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Joint Commission National Patient Safety Goals for 2008

By Audrey Revere, BS, NCPS management/program analyst, and Noel Eldridge, MS, NCPS executive assistant

The seventh annual release of the Joint Commission National Patient Safety Goals (NPSG) consists of modifications that include one new goal, one new requirement, one retired requirement, and an alternative way to comply with hand hygiene guidelines.

The new NPSG 16 states: "Improve recognition and response to changes in a patient's condition." Requirement 16a, developed for meeting the expectation of Goal 16, specifies that each organization shall select "a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening."

Goal 3 has a new requirement: 3e. It states an organization should "reduce the likelihood of patient harm associated with the use of anticoagulation therapy."

This year, health care facilities have a *one-year phase-in period* to implement processes to meet Goal 16 and Requirement 3e of Goal 3. The milestones defined by the Joint Commission that lead to full implementation by January 2009 are as follows:

- As of April 1, 2008, the organization's leadership has assigned responsibility for oversight and coordination of the development, testing, and implementation.
- As of July 1, 2008, an implementation work plan is in place that identifies adequate resources, assigned accountabilities, and a time line for full implementation by Jan. 1, 2009.
- As of Oct. 1, 2008, pilot testing in at least one clinical unit is under way.
- As of Jan. 1, 2009, the process is fully implemented across the organization.

Requirement 7a adds World Health Organization (WHO) guidance as an alternative to ensure compliance with hand hygiene practices.

The following summary includes any changes and/or additional resource information for the new NPSG and new requirements, as well as for the remaining previously defined goals and requirements.

For easy reference, pages 2 and 3 of this issue display the 2008 goals and requirements in poster

format, including the applicable program care area(s). Additional information regarding NPSG implementation expectations is available to VA employees on the NCPS Intranet site: vawm.ncps.med.va.gov/Guidelines/NPSG/index.html.

2008 NPSG Highlights

Goal 1 – Improve the accuracy of patient identification: Requirements 1a and 1b are unchanged.

Goal 2 – Improve the effectiveness of communication among caregivers: Requirements 2a through 2d are unchanged.

Goal 3 – Improve the safety of using medications: Requirements 3c and 3d are unchanged.

Requirement 3b (RETIRED): Standardize and limit the number of drug concentrations used by the organization. This requirement will be surveyed under the Joint Commission standards.

Requirement 3e (NEW): Reduce the likelihood of patient harm associated with the use of anticoagulation therapy involving heparin (unfractionated), low molecular weight heparin (LMWH), warfarin, and other anticoagulant agents.

Requirement 3e is applicable to Ambulatory Care, Home Care, Hospital, and Long Term Care.

A VHA work group is addressing this topic, with input from NCPS and VA Pharmacy Benefits Management, as well as from VAMCs recognized as having established good practices in this area. Concerning this, a slide presentation given during a recent Chief Medical Officers' call is available to VA employees on the NCPS Intranet site (Patient Safety Log): vawm.ncps.med.va.gov/Dialogue/pslog/viem.asp?eid=241.

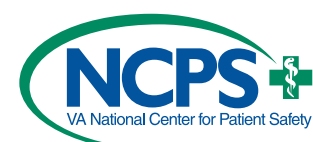
Anticoagulation is a high risk treatment, which commonly leads to adverse drug events due to the complexity of dosing these medications, monitoring their effects, and ensuring patient compliance with outpatient therapy. The use of standardized practices that include patient involvement can reduce the risk of adverse drug events associated with the use of heparin (unfractionated), LMWH, warfarin, and other anticoagulants.

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HOSP	LTC	BHC	HC	AMC	LAB	Note: Gaps in the numbering indicate that the Goal is NOT applicable to the program or was RETIRED in previous years. Retired goals and requirements are integrated into Joint Commission standards.
						Goal 1 - Improve the accuracy of patient identification.
✓	✓	✓	✓	✓	✓	Requirement 1a: Use at least two patient identifiers (neither to be the patient's room number) whenever administering medications or blood products; taking blood samples, collecting laboratory samples, and other specimens for clinical testing, or providing any other treatments or procedures and the use of two identifiers to label sample collection containers in the presence of the patient. Processes are established to maintain samples' identity throughout the pre-analytical, analytical, and post-analytical processes.
	✓		✓		✓	Requirement 1b: Prior to the start of any invasive procedure, conduct a final verification process to confirm the correct patient, procedure, site, and availability of appropriate documents. This verification process uses active – not passive communication techniques. (See Universal Protocol). The patient's identity is re-established if the practitioner leaves the patient's location prior to initiating the procedure. Marking the site is required unless the practitioner is in continuous attendance from the time of the decision to do the procedure and patient consent to the initiation of the procedure (for example: bone marrow collection, or fine needle aspiration).
						Goal 2 - Improve the effectiveness of communication among caregivers.
✓	✓	✓	✓	✓	✓	Requirement 2a: 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-back" the complete order or test results.
✓	✓	✓	✓	✓	✓	Requirement 2b: Standardize a list of abbreviations, acronyms, symbols, and dose designations that are <i>not</i> to be used throughout the organization.
✓	✓	✓	✓	✓	✓	Requirement 2c: Measure, assess and, if appropriate, take action to improve the timeliness of reporting of critical test results and values.
✓	✓	✓	✓	✓	✓	Requirement 2e: Implement a standardized approach to "hand-off" communications, including an opportunity to ask and respond to questions.
						Goal 3 - Improve the safety of using medications.
✓	✓	✓	✓	✓		Requirement 3b (RETIRED): Standardize and limit the number of drug concentrations used by the organization.
✓	✓	✓	✓	✓		Requirement 3c: Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs.
✓				✓		Requirement 3d: Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings.
✓	✓		✓	✓		Requirement 3e (NEW): Reduce the likelihood of patient harm associated with the use of anticoagulation therapy involving heparin (unfractionated), low molecular weight heparin (LMWH), warfarin, and other anticoagulant agents. Anticoagulation is a high risk treatment, which commonly leads to adverse drug events due to the complexity of dosing these medications, monitoring their effects, and ensuring patient compliance with outpatient therapy. The use of standardized practices that include patient involvement can reduce the risk of adverse drug events associated with the use of heparin (unfractionated), LMWH, warfarin, and other anticoagulants. Note: This requirement has a <i>one-year phase-in period</i> that identifies expectations for planning, development, testing, and milestones at three, six, and nine months in 2008, with the expectation of full implementation by Jan. 1, 2009.
						Goal 7 - Reduce the risk of health care-associated infections.
✓	✓	✓	✓	✓	✓	Requirement 7a: Comply with current World Health Organization hand hygiene guidelines (ADDED) or Centers for Disease Control and Prevention hand hygiene guidelines.
✓	✓	✓	✓	✓	✓	Requirement 7b: Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.
						Goal 8 - Accurately and completely reconcile medications across the continuum of care.
✓	✓	✓	✓	✓		Requirement 8a: There is a process for comparing the patient's current medications with those ordered for the patient while under the care of the organization.
✓	✓	✓	✓	✓		Requirement 8b: A complete list of the patient's medications is communicated to the next provider of service when it refers or transfers a patient to another setting, service, practitioner, 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.
						Goal 9 - Reduce the risk of patient harm resulting from falls.
✓	✓		✓			Requirement 9b: Implement a fall reduction program and evaluate the effectiveness of the program.
						Goal 10 - Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.
	✓					Requirement 10a: Develop and implement a protocol for administration and documentation of the flu vaccine.
	✓					Requirement 10b: Develop and implement a protocol for administration and documentation of the pneumococcus vaccine.
	✓					Requirement 10c: Develop and implement a protocol to identify new cases of influenza and to manage an outbreak.
						Goal 11 - Reduce the risk of surgical fires.
				✓		Requirement 11a: Educate staff, including operating licensed independent practitioners and anesthesia providers, on how to control heat sources and manage fuels with enough time for patient preparation, and establish guidelines to minimize oxygen concentration under drapes.
						Goal 13 - Encourage the active involvement of patients and their families in the patient's own care as a patient safety strategy.
✓	✓	✓	✓	✓	✓	Requirement 13a: Define and communicate the means for patients and their families to report concerns about safety, and encourage them to do so.
						Goal 14 - Prevent health care-associated pressure ulcers (decubitus ulcers).
	✓					Requirement 14a: Assess and periodically reassess each patient's risk for developing a pressure ulcer (decubitus ulcer) and take action to address any identified risks.
						Goal 15 - The organization identifies safety risks inherent in its patient population.
✓		✓				Requirement 15a: The organization identifies patients at risk for suicide.
			✓			Requirement 15b: The organization identifies risks associated with long-term oxygen therapy such as home fires.
						Goal 16 (NEW): Improve recognition and response to changes in a patient's condition.
✓						16a: The organization selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening. Note: This requirement has a <i>one-year phase-in period</i> that identifies defined expectations for planning, development, testing, and milestones at three, six, and nine months in 2008, with the expectation of full implementation by Jan. 1, 2009.



HOSP = Hospital
LTC= Long Term Care
BHC = Behavioral Health Care
HC = Home Care
AMC = Ambulatory Care
LAB = Laboratories



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Implementation Expectations for Requirement 3e:

- The organization implements a defined anticoagulant management program to individualize the care provided to each patient receiving anticoagulant therapy.
- To reduce compounding and labeling errors, the organization uses ONLY oral unit dose products and pre-mixed infusions, when these products are available.
- When pharmacy services are provided by the organization, warfarin is dispensed for each patient in accordance with established monitoring procedures.
- The organization uses approved protocols for the initiation and maintenance of anticoagulation therapy appropriate to the medication used, the condition being treated, and the potential for drug interactions.
- For patients being started on warfarin, baseline International Normalized Ratio (INR) is available; and, for all patients receiving warfarin therapy, a current INR is available and used to monitor and adjust therapy.
- When dietary services are provided by the organization, the service is notified of all patients receiving warfarin and responds according to its established food/drug interaction program.
- When heparin is administered intravenously and continuously, the organization uses programmable infusion pumps.
- The organization has a policy that addresses baseline and ongoing laboratory tests that are required for heparin and LMWH therapies.
- The organization provides education regarding anticoagulation therapy to prescribers, staff, patients, and families.
- Patient/family education includes the importance of follow-up monitoring, compliance issues, dietary restrictions, and potential for adverse drug reactions and interactions.
- The organization evaluates anticoagulation safety practices.
- **Note:** This requirement has a *one-year phase-in period* that identifies defined

expectations for planning, development, testing, and milestones at three, six, and nine months in 2008, with the expectation of full implementation by Jan. 1, 2009.

Goal 7 – Reduce the risk of health care–associated infections.

NPSG 7 is applicable to Ambulatory Care, Behavioral Health Care, Home Care, Hospital, and Long Term Care.

Requirement 7a ADDS the option to use the WHO Guidelines for Hand Hygiene in Health Care as an alternative to the CDC Guideline; however, the WHO Guidelines are unlikely to be finalized until some time in 2008. Information on WHO requirements and resources relative to hand hygiene practices, and the WHO’s “Clean Care is Safer Care” campaign is available online: <http://www.who.int/gpsc/en/index.html>.

Additional hand hygiene information on VHA recommendations can be accessed on the NCPS Internet site: www.patientsafety.gov/SafetyTopics/HandHygiene/index.html.

Requirement 7b is unchanged.

Goal 8 – Accurately and completely reconcile medications across the continuum of care:

Requirements 8a and 8b are unchanged. The NCPS Intranet site’s Patient Safety Log contains information on a current process used by some VA facilities to ensure a “complete list of medications is provided to the patient on discharge from the facility.”

This information can be accessed by VA employees at: www.ncps.med.va.gov/Dialogue/pslog/view.asp?eid=125. (“NPSG 8b: Printing Medication Lists for Patients.”)

The VA Office of Information and Technology has identified the software described in this presentation for a rapid upgrade to “Class 1” so that it can be accessed and used at all VA facilities.

Goal 9 – Reduce the risk of patient harm resulting from falls: Requirement 9b is unchanged.

Goal 10 – Reduce the risk of influenza and pneumococcal disease in institutionalized older adults: Requirements 10a, 10b, and 10c are unchanged.

Goal 11 – Reduce the risk of surgical fires: Requirement 11a is unchanged.

Goal 12 – Implementation of applicable National Patient Safety Goals and associated requirements: Requirement 12a is unchanged.

Goal 13 – Encourage the active involvement of patients and their families in the patient’s own care as a patient safety strategy: Requirement 13a is unchanged.

Goal 14 – Prevent health care-associated pressure ulcers (decubitus ulcers): Requirement 14a is unchanged.

Requirement 14a is applicable to Long Term Care ONLY.

The main VHA Intranet site provides a link to VHA Handbook 1180.2, published June 29, 2006, on the “Assessment and Prevention of Pressure Ulcers.” VA employees can click to: www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1447. Additional information from the Agency for Healthcare Research and Quality on the prevention of pressure ulcers is also available online: www.abrq.gov.

Goal 15 – The organization identifies safety risks inherent in its patient population: Requirements 15a and 15b are unchanged.

Goal 16 (NEW) – Improve recognition and response to changes in a patient’s condition.

Requirement 16a is applicable to Hospitals ONLY.

Requirement 16a: The organization selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient’s condition appears to be worsening. Additional information for the Rapid Response Systems/Rapid Response Teams can be accessed by VA employees via the System Redesign Intranet site at: srd.vssc.med.va.gov/default.aspx.

- **Note:** This requirement has a *one-year phase-in period* that identifies defined expectations for planning, development, testing, and milestones at three, six, and nine months in 2008, with the expectation of full implementation by Jan. 1, 2009.