



Joint Commission
& the
National Patient
Safety Goals

By

House Staff Orientation
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What/Who Is



?

- **JC** stands for the Joint Commission on Accreditation for Healthcare Organizations
 - Independent, not-for-profit organization
 - **Mission:** To continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations (**www.jointcommission.org**)

What Accreditation Means to YOU!

- **Recognition as meeting compliance with National Standards in providing patient care.**
- **3rd Party Reimbursement.**
- **ACGME Accredited Training Programs are required to be Accredited, preferably by JC.**
- **Triennial Survey with JC rather than Annual with CMS (Centers for Medicare & Medicaid).**
Next Survey, 2010!!

National Patient Safety Goals

- **JC approved the National Patient Safety Goals in July 2002 to be effective for all facilities surveyed after January 1, 2004.**
- **The goals were developed to assist hospitals to address specific areas of concern regarding patient safety to decrease medical errors in response to the IOM Report in 1999. The report stated that approximately **98,000** deaths per year are related to medical errors.**

National Patient Safety Goals

■ **Goal 1 Improve the accuracy of patient identification.**

- Two patient identifiers are used when providing care, treatment or services.
 - Inpatient (Name and MR #)
 - Outpatient (Name and DOB or SS #)

■ **Goal 2 Improve effectiveness of communication among caregivers.**

- “*Read Back*” documentation of verbal orders and critical test results.
- No use of unapproved abbreviations, such as, U, u, IU, Q.D., QD, q.d., qd, Q.O.D., QOD, trailing zero (X. 0mg), lack of a leading zero (.Xmg), MS, MSO₄, MgSO₄
- Measure, assess and if appropriate take action to improve the timeliness of reporting of critical test values.
- Implement a standardized approach to “hand off” communications.

■ **Goal 3 Improve the safety of using medications.**

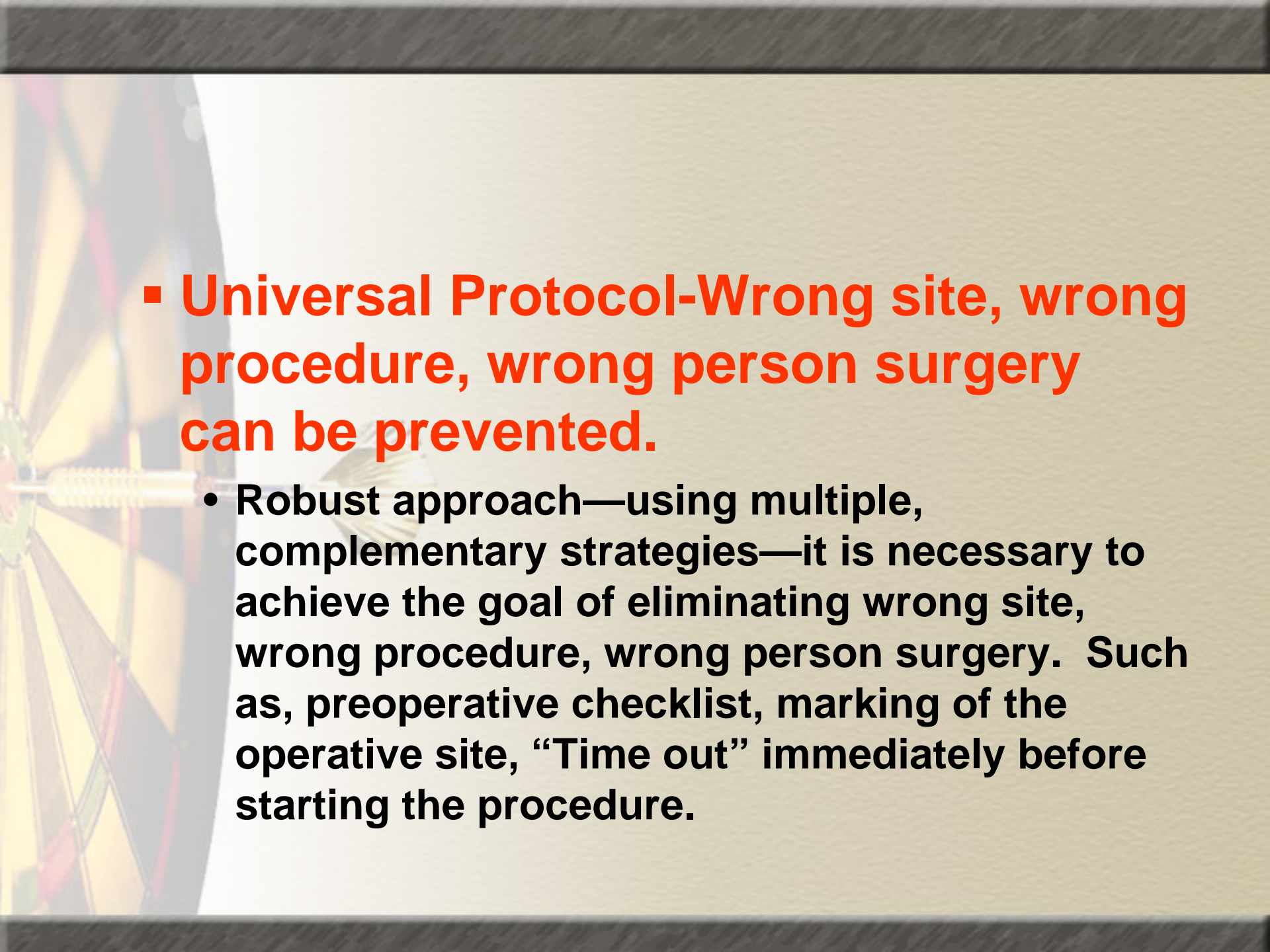
- No concentrated electrolytes (potassium chloride, potassium phosphate, sodium chloride > 0.9%).
- Standardize and limit the number of drug concentrations-all high risk drugs have been standardized.
- Annually the Pharmacy must identify and, at a minimum review a list of look-alike / sound alike drugs used and take action to prevent errors involving the interchange of these drugs.
- Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.
- Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.
(Use only oral unit dose and pre-mixed infusions; Warfarin is monitored, INR is available and Dietary consultation is provided. Heparin and low molecular weight heparin is monitored, infused by infusion pumps, provide education concerning monitoring, dietary restrictions, and potential for adverse drug reactions and interactions)

National Patient Safety Goals

- **Goal 7 Reduce the risk of health care-associated infections.**
 - Comply with current CDC Hand Hygiene Guidelines.
 - Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with health care-associated infection.
- **Goal 8 Accurately and completely reconcile medications across the continuum of care.**
 - Process for comparing the patient's current medications with those ordered for the patient while under the care of the organization.
 - A complete list of medications is communicated to the next provider of service when a patient is referred or transferred 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 organization.
 - The form **MUST** be signed by a **physician/resident** for all patients admitted to the hospital.
- **Goal 9 Reduce the risk of [patient] harm resulting from falls.**
 - Implement a fall reduction program including an evaluation of the effectiveness of the program.
 - Assessment on admission.
 - Interventions for those at risk (i.e. leaf on door/orange sheet in chart)
 - Staff, Patient and Family Education concerning Falls Reduction Program.
 - Evaluation by the Falls Committee.

National Patient Safety Goals

- **Goal 13 Encourage [patients'] active involvement in their own care as a [patient] safety strategy.**
 - Documented discussions with patients and families about all aspects of their care.
 - Plan of Care
 - Informed Consent
 - Report safety concerns to www.jointcommission.org
- **Goal 15 The organization identifies safety risks inherent in its [patient] population.**
 - Complete a probabilistic risk assessment that may contribute to adverse outcomes.
 - Risks such as those that place a patient at risk for suicide, immediate safety needs-such as a crisis hotline.
- **Goal 16 Improve recognition and response to changes in a patient's condition.**
 - Implement a Rapid Response Team (START)



▪ **Universal Protocol-Wrong site, wrong procedure, wrong person surgery can be prevented.**

- **Robust approach—using multiple, complementary strategies—it is necessary to achieve the goal of eliminating wrong site, wrong procedure, wrong person surgery. Such as, preoperative checklist, marking of the operative site, “Time out” immediately before starting the procedure.**

Joint Commission

- **11 Functional Sections**
 - **Ethics, Rights and Responsibilities**
 - **Provision of Care, Treatment and Services**
 - **Medication Management**
 - **Surveillance, Prevention, and Control of Infection**
 - **Improving Organizational Performance**
 - **Leadership**
 - **Management of the Environment of Care**
 - **Management of Human Resources**
 - **Management of Information**
 - **Medical Staff**
 - **Nursing**

Joint Commission *"HOT"* Spots *Ethics, Rights and Responsibilities (RI)*

- Clinical Trials/Investigational Drugs (8.8)
 - Incomplete Clinical Trial Consents
- Patient Rights (5.17)
- Advance Directive Policy (5.22)
- Informed Consent (5.16.1)
 - Incomplete Informed Consents

Joint Commission “HOT” Spots

Medication Management (MM)

- **Control/Security of Medications (8.13)**
 - **Carts/Contrast left unsecured**
 - No expiration dates on Drug Box
 - Expired Medications / Multi-dose vials not labeled or expired
 - **Medications Unlabeled or left at the Bedside**
 - Medications for patients discharged NOT returned
- **High Alert Medications (8.6.4)**
 - 2nd Verifications for Heparin & other related anti- coagulants (IV/SQ), Insulin (IV or SQ), PCA Morphine/Demerol (IV), Chemotherapy (IV)
 - **Two patient identifiers not used**
- **Documentation of Medication Administration**
 - **Patient Education**
 - **First Dose**
 - **Effectiveness**
- **Bedside Medications (8.6.3)**
 - **Not allowed at LSUHSC-S**

Joint Commission *"HOT"* Spots *Surveillance, Prevention, and Control of Infection (IC)*

- **Unit/Clinic/Department/Physician Statistics**
- **Environmental**
 - **Hand washing Guidelines not followed**
 - **Items stored under sink**
 - **Eating/Drinking at the Nurses Station**
 - **Medication (IV Fluid) stored on the floor**
 - **Sterile and Non-Sterile items stored on the same shelf (4.10)**
 - **Patient / Staff food not separated or shelves labeled**
- **Know and Practice Infection Control Precautions (4.3.1)**

Joint Commission *"HOT"* Spots

Improving Organizational Performance (PI)

- Hospital-wide indicators for conscious sedation are monitored, tracked and reported
- Department/Unit/Clinic Performance Improvement Indicators
 - Peer Review for Residents and Faculty
- **JC/CMS Quality Measures reported quarterly to JC and CMS and available to the public.**
 - Acute Myocardial Infarction (AMI)
 - Congestive Heart Failure (CHF)
 - Pneumonia (PN)
 - Pregnancy and Related Conditions (PR)
 - Surgical Care Improvement Project (SCIP)

Joint Commission *"HOT"* Spots Management of the Environment of Care (EC)

- **Life Safety**

- **Supply doors unlocked**
- **Doors blocked open with door wedge**
- **Evacuation Plan not posted**
- **Supplies stored too close to sprinkler heads**
- **Ceiling Tiles missing**
- **Holes in walls with insulation visible**
- **Equipment on both sides of the halls**
- **Crash Cart Logs Incomplete (5.12.1)**
- **Ice Machine not labeled with last cleaning**

Joint Commission *"HOT"* Spots *Management of Human Resources (HR)*

- **Adequacy of Staffing**
 - Competency (Levels of Care)
<http://www.sh.lsuhs.edu/gme/home3.html>
- **Appropriate Staffing**
- **Staffing Effectiveness Report**
 - Patient Complaints
 - Employee Injuries
 - Turnover Rates
 - Vacancy Rates

"Plan for Provision of Care"

Joint Commission *"HOT"* Spots

Management of Information (IM)

- **Verbal Orders, "Read Back" Procedure**
- **Medication Assessment Form not signed (Reconciliation)**
- **IV Solutions must be charted**
- **Pain not Assessed**
- **Time of Arrival not Documented**
- **Physician/House Staff**
 - **Orders not initialed or marked "error", just scratched out**
 - **H & P not dated**
 - **Legibility**
 - **Blood / Informed Consent incomplete**
 - **Medication Assessment Form not signed**
 - **Unapproved abbreviations**
(U, u, IU, Q.D., QD, q.d., qd, Q.O.D., QOD, trailing zero (X. 0mg), lack of a leading zero (.Xmg), MS, MSO₄, MgSO₄)
 - **Documentation should demonstrate care is timely and consistent**

Joint Commission *"HOT"* Spots *Medical Staff (MS)*

- Physician/Resident Privileging
- Staff must know what a physician/house staff can and cannot do, with and without supervision

"E-Priv"

<http://www.sh.lsuhscc.edu/policies/epriv/default.htm>

"Resident Levels of Care"

<http://www.sh.lsuhscc.edu/gme/home3.html>

Joint Commission *"HOT"* Spots Closing

Educate, Educate, Educate!!

(Brown Bag Lunches, Newsletter, Bathroom Blitzes)



Do, Do, Do!!

(Mock Surveys)



Check, Check, Check!!

(Watch and Improve)



LSU

Health Sciences Center

QUESTIONS?



THANK YOU!!