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Joint Commission National Patient Safety Goals, 2010

By Noel Eldridge, M.S., NCPS executive officer, Ryan Wilson and Debora Pfeffer, NCPS program analysts, and Joe Murphy, A.P.R., NCPS public affairs officer

The Joint Commission has made significant changes to the National Patient Safety Goals (NPSGs) for 2010. They have decreased the number of goals, moved several of them to Standards, and made others easier to address.

Joint Commission representatives have stated that changes were made in response to concerns from the field about the resources needed to comply with the NPSGs, which have become more specific and detailed over time.

NPSG 8 deals with medication reconciliation. This is an important initiative and VHA's efforts in this area will continue. The Joint Commission is doing additional work to evaluate and refine the medication reconciliation requirements; and, until this work is completed, they will not use this NPSG in making accreditation decisions.

Though no new NPSGs were issued for 2010, on Jan. 1, 2010, organizations will be expected to have fully implemented the requirements related to health care-associated infections (NPSG 7), which were established in the 2009 NPSGs. To ease overall compliance, there have been changes to the Elements of Performance (EP) associated with many NPSGs – and though no NPSGs are new, most are at least slightly different than in 2009.

The following outline of the changes to the NPSGs is intended to aid the review of the Joint Commission's online "chapters" (Note 1). Each 2010 chapter is foot-noted as a "Pre-Publication Version," but should be considered final (the online 2009 chapters have the same footnote). The updated Standards are not yet available, but are scheduled to be issued in late 2010.

NPSG 2010 Highlights

Goal 1 – Improve the accuracy of patient identification. This goal was simplified to two requirements.

01.01.01: Use at least two identifiers when providing care, treatment and services

- For 2010, six EPs have been condensed into two EPs, but the requirements are largely the same

01.02.01: Conduct a verification process before starting invasive/surgical procedures

- Deleted (see Universal Protocol: UP.01.01.01)

01.03.01: Eliminate transfusion errors related to (patient) misidentification

- No significant changes to the EPs

Goal 2 – Improve the effectiveness of communication among caregivers.

02.01.01: Read back verbal orders

- Moved to Standards (scheduled for release in late 2010)

02.02.01: Create a standardized list of abbreviations, acronyms, etc., not to be used

- Moved to Standards (scheduled for release in late 2010)

02.03.01: Report critical test results in a timely manner

- Deleted from all settings other than hospital and laboratory

The three elements of 02.03.01 have been updated and streamlined as follows:

1. Develop written procedures for managing the critical results of tests and diagnostic procedures that address the following:
 - The definition of critical results of tests and diagnostic procedures
 - By whom and to whom critical results of tests and diagnostic procedures are reported
 - The acceptable length of time between the availability and reporting of critical results of tests and diagnostic procedures
2. Implement the procedures for managing the critical results of tests and diagnostic procedures
3. Evaluate the timeliness of reporting the critical results of tests and diagnostic procedures

Also see VHA Directive 2009-019, "Ordering and Reporting Test Results," for VHA guidance relevant to aspects of NPSG 2.03.01 (Note 2).



2010 Joint Commission National Patient Safety Goals

Ensure Review of All Elements of Performance



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

HOSP	LTC	BHC	HC	AMC	LAB	GOAL / REQUIREMENT	NPSG
						Goal 1 – Improve the accuracy of patient identification	
X	X	X	X	X	X	1. Use at least two identifiers when providing care, treatment, and services	NPSG.01.01.01
DELETED						2. Conduct a verification process before starting procedures	NPSG.01.02.01
X				X		3. Eliminating transfusion errors	NPSG.01.03.01
						Goal 2 – Improve the effectiveness of communication among caregivers	
MOVED TO STANDARDS						1. Reading back verbal orders	NPSG.02.01.01
MOVED TO STANDARDS						2. Creating a list of abbreviations not to use	NPSG.02.02.01
X	DELETED				X	3. Report critical test results in a timely manner	NPSG.02.03.01
MOVED TO STANDARDS						5. Managing hand-off communication	NPSG.02.05.01
						Goal 3 – Improve the safety of using medications	
MOVED TO STANDARDS						3. Managing look-alike/sound-alike medications	NPSG.03.03.01
X				X		4. Labeling medications	NPSG.03.04.01
X	X		DELETED	X		5. Reducing harm from anticoagulation therapy	NPSG.03.05.01
						Goal 7 – Reduce the risk of health care associated infections	
X	X	X	X	X	X	1. Meeting hand-hygiene guidelines	NPSG.07.01.01
DELETED						2. Sentinel events resulting from infections	NPSG.07.02.01
X						3. Preventing multi-drug resistant organism infections	NPSG.07.03.01
X	X		DELETED	DELETED		4. Preventing central-line-associated blood stream infections	NPSG.07.04.01
X				X		5. Preventing surgical site infections	NPSG.07.05.01
						Goal 8 – Accurately and completely reconcile medications across the continuum of care	
IN REVIEW (Update expected in 2010)						1. Comparing current and newly ordered medications	NPSG.08.01.01
						2. Communicating medications to the next provider	NPSG.08.02.01
						3. Providing a reconciled medication list to the patient	NPSG.08.03.01
						4. Settings in which medications are minimally used	NPSG.08.04.01
						Goal 9 – Reduce the risk of patient harm resulting from falls	
MTS	X		X			1. Implementing a fall reduction program	NPSG.09.02.01
						Goal 10 – Reduce the risk of influenza and pneumococcal disease in institutionalized older adults	
	MTS					1. Using influenza vaccine protocols	NPSG.10.01.01
	MTS					2. Using pneumococcus vaccine protocols.	NPSG.10.02.01
	DELETED					3. Identifying and managing influenza.	NPSG.10.03.01
						Goal 11 – Reduce the risk of surgical fires	
				DELETED		1. Preventing surgical fires	NPSG.11.01.01
						Goal 13: Encourage patients’ active involvement in their own care as a patient safety strategy	
MTS	MTS	DELETED	MTS	MTS	DELETED	1. Patient and family reporting of safety concerns	NPSG.13.01.01
						Goal 14: prevent health care associated pressure ulcers	
	X					1. Assessing resident risk for pressure ulcers	NPSG.14.01.01
						Goal 15: Identifies safety risk inherent in its patient population	
X		X				1. Identifying individuals at risk for suicide	NPSG.15.01.01
			X			2. Identifying risks associated with oxygen	NPSG.15.02.01
						Goal 16: Improve recognition and response to changes in a patient’s condition	
MTS						1. Requesting assistance for a patient with a worsening condition	NPSG.16.01.01
						Universal protocol	
X				X		1. Conducting a pre-procedure verification process	UP.01.01.01
X				X		2. Marking the procedure site	UP.01.02.01
X				X		3. Performing a time-out	UP.01.03.01
HOSP	LTC	BHC	HC	AMC	LAB		

MTS = Moved to Standards (To be released in 2010) | X = NPSG (Most have Elements of Performance that are modified from 2009)

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Continued from page 1

02.05.01: Standardize the approach to hand-off communication

- Moved to Standards (scheduled for release in late 2010)

Goal 3 – Improve the safety of using medications.

03.03.01: Prevent errors involving look-alike/sound-alike medications

- Moved to Standards (scheduled for release in late November 2010)

03.04.01: Label medications/containers/solutions on/off the sterile field

- The EPs have been revised and EP 7 has been deleted

03.05.01: Reduce harm associated with anticoagulation therapy

- Deleted for home care and the EPs have been revised for other programs

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

07.01.01 Comply with CDC or WHO hand-hygiene guidelines

- The EPs are more specific for 2010

07.02.01: Manage catastrophic health care–associated infections as sentinel events

- Deleted for all programs

07.03.01: Prevent multi-drug-resistant organism infections

- The EPs have been updated

07.04.01: Prevent central line-associated blood stream infections

- Deleted from ambulatory and home-care programs
- The EPs have been updated for hospital and long-term care

07.05.01: Prevent surgical site infections

- The EPs have been updated

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

This NPSG is “currently under evaluation and refinement.” The Joint Commission has projected that they will complete this work in 2010. VHA’s efforts in this area are continuing uninterrupted. A SharePoint site is available for VA employees (Note 3).

Goal 9 – Reduce the risk of patient harm resulting from falls.

09.02.01: Implement a fall reduction program that includes evaluation of the program

- Moved to Standards for hospitals and retained as an NPSG for long-term care and home care, with changes to the EPs (Standards scheduled for release in late 2010)

Goal 10 – Reduce the risk of influenza and pneumococcal disease in institutionalized older adults (applies only to long-term care).

10.01.01: Implement influenza vaccine protocols

- Moved to Standards (scheduled for release in late 2010)

10.02.01: Implement pneumococcus vaccine protocols

- Moved to Standards (scheduled for release in late 2010)

10.03.01: Implement protocols to manage influenza outbreaks

- Deleted

Goal 11 – Reduce the risk of surgical fires.

11.01.01: Prevent risk of surgical fires

- Deleted (previously only applied to ambulatory care)

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

13.01.01: Encourage patient/family to report safety concerns

- All EPs have been moved to Standards or deleted

Goal 14 – Prevent health care-associated pressure ulcers (decubitus ulcers).

- The EPs have been modified slightly to ease compliance

Goal 15 – The organization identifies safety risks inherent in its patient population.

15.01.01: Identify individuals at risk for suicide

- No significant change to the EPs

15.02.01: Identify risks associated with home oxygen therapy

- The EPs have been modified (continues to apply only to home care)

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

16.01.01: Provide methods for staff, patients and families to request specialized assistance for a patient with a worsening condition

- Moved to Standards (scheduled for release in late 2010)

VA employees can find additional information on this topic at a national SharePoint site (Note 4).

Universal Protocol (for hospitals and ambulatory care).

UP.01.01.01 – Conducting a pre-procedure verification process

UP.01.02.01 – Marking the procedure site

UP.01.03.01 – Performing a time-out

- The EPs have been simplified to ease compliance for each UP (Note 5)

Notes

Note 1: Joint Commission 2010 NPSGs: <http://www.jointcommission.org/patientsafety/nationalpatientsafetygoals/>

Note 2: VHA Directive 2009-019, “Ordering and Reporting Test Results”: http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1864

Note 3: VA employees can visit the Medication Reconciliation National Workgroup SharePoint site: www.medicationsreconciliation.wss.va.gov/default.aspx

Note 4: VA employees can visit a national SharePoint site: www.nationalcmop.va.gov/OQPOIT/IPEC/RRS/default.aspx

Note 5: Joint Commission 2010 Universal Protocol: <http://www.jointcommission.org/PatientSafety/UniversalProtocol/>