

The Joint Commission

ENFit Summit Adoption Summit

January 17th, 2017

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Joint Commission Enterprise



▶ The Joint Commission

- Accreditation in the US, standards
- Sentinel events, quality measurement

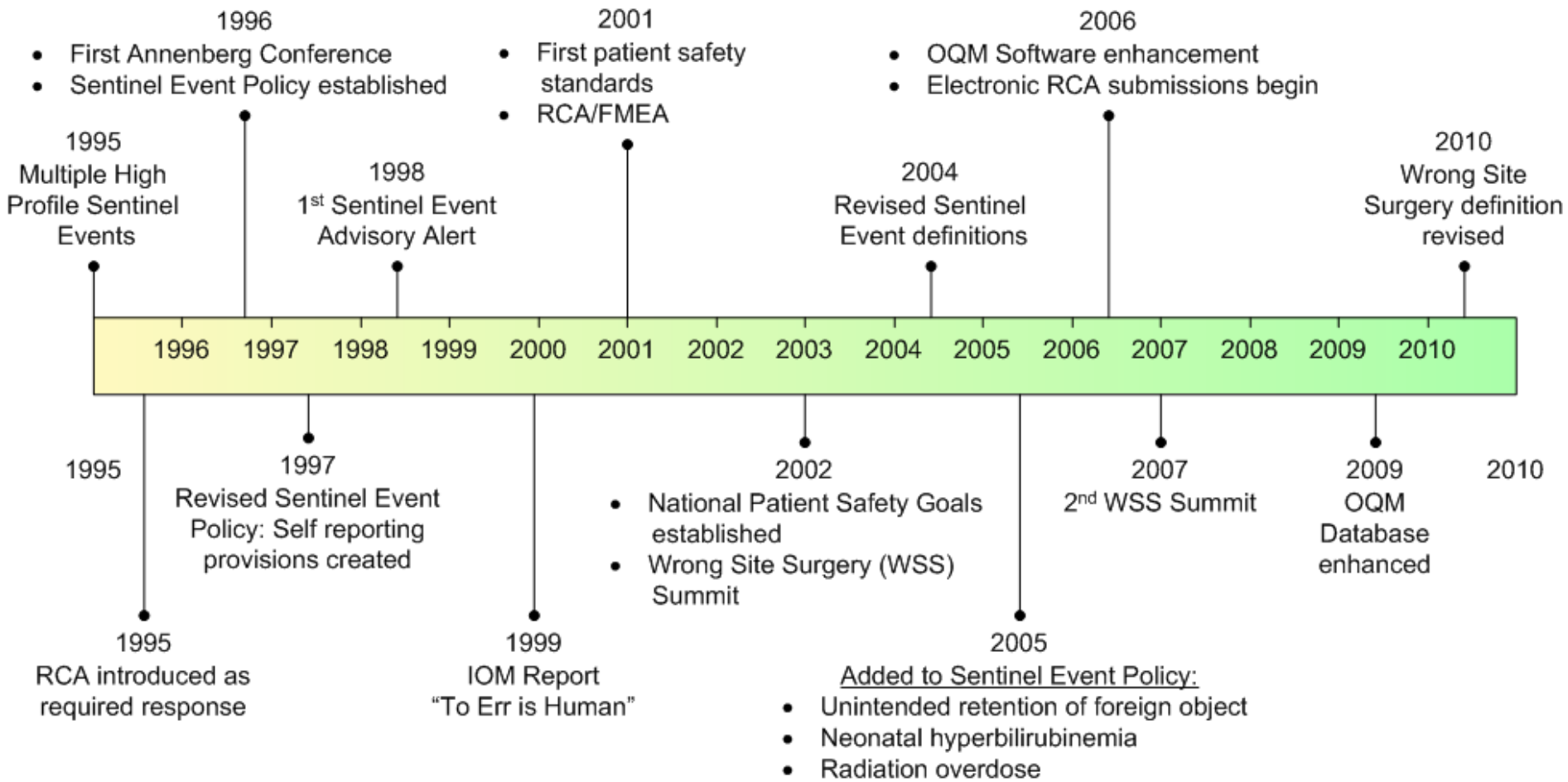
▶ Joint Commission Resources

- Publication, education, consulting
- International standards and accreditation

▶ Center for Transforming Healthcare

- Partners with US hospitals and systems
- Creates interventions

History



Sentinel Event Alert 53: Managing risk during transition to new ISO tubing connector standards

August 20, 2014

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Tubing misconnections continue to cause severe patient injury and death, since tubes with different functions can easily be connected using luer connectors, or connections can be “rigged” (constructed) using adapters, tubing or catheters. This is why new ISO (International Organization for Standardization) tubing connector standards are being developed for manufacturers.

Additional Resources

- [Joint Commission requirements](#) relevant to the use of tubing
- December 3, 2014 Webinar Presentation slides, replay, and transcript
 - [New ISO Tubing Connector Standards: A Follow-up to the Sentinel Event Alert #53](#)
 - [Webinar replay](#)
 - [Read the transcript](#)
- Click on infographic below to view as a PDF.



National Patient Safety Goals (NPSGs)

- ▶ Promote specific improvements in patient safety
- ▶ Highlight problematic areas in healthcare
- ▶ Derived from *Sentinel Event Alerts* and recommendations from safety organizations, professional societies, and the Patient Safety Advisory Group

Examples of NPSGs

Goal 1 Use at least two patient identifiers when providing care, treatment, and service

Goal 7 Comply with either the CDC hand hygiene guidelines or the WHO hand hygiene guidelines.

Universal Protocol

Preprocedure verification process

Mark the procedure site

A time-out is performed before the procedure

Retired NPSGs



Goal 3 Improve the safety of using high-alert medications

3A - Remove concentrated electrolytes (including, but not limited to, potassium chloride, potassium phosphate, sodium chloride >0.9%) from patient care units.

Goal 5 Improve the safety of using infusion pumps

5A - Ensure free-flow protection on all general-use and PCA (patient controlled analgesia) intravenous infusion pumps used in the organization.



National Patient Safety Goal on Alarm Management

APPLICABLE TO HOSPITALS AND CRITICAL ACCESS HOSPITALS

Effective January 1, 2014

National Patient Safety Goal (NPSG)

NPSG.06.01.01

Improve the safety of clinical alarm systems.

Rationale for NPSG.06.01.01

Clinical alarm systems are intended to alert caregivers of potential patient problems, but if they are not properly managed, they can compromise patient safety. This is a multifaceted problem. In some situations, individual alarm signals are difficult to detect. At the same time, many patient care areas have numerous alarm signals and the resulting noise and displayed information tends to desensitize staff and cause them to miss or ignore alarm signals or even disable them. Other issues associated with effective clinical alarm system management include too many devices with alarms, default settings that are not at an actionable level, and alarm limits that are too narrow. These issues vary greatly among hospitals and even within different units in a single hospital.

There is general agreement that this is an important safety issue. Universal solutions have yet to be identified, but it is important for a hospital to understand its own situation and to develop a sys-

* Additional information on alarm safety can be found on the AAMI website <http://www.aami.org/htsi/alarms/>. Also, the ECRI Institute has identified alarm hazards as one of the top technology hazards for 2013; more information on this hazard list can be found at http://www.ecri.org/Forms/Pages/Alarm_Safety_Resource.aspx.

tematic, coordinated approach to clinical alarm system management. Standardization contributes to safe alarm system management, but it is recognized that solutions may have to be customized for specific clinical units, groups of patients, or individual patients. This NPSG focuses on managing clinical alarm systems that have the most direct relationship to patient safety. As alarm system management solutions are identified, this NPSG will be updated to reflect best practices.*


Elements of Performance for NPSG.06.01.01

- A 1.** As of July 1, 2014, leaders establish alarm system safety as a [critical access] hospital priority. **R**
- A 2.** During 2014, identify the most important alarm signals to manage based on the following: **R**
 - Input from the medical staff and clinical departments
 - Risk to patients if the alarm signal is not attended to or if it malfunctions
 - Whether specific alarm signals are needed or unnecessarily contribute to alarm noise and alarm fatigue
 - Potential for patient harm based on internal incident history
 - Published best practices and guidelines

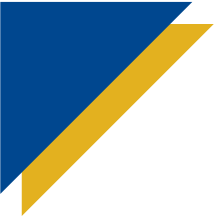
(For more information on managing medical equipment risks, refer to Standard EC.02.04.01.)
- A 3.** As of January 1, 2016, establish policies and procedures for managing the alarms identified in EP 2 above that, at a minimum, address the following: **R**
 - Clinically appropriate settings for alarm signals
 - When alarm signals can be disabled
 - When alarm parameters can be changed

Strength of Intervention

More Effective

- 
1. Forcing functions
 2. Automation, computerization
 3. Protocols and preprinted orders
 4. Checklists
 5. Rules and double-checking
 6. Education
 7. Information

Less Effective



Questions?