Laboratories provide complex services that are essential to diagnosis and treatment of patients. Laboratories — along with organizations such as the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission — want better patient outcomes and, therefore, are concerned about improving the safety and quality of laboratory services.

The Joint Commission has been evaluating and accrediting hospital laboratory services since 1979 and freestanding laboratories since 1995. Today, The Joint Commission accredits almost 2,000 organizations providing laboratory services. This represents almost 3,000 Clinical Laboratory Improvement Amendment (CLIA)-certified laboratories, including freestanding facilities, such as reference labs, in vitro fertilization labs, and those connected with other healthcare organizations such as ambulatory surgical centers and long-term care facilities.

Some Joint Commission compliance issues show several areas that are worthy of attention by labs as part of efforts to improve safety and quality. The most common areas surveyors cite as “not compliant” include National Patient Safety Goals (NPSG), proficiency testing (PT), and effective leadership. Two frequently cited NPSGs include:

**NPSG 01.01.01 - Improve the accuracy of patient identification.** Use at least two patient identifiers. The reasons for compliance failures include the fact that multiple individuals and departments are typically involved in specimen collections, as well as staff who did not understand or did not comply with the organization’s policies. Another factor for non-compliance was the requirement for non-compliance with the requirement is staffing shortfalls that result in shortcuts in the identification process. To ensure consistent patient-identification practices, consider the following strategies:

- Conduct audits, using interviews and observations, to guard against deviations from organization policy.
- When a deviation is identified, implement corrective actions and follow up to ensure behavior has changed.

Recent refinements to the goal to improve the accuracy of patient identification have received attention, including a January 2010 MLO “Washington Report” column. Although the goal required labs to actively involve the patient in this identification step whenever possible, feedback revealed that separating the “whenever possible” was difficult to track and trend. In other words, the requirement as written lacked enforceability and did not adequately address managing patients who are not able to participate in the identification process. As a result, The Joint Commission deleted this element of performance for the goal.

**The Joint Commission continues to support active patient involvement in the identification process as a best practice…**

Active patient involvement is a best practice for patient identification, and the deletion of the element of performance from the goal is not intended to discourage use of active patient involvement or minimize its value. Another element of performance from this same goal still requires labeling in the presence of the patient. Some customers mistakenly believed this requirement was proposed for removal; it has not been removed from accreditation requirements. The Joint Commission continues to support active patient involvement in the identification process as a best practice and encourages organizations to use such an approach whenever it is reasonable to do so.

**NPSG 02.03.01 - Report critical results of tests and diagnostic procedures on a timely basis.** Measure, assess, and, if appropriate, take action to improve the timeliness of reporting and timeliness of receipt by the responsible licensed caregiver of critical tests, critical results, and values.

The result sought from this requirement is that critically abnormal test results are communicated quickly to a responsible licensed independent caregiver so prompt action can be taken. To comply with this goal, identify critical tests for which any result should be reported, and work with leaders in other departments to ensure that when the lab calls to report results to a patient-care unit, the result is quickly communicated to the responsible licensed caregiver. More information about complying with this goal is available at [http://tiny.cc/NPSG_test_results](http://tiny.cc/NPSG_test_results).

In addition, examining compliance with the following accreditation standards can provide opportunities for improvement:

**Standard QC.1.20.** PT services used for specialty and subspecialty equal or exceed applicable laws and regulations with respect to variety and frequency of testing and satisfactory performance criteria.

**Standard QC.5.300.** The lab uses standardized procedures to acquire, receive, store, and issue tissues.

**Standard EC.6.20.** Lab equipment is maintained, tested, and inspected.

**Standard IM.6.20.** The lab report includes the date and time of reporting and the condition of any unsatisfactory specimens.

**Standard LD.2.60.** The directorship of the lab is effective.

At its core, accreditation is a risk-reduction activity, which increases the likelihood that patients will experience good outcomes. The Joint Commission remains committed to working with laboratories to continuously improve healthcare and provide safe and effective care of the highest quality and value.

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