

**DRAFT CANDIDATE 2007 NATIONAL PATIENT SAFETY GOALS,
REQUIREMENTS AND IMPLEMENTATION EXPECTATIONS
Hospital and Critical Access Hospital Programs**

GOAL 3 (*existing goal*)

Improve the safety of using medications.

Requirement 3E

Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.

Rationale for Requirement 3E:

The medication process is one of the more complex processes involved in caring for a patient. Use of anticoagulants is one of the high risk treatments within the medication management process. Anticoagulants are commonly involved in adverse drug events due to the complexity of dosing and monitoring, patient compliance and numerous drug and dietary interactions which can effect drug levels. The use of standardized practices can reduce the risk of an adverse drug event from anticoagulants.

Implementation Expectations for 3E:

1. The organization implements strategies to reduce dosing and monitoring errors.

Strategies include:

- use of pre-mixed heparin solutions
- use of pharmacy prepared heparin doses and solutions
- use of programmable pumps and independent double checks for IV anticoagulants
- use of dosing protocols which involve a standard initial bolus and infusion rate, instructions for when to draw the first thromboplastin time (PTT) and international normalized rate (INR), and orders for dosing adjustments in response to PTT and INR and subsequent values.
- Dosing protocols are based on patient weight.
- Process to screen for previous administration of low molecular weight Heparin prior to administration of unfractionated Heparin.

2. A pharmacist is involved in in-patient anticoagulation services for both heparin and Warfarin to provide input on dosing and monitoring of patients on anticoagulation therapy.

3. Outpatient anticoagulation therapy includes monitoring and follow-up of warfarin dose adjustments.

4. The patient receives education to manage warfarin therapy at home.

5. Education includes allowing patients to practice administering their own medication under the supervision of medical staff prior to discharge.

6. Patient education includes the reasons and benefits of therapy, potential side effects, importance of follow-up monitoring, compliance issues, dietary restrictions, potential for drug interactions and safety precautions.

**DRAFT CANDIDATE 2007 NATIONAL PATIENT SAFETY GOALS,
REQUIREMENTS AND IMPLEMENTATION EXPECTATIONS
Hospital and Critical Access Hospital Programs**

7. The organization eliminates heparin flushes of peripheral intravenous lines.
8. The organization ensures that coagulation test results are received and reviewed before subsequent doses are adjusted or administered.

**DRAFT CANDIDATE 2007 NATIONAL PATIENT SAFETY GOALS,
REQUIREMENTS AND IMPLEMENTATION EXPECTATIONS
Hospital and Critical Access Hospital Programs**

GOAL 15:

The organization identifies safety risks inherent in its patient population.

Rationale for Goal 15:

Probabilistic risk assessment has been used to assess the designs of high hazard systems such as chemical engineering plants and space initiatives. Probabilistic risk assessment looks at events that contributed to adverse outcomes. Healthcare has the ability to identify those areas of high risk potential based on previous sentinel events and other data.

Requirement 15A:

Reduce the risk of patient harm resulting from falls.

Note: Requirement 15A does not represent a new requirement 2007. This is a current requirement, 9B, which will be moved under the new Goal 15.

Rationale for Requirement 15A:

Falls account for a significant portion of injuries in hospitalized patients and long term care residents. In the context of the population it serves, the services it provides, and its environment of care, the organization should assess, its patients' risk for falls and take action to reduce the risk of falling and to reduce the risk of injury, should a fall occur.

Implementation Expectations for 15A:

1. A risk assessment and reassessment is performed on individual patients appropriate to the population served, the services provided, and the environment of care, a fall reduction program that includes a risk assessment and periodic reassessment of individual patients may include risk assessment and periodic reassessment of individual patients or of the environment of care.

2. The program should include risk reduction strategies, in-services, involving patients/families in education and environment of care redesign. The program should also include development and implementation of transfer protocols (e.g., bed-to-chair), when relevant.

Requirement 15B:

Prevent health care-associated pressure ulcers (decubitus ulcers). Assess and periodically reassess each patient's risk for developing a pressure ulcer and take action to address any identified risks.

Rationale for Requirement 15B:

Pressure ulcers (decubiti) continue to be problematic in all health care settings. Estimates are that 1.3 to 3 million adults have a pressure ulcer. The cost of treatment is \$500 to \$40,000 per ulcer. The incidence of pressure ulcer is from 2.2% to 23.9% in long term

**DRAFT CANDIDATE 2007 NATIONAL PATIENT SAFETY GOALS,
REQUIREMENTS AND IMPLEMENTATION EXPECTATIONS
Hospital and Critical Access Hospital Programs**

care and 0% to 17% in home care. Most pressure ulcers can be prevented and deterioration at Stage I can be halted. The use of clinical practice guidelines can effectively identify patients and define early intervention for prevention of pressure ulcers.

Implementation Expectations 15B:

1. An effective plan for the prediction, prevention, and early treatment of pressure ulcers includes:

- Identifying at risk individuals who need prevention and the specific factors placing them at risk.
- Maintaining and improving tissue tolerance to pressure in order to prevent injury.
- Protecting against the adverse effects of external mechanical forces.
- Reducing the incidence of pressure ulcers through educational programs.

Following are actions for the assessment of patients and prevention of pressure ulcers in adults, and are reflective of the state of current knowledge.

2. Assessment:

- Prevention of pressure ulcers is dependent on identifying those at risk. A systematic risk assessment can be accomplished by using a validated risk assessment tool such as the Braden Scale or Norton Scale.
- Pressure ulcer risk should be reassessed at periodic intervals.
- Pressure ulcer risk should be reassessed at periodic intervals.

3. Prevention:

Preventing pressure ulcers requires a complex interaction of interventions.

Interventions include: A plan of care that includes the following:

- Skin inspection, skin cleansing, care of dry skin, use of moisture barriers and massage.
- A plan for nutritional support that meets individual needs
- Reducing skin injury from friction and shear forces through use of positioning, transferring and turning techniques.
- A plan to increase activity and mobility or maintain current level.
- Repositioning, use of repositioning devices and use of mechanical loading and support surfaces.
- Educational programs that are developed, implemented, and evaluated using principles of adult learning.

Requirement 15C:

Not applicable to the Hospital and Critical Access Hospital Programs

Requirement 15D:

Not applicable to the Hospital and Critical Access Hospital Programs

**DRAFT CANDIDATE 2007 NATIONAL PATIENT SAFETY GOALS,
REQUIREMENTS AND IMPLEMENTATION EXPECTATIONS
Hospital and Critical Access Hospital Programs**

Requirement 15E:

The organization identifies patients at risk for suicide.

Rationale for Requirement 15E:

Suicide ranks as the 11th frequent cause of death (3rd most frequent in young people) in the United States, with one person dying every 16.6 minutes.

Implementation Expectations for 15E:

1. The risk assessment includes identification of specific factors and features that may increase or decrease risk for suicide.
2. The patient's immediate safety needs and most appropriate setting for treatment are addressed.
3. The organization provides information such as a crisis hotline to individuals and their family members for crisis situations.

**DRAFT CANDIDATE 2007 NATIONAL PATIENT SAFETY GOALS,
REQUIREMENTS AND IMPLEMENTATION EXPECTATIONS
Hospital and Critical Access Hospital Programs**

Goal 16:

Discourage disruptive behavior

Rationale for Goal 16:

Disruptive behavior not only decreases staff morale, but also has a negative effect on patient safety. In a study conducted by ISMP, 88% of respondents encountered some form of disruptive behavior. Types of disruptive behavior included condescending language or voice intonation, impatience with questions, reluctance or refusal to answer questions or telephone calls, strong verbal abuse or threatening body language and physical abuse. This behavior was not limited to physicians, but frequently involved other members of the healthcare staff.

Requirement 16A:

Organizations have guidelines for acceptable behaviors to identify, report and manage behaviors that cause disruption to patient safety.

Implementation Expectations for 16A:

1. The organization develops a code of behavior which is embraced by the organization's governance, management, and medical and clinical leadership.
2. Unacceptable behaviors are defined with input from all levels of the organization.
3. The organization encourages staff to report instances of disruptive behavior without fear of retribution.
4. The organization ensures that staff will not face retribution for reporting instances of disruptive behavior.
5. Processes are implemented, as appropriate, to manage unacceptable behavior.
6. Education is conducted at all levels within the organization with regard to acceptable behavior.
7. The organization periodically (as determined by the organization) surveys staff with regard to behavior climate.
8. The organization has a process to assist staff in managing stresses associated with the healthcare work environment.

**DRAFT CANDIDATE 2007 NATIONAL PATIENT SAFETY GOALS,
REQUIREMENTS AND IMPLEMENTATION EXPECTATIONS
Hospital and Critical Access Hospital Programs**

Goal 17

Provide orientation to temporary/agency workers

Rationale for Goal 17:

The use of temporary or agency staff can impact patient safety. Temporary staff, not familiar with the organization, are more prone to making errors. Organization leadership should recognize patient safety issues and take a proactive approach in minimizing the potential for errors.

Requirement 17A:

The organization has an orientation program that includes general organizational, departmental and job specifics topics.

Implementation Expectations for 17A:

1. The organization requires all temporary or agency staff to attend an organization orientation.
2. Orientation includes organization specific policies and procedures including the organization's mission and goals, organization wide policies and procedures including patient safety and infection control.
3. General orientation includes information in the event of a fire, natural disaster or other emergency.
4. Departmental orientation includes unit specific policies and procedures including description of the patient population, key functions or tasks performed in the setting, equipment and skills needed to perform tasks.
5. Orientation includes policies on blood administration, reporting incidents, preventing patient falls, and restraint policy.
6. Job specific orientation includes medication management system, documentation system, paging system and identification of job specific responsibilities.
7. The organization provides resource materials (such as note cards, copies of policies and procedures), for agency staff.
8. The orientation program includes a written test to assess level of comprehension.

**DRAFT CANDIDATE 2007 NATIONAL PATIENT SAFETY GOALS,
REQUIREMENTS AND IMPLEMENTATION EXPECTATIONS
Hospital and Critical Access Hospital Programs**

Goal 18

Improve recognition and response to changes in patients' condition.

Rationale for Goal 18:

Research shows that a large percentage of critical inpatient events are preceded by warning signs for an average of 6 to 8 hours. Critical events (e.g. cardiopulmonary and respiratory arrests or changes in patient's vital signs) are estimated to occur in 4% to 17% of admissions. Analysis of these events found that 70% were preventable. Studies show a reduction in cardiopulmonary arrest and patient mortality through recognition of early warning signs and timely intervention by a designated response team.

Requirement 18A:

Organizations adopt processes that empower health care staff members to directly request assistance from a designated response team when a patient's condition appears to be worsening.

Implementation Expectations for 18A:

1. The organization reviews literature regarding intervention through an early recognition and response team or other similar manner.
2. The organization selects the early intervention method most suitable for their needs.
3. The organization has criteria for calling the early recognition and response team.
4. Formal education is conducted with nursing and medical staff.
5. The organization monitors intervention and rescue rates.
6. The organization monitors cardiac arrest calls and mortality rates before and after implementation of early recognition and response team.

**DRAFT CANDIDATE 2007 NATIONAL PATIENT SAFETY GOALS,
REQUIREMENTS AND IMPLEMENTATION EXPECTATIONS
Hospital and Critical Access Hospital Programs**

Goal 19

Prevent patient harm associated with health care worker fatigue

Rationale for Goal 19:

Research findings confirm that healthcare worker fatigue poses a serious threat to patient safety. Fatigue diminishes staff's capacity to recognize important, but subtle changes in a patient's condition. Studies have confirmed correlation between healthcare worker fatigue and actual and near miss medical errors.

Requirement 19A:

The organization identifies conditions and practices that may contribute to healthcare worker fatigue, implements processes to identify fatigue that poses a threat to patient safety, and takes action to minimize that risk.

Implementation Expectations for 19A:

1. The organization manages work hours and periods of on-call in order to minimize fatigue.
2. Staff schedules reflect known effects of sleep physiology, for example, because of Circadian effects, clockwise shift rotation (days to evenings to nights) is preferable to counter clockwise shift rotation.
3. The organization supports a work ethic that considers fatigue as posing unacceptable risk to the organization and patient care rather than a sign of dedication to the organization.