

## Update on JCAHO Patient Safety Goals for 2004

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In 2002, JCAHO established six Patient Safety Goals for 2003. These were detailed in the December 2002 issue of TIPS (<http://www.patientsafety.gov/TIPSDec02.pdf>). For 2004, JCAHO has reaffirmed the six Goals for 2003, expanding one (2a), clarifying one (2b), and adding a new two-part Goal 7. The Goals for 2004 are listed below.

JCAHO has a web page where frequently asked questions and answers regarding the Patient Safety Goals are listed. It is presently available at: [http://www.jcaho.org/accredited+organizations/patient+safety/04+npsg/04\\_faqs.htm](http://www.jcaho.org/accredited+organizations/patient+safety/04+npsg/04_faqs.htm).

### JCAHO Patient Safety Goals for 2004

#### **1) Improve the accuracy of patient identification.**

- a) Use at least two patient identifiers (neither to be the patient's room number) whenever taking blood samples or administering medications or blood products.
- b) Prior to the start of any surgical or invasive procedure, conduct a final verification process, such as a "time out," to confirm the correct patient, procedure and site, using active—not passive—communication techniques.

#### **2) Improve the effectiveness of communication among caregivers.**

- a) Implement a process for taking verbal or telephone orders or critical test results that require a verification "read-back" of the complete order or test result by the person receiving the order or test result.
- b) Standardize the abbreviations, acronyms and symbols used throughout the organization, including a list of abbreviations, acronyms and symbols not to use.

#### **3) Improve the safety of using high-alert medications.**

- a) Remove concentrated electrolytes (including, but not limited to, potassium chloride, potassium phosphate, sodium chloride >0.9%) from patient care units.
- b) Standardize and limit the number of drug concentrations available in the organization.

#### **4) Eliminate wrong-site, wrong-patient, wrong-procedure surgery.**

- a) Create and use a preoperative verification process, such as a checklist, to confirm that appropriate documents are available, e.g., medical records, imaging studies.
- b) Implement a process to mark the surgical site and involve the patient in the marking process.

#### **5) Improve the safety of using infusion pumps.**

- a) Ensure free-flow protection on all general-use and patient-controlled analgesia intravenous infusion pumps used in the organization.

#### **6) Improve the effectiveness of clinical alarm systems.**

- a) Implement regular preventive maintenance and testing of alarm systems.
- b) Assure that alarms are activated with appropriate settings and are sufficiently audible with respect to distances and competing noise within the unit.

#### **7) Reduce the risk of health care-acquired infections.**

- a) Comply with current CDC hand hygiene guidelines.
- b) Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-acquired infection.

### **Goal 7a: Complying with CDC Hand Hygiene Guidelines**

The Centers for Disease Control and Prevention issued Hand Hygiene Guidelines on October 25, 2002 (<http://www.cdc.gov/handhygiene/>). The Guidelines provide a review of scientific data and contain recommendations "designed to improve hand hygiene practices of healthcare workers and to reduce the transmission of pathogenic organisms."

The Guidelines were developed by a committee convened by CDC, in collaboration with the Society for Healthcare Epidemiology of America, the Association of Professionals in Infection Control and Epidemiology, the Infectious Disease Society of America.

The Guidelines contain "Category IA, IB, and IC" recommendations that are required by JCAHO Goal 7a, and

have been summarized in the four boxes on page 2 as a handy reference. Appropriate personnel are to review the CDC Guidelines in their original form to fully understand these items. "Category II" recommendations are suggested by CDC and JCAHO, but not required. Category II items may be considered by VA facilities and adopted as locally determined. Some are already common practice, such as removing rings before surgical scrub.

Healthcare-associated infections account for 50% of all major hospital complications and have occurred in approximately 1-in-20 patients admitted to US hospitals according to *Priority Areas for National Action*, IOM 2003 (<http://www.nap.edu/catalog/10593.html>), which selected nosocomial infections as 1 of 20 priority healthcare quality improvements. The CDC has identified healthcare workers' hands as one of the major vectors for these infections.

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## **Summary of CDC Recommendations for Hand Hygiene for the New JCAHO Patient Safety Goal 7a**

Appropriate personnel are to review the CDC Guidelines in their original form.

### **I. All Health Care Workers With Direct Patient Contact**

- 1) Use an alcohol hand-rub or antimicrobial soap to routinely decontaminate your hands before and after you touch a patient.  
*Note: A single act of hand “washing” (with an alcohol hand-rub or an antimicrobial soap) after one patient and before the next patient suffices to decontaminate your hands if you are not recontaminating your hands in-between patients (as in talking on the telephone, handling objects, etc.). A good rule of thumb is that if you apply an alcohol hand-rub as you leave one patient and are still rubbing your hands together as you arrive at the next patient then there is no need to repeat hand antisepsis.*
- 2) Put gloves on before you touch non-intact skin, blood, mucous membranes, or potentially infectious materials such as soiled linens.
- 3) Use an alcohol hand-rub or antimicrobial soap before donning sterile gloves when inserting a central venous catheter, an indwelling urinary catheter, a peripheral vascular catheter, or performing other similar invasive procedures.
- 4) Remove gloves after caring for a patient or touching potentially infectious materials, and use an alcohol hand-rub or antimicrobial soap to decontaminate your hands after removing gloves.
- 5) Healthcare workers that may have direct contact with patients at high risk for infection must not wear artificial fingernails.
- 6) Wash your hands with soap and water if they are visibly soiled or contaminated with body fluids.
- 7) Wash hands with soap and water after using a restroom.
- 8) Wash hands with soap and water before eating.

### **II. Surgical Hand Hygiene**

- 1) Before donning sterile gloves for surgical procedures use either an antimicrobial soap or an alcohol-based hand-rub with persistent activity.
- 2) When using an alcohol-based surgical hand-scrub product with persistent activity, follow the manufacturer’s instructions. Usage protocols may vary by manufacturer. For example, some products recommend that health care workers dip each fingernail in the antimicrobial solution prior to applying the product to their hands and forearms.  
*Note: Most alcohol hand-rub products designed for non-surgical applications do not have persistent activity. “Persistent activity” is not a characteristic of alcohol, but is a characteristic of most other antimicrobial agents such as Chlorhexidine Gluconate, which are added to the alcohol-based products and soaps designed for use by surgeons. Consult infection control staff if you have questions on the appropriate use of alcohol-based surgical scrub products.*
- 3) When performing surgical hand antisepsis using an antimicrobial soap, long scrub times (e.g., 10 minutes) are not necessary. Scrub hands and forearms for the length of time recommended by the manufacturer, usually 2 to 6 minutes.

### **III. Facility Management (Supplies)**

- 1) Provide an alcohol-based hand-rub at the entrance to the patient’s room and/or at the bedside, as well as other convenient locations. To provide an alternative to alcohol-based hand-rubs for decontaminating hands, provide antimicrobial soap in all patient care areas where soap is provided (i.e., at all sinks with a soap dispenser).
- 2) Make pocket-sized containers of alcohol hand-rub available to HCWs. *Note: This does not imply a requirement for HCWs to carry pocket-sized alcohol hand-rubs.*
- 3) Provide healthcare workers with hand lotions or creams to minimize irritant contact dermatitis.  
*Note: Be sure to provide products designed for healthcare applications that do not reduce the effectiveness of other hand hygiene products, such as gloves and antimicrobial compounds, e.g., Chlorhexidine Gluconate (CHG). Some lotions are specifically advertised as “CHG compliant.” Providing lotion should not be seen as a frill.*
- 4) Do not add soap to partially empty dispensers. “Topping off” soap dispensers can lead to bacterial contamination.  
*Note: This means that in patient care settings soap should be provided in disposable bladders or other products that prevent old and new soap from mixing.*
- 5) Store supplies of alcohol-based hand-rubs in cabinets or areas approved for flammable materials.

### **IV. Facility Management (Administrative Action)**

- 1) Make improved hand-hygiene an institutional priority and provide administrative and financial support.  
*Note: Financial support includes providing adequate supplies of alcohol hand-rubs (wall mounted and pocket-sized), antimicrobial soaps, gloves (regular and sterile), and lotion.*
- 2) Solicit input from employees regarding the feel, fragrance, and skin tolerance of products, such as soap, alcohol hand-rub and gloves.
- 3) Monitor health care workers’ adherence to hand-hygiene practices and provide information regarding the workers’ performance.

Perhaps the most important point in the Guidelines is that alcohol hand-rubs have been shown to be extremely effective in killing microorganisms – often better than antibacterial soaps – while also being associated with a low incidence of dermatitis in healthcare workers.

Previous studies indicate that the adherence to recommended hand-hygiene practices averages 40%, with mean baseline rates as low as 5%. One reason for low compliance has been the inconvenience of repeatedly using soap and water. Alcohol hand-rubs are easier to use: when an alcohol hand-rub is used as directed, neither water nor hand-drying with towels is required or suggested.

Newer hand-rubs, although they contain 60% alcohol, are much easier on the skin than earlier versions of these products due to the incorporation of ingredients such as emollients. There is reason to believe that the increased use of alcohol hand-rubs can simultaneously reduce the incidence of infections in patients and of hand dermatitis in healthcare workers.

### Using Hand Hygiene Products In the VA

The VA presently has a Blanket Purchase Agreement (BPA) with only two approved alcohol hand-rub suppliers: Coloplast (Sween Isagel) and Ecolab (Huntington Quik-Care). The 21-ounce Coloplast gel can be wall-mounted or dispensed from a tabletop. This product is also available in a 4-ounce pocket-sized product. The Ecolab product is an aerosol foam, designed for wall-mount, that comes in two sizes, 7 and 15 ounces.

Many antimicrobial soaps are approved for purchase in the VA. At this time, the two BPA-approved suppliers for these are Gojo-Purell and

Steris. A BPA has also been established for gloves, and the sole supplier at this time is Bosma Industries for the Blind.

The intranet URL for all soaps, hand-rubs, and gloves for which VHA has established a BPA is <http://vhacoweb1/logistics/standards/Logistics.htm>. Searching by manufacturer is the easiest way to bring up the applicable choices. When a product is needed in an area for which no BPA has been established, then VA facilities are free to purchase supplies as necessary. Currently, this includes items such as hand lotions and alcohol-based surgical scrub products.

Using an alcohol hand-rub is easy: apply the product to the palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Some special-use products, including many developed for surgical-scrub, require special guidance. In these cases, the manufacturers' instructions should be followed. When using soap, one should: cover all surfaces of the hands and fingers with soap and water; wash for at least 15 seconds; dry with a disposable towel; and use the towel to turn off the faucet. Avoid using hot water with soap because it increases the risk of dermatitis. As with alcohol hand-rubs, requirements differ for surgical scrub.

Additional information on ways to implement successful hand hygiene programs is being studied by NCPS. New information will be provided as it becomes available.

### Goal 7b. Managing as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health-care-acquired infection.

This is not a new requirement. It is consistent with the guidance provided in Appendices A and D in the VHA

Patient Safety Improvement Handbook, 1050.1, available at <http://vawww.va.gov/publ/direc/health/handbook/1051-1hk1-30-02.pdf>, as well as in other literature. As noted, RCAs are required in cases where a "catastrophic" event has occurred, or in other cases where the incident is scored as a 3 on the Safety Assessment Code. Catastrophic is defined as "Death or major permanent loss of function (sensory, motor, physiologic, or intellectual) not related to the natural course of the patient's illness or underlying condition (i.e., acts of commission or omission)." JCAHO has provided the following clarification of this goal:

*"Many patients who die with nosocomial infections are very sick and may have multiple other problems. How do we determine whether the patient's death was 'unanticipated?'"* This determination is based on the condition of the patient at the time of admission to the organization. A death or major permanent loss of function should be considered a sentinel event if the outcome was not the result of the natural course of the patient's illness or underlying condition(s) that existed at the time of admission. For example, an otherwise healthy patient who is admitted for an elective procedure, develops a wound infection, becomes septic, and dies, should be considered a sentinel event. However, cases in which the patient is immunocompromised or elderly with multiple co-morbidities are more difficult to classify. The knowledge that a certain percentage of patients with a given condition will die does not mean that the death of any one of these patients is "anticipated." If, at the time of admission, the patient's condition is such that he or she has a high likelihood of not surviving the episode of care (e.g., the hospitalization), then that patient's death would not be considered a sentinel event. Otherwise, it should be managed as a sentinel event, that is, a root cause analysis should be conducted."

Questions on this topic should be directed to your facility Patient Safety Manager, who is responsible for understanding and using the methods identified in 1050.1 to establish whether there is a requirement to perform an RCA.



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# Modified JCAHO Patient Safety Goal for 2004

By Rodney Williams, Esq., NCPS Program Manager

## Goal #2 Improve the effectiveness of communication among caregivers.

**Goal 2a: Implement a process for taking verbal or telephone orders or critical test results that require a verification “read back” of the complete order or test result by the person receiving the order or test result.**

JCAHO has expanded Goal 2a to help prevent the occurrence of miscommunication when reporting “critical test results.” In 2004, JCAHO will require that the “read back” process apply to “critical test results” reported verbally or by telephone. Critical test results are defined by the individual healthcare organization and will typically include “stat” tests, “panic value” reports and other diagnostic test results that require urgent response (i.e., imaging studies, electrocardiograms and laboratory). Though JCAHO has not established any documentation requirements for this goal, JCAHO will survey this read-back activity. Expect JCAHO to focus on how performance is tracked against the goal, i.e., how the organization knows that the process is being done in a consistent manner, which may or may not include documentation. Each facility should establish with its medical staff an expectation for “read-back” whenever receiving critical test results verbally, including over the telephone.

Note: Your facility must define which test results are considered “critical test results,” otherwise surveyors will consider all verbal or telephone reports of diagnostic tests to be “critical.”

**Goal 2b: Standardize the abbreviations, acronyms and symbols used throughout the organization, including a list of abbreviations, acronyms and symbols not to use**

On November 3, 2003, JCAHO clarified Goal 2b. This goal had required a 100 % compliance, in all forms of clinical documentation, with a reasonably comprehensive, facility-defined list of prohibited “dangerous” abbreviations, acronyms and symbols. Though 100 % compliance continues to be the long-term objective of this requirement, recognizing that this type of change will take time, JCAHO has instructed its surveyors to score a facility “In Compliance” if:

- Use of any item on the list below is “sporadic” (less than 10 % of the instances of the intended term are abbreviated or symbolized); AND
- Whenever any prohibited item has been used in an order, there is written evidence of confirmation of the intended meaning before the order is carried out; AND
- The organization has implemented a plan for continued improvement to achieve 100 percent compliance by the end of 2004.

Additionally, JCAHO has approved a “minimum list” of dangerous abbreviations, acronyms and symbols. Beginning January 1, 2004, the following items must be included on each accredited organization’s “do not use” list:

### JCAHO “Minimum List” of Dangerous Abbreviations, Acronyms and Symbols

Abbreviation	Potential Problem	Preferred Term
U (for unit)	Mistaken as zero, four or cc	Write “unit”
IU (for international unit)	Mistaken as IV (intravenous) or 10 (ten)	Write “international unit”
Q.D., Q.O.D. (Latin abbreviation for <i>once daily</i> and <i>every other day</i> )	Mistaken for each other. The period after the Q can be mistaken for an “I” and the “O” can be mistaken for “I”.	Write “daily” and “every other day”
Trailing zero (X.0 mg) Lack of leading zero (.X mg)	Decimal point is missed.	Never write a zero by itself after a decimal point (X mg), and always use a zero before a decimal point (0.X mg)
MS MSO <sub>4</sub> MgSO <sub>4</sub>	Confused for one another. Can mean morphine sulfate or magnesium sulfate.	Write “morphine sulfate” or “magnesium sulfate”

Note: An abbreviation on the “do not use” list should not be used in any of its forms—upper or lower case; with or without periods. For example, if “Q.D.” is on your “do not use” list, “QD” or “qd” should not be used for any other purpose.

Effective April 1, 2004 (if you do not already have an additional facility-defined “do not use” list in place), you must identify and apply at least an additional three “do not use” abbreviations, acronyms or symbols of your own choosing. Below are examples provided by JCAHO:

Abbreviation	Potential Problem	Preferred Term
µg (for microgram)	Mistaken for mg (milligrams) resulting in one thousand-fold dosing overdose.	Write “mcg”
H.S. (for half-strength or Latin abbreviation for bedtime)	Mistaken for either half-strength or hour of sleep (at bedtime). q.H.S. mistaken for every hour. All can result in a dosing error.	Write out “half-strength” or “at bedtime”
T.I.W. (for three times a week)	Mistaken for three times a day or twice weekly resulting in an overdose.	Write “3 times weekly” or “three times weekly”
S.C. or S.Q. (for subcutaneous)	Mistaken as SL for sublingual, or “5 every”.	Write “Sub-Q”, “subQ”, or “subcutaneously”
D/C (for discharge)	Interpreted as discontinue whatever medications follow (typically discharge meds).	Write “discharge”
c.c. (for cubic centimeter)	Mistaken for U (units) when poorly written.	Write “ml” for milliliters

Note: the Institute for Safe Medication Practices (ISMP) has published an updated list of dangerous abbreviations relating to medication use that it recommends should be explicitly prohibited. This list is available on the ISMP website: [www.ismp.org](http://www.ismp.org). 