



# Preventing “Never Events”

## How EBSCO’s Evidence-Based, Point-of-Care Reference Tools Can Help



### The Evolution of “Never Events”

In 2002, the National Quality Forum (NQF) published a report, “Serious Reportable Events in Healthcare: A Consensus Report 2,” which listed 27 adverse events that were “serious, largely preventable and of concern to both the public and health care providers.” These events and subsequent revisions to the list became known as “Never Events,” meaning they should never happen in a hospital. This concept and need for the proposed reporting of these events led to NQF’s “Consensus Standards Maintenance Committee on Serious Reportable Events,” which maintains and updates the list that now contains 28 items.

As part of Medicare’s commitment to improve the quality of care that patients receive during a hospital stay, and to make sure they only pay for items and services that are reasonable and necessary, Medicare took steps to make hospitals safer. They adopted payment policies to encourage hospitals to reduce the likelihood of certain events that could occur during a hospital stay, and to reduce hospital-acquired conditions. Medicare now encourages accountability from providers for complications that occur after a patient is admitted to the hospital, linking reimbursement to quality and performance (also known as “Pay for Performance” or “P4P”). This reimbursement policy requires hospitals to identify adverse events during the inpatient stay that theoretically could be prevented by hospital interventions.

Despite objections from the medical community about the unfairness of Medicare’s proposed new policy, on October 1, 2008, Medicare halted payments to hospitals for additional care resulting from 11 of the 28 “Never Events.” These 11 conditions were identified by the NQF as patient safety events that pose serious harm to patients—conditions that should be considered entirely preventable. Hospitals were informed that they were not allowed to charge patients directly for care related to these events. The conditions for which hospitals no longer receive Medicare reimbursement include:

- 1. Air embolism**
- 2. Blood incompatibility**
- 3. Catheter-associated urinary tract infection**
- 4. Certain manifestations of poor control of blood sugar levels**
- 5. Deep-vein thrombosis or pulmonary embolism after total knee and hip replacements**
- 6. Falls/trauma**
- 7. Objects left in during surgery**
- 8. Pressure ulcers**
- 9. Surgical-site infections after certain orthopedic and bariatric surgeries**
- 10. Surgical-site infections after coronary artery bypass graft**
- 11. Vascular catheter-associated infection**

The Federal Centers for Medicare and Medicaid Services (CMS) had initially estimated that the policy to withhold payment for these errors would save \$21 million out of a total of \$110 billion in inpatient health care costs expected in 2009. However, according to researchers in California who published a study in September of 2009, the financial impact of CMS not paying for certain hospital-acquired conditions is likely to be much lower than the federal agency had first estimated.



## **What effect has this had on hospital reimbursement?**

For patient discharges after October 1, 2008, hospitals were denied additional payment for cases in which one of the selected conditions was not present on admission (POA).

Additionally, the condition did not qualify as a secondary diagnosis that could increase the level of severity and therefore, payment. Other insurers, such as CIGNA and Blue Cross/Blue Shield, have now adopted similar payment penalties. Hospital administrators, physicians and other health care providers believe this rule will profoundly impact not only the financial well-being of their hospitals, but it could also affect quality of care in a negative way.

## **How can you protect your hospital?**

With the skyrocketing cost of patient care and preventable medical errors at an all-time high, it is essential that hospitals and physicians have access to the best-available evidence at the point-of-care to help prevent "Never Events" from happening. Critically-analyzed information is paramount to improving patient outcomes.

## **How can EBSCO's evidence-based, point-of-care reference tools help?**

### ***DynaMed™***

*DynaMed*, EBSCO's point-of-care clinical reference tool for physicians, ensures the highest-quality evidence is driving decision making, resulting in fewer errors. *DynaMed* is updated daily and monitors the content of over 500 medical journals and systematic evidence review databases.

Additionally, *DynaMed*:

- Can be used to create and maintain Clinical Pathways which reduce the variability of patient care
- Can improve hospital compliance with Core Measures
- Provides remote access to assist with off-hour research, preparation or as a reference tool for on-call physicians
- Integrates with EMRs to provide availability at the point-of-care
- Covers all major guidelines, FDA safety alerts, Cochrane reviews, CDC reports, AHRQ and Health Technology Assessments
- Provides a convenient means for obtaining CME credits when practitioners use *DynaMed* to answer clinical questions
- Is available on mobile devices for access anywhere



The following examples illustrate how *DynaMed* content can help hospitals prevent “Never Events”:

### “Never Event” — Catheter-associated urinary tract infection

Catheter-associated urinary tract infection prevention recommendations

The screenshot shows a web browser window displaying a DynaMed article. The browser's address bar shows the URL: [Catheter-associated urinary tract infection](#). The page title is "Catheter-associated urinary tract infection". The left sidebar contains a navigation menu with the following items: "Get CME For This Search", "Top", "General Information (including ICD-9/-10 Codes)", "Causes and Risk Factors", "Complications and Associated Conditions", "History", "Physical", "Diagnosis", "Prognosis", "Treatment", "Prevention and Screening", "References including Reviews and Guidelines", "Patient Information", "Acknowledgements", and "Send Comment to Editor". The main content area is titled "Prevention and Screening" and contains the following text:

**Prevention:**

- **United States Department of Health and Human Services prioritized recommendations to prevent catheter-associated urinary tract infections**
  - Priority Module 1 - recommendations for appropriate urinary catheter use
    - insert catheters only when indicated and only for as long as needed (Category 1A)
    - do not use urinary catheters to manage incontinence (Category 1B)
    - remove catheter as soon as possible postoperatively, preferably within 24 hours (Category 1B)
  - Priority Module 2 - recommendations for aseptic insertion of urinary catheters
    - catheter should be inserted by properly trained persons only (Category 1C)
    - use aseptic technique and sterile equipment (except where clean technique is appropriate for intermittent catheterization) (Category 1C)
  - Priority Module 3 - recommendations for proper urinary catheter maintenance
    - maintain sterile, continuously closed drainage system (Category 1C)
    - do not disconnect catheter and urinary drainage system unless catheter must be irrigated (Category 1B)
  - Healthcare Infection Control Practices Advisory Committee (HICPAC) categorization of recommendations
    - Category 1A and 1B - recommendations with strong evidentiary support
    - Category 1C - recommendations including state and federal regulations regardless of evidentiary support
  - Reference - [HHS Action Plan to Prevent Healthcare-associated Infections accessed 2009 Jan 7](#)
- recommendations to prevent urinary catheter-associated UTI based on literature review
  - catheterization should be avoided when not required and when needed should be terminated as soon as possible
  - use of suprapubic and condom catheters may be associated with lower risk of UTI than use of

### “Never Event” — Deep-vein thrombosis or pulmonary embolism after total knee and hip replacements

Recommendations for deep vein thrombosis (DVT) prophylaxis for surgical patients

The screenshot shows a web browser window displaying a DynaMed article. The browser's address bar shows the URL: [Deep vein thrombosis \(DVT\) prophylaxis for surgical patients](#). The page title is "Deep vein thrombosis (DVT) prophylaxis for surgical patients". The left sidebar contains a navigation menu with the following items: "Get CME For This Search", "Top", "Recommendations", "Interventions", "Recommendation and Evidence by Type of Surgery", "Additional Considerations", "Quality Improvement", "References Including Reviews and Guidelines", "Acknowledgements", "Send Comment to Editor", and "Search Other Services". The main content area is titled "Recommendations" and contains the following text:

**Recommendations**

**Eighth ACCP guidelines on prevention of venous thromboembolism:**

- **considerations for all patients**
  - for all medications, manufacturer dose should be used unless otherwise specified and be aware of renal function dosing
  - recommendation against use of [aspirin](#) alone for thromboprophylaxis in any patient group ([ACCP Grade 1A](#))
  - **for low-risk patients in any category**
    - no anticoagulation is recommended ([ACCP Grade 1A](#))
    - early and frequent ambulation is recommended ([ACCP Grade 1A](#))
  - **for patients with high risk of bleeding**
    - mechanical thromboprophylaxis with intermittent pneumatic compression (IPC) or graduated compression stockings (GCS) ([ACCP Grade 1A](#))
    - if bleeding risk decreases, consider starting anticoagulation
  - **for patients with high risk of venous thromboembolism (VTE)** consider anticoagulation plus mechanical prophylaxis
  - **for patients with spinal and peripheral nerve blocks** use anticoagulation with caution ([ACCP Grade 1C](#))
- **for general surgery patients**
  - low-risk patients (minor general surgery procedures or entirely laparoscopic procedures) do not require anticoagulation, but early and frequent ambulation is recommended ([ACCP Grade 1A](#))
  - for moderate-risk general surgery for benign disease anticoagulation recommended with 1 of 3 options ([ACCP Grade 1A](#))
    - low-dose unfractionated [heparin](#) (UFH)
    - low-molecular-weight heparin (LMWH)
    - [fondaparinux](#)



## “Never Event” — Deep-vein thrombosis or pulmonary embolism after total knee and hip replacements

Quality measures for deep vein thrombosis (DVT) prophylaxis for medical patients

Deep vein thrombosis (DVT) prophylaxis for medical patients

Search within text Expand All Collapse All

Get CME For This Search

- Top
- General Considerations
- Trauma
- General Medical Patients
- Critical Care
- Stroke
- Cancer
- Quality Improvement
- References Including Reviews and Guidelines
- Acknowledgements
- Send Comment to Editor
- Search Other Services

**Quality Improvement**

**Physician Quality Reporting System 2011 Quality Measures:**

- 31. Stroke and Stroke Rehabilitation: Deep Vein Thrombosis Prophylaxis (DVT) for Ischemic Stroke or Intracranial Hemorrhage
  - Percentage of patients  $\geq 18$  years old with a diagnosis of ischemic stroke or intracranial hemorrhage who received DVT prophylaxis by end of hospital day two
- see [Physician Quality Reporting System 2011 Quality Measures](#) for additional information

**Medicare/Joint Commission National Hospital Inpatient Quality Measures:**

- Venous Thromboembolism (VTE) measures
  - VTE-1 and VTE-2 applies to all patients  $\geq 18$  years old admitted to hospital for inpatient acute care with no ICD-9-CM principal or other diagnosis code of venous thromboembolism and length of stay 2-120 days
    - VTE-1 Venous Thromboembolism (VTE) Prophylaxis
      - measured as proportion of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given on day of or day after hospital admission, or day of or day after surgery end date for surgeries that start day of or day after hospital admission
    - VTE-2 Intensive Care Unit Venous Thromboembolism Prophylaxis
      - measured as proportion of patients directly admitted or transferred to intensive care unit (ICU) who received VTE prophylaxis or have documentation why no VTE prophylaxis was given on day of or day after ICU admission (or transfer), or day of or day after surgery end date for surgeries that start day of or day after ICU admission (or transfer)
  - VTE-6 applies to all patients  $\geq 18$  years old admitted to hospital for inpatient acute care with ICD-9-CM other diagnosis code of venous thromboembolism (but no ICD-9-CM principal diagnosis code of venous thromboembolism) and length of stay  $< 120$  days

### *Nursing Reference Center™*

*Nursing Reference Center* (NRC), EBSCO's web-based nursing reference system, is designed to provide the latest evidence-based clinical information for nursing practice, education and research at the point-of-care. NRC includes over 4,000 lessons on procedures, diseases and conditions, legal cases and drugs—along with nearly 700 CEU modules—at no extra cost. Utilizing the information contained in NRC's Quick Lessons, Evidence-Based Care Sheets, and Nursing Practice and Skill/Skill Competency Checklist, nurses can be proactive in preventing serious avoidable events.

To better illustrate this, the 11 “Never Events” are mapped to just a sampling of the core content in *Nursing Reference Center*:

#### “Never Event” — Air embolism (2,395 search results)

- Journal Article: *Preventing air embolism when removing CVCs: an evidence-based approach to changing practice.*



## "Never Event" — Blood incompatibility (942 search results)

All Results	Quick Lessons	Skills	Evidence-Based Care Sheets	Drugs	Patient Education	Guidelines	CE	Journals	Books	Legal Cases
News										

[Refine Search](#) [Show key terms added](#) [Add search to folder](#) [Display link to search](#)

All Results: 1-50 of 942 for *Blood Incompatibility AND Full Text; Full*

Tex...

Page: 1 [2](#) [3](#) [4](#) [5](#) [Next](#) Sort by:  [Add \(1-50\)](#)

Narrow Results by		
<a href="#">Age</a>	<b>1. <a href="#">Blood Group Incompatibility: Rh Typing</a></b> Adler AP; Pravikoff D; CINAHL Nursing Guide, Cinahl Information Systems, 2010 Aug 20. (2p) (quick lesson - CEU, exam questions) CINAHL AN: 5000011137 CE Module: <a href="#">Blood Group Incompatibility: Rh Typing--CE Module</a> <a href="#">HTML Full Text</a> <a href="#">PDF Full Text</a> (205K)	<a href="#">Add</a>
<a href="#">Subject: Major Heading</a>		
<a href="#">Gender</a>		


## "Never Event" — Catheter-associated urinary tract infection (717 search results)

- a. Evidence-based Care Sheet: *Urinary Catheter Use and Prevention of Infection*



**“Never Event” — Certain manifestations of poor control of blood sugar levels (1,420 search results)**

- a. Evidence-based Care Sheet *Blood Glucose: Critical Care Patients*  
Nursing Practice and Skill and Skill Competency Checklist on *Blood Sugar: Checking*



**NURSING REFERENCE CENTER**  
powered by EBSCOhost

[Sign In](#) | [Folder](#) | [Preferences](#) | [Send Feedback](#) | [Help](#) | [Exit](#)

[Home](#) | [Advanced Search](#)
EBSCO Editorial Team

---

◀ 1 of 2 ▶ | [Result List](#) | [Refine Search](#)

[HTML Full Text](#)
[Citation](#)
[PDF Full Text](#) (213K)
 

[Print](#)
[E-mail](#)
[Save](#)
[Export](#)
[Add to folder](#)

---

**Title:** *Blood Sugar: Checking* By: Smith N, Grose S, Pravikoff D, CINAHL Nursing Guide, August 20, 2010  
**Database:** *Nursing Reference Center*

**Blood Sugar: Checking**

Contents		Related Information
<a href="#">What is Checking Blood Sugar?</a>  <a href="#">Why Checking Blood Sugar was Ordered</a>  <a href="#">Why Checking Blood Sugar is Important</a>  <a href="#">Facts and Figures</a>  <a href="#">What You Need to Know Before Checking Blood Sugar</a>  <a href="#">How to Check Blood Sugar</a>  <a href="#">Other Tests, Treatments, or Procedures That May Be Necessary Before or After</a>	<p><b>Nursing Practice And Skill</b> By: Nathalie Smith, RN, MSN, CNP; Sara Grose, MSN, RN, PHN, CNL, CLE Edited by: Diane Pravikoff, RN, PhD, FAAN Cinahl Information Systems</p> <p><a href="#">Link to Skill Competency Checklist</a></p> <p><a href="#">What is Checking Blood Sugar?</a></p> <ul style="list-style-type: none"> <li>● <b>Checking blood</b> sugar refers to measuring the glucose in a <b>blood</b> sample. It is an essential component of diabetes management               <ul style="list-style-type: none"> <li>○ <i>Where:</i> This procedure is performed in a variety of healthcare settings, including acute care and extended care facilities and outpatient clinics. It is also routinely used in the homecare setting, as diabetes is a chronic, manageable disease</li> <li>○ <i>What and How:</i> A small needle called a lancet is used to pierce the skin. A drop of <b>blood</b> is collected and put on a test strip, which is then inserted into a glucometer to determine the glucose in the <b>blood</b> sample. <b>Blood</b> glucose is measured in mg/dL</li> <li>○ <i>Who:</i> In patients who are critically ill and/or whose <b>blood sugar</b> is poorly controlled, the task of collecting and measuring <b>blood</b> glucose should be performed by a nurse. In other cases, depending on</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● <a href="#">Skills</a></li> <li>● <a href="#">CE</a></li> <li>● <a href="#">Journals</a></li> </ul>

**“Never Event” — Deep-vein thrombosis or pulmonary embolism: after total knee (730 search results) and hip (630 search results) replacements**

- a. Quick Lessons
  - i) *Deep Vein Thrombosis: Prevention - an Overview*
  - ii) *Pulmonary Embolism: Prevention*
  - iii) *Pulmonary Embolism in the Surgical Patient. Evidence-based Care Sheet: Deep Venous Thrombosis: Prevention*

**“Never Event” — Falls/trauma (29,241 search results)**

- a. Quick Lesson: *Legal Issues...Falls, Accidental: Hospital Patients*
- b. Nursing Practice and Skill and Skill Competency Checklist: *Fall Prevention*
- c. Evidence-Based Care Sheets:
  - i) *Falls, Accidental: Resulting in Injury*
  - ii) *Falls, Accidental: Risk Assessment*
  - iii) *Falls, Accidental: Health Care Costs*
  - iv) *Fall Prevention in Hospitalized Patients*



**“Never Event” – Objects left in during surgery (2,577 search results)**

- a. Quick Lesson: Legal Issues - *Retained Foreign Bodies After Surgery*

**“Never Event” – Pressure ulcers (8,388 search results)**

The screenshot shows the Nursing Reference Center search results for the query "pressure AND ulcers". The page includes navigation links like "Home" and "Advanced Search", and a list of search filters such as "All Results", "Quick Lessons", "Skills", etc. The search results are sorted by relevance and show four entries, each with a title, abstract information, and a "PDF Full Text" link.

Narrow Results by	
▶ Age	
▶ Subject: Major Heading	
▶ Gender	
▶ Subject	
▶ Publication	
▶ Publication Type	

Rank	Title	Abstract Info	Action
1.	<a href="#">Risk factors and prevention among patients with hospital-acquired and pre-existing pressure ulcers in an acute care hospital.</a>	(includes abstract); Wann-Hansson C; Hagell P; Willman A; Journal of Clinical Nursing, 2008 Jul; 17 (13): 1718-27 (journal article - research, tables/charts) ISSN: 0962-1067 PMID: 18578778 CINAHL AN: 2009947677 <a href="#">PDF Full Text</a>	<a href="#">Add</a>
2.	<a href="#">Guidelines for the prevention of pressure ulcers.</a>	Stechmiller JK; Cowan L; Whitney JD; Phillips L; Aslam R; Barbul A; Gottrup F; Gould L; Robson MC; Rodeheaver G; et al.; Wound Repair & Regeneration, 2008 Mar-Apr; 16 (2): 151-68 (journal article - practice guidelines) ISSN: 1067-1927 CINAHL AN: 2009855749 <a href="#">PDF Full Text</a>	<a href="#">Add</a>
3.	<a href="#">Do pressure ulcers influence length of hospital stay in surgical cardiothoracic patients? A prospective evaluation.</a>	Schuurman J; Schoonhoven L; Keller BPJ; van Ramshorst B; Journal of Clinical Nursing, 2009 Sep; 18 (17): 2456-63 (journal article - research, tables/charts) ISSN: 0962-1067 PMID: 19220621 CINAHL AN: 2010366608 <a href="#">PDF Full Text</a>	<a href="#">Add</a>
4.	<a href="#">Clinical use of interface pressure to predict pressure ulcer development: a systematic review.</a>	(includes abstract); Reenalda J; Jannink M; Nederhand M; IJzerman M; Assistive Technology, 2009 Summer; 21 (2): 76-85 (journal article - research, systematic review, tables/charts) ISSN: 1040-0435 PMID: 19715252 CINAHL AN: 2009947677 <a href="#">PDF Full Text</a>	<a href="#">Add</a>

**“Never Event” – Surgical-site infections after certain orthopedic (296 search results) and bariatric (45 search results) surgeries**

- a. Evidence-Based Care Sheet: *Infections, Surgical Site: Prevention*

**“Never Event” – Surgical-site infections after coronary artery bypass graft (106 search results)**

- a. Evidence-Based Care Sheet: *Coronary Artery Bypass Graft Surgery: Postoperative Complications* (excerpt)

Wound *infection* represents another common complication of CABG<sup>(1)(3)</sup>

- Both elevated blood glucose levels and elevated glycosylated hemoglobin (HbA1c) are associated with increased risk of postoperative wound *infection* and higher mortality over the longer term<sup>(1)</sup>
- Obesity and preoperative use of aspirin plus clopidogrel are also associated with an increased risk of postoperative *infection*<sup>(3)</sup>



**“Never Event” — Vascular catheter-associated infection** (423 search results)

a. Nursing Practice and Skills:

- i) *Implanted Venous Access Port: Use and Maintenance*
- ii) *Central Venous Access Device: Flushing*
- iii) *Central Venous Catheter Care*

Protecting your hospital from “Never Events” is a collaborative effort that must include all members of the interdisciplinary team. By providing physicians and nurses with the best available evidence-based information to care for their patients, the incidence of serious errors can be decreased. Ultimately, the best way to protect your bottom line is to ensure that “Never Events” never happen.

**To learn more about EBSCO’s evidence-based resources and clinical decision support tools, please contact [information@ebscohost.com](mailto:information@ebscohost.com).**

References:

- 1 Never-events' policy may save less than expected (Healthcare Business News, September 2009)
- 2 Medicare National Coverage Determinations (CMS Manual System, June 2009)
- 3 Medicare Won't Pay for “Never Events”. (Workforce Management, October 2008)
- 4 Medicare Takes New Steps to Help Make Your Hospital Stay Safer. (CMS. August 2008)
- 5 New Aggressive Never Event Rules to Impact Hospital Bottom Line. (Compass. spring 2008)