation are evident.

IQS.8 The ambulatory care organization uses a defined process for the identification and analysis of near-miss events.
Infection Control and Facility Safety (IFS)

Standards

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

Infection Prevention and Control

IFS.1 The organization designs and implements a comprehensive program to reduce the risks of organization-acquired infections in patients and staff.

IFS.2 One or more individuals oversee all infection prevention and control activities. This individual(s) is qualified in infection control practices through education, training, experience, or certification.

IFS.3 There is a designated coordination mechanism for all infection prevention and control activities that involves clinical and managerial staff as appropriate to the size and complexity of the organization.

IFS.4 The infection prevention and control program is based on current scientific knowledge, accepted practice guidelines, and applicable law and regulation.

IFS.5 The ambulatory care organization identifies the procedures and processes associated with the risk of infection and implements strategies to reduce infection risk.

Facility Safety

IFS.6 The ambulatory care organization plans and implements a program to manage the physical environment to support safe patient care.

IFS.7 The ambulatory care organization’s facility is designed to provide accessible, efficient, and safe clinical care in a secure and supportive environment.

IFS.8 The ambulatory care organization plans and implements a program to ensure that all occupants are safe from fire, smoke, or other emergencies.

IFS.9 The ambulatory care organization develops and implements a plan to eliminate smoking by staff and patients within the ambulatory care facility.

IFS.10 The ambulatory care organization has a plan for the inventory, handling, storage, and use of hazardous materials and the control and disposal of hazardous materials and waste.

IFS.11 The ambulatory care organization plans and implements a program for inspecting, testing, and maintaining medical equipment and documenting the results.
IFS.12 The ambulatory care organization has emergency processes to protect facility occupants in the event of water or electrical system disruption, contamination, or failure.

IFS.13 Electrical, water, waste, ventilation, medical gas, and other key systems are regularly inspected, maintained, and, when appropriate, improved.

IFS.14 The ambulatory care organization educates and trains all staff members about their roles in providing a safe and effective patient care facility.
Human Resource Management (HRM)

Standards

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

HRM.1 A staffing plan identifies the number and qualifications of staff needed to meet the ambulatory care organization's mission and provide safe patient care.

   HRM.1.1 Those staff members not permitted to practice independently have a current job description.

HRM.2 New staff orientation provides initial job training and assessment of capability to perform job responsibilities.

   HRM.2.1 Ongoing in-service or other education and training maintain and improve staff competence.

   HRM.2.2 All staff/practitioners/students/volunteers/contract workers understand and can demonstrate their role relative to safety.

HRM.3 The competence to carry out job responsibilities is continually assessed, demonstrated, maintained, and improved.

HRM.4 Health professional training and education, when provided within the ambulatory care organization, are guided by policies that ensure adequate supervision.

HRM.5 The ambulatory care organization has an effective process for gathering, verifying, and evaluating the credentials (licensure, education, training, and experience) of those staff members permitted by law and the ambulatory care organization to provide patient care without supervision.

HRM.6 There is an ongoing professional practice evaluation of the quality and safety of the clinical care provided by each staff member permitted to practice independently.

HRM.7 The ambulatory care organization has an effective process for gathering, verifying, and evaluating the credentials (licensure, education, training, and experience) of those health care professional staff members who work under supervision and have job descriptions.
Governance and Leadership (GAL)

Standards

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

GAL.1 Governance responsibilities and accountabilities are described in bylaws, policies and procedures, or similar documents that guide how they are to be carried out.

GAL.2 A senior manager or director is responsible for operating the ambulatory care organization and complying with applicable laws and regulations.

GAL.3 The ambulatory care organization’s clinical and managerial leaders are identified and are collectively responsible for defining the organization’s mission and creating the plans and policies needed to fulfill the mission.

GAL.3.1 The clinical leaders identify and plan for the types of services required to meet the needs of the patients served by the ambulatory care organization.

GAL.3.2 Organization leaders ensure that there are uniform programs for the recruitment, retention, development, and continuing education of all staff.

GAL.4 Medical, dental, nursing, and other clinical leaders plan and implement an effective organizational structure to support their responsibilities and authority.

GAL.5 Equipment, supplies, and medications recommended by professional organizations or by alternative authoritative sources are used.