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Joint Commission National Patient Safety Goals, 2009

By Noel Eldridge, MS, NCPS executive officer

The seventh annual release of the Joint Commission National Patient Safety Goals (NPSGs) consists of modifications that include an entirely new numbering system and new requirements. The new 2009 requirements phase in over the year, but must be fully implemented by Jan. 1, 2010. There are also several new “Elements of Performance” and other aspects of the requirements that must be implemented by Jan. 1, 2009.

Overall, although many goals and requirements are essentially unchanged in terms of their brief descriptions, the renumbering has been combined with rewriting and reorganizing the steps and associated actions necessary to meet the goals and requirements. In many cases, the new Elements of Performance make the requirements clearer. They often include guidance and information previously contained in lists of FAQs and other documents.

Patient safety officers and managers should read and understand all the Elements of Performance and share selected excerpts (or summaries) of the actions required with specific groups of clinicians and/or other VA employees. These staff members may not otherwise become aware of how the requirements and Elements of Performance associated with the NPSGs can affect their work. Information available on the Joint Commission and NCPS web sites can help with this effort.¹

NPSG 2009 Highlights

Goal 1 – Improve the accuracy of patient identification. Requirements 1a and 1b are largely unchanged, but have been renumbered. A new requirement, NPSG.01.03.01, has been added: eliminating transfusion errors related to patient misidentification. Implementing the provisions of VHA Directive 2005-029, “Transfusion Verification and Identification of Requirements for All Sites,” can address this requirement.²

Goal 2 – Improve the effectiveness of communication among caregivers. Requirements 2a, 2b, 2c, and 2e are unchanged, but have been renumbered. A new “Class III to Class I” software

tool to help facilitate and standardize physician shift changes, as required by NPSG.02.05.01, was released in June 2008. It is available for implementation at all VA medical centers as part of CPRS.

Goal 3 – Improve the safety of using medications. Requirements 3c, 3d, and 3e are unchanged, but have been renumbered. To help meet NPSG.03.05.01 (formerly 3e), a VHA directive, providing guidance for safe anticoagulation therapy, has been written. The directive is currently in final review at VACO.

Goal 7 – Reduce the risk of health care–associated infections. Requirements 7a and 7b are unchanged, but have been renumbered. Three new requirements have been added:

- NPSG.07.03.01: Prevent infections associated with multi-drug resistant organisms.
- NPSG.07.04.01: Prevent central line-associated bloodstream infections.
- NPSG.07.05.01: Prevent surgical site infections.

These phase in through 2009. The VA is in a good position to meet these requirements due to earlier and ongoing work associated with the following: the VHA MRSA Prevention Program, the IHI 5 Million Lives campaign and Inpatient Evaluation Center (IPEC),³ and the Surgical Care Improvement Project (SCIP).⁴

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

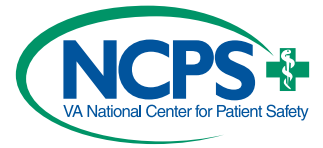
Requirement 8a is unchanged, but is referred to as NPSG.08.01.01. Requirement 8b has been modified and divided into two requirements: NPSG.08.02.01 and 08.03.01. A new requirement, NPSG.08.04.01, has been added for settings with minimal or short-term medication use. VHA has implemented a special initiative led by the Pharmacy Benefits Management Program to meet these requirements, as well as to meet the goal of improving medication reconciliation in general.⁵

Goal 9 – Reduce the risk of patient harm resulting from falls. Requirement 9a is unchanged, but is referred to as NPSG.09.02.01.



2009 Joint Commission National Patient Safety Goals

Ensure Review of All Elements of Performance



✓ = Active • 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	New #	Old #
						Goal 1 – Improve the accuracy of patient identification		
✓	✓	✓	✓	✓	✓	Use at least two identifiers when providing care, treatment, and services (and involve patient).	NPSG.01.01.01	1A
U.P (See below)	✓		✓	U.P (See below)	✓	Conduct a verification process before starting invasive/surgical procedures.	NPSG.01.02.01	1B
✓				✓		Eliminate transfusion errors related to patient misidentification.	NPSG.01.03.01	New
						Goal 2 – Improve the effectiveness of communication among caregivers		
✓	✓	✓	✓	✓	✓	Read back verbal orders.	NPSG.02.01.01	2A
✓	✓	✓	✓	✓	✓	Create a standardized list of acronyms, etc., not for use.	NPSG.02.02.01	2B
✓	✓	✓	✓	✓	✓	Report of critical tests/results in a timely manner.	NPSG.02.03.01	2C
✓	✓	✓	✓	✓	✓	Standardize the approach to hand-off communications.	NPSG.02.05.01	2E
						Goal 3 – Improve the safety of using medications		
✓	✓	✓	✓	✓		Prevent errors involving look-alike/sound-alike meds.	NPSG.03.03.01	3C
✓				✓		Label meds/containers/solutions on/off sterile field.	NPSG.03.04.01	3D
✓	✓		✓	✓		Reduce harm associated with anticoagulation therapy.	NPSG.03.05.01	3E
						Goal 7 – Reduce the risk of health care associated infections		
✓	✓	✓	✓	✓	✓	Meet CDC/WHO hand hygiene guidelines.	NPSG.07.01.01	7A
✓	✓	✓	✓	✓	✓	Manage as sentinel events cases resulting from health care-associated infections.	NPSG.07.02.01	7B
✓						Prevent multi-drug resistant organism infections.	NPSG.07.03.01	New
✓	✓		✓	✓		Prevent central line-associated blood stream infections.	NPSG.07.04.01	New
✓				✓		Prevent surgical site infections.	NPSG.07.05.01	New
						Goal 8 – Accurately and completely reconcile medications across the continuum of care		
✓	✓	✓	✓	✓		Compare current and newly ordered medications.	NPSG.08.01.01	8A
✓	✓	✓	✓	✓		Communicate a reconciled list of meds to next provider.	NPSG.08.02.01	8B Modified
✓	✓	✓	✓	✓		Provide a reconciled list of meds to patient/family.	NPSG.08.03.01	8B Modified
✓	✓	✓	✓	✓		Conduct a modified meds reconciliation process in settings with minimal or short-term med use.	NPSG.08.04.01	New
						Goal 9 – Reduce the risk of patient Harm resulting from falls		
✓	✓		✓			Implement a fall reduction program that includes evaluation of the program.	NPSG.09.02.01	9A
						Goal 10 – Reduce the risk of influenza and pneumococcal disease in institutionalized older adults		
	✓					Implement influenza vaccine protocols.	NPSG.10.01.01	10A
	✓					Implement pneumococcus vaccine protocols.	NPSG.10.02.01	10B
	✓					Implement protocols to manage influenza outbreaks.	NPSG.10.03.01	10C
						Goal 11 – Reduce the risk of surgical fires		
Note 1				✓		Prevent risk of surgical fires.	NPSG.11.01.01	11A
						Goal 13: Encourage patients' active involvement in their own care as a patient safety strategy		
✓	✓	✓	✓	✓	✓	Encourage patient/family to report safety concerns.	NPSG.13.01.01	13A Modified
						Provide the patient with information regarding infection control measures.	Element of Performance 2	New
						For surgical patients, describe the measures that will be taken to prevent adverse events in surgery.	Element of Performance 3	New
						Goal 14: Prevent Health Care Associated Pressure Ulcers		
	✓					Assess risk for pressure ulcers.	NPSG.14.01.01	14A
						Goal 15: Identify safety risks inherent in the patient population		
✓		✓				Identify individuals at risk for suicide.	NPSG.15.01.01	15A
			✓			Identify risks associated with home oxygen therapy.	NPSG.15.02.01	15B
						Goal 16: Improve recognition and response to changes in a patient's condition		
✓						Provide methods for staff, patients, and families to request specialized assistance for a patient with a worsening condition.	NPSG.16.01.01	16A
						Universal Protocol (U.P.)		
✓				✓		Conduct pre-procedure verification process.	UP.01.01.01	UP1
✓				✓		Mark the procedure site.	UP.01.02.01	UP2
✓				✓		Perform a time-out immediately prior to the procedure.	UP.01.03.01	UP3
HOSP	LTC	BHC	HC	AMC	LAB			

Note 1. Although not a hospital requirement, hospital staff should review AMC NPSG 11 Elements of Performance for application to hospital operating rooms.

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LTC = Long Term Care
HC = Home Care

HOSP = Hospital
BHC = Behavioral Health Care
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Goal 10 – Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.

Requirements 10a, 10b, and 10c are unchanged, but have been renumbered.

Goal 11 – Reduce the risk of surgical fires. Requirement 11a is unchanged, but is referred to as NPSG.11.01.01. Although this requirement “officially” applies only to ambulatory care facilities, such as same-day surgery centers, the Elements of Performance should be reviewed for application in hospital settings — where the risk of surgical fires is also a major concern.

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, but is referred to as NPSG.13.01.01. Two new Elements of Performance call for hospitals to inform patients about safe practices in two specific areas of care: infection prevention and surgery.

CDC offers a video (available online) that can meet the need to inform patients about expected hand hygiene practices.⁶ NCPS has received copies of the DVD version and in the near future will be distributing them to patient safety managers at VA medical centers. NCPS is preparing information to augment locally-developed programs meant to enhance patient involvement. The focus is on other infection prevention efforts and safe surgery methods.

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

but is referred to as NPSG.14.01.01. It is applicable to long-term care only. VHA Handbook 1180.2, “Assessment and Prevention of Pressure Ulcers,” is a valuable resource for work in this area.⁷

Goal 15 – The organization identifies safety risks inherent in its patient population. Requirement 15a is unchanged, but is referred to as NPSG.15.01.01. It mandates action to help prevent suicide through special efforts to identify patients at risk for suicide. Requirement 15b is unchanged, but is referred to as NPSG.15.02.01. It requires assessments and other actions for the safe use of oxygen therapy in home care.

Goal 16 – Improve recognition and response to changes in a patient’s condition. Requirement 16a is applicable to hospitals only, but is referred to as NPSG.16.01.01. VA has significant work underway in this area as part of the response to the IHI 5 Million Lives campaign’s Rapid Response Teams initiative, as well as the VA’s Inpatient Evaluation Center (IPEC).⁸

Universal Protocol (for prevention of wrong side, wrong site, and wrong patient surgery).

The steps associated with the Joint Commission’s Universal Protocol have been translated into the same format as the NPSGs and renumbered accordingly.

There are some minor changes to the requirements associated with the Universal Protocol, which is similar to VHA’s Directive on Ensuring Correct Surgery and Invasive Procedures (2004-028). The biggest change is the requirement to use a checklist in the time-out process.

Notes

1. VA employees can go to the NCPS Intranet site
Public site: <http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/>
2. Public site: http://www1.va.gov/VHAPUBLICATIONS/ViewPublication.asp?pub_ID=1281
3. Public site: <http://www1.va.gov/Nursing/page.cfm?pg=130>
4. Public site: http://www.cfm.org/hospital/hospital_scip.htm
5. VA employees can go to the NCPS Intranet site
6. Public site: http://www.cdc.gov/handhygiene/Patient_Admission_Video.html
7. Public site: http://www1.va.gov/VHAPUBLICATIONS/ViewPublication.asp?pub_ID=1447
8. VA employees can go to the NCPS Intranet site

Did You Know...

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For the TIPS archive

January 2001 to present, click to:

<http://www.patientsafety.gov/TIPS/tips.html>

