

TIPS



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JCAHO National Patient Safety Goals for 2006

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IN 2002, JCAHO ISSUED a set of six National Patient Safety Goals (NPSGs) that became effective in 2003. A seventh goal was added for 2004; five new goals (8, 9, 10, 11 and 12) and three new requirements (2c, 2d and 3c) were issued for 2005.

In June 2005, JCAHO officially announced two new goals (13 and 14) and two new requirements (2e and 3d) that will become effective Jan. 1, 2006. Additional information regarding how and where to implement the actions required by the goals was also issued by JCAHO. The organization offers Web sites to provide further information. One introduces the goals and provides links to other resources: www.jcaho.org/accredited+organizations/patient+safety/npsg.htm A second site provides detailed "Implementation Expectations." For these insights, click to: www.jcaho.org/accredited+organizations/patient+safety/06_+npsg_ie.pdf

Six of the nine areas of care specified in the goals, and relevant to VHA healthcare settings, are those assigned to the following: Ambulatory Care, Behavioral Health Care, Home Care, Hospitals, Laboratories and Long Term Care. Selected highlights of the new goals and new aspects of pre-existing goals are provided below. For easy reference, pages 2 and 3 of this issue have been converted into a poster summarizing the application of the goals.

Summary Highlights of the 2006 Patient Safety Goals:

Goal 1: Improve the accuracy of patient identification

Requirement 1a is largely unchanged.

Requirement 1b requires re-establishing a patient's identity in the event that a practitioner leaves the patient's location prior to initiating a procedure. It also requires marking the procedure site if the practitioner will *not* be in continuous attendance from the time the patient consents to receiving the procedure until such time as the patient actually receives the procedure. This requirement pertains to invasive procedures frequently performed out of an operating room, such as bone marrow collection or fine needle aspiration. VHA facilities have already been doing this, as it is required by VHA Directive 2004-028, Ensuring Correct Surgery and Invasive Procedures. This Directive went into effect June 24, 2004, and is available online at: vaww.ncps.med.va.gov/CorrectSurg/CorrectSurg.html

Goal 2: Improve the effectiveness of communication among caregivers

Requirements 2a through 2d are largely unchanged.

2e: This new requirement calls for implementing a standardized approach to "hand off" communications to include an opportunity to ask and respond to questions. The objective of a hand off is to provide accurate information about a patient's care, to include: treatment and services, current condition and any recent or antic-

ipated changes. JCAHO requires that hand offs involve interactive communications so that receivers will be able to verify, review and question relevant patient data and information received from the giver.

This requirement has been the subject of a VHA work group established in the fall of 2005 to review the implications of the requirement and to provide summary recommendations to VHA facilities. Shift-change hand offs were identified by the work group as the type of hand off most in need of additional attention relevant to standardization and to providing the opportunity to ask and respond to questions.

The recommendations of the work group have been posted for VA employees on the NCPS Intranet site (vaww.ncps.med.va.gov/NPSG/) and provide examples of ways to standardize and to get questions answered. Standardization of a process requires that it be available in a written form that can be understood, reviewed and implemented by current and incoming staff.

There are many ways to help ensure that questions can be addressed. The work group has provided a list of these ways, as well as some reminders. For example, if one potential way to ask an important question is to call a nurse or physician at home or on a mobile telephone, then a list of up-to-date telephone numbers is necessary. This would apply to permanent staff and also to short-term staff, such as physicians-in-training or others that may only work at a VHA facility for a month or two.

Goal 3: Improve the safety of using medications

Effective Jan. 1, 2006, requirement 3a will be retired as an NSPG, and will be surveyed under other JCAHO review processes, which means that the substance of it must still be accomplished.

Requirements 3b and 3c are largely unchanged.

Requirement 3d is new and calls for labeling all medications, medication containers (e.g., syringes, medicine cups, basins) or other solutions on and off the sterile field in perioperative, operative and other procedural settings. JCAHO provides additional information on this requirement at the "Implementation Expectation" Web site noted above. A review of this implementation expectation reveals that this requirement is more challenging than it may seem. Most facilities and procedure settings may have already followed the basics of the requirement, but not the details. For example, the following actions and practices are among those required:

- ◆ "Labels include the name [1] and strength [2] of the medication or solution."
- ◆ "All labels are verified both verbally and visually by two qualified individuals. No more than one medication or solution is labeled at one time."

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- ◆ Medications and solutions both on and off the sterile field should be labeled even if there is only one medication being used.

Although most sites may have addressed this issue in a general way, there was no VHA requirement regarding the labeling of the medications in these settings, so noncompliance with this new NPSG may be a surprise to those working in operating rooms and may necessitate modifications to pre-existing standard practices.

Goal 4: Eliminate wrong site, wrong patient and wrong procedure surgery

Requirements 4a and 4b were retired in 2005, and are now surveyed under compliance with the JCAHO Universal Protocol. Information on the JCAHO Universal Protocol is available online at: www.jcaho.org/accruited+organizations/patient+safety/universal+protocol/index.htm VA employees can see vawww.ncps.med.va.gov/CorrectSurg/CorrectSurg.html for information on VHA Directive 2004-028, which covers the same topic and satisfies the JCAHO requirements.

Goal 5: Improve the safety of using infusion pumps

Requirement 5a will be retired as an NSPG effective Jan. 1, 2006, but will continue to be surveyed under other JCAHO standards and/or requirements.

Goal 6: Improve the effectiveness of clinical alarm systems

Requirements 6a and 6b were retired as of Jan. 1, 2005, but will continue to be surveyed under other JCAHO standards and/or requirements.

Goal 7: Reduce the risk of healthcare-associated infections

Requirements 7a and 7b are unchanged. Information on the VHA requirements relative to hand hygiene practices is available online at vawww.ncps.med.va.gov/Hand_Hygiene/InfoTools/index.html for VA employees or www.patientsafety.gov/SafetyTopics/HandHygiene/index.html for non-VA employees. These Web sites support the implementation of VHA Directive 2005-002, "Required Hand Hygiene Practices," the requirements of which also satisfy this goal.

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

Requirements 8a and 8b are unchanged for 2006. However, Jan. 1, 2006 marks the date for their implementation. The required action for 2005 was to develop processes for medication reconciliation, but implementation was not required. The VHA's electronic patient record and related systems give VHA facilities a head start on this requirement, but the realities of patients receiving prescriptions from non-VHA pharmacies, and using herbal and other non-prescription medications, as well as nutraceuticals, means that there are actions necessary to ensure that the requirements of this NPSG are satisfied. A good reference for further study and action is provided at the Agency for Healthcare Research and Quality

Web site (www.webmm.ahrq.gov/printview.aspx?caseID=107).

Goal 9 (Replaced): Reduce the risk of patient harm resulting from falls

Requirement 9b replaces requirement 9a, and requires facilities to "Implement a fall reduction program and evaluate the effectiveness of the program." Prevention of falls has been a major initiative of NCPS throughout 2004 and 2005, and a detailed "Falls Toolkit" has been developed and distributed to all VAMCs. This toolkit can help VAMCs meet this goal, and an electronic version is available online for VA employees at: vawww.ncps.med.va.gov/FallsToolkit/index.html and non-VA at: www.patientsafety.gov/SafetyTopics/fallstoolkit/index.html

Goal 10: Reduce the risk of influenza and pneumococcal disease in institutionalized older adults

Requirements 10a, 10b and 10c are unchanged. The main VHA Web page on flu prevention, organized by the VHA Office of Public Health and Environmental Hazards, is located online for VA employees at vawww.vhaco.va.gov/phshcg/Flu/Default.htm This page provides a link to the VHA "Flu Prevention Toolkit for 2005-2006." Special efforts to prepare U.S. healthcare facilities for the threat of a pandemic flu outbreak are presently underway as well, and information is available online at: www.pandemicflu.gov/

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.

NEW! Goal 13: Encourage the active involvement of patients and their families in the patient's own care as a patient safety strategy

The new requirement calls for implementing a communication technique that will encourage patients and their families to report patient care concerns. For 2006, this goal only applies to Home Care and Laboratory settings. In anticipation of the goal being expanded to hospital settings, VA NCPS is working with the VHA Office of Quality and Performance to include questions relevant to patient safety among those included in the Survey of Health Experiences of Patients (SHEP).

NEW! Goal 14: Prevent healthcare-associated pressure ulcers (decubitus ulcers)

The new requirement applies to Long Term Care settings and calls for the assessment and periodic reassessment of a patient's risk for developing a pressure ulcer, and taking action to address any identified risk. This goal requires the identification of at-risk patients through the use of validated risk assessment tools such as the Braden or Norton scales, and implementing comprehensive efforts to prevent and treat pressure ulcers through effective interventions, as well as educational programs that are appropriate to the patient's needs and capabilities. 

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