



NPSG---Creating A Constant Vigil of Patient Safety

Lynn A. Moran, Pharm.D
Surveyor, The Joint Commission

Outline

- Discussion of The Joint Commission National Patient Safety Goals (NPSG) for 2010
- Changes in the 2010 requirements for the medication-related NPSG.
- Most problematic medication-related NPSG scored on surveys in 2009 and early 2010 and why.
- A focused discussion on anticoagulation as it relates to the NPSG for 2010

Disclaimer

This presentation is current as of April 25, 2010. The Joint Commission reserves the right to change the content of the information, as appropriate.

These slides are only meant to be cue points, which were expounded upon verbally by the original presenter and are not meant to be comprehensive statements of standards interpretation or represent all the content of the presentation. Thus, care should be exercised in interpreting Joint Commission requirements based solely on the content of these slides.

These slides are copyrighted and may not be further used, shared or distributed without permission of the original presenter or the Joint Commission

NPSG

- Began in April 2002
- Physicians, nurses, pharmacists, patient safety experts
- Began with six goals
- Greater focus, list cannot become too large

Why do we have NPSG?

- The purpose of the Joint Commission's National Patient Safety Goals is to promote specific improvements in patient safety. The goals highlight problematic areas in health care and describe evidence and expert-based consensus to solutions to these problems.

2010 Goals Which Do Not Apply to Hospital Practice

- Goal 4
- Goal 5
- Goal 6
- Goal 9
- Goal 10
- Goal 11
- Goal 12
- Goal 13
- Goal 14
- Goal 16

Goal 1

- ▀ Improve accuracy of patient identification
 - At least TWO identifiers
 - Identify patient appropriately
 - Match service to patient

Goal 2

- ▀ Improve effectiveness of communication among caregivers
 - Timely reporting of critical tests and critical test results
 - Much confusion
 - Written procedures
 - Implementation of these procedures
 - Evaluation of timeliness

Goal 3

- ▀ Improve the safety of using medication
 - Label ALL medications, medication containers, and other solutions on and off the sterile field
 - Not immediately used
 - Transferred from original container
 - Labeling requirements
 - Verification verbally and visually by two staff members

Goal 7

- ▀ Reduce the risk of health-care associated infections
 - Managing hand hygiene guidelines
 - Preventing multidrug-resistant organism infections
 - Preventing central line-associated blood stream infections
 - Preventing surgical site infections

Goal 8

- ▀ Accurately and completely reconcile medications across the continuum of care
 - Not all requirements currently in effect
 - Most controversial goal
 - Comparing current and newly ordered medications
 - Communicating to next provider
 - Reconciled medication list to patient

Goal 15

- ▀ Identifying individuals at risk for suicide

NPSG Changes for 2010

Moved from NPSG to Standards:

Do Not Use Abbreviations	02.02.01	IM.02.02.01, EP 2
Look-Alike Sound-Alike	03.03.01	MM.01.02.01
Hand off Communications	02.05.01	PC.02.02.01, EP 2
Read Back-Verbal Orders	02.01.01	PC.02.01.03, EP 20
Fall Prevention	09.02.01	PC.01.02.17 *
Patient Involvement	13.01.01	PC.02.03.01, EP 27*
Early Response	16.01.01	PC.02.01.19 *

* Includes other standards.

Question

What was the most common NPSG for noncompliance related to medications for 2009?

- A. Drug labeling in procedures (on and off the sterile field).
- B. Unapproved abbreviations in medication orders
- C. Lack of protocols for anticoagulation management
- D. Medication reconciliation

Top Med-related NPSG Scored Non-Compliant in 2009

- ▀ 03.04.01 Med Labeling in Procedures 27%
- ▀ 02.02.01 Unapproved Abbreviations 22%
- ▀ 01.01.01: Two patient identifiers 6%
- ▀ 03.03.01: Look-Alike, Sound-Alike Drugs 4%
- ▀ 03.05.01: Anticoagulation Management 4%

*Based on 1414 surveys Jan-Jun 2009

Medication Labeling in Procedures

▀ Issues:

- Not labeled immediately before or after transfer.
- Use of pre-labeled containers (cardiac cath).
- Not all solutions labeled
- No strength on label
- Actual containers not labeled

Note: Maintaining original containers until end of procedure is no longer required.

Top Med-related NPSG

- ▀ Medication Reconciliation
 - On hold, new requirements in Jan 2011.
 - Simpler, shorter and less specific.
- ▀ Unapproved Abbreviations
- ▀ Two Patient Identifiers
- ▀ Look-Alike, Sound-Alike Drugs
 - Issue: Not following own policy.
 - Specific requirements of list (# & source) deleted for 2010 – now a MM standard.

Goal 3

- ▀ Reduce patient harm from anticoagulation therapy

Question

Which are the top three compliance issues with the anticoagulation management goal?

- A. Lack of a written medical staff protocol for initiation and maintenance of warfarin therapy
- B. Not followed by retail pharmacies owned and operated by the hospital.
- C. Lack of physician/patient education.
- D. Lack of periodic evaluation process (measures)
- E. No baseline INR's prior to starting therapy.

Applicability

- This requirement applies only to organizations that provide anticoagulation therapy and/or anticoagulation prophylaxis (e.g. atrial fibrillation) where the clinical expectation is that the patient's laboratory values for coagulation will remain outside normal values.
 - Note: does not say therapeutic values - only outside normal values.

Elements of Performance

1. Uses only oral unit dose products, pre-filled syringes, or pre-mixed infusion bags when these types of products are available.
2. Uses written approved protocols for initiation and maintenance of anticoagulation therapy.
 - *Most problematic EP*
 - *Does not address warfarin – only heparin.*
 - *Does not address prescribing (initiation and maintenance).*

“Approved Protocol”

- A detailed written plan specifying the procedures to be followed in providing care for a particular condition. (Mosby's Medical Dictionary)
 - With the goal to standardize care, raise the quality of care and reduce risks
 - Based on evidence-based medical practices agreed upon by medical staff.
 - Address key decision points and respective courses of action integrated with the clinical judgment and experience of the practitioner.

“Approved Protocol”

- Must address initiation and maintenance of anticoagulation drug therapy.
 - Dosage of medications
 - Laboratory monitoring
 - Rescue and treatment of ADE's
 - Acceptable formats can include: Preprinted order sheets, standing orders, written protocol, clinical guidelines, critical pathway, or medical staff policy.
 - *Need not be a rigid dosing protocol or nomogram!*

What is not acceptable

- Pharmacy monitoring protocol only that does not address prescribing/dosing by MD.
- Protocol or guidelines not accessible or distributed to all prescribers.
- Physician orders “dosing per pharmacy” but there is no protocol or guidelines for the pharmacists follow.
- Protocols only address heparin but not all anticoagulants covered by NPSG (warfarin).

Elements of Performance

3. Before starting a patient on warfarin, assess the patient's baseline coagulation status; for all patients receiving warfarin therapy, use a current International Normalized Ratio (INR) to adjust this therapy. The baseline status and current INR are documented in the medical record.

Elements of Performance

4. Use authoritative resources to manage potential food and drug interactions for patients receiving warfarin.
 - *Dietary notification no longer required*
5. When heparin is administered intravenously and continuously, uses programmable pumps in order to provide consistent and accurate dosing.

Elements of Performance

6. A written policy addresses baseline and ongoing laboratory tests that are required for heparin and low molecular weight heparin therapies.

Elements of Performance

7. Provide education regarding anticoagulant therapy to staff, prescribers, patients, and families. *see Perspectives Dec 2009.*
 - Second most problematic EP
 - Not all anticoagulants covered by NPSG addressed
 - Not done for heparin, only warfarin
 - Required both while inpatient and on discharge.

Elements of Performance

8. Evaluate anticoagulation safety practices, take action to improve practices, and measure the effectiveness of those actions in a time frame determined by the organization.

Measure, assess, and improve – PI

Third most problematic EP.

So what about outpatient retail pharmacies?

- Organization determines what must be done in outpatient pharmacy vs. elsewhere in hospital/clinics.
- Not responsible for processes performed by an "outside" physician or clinic, but must do what is under the control of the organization.
- If not provided elsewhere, outpatient pharmacy must at least address patient education and drug interaction screening.
 - *Note: must educate patient – cannot just offer.*

Does this NPSG Require an Anticoagulation Service?

- ▶ NO
- ▶ Models “out there”
 - Often a free service of the hospital for key practice groups on staff
 - When does the service begin?
 - Face-to-face
 - Telephone service
 - Excellent benefit for patient and staff

Parting Suggestions

- ▶ Periodic review of all areas where medications are used.
- ▶ Be sure to address hot patient safety issues in media.
- ▶ Work with your Joint Commission Coordinator
- ▶ Don't panic – focus on big issues not the obscure—“Get the zebras, the elephants will be there.”

New Solution Resources

- ▶ BoosterPaks.
- ▶ Center for Transforming Health Care
 - www.centerfortransforminghealthcare.com
- ▶ Leading Practices Database
 - Available to field starting April 2010

Questions



For questions about the interpretation of Joint Commission standards, organizations (or the public) can submit their questions by either:

- Calling the Standards Interpretation Unit at 630-792-5900
- Submitting the question in writing by using the following on-line form:
<http://www.jointcommission.org/Standards/OnlineQuestionForm/>

A Reflection on NPSG. . .

- ▶ The Institute of Medicine estimates that up to 98,000 Americans die each year as a result of preventable medical errors — the equivalent of a daily catastrophic jumbo jet crash.