
What We Know

› The Joint Commission (TJC) is an independent, not-for-profit organization that is responsible for accrediting and certifying > 20,000 healthcare organizations in the United States(2)
  • TJC evaluates healthcare organizations (e.g., ambulatory care facilities, behavioral health facilities, hospitals, critical access hospitals [i.e., rural health facilities with ≤ 25 beds and lengths of stay ≤ 96 hours], home health agencies, long-term care facilities, laboratory services, outpatient clinician offices that provide office-based surgery) to verify that they consistently provide high quality, safe, and effective care(2)
    – Healthcare organizations are evaluated according to standards that are developed with input from clinical healthcare providers and other professionals, consumers, experts in certain subject matters, focus groups, and governmental agencies(2)
    - TJC standards are based on current research findings; new standards that are added must be readily measurable, meet or surpass current healthcare regulations, positively impact health outcomes, and relate to either quality of health care or patient safety(2)
  
› Each year TJC provides a list of National Patient Safety Goals (NPSGs) that are intended to improve patient safety(1,2,3,4,5,7)
  • TJC examines sentinel event reports (i.e., reports of unexpected healthcare events that result in serious physical or psychological injury or death), healthcare databases, and medical safety literature to create a list of NPSGs. Each NPSG contains specific elements of performance (EPs; i.e., implementation requirements) that are measurable evidence- and expert-based strategies for achieving the NPSG
    – Some NPSGs are newly created and some are maintained from the previous year. The rationale for selecting an NPSG is clearly stated in the verbiage with each NPSG
  • Healthcare organizations that do not satisfactorily adopt the safety practices associated with the NPSGs risk losing accreditation. When the majority of healthcare organizations have satisfactorily adopted the safety practices associated with an NPSG, the NPSG is incorporated in TJC standards. TJC does not require healthcare organizations to create extra documentation related to the NPSGs; evaluation of compliance is performed during routine surveys by TJC
  • Healthcare organizations are responsible for complying only with those NPSGs that apply to their specific patient population (e.g., a long-term care facility is not required to comply with NPSGs related to performing surgery)
  
› There are no new NPSGs for 2015. The NPSGs for 2015 are maintained from the previous year and require healthcare organizations to use at least two distinct methods for accurately identifying the patient before providing patient care or treatment (NPSG.01.01.01)
  • Failure to accurately identify the patient can result in the wrong patient receiving a medication or treatment, which can be life-threatening
  – Acceptable methods for identifying the patient include having the patient state his/her name and checking the patient’s assigned identification number
• eliminate blood/blood product transfusion errors related to the failure to accurately identify the patient (NPSG.01.03.01)
• report in a timely manner the results of laboratory or other diagnostic tests that significantly deviate from what the organization has determined to be normal (NPSG.02.03.01)
  – The organization must determine an acceptable time period for reporting results so that patients can receive prompt treatment
• accurately label medications, medication containers (e.g., syringes), and solutions to be used in a procedure on and off the sterile field and in other procedural settings (NPSG.03.04.01)
  – Failure to accurately label medication can result in medication errors that cause patient death
• create protocols for the administration and monitoring of long-term anticoagulant therapy to reduce the risk of adverse events (NPSG.03.05.01)
  – NPSG.03.05.01 does not apply to routine short-term prophylactic anticoagulant that is administered for venous thromboembolism prevention where the expectation is that the patient’s laboratory values will remain or be near normal values
  – Patient education should focus on the risks associated with anticoagulation therapy, necessary precautions to observe while receiving anticoagulation therapy, and the need for frequent INR measurement
• reconcile current patient medications with new medications that are prescribed and communicate the results of the reconciliation (NPSG.03.06.01)
  – Reconciliation of medications should involve the medication indications, name, dose, frequency, and route to prevent duplicate prescribing and drug interactions
• increase the safety of clinical alarm systems (i.e., audible electronic alarms in medical devices that are designed to alert healthcare personnel to potentially serious changes in patient condition) (NPSG.06.01.01)
  – NPSG.06.01.01 was introduced in 2014
• adhere to the guidelines for performing hand hygiene from either the United States Centers for Disease Control and Prevention (CDC) or the World Health Organization (WHO) (NPSG.07.01.01)
• prevent healthcare-associated infection caused by multidrug-resistant organisms (MDROs; e.g., methicillin-resistant Staphylococcus aureus [MRSA], vancomycin-resistant enterococci [VRE], Clostridium difficile [CDI], multdrug-resistant gram-negative bacteria) by adopting evidence-based infection control practices (NPSG.07.03.01)
• prevent central line-associated bloodstream infections by adopting evidence-based infection control practices (NPSG.07.04.01)
  – NPSG.07.04.01 applies to short- and long-term central venous catheters and to peripherally inserted central catheters
• prevent catheter-associated urinary tract infections (CAUTI) by adopting evidence-based infection control practices (NPSG.07.06.01)
  – Evidence-based guidelines include limiting the use and duration of urinary catheterization and verifying asepsis and the sterility of the urine collection system. Provisions for monitoring compliance and the effectiveness of the guidelines adopted are included
  – NPSG.07.06.01 is applicable to the pediatric population
• reduce patient harm related to falls (NPSG.09.02.01)
  – NPSG.09.02.01 is not applicable to hospitals
  – Fall risk reduction strategies should include performing an assessment of the patient’s fall history, environment, medications, alcohol consumption, gait and balance, and use of walking aids
• use clinical practice guidelines to assess risks for and prevent pressure ulcers (NPSG.14.01.01)
  – NPSG.14.01.01 is not applicable to hospitals
• identify patients who are at risk for suicide (NPSG.15.01.01)
  – NPSG.15.01.01 is only applicable to psychiatric hospitals and to patients who are being treated for psychological or behavior disorders in general hospitals
• identify risks (e.g., accidental fire) associated with the use of oxygen therapy in the home care setting (NPSG.15.02.01)
  – NPSG.15.02.01 is not applicable to hospitals; TJC modified this goal for the home care accreditation program

The NPSGs include TJC Universal Protocol (UP) for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery.

• Performing the wrong surgery or invasive procedure on the wrong patient or in the wrong anatomic site can and must be prevented
• The UP involves (1,3,5,7)

- conducting a verification process prior to surgery or a procedure (UP.01.01.01)
  - Healthcare personnel must verify that the right patient is undergoing the right surgery or procedure, and that the surgery or procedure will be performed in the right anatomic site
  - All documentation regarding the intended surgery or procedure must be consistent with the expectations of the patient and the healthcare team
  - Presurgical or preprocedure verification can be performed multiple times before the surgery or procedure is initiated (e.g., when the surgery or procedure is scheduled, when the patient is admitted for the surgery or procedure, when the patient enters the room where the surgery or procedure will be performed)
- marking the surgical or procedure site (UP.01.02.01)
  - Ideally the person marking the site should be the person performing the surgery or procedure
- performing a time-out prior to initiating the surgery or procedure to verify that the right patient is to undergo the right surgery or procedure, and that the surgery or procedure will be performed on the right anatomic site (UP.01.03.01)
  - All activities in the room should be suspended during the time-out, and all members of the healthcare team should actively participate in the time-out

Healthcare organizations (e.g., acute care hospitals, long-term care facilities, ambulatory care facilities, home care organizations) are responsible for complying only with those NPSGs that apply to their specific patient population (e.g., a long-term care facility is not required to comply with NPSGs related to performing surgery) (4)

What We Can Do

› Learn about the NPSGs for 2015 so you can accurately assess areas in which your healthcare organization needs to improve patient safety in order to comply with each NPSG; share this information with your colleagues
› Contribute to making patient safety and the delivery of high-quality, cost-effective health care priorities in your clinical area as well as your entire organization by collaborating with your nurse manager, quality assurance department, and accreditation team to identify clear and measurable strategies for achieving each NPSG and for adhering to the UP; volunteer to serve on your organization’s accreditation team
› Model nursing leadership skills to motivate the other nurses in your clinical area to adopt changes in clinical practice that will help your facility achieve each NPSG and adhere to the UP

Coding Matrix

References are rated using the following codes, listed in order of strength:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>M</td>
<td>Published meta-analysis</td>
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<tr>
<td>SR</td>
<td>Published systematic or integrative literature review</td>
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<tr>
<td>RCT</td>
<td>Published research (randomized controlled trial)</td>
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<tr>
<td>R</td>
<td>Published research (not randomized controlled trial)</td>
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<tr>
<td>C</td>
<td>Case histories, case studies</td>
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<tr>
<td>G</td>
<td>Published guidelines</td>
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<tr>
<td>RV</td>
<td>Published review of the literature</td>
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<tr>
<td>RU</td>
<td>Published research utilization report</td>
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<tr>
<td>QI</td>
<td>Published quality improvement report</td>
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<td>L</td>
<td>Legislation</td>
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<td>PGR</td>
<td>Published government report</td>
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<td>Published funded report</td>
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<tr>
<td>PP</td>
<td>Policies, procedures, protocols</td>
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<tr>
<td>X</td>
<td>Practice exemplars, stories, opinions</td>
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<tr>
<td>GI</td>
<td>General or background information/texts/reports</td>
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<tr>
<td>U</td>
<td>Unpublished research, reviews, poster presentations or other such materials</td>
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<tr>
<td>CP</td>
<td>Conference proceedings, abstracts, presentation</td>
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References