

Long-Term Care Survey Alert

Patient Safety: Ramp Up Now For The Joint Commission's 2009 Patient Safety Goals

If you consider these as being for accredited facilities only, you're missing a huge QI and risk management opportunity.

The **Joint Commission** has fine-tuned some of its patient safety goals for 2009, so make sure you're in step in order to boost your quality outcomes and keep your facility from facing the music if a resident suffers a negative event.

Reasoning: The patient safety goals and requirements may eventually become the standard of practice or be looked at as a best practice, which could affect litigation against nursing homes, says nurse attorney **Barbara Miltenberger**, a partner at the law firm of **Husch Blackwell Sanders LLP** in Jefferson City, MO. She also sees the state survey agencies turning to various standards and textbooks and citing those in the statements of deficiencies.

Targeting Anticoagulation Safety

For 2009, the Joint Commission provided a small amount of clarification to medication safety goal 3E for anticoagulation therapy, notes **Peter B. Angood, MD**, VP and chief patient safety officer for the Joint Commission. The requirement applies only to organizations that provide anticoagulation therapy and/or long-term anticoagulation prophylaxis (for example, atrial fibrillation) where there's a clinical expectation that a patient's lab values for coagulation will remain outside normal values. The anticoagulation therapy goal is being phased in during 2008.

State and federal survey tip: Miltenberger says she sees immediate jeopardy citations related to warfarin (Coumadin) and failure to follow-up on results or get the resident's INR in the proper range. "Anything facilities can do to better manage blood thinners is a positive."

Is your facility doing this? The Joint Commission patient safety goal requirements direct long-term care facilities to notify the dietary department of all residents receiving warfarin so dietary can respond based on its established food/medication interaction program. Numerous foods can affect a resident's INR levels. For example, cranberry juice can increase warfarin's effect, according to mayoclinic.com. Read the rest of the requirements for heparin and warfarin therapy at http://www.jointcommission.org/NR/rdonlyres/BD44F7AA-84D6-45ED-A0C5-33D3118CF973/0/09_NPSG_LTC.

Central Lines an Infection Control Focus

Under goal 7 for reducing healthcare-associated infection, the Joint Commission added a new requirement for managing central lines to prevent bloodstream infection. Long-term care settings have to meet quarterly milestones for this one in 2009, says Angood. Examples of what facilities should do regarding central lines include the following:

- Use a standardized protocol to disinfect catheter hubs and injection ports before accessing the ports;
- Evaluate all central lines daily and remove non-essential catheters.

Reconcile This

For 2009, the Joint Commission substantially revised goal No. 8 for medication reconciliation, which involves comparing a

patient's medication orders at each care transition to all of the medications that the person has been taking. The impetus for revising the goal? A variety of healthcare organizations and even the Joint Commission's own surveyors noted providers were fairly consistently having difficulty in implementing the current version effectively, Angood tells **Eli**. So the accrediting agency convened a summit of numerous organizations to provide input, leading to a rewrite. (For a look at medication reconciliation strategies, see the April 2006 issue of Long-Term Care Survey Alert in the Online Subscription System archives. If you haven't already signed up for this free service, call customer service at 1-800-874-9180.)

Medication reconciliation requirements for 2009 include the following, according to a Joint Commission version of the patient safety goals designed for the public:

- Find out what medicines each resident is taking. Make sure that it is OK for the resident to take any new medicines with their current medicines.
- Give a list of the resident's medicines to their next caregiver. Give the list to the resident's regular doctor before he goes home.
- Give a list of the resident's medicines to the resident and their family before they go home. Explain the list.
- Some residents may get medicine in small amounts or for a short time.

Make sure that it is OK for those residents to take those medicines with their current medicines. Access the easy-to-read version of all the 2009 patient safety goals at <http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/>.