



# Joint Commission NPSG 7: 2011 Update and 2012 Preview

Pharmacy OneSource Webinar

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The Joint Commission

# Objectives

- ▶ Upon completion of this program, participants will be able to articulate how to:
  - Successfully comply with expanded and revised NPSG 7 requirements for 2011 and 2012
  - Plan for new NPSG.07.06.01 on CAUTI
  - Describe the relationship of the IPC program, the Joint Commission Leadership standards and a culture of patient safety

# SII Changes specific to IC

- ▶ Many implied requirements now specifically addressed
- ▶ Planning process and written plan made clear
- ▶ High risk activities separated (isolation, sterilization, employee health)
- ▶ Remember-Orgs undergoing survey now are being evaluated under these new standards for the first time



# Basic Premises of TJC IC Standards

- Each accredited organization has a customized IC program based on its risks

- All accredited organizations must utilize relevant scientific guidelines (CDC, AAMI, AORN, etc.) and follow regulatory requirements (FDA)



Department of Health and Human Services  
Centers for Disease Control and Prevention

# NPSG-Purpose and Overview

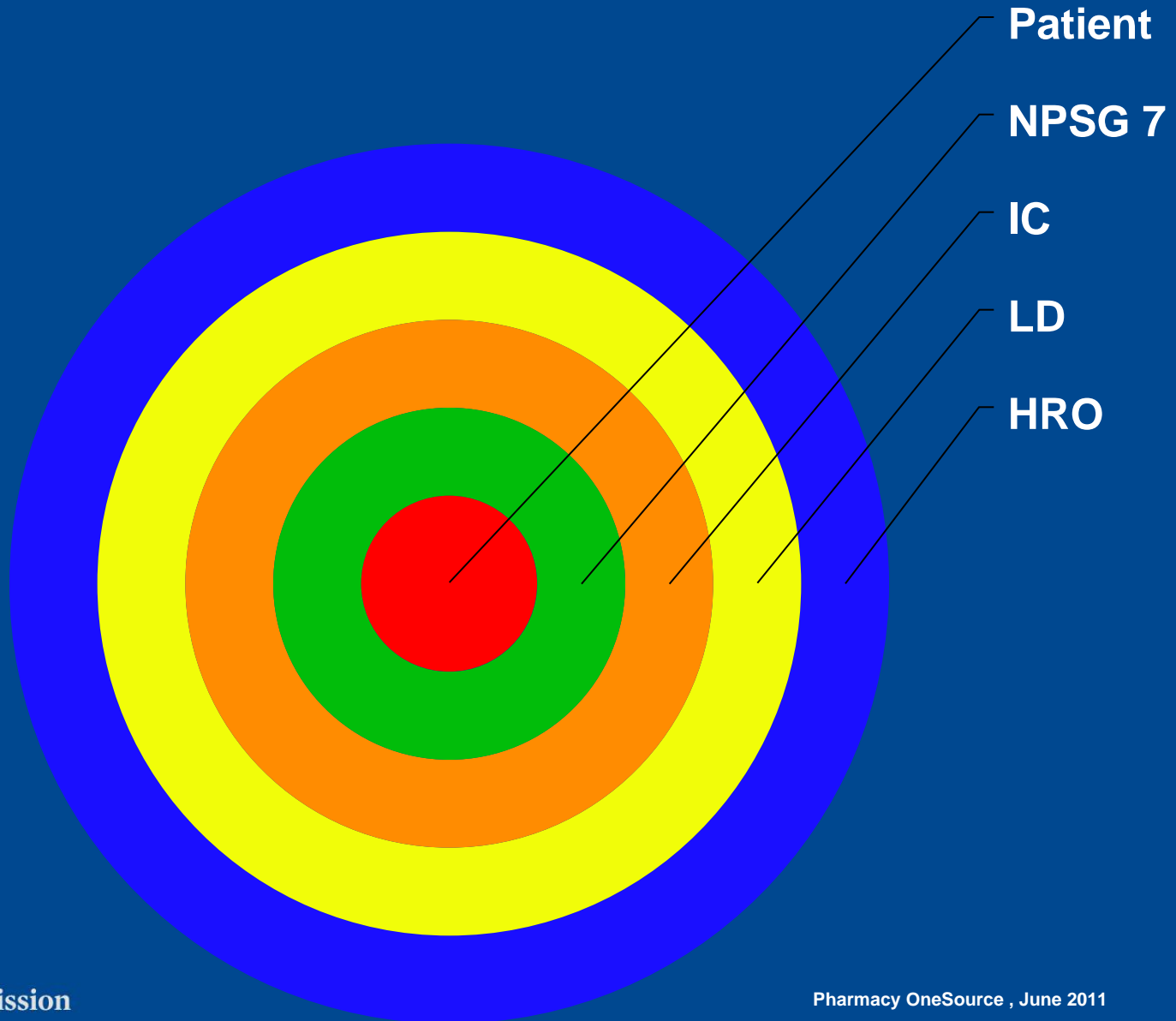
- ▶ The NPSGs were established to help accredited organizations address specific areas of concern in regards to patient safety.
- ▶ The development and annual updating of the NPSGs is overseen by an expert panel of widely recognized patient safety experts, as well as nurses, physicians, pharmacists, risk managers, and other professionals who have hands-on experience in addressing patient safety issues in a wide variety of health care settings.
- ▶ [http://www.jointcommission.org/assets/1/18/National\\_Patient\\_Safety\\_Goals\\_12\\_09.pdf](http://www.jointcommission.org/assets/1/18/National_Patient_Safety_Goals_12_09.pdf)
- ▶ Key message-Respond to field reviews!



# National Patient Safety Goal 7

Reduce the risk of health care–  
associated infections.

# NPSG, IC, LD Relationships



## Health care-associated infections

NPSG.07.01.01

- ▶ “Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines.”

# Hand Hygiene Guidelines

- Full reports available at <http://www.cdc.gov/handhygiene/> and [http://whqlibdoc.who.int/publications/2009/9789241597906\\_eng.pdf](http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf)
- Organizations must choose one or the other, not some components of each

# EP 1-Implement a program

## *All programs*

- “Implement a program that follows categories IA, IB, and IC of either the current Centers for Disease Control and Prevention (CDC) or the current World Health Organization (WHO) hand hygiene guidelines.”



# Hand Hygiene Guidelines

- Each hand hygiene recommendation cites the strength of evidence supporting the recommendation:
  - Category I (IA, IB, or IC)
  - Category II
  - All recommendations with Category I evidence will be required.
  - Organizations are asked to consider implementing all recommendations supported by Category II evidence.

# EP 2-Set goals

## *All programs*

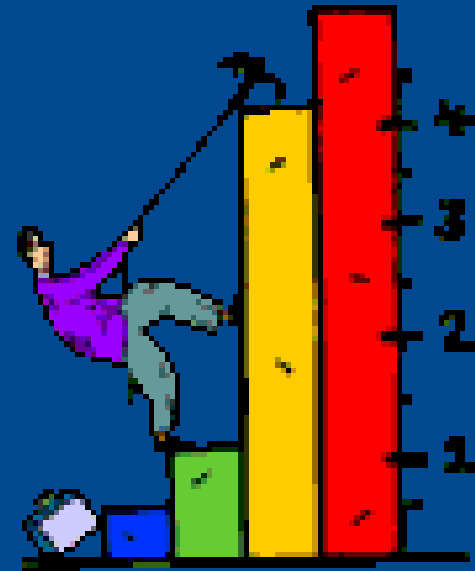
- ▶ “Set goals for improving compliance with hand hygiene guidelines.”



# EP 3-Improve compliance

## *All programs*

- “Improve compliance with hand hygiene guidelines based on established goals.”



# Center for Transforming Healthcare

- The Hand Hygiene Project focuses on improving and sustaining hand hygiene compliance.
- Hand hygiene solutions were developed by eight leading, highly respected organizations, which have a great deal of experience using Robust Process Improvement™ tools such as Lean Six Sigma and change management processes.
- Solutions: Effective hygiene is in our HANDS (Habit, Active Feedback, No One Excused, Data Driven, Systems)
- [http://www.centerfortransforminghealthcare.org/projects/about\\_hand\\_hygiene\\_project.aspx](http://www.centerfortransforminghealthcare.org/projects/about_hand_hygiene_project.aspx)



## Healthcare-associated infections

### Four additional requirements

- NPSG.07.03.01: multidrug-resistant organisms (MDRO)
- NPSG.07.04.01: central line-associated bloodstream infection (CLABSI)
- NPSG.07.05.01: surgical site infection (SSI)
- NPSG.07.06.01: catheter-associated UTI (CAUTI)

These were based in part on the *Compendium of Strategies to Prevent Healthcare Associated Infections in Acute Care Hospitals*


– <http://www.shea-online.org/about/compendium.cfm>

# Compendium and NPSG Comparison

Compendium Strategies	HAI NPSG 7
1. Strategies to prevent Central line associated bloodstream infections	NPSG 07.04.01: Implement best practices or evidence-based guidelines to prevent central line–associated bloodstream infections. (2010)
2. Strategies to prevent Ventilator associated pneumonia	Not yet
3. Strategies to prevent Catheter-associated urinary tract infections	NPSG.07.06.01: Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI). (Prep 2012, full implementation 2013)
4. Strategies to prevent Surgical site infections	NPSG 07.05.01: Implement best practices for preventing surgical site infections. (2010)
5. Strategies to prevent <i>Methicillin-resistant S. aureus</i>	NPSG 07.03.01: Implement evidence-based practices to prevent health care–associated infections due to multidrug-resistant organisms in acute care hospitals. (2010)
6. Strategies to prevent <i>Clostridium difficile</i> infections	NPSG 07.03.01: Implement evidence-based practices to prevent health care–associated infections due to multidrug-resistant organisms in acute care hospitals. (2010)


- Implement evidence-based practices to prevent health care–associated infections due to multidrug-resistant organisms in acute care hospitals.
- Note: *This requirement applies to, but is not limited to, epidemiologically important organisms such as methicillin-resistant staphylococcus aureus (MRSA), Clostridium difficile (CDI), vancomycin-resistant enterococci (VRE), and multidrug-resistant gram-negative bacteria.*

# Rationale for NPSG.07.03.01



Patients continue to acquire health care–associated infections at an alarming rate. Risks and patient populations, however, differ between hospitals. Therefore, prevention and control strategies must be tailored to the specific needs of each hospital based on its risk assessment. The elements of performance for this requirement are designed to help reduce or prevent health care–associated infections from epidemiologically important multidrug-resistant organisms (MDROs).

# NPSG.07.03.01 EP 1




- ▶ “Conduct periodic risk assessments (in time frames defined by the organization) for multidrug-resistant organism acquisition and transmission.”

- ▶ *This may be part of or distinct from the general IC risk assessment required in IC.01.03.01.*

- ▶ *General risk assessments are done at least annually per the IC chapter.*

# NPSG.07.03.01 EP 2




▶ “Based on the results of the risk assessment, educate staff and licensed independent practitioners about health care–associated infections, multidrug-resistant organisms, and prevention strategies at hire and annually thereafter.

▶ **Note:** *The education provided recognizes the diverse roles of staff and licensed independent practitioners and is consistent with their roles within the organization.”*

▶ *Education will be different for different providers.*

▶ *Each organization may determine its own educational approach and content.*

# NPSG.07.03.01 EP 3



▶ “Educate patients, and their families as needed, who are infected or colonized with a multidrug-resistant organism about health care-associated infection strategies.”

▶ *This is focused education for those individuals who are infected or colonized.*

▶ *See also PC.02.03.01*

- *Documentation*
- *Assessment of understanding*

▶ *Strategies may include*

- *Hand hygiene*
- *Transmission-based precautions*
- *Antimicrobials*


# NPSG.07.03.01 EP 4

- ▶ “Implement a surveillance program for multidrug-resistant organisms based on the risk assessment.
- ▶ **Note:** *Surveillance may be targeted rather than organization-wide.”*

▶ *Please see FAQ-This may be targeted surveillance.*

▶ *[http://www.jointcommission.org/AccreditationPrograms/Hospitals/Standards/09\\_FAQs/NPSG/Healthcare\\_associated\\_infections/NPSG.07.03.01/multiple\\_drug\\_resistant.htm](http://www.jointcommission.org/AccreditationPrograms/Hospitals/Standards/09_FAQs/NPSG/Healthcare_associated_infections/NPSG.07.03.01/multiple_drug_resistant.htm)*

# NPSG.07.03.01 EP 5



▶ “Measure and monitor multidrug-resistant organism prevention processes and outcomes, including the following:

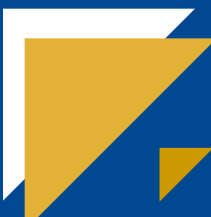
- Multidrug-resistant organism infection rates using evidence-based metrics
- Compliance with evidence-based guidelines or best practices
- Evaluation of the education program provided to staff and licensed independent practitioners

▶ **Note:** *Surveillance may be targeted rather than organization-wide.”*

▶ *Monitoring encompasses both outcome and process measures*

▶ *Will vary significantly from one organization to another*

# NPSG.07.03.01 EP 6




- ▶ “Provide multidrug-resistant organism process and outcome data to key stakeholders, including leaders, licensed independent practitioners, nursing staff, and other clinicians.”

- ▶ *From front line staff to board members*

- ▶ *Surveillance indicators are dependent on risk assessment (see EP 5)*


# NPSG.07.03.01 EP 7



▶ “Implement policies and practices aimed at reducing the risk of transmitting multidrug-resistant organisms. These policies and practices meet regulatory requirements and are aligned with evidence-based standards (for example, the Centers for Disease Control and Prevention (CDC) and/or professional organization guidelines).”

- ▶ *Organizations should compare their existing P&P with relevant guidelines and update as needed.*
- ▶ *As new guidelines evolve, they should be incorporated within a reasonable period of time (see IC.01.05.01 EP 1).*
- ▶ *Also check legal and regulatory requirements*

# NPSG.07.03.01 EP 8



▶ “When indicated by the risk assessment, implement a laboratory-based alert system that identifies new patients with multidrug-resistant organisms.


▶ **Note:** *The alert system may use telephones, faxes, pagers, automated and secure electronic alerts, or a combination of these methods.”*

▶ *Turnaround times for reporting should be determined based on needs related to both isolation and treatment.*

▶ *“New” means both new admissions and new culture results.*

▶ *Daily batching of reports is discouraged.*

# NPSG.07.03.01 EP 9



▶ “When indicated by the risk assessment, implement an alert system that identifies readmitted or transferred patients who are known to be positive for multidrug-resistant organisms.


▶ **Note 1:** *The alert system information may exist in a separate electronic database or may be integrated into the admission system. The alert system may be either manual or electronic or a combination of both.*

▶ **Note 2:** *Each organization may define its own parameters in terms of time and clinical manifestation to determine which re-admitted patients require isolation.”*

▶ *This means that all patients must be identified, but it does not mean that isolation is appropriate/required in all circumstances.*

# NPSG.07.04.01


## *CAH, HAP, LTC only*



- ▶ “Implement evidence-based practices to prevent central line–associated bloodstream infections.”

- ▶ *This requirement covers short- and long-term central venous catheters and peripherally inserted central catheter (PICC) lines.*

# NPSG.07.04.01 EP 1



▶ “Educate staff and licensed independent practitioners who are involved in managing central lines about central line–associated bloodstream infections and the importance of prevention. Education occurs upon hire, annually thereafter, and when involvement in these procedures is added to an individual’s job responsibilities.”


▶ *Education will be different for different providers.*

▶ *Each organization may determine its own approach and content.*

▶ *This education is provided to a very focused group.*

▶ *Note annual requirement.*

# NPSG.07.04.01 EP 2




- ▶ “Prior to insertion of a central venous catheter, educate patients and, as needed, their families about central line–associated bloodstream infection prevention.”

- ▶ *This is focused education.*

- ▶ *See also PC.02.03.01.*

- ▶ *Even in an emergency, some basic education is usually possible.*

# NPSG.07.04.01 EP 3




▶ “Implement policies and practices aimed at reducing the risk of central line–associated bloodstream infections. These policies and practices meet regulatory requirements and are aligned with evidence-based standards (for example, the Centers for Disease Control and Prevention [CDC] and/or professional organization guidelines).”

▶ *Organizations should compare their existing P&P with relevant guidelines and update as needed.*

▶ *As new guidelines evolve, they should be incorporated within a reasonable period of time (see IC.01.05.01 EP 1).*

# NPSG.07.04.01 EP 4




▶ “Conduct periodic risk assessments for central line–associated bloodstream infections, monitor compliance with evidence-based practices, and evaluate the effectiveness of prevention efforts. The risk assessments are conducted in time frames defined by the [organization], and this infection surveillance activity is organization-wide, not targeted.”

▶ *This may be part of or distinct from the general IC risk assessment required in IC.01.03.01.*

▶ *General risk assessments are done at least annually per the IC chapter.*

▶ *Please note: “organization-wide, not targeted.”*


# NPSG.07.04.01 EP 5



- ▶ “Provide central line–associated bloodstream infection rate data and prevention outcome measures to key stakeholders, including leaders, licensed independent practitioners, nursing staff, and other clinicians.”

- ▶ *From front line staff to board members*
- ▶ *Surveillance indicators are dependent on risk assessment (see EP 7).*

# NPSG.07.04.01 EP 6




- ▶ “Use a catheter checklist and a standardized protocol for central venous catheter insertion.”

- ▶ See *FAQ: “The checklist or protocol is not required to be a part of the patient’s medical record. A simple indication that the checklist or protocol was completed, perhaps via a checkbox or brief note, is sufficient.”*

- ▶ [http://www.jointcommission.org/AccreditationPrograms/Hospitals/Standards/09\\_FAQs/NPSG/Healthcare\\_associated\\_infections/NPSG.07.04.01/central\\_line\\_associated\\_bloodstream\\_infection.htm](http://www.jointcommission.org/AccreditationPrograms/Hospitals/Standards/09_FAQs/NPSG/Healthcare_associated_infections/NPSG.07.04.01/central_line_associated_bloodstream_infection.htm)

# NPSG.07.04.01 EP 7




- ▶ “Perform hand hygiene prior to catheter insertion or manipulation.”

- ▶ *Please see NPSG.07.01.01, which requires compliance with either CDC or WHO hand hygiene guidelines.*

- ▶ *Please note that this applies to insertion and care.*


# NPSG.07.04.01 EP 8



- ▶ “For adult patients, do not insert catheters into the femoral vein unless other sites are unavailable.”

- ▶ *Please note this says femoral vein, not femoral artery.*

- ▶ *Each organization may determine what constitutes “unavailable”.*




- ▶ “Use a standardized supply cart or kit that contains all necessary components for the insertion of central venous catheters.”

- ▶ *This may be a custom kit, a mass-market kit, a cart with drawers, or even a bag or box filled with supplies.*

- ▶ *Key message: have everything ready before you start.*

# NPSG.07.04.01 EP 10



- ▶ “Use a standardized protocol for maximum sterile barrier precautions during central venous catheter insertion.”


- ▶ *All healthcare personnel*

- *Mask*
- *Cap*
- *Sterile gown*
- *Sterile gloves*

- ▶ *Patient*

- *Large sterile drape*

# NPSG.07.04.01 EP 11




- ▶ “Use an antiseptic for skin preparation during central venous catheter insertion that is cited in scientific literature or endorsed by professional organizations.

- ▶ *Important note: This is an expansion of requirements that will allow for options to CHG if evidence-based documentation exists.*

- ▶ *Please see the August 2010 edition of Perspectives.*

# NPSG.07.04.01 EP 12




- ▶ “Use a standardized protocol to disinfect catheter hubs and injection ports before accessing the ports.”

- ▶ *This includes both injection and specimen procurement.*

- ▶ *See FAQ: “This is not a patient-specific documentation requirement. Surveyors will ask to see each organization’s protocol; this may be in the form of a policy, protocol, etc.”*

- ▶ *[http://www.jointcommission.org/AccreditationPrograms/Hospitals/Standards/09\\_FAQs/NPSG/Healthcare\\_associated\\_infections/NPSG.07.04.01/central\\_line\\_associated\\_bloodstream\\_infection.htm](http://www.jointcommission.org/AccreditationPrograms/Hospitals/Standards/09_FAQs/NPSG/Healthcare_associated_infections/NPSG.07.04.01/central_line_associated_bloodstream_infection.htm)*

# NPSG.07.04.01 EP 13




- ▶ “Evaluate all central venous catheters routinely and remove nonessential catheters.”

- ▶ *Each organization may define its own time frame and who will be responsible.*

- ▶ *This is one of the most critical requirements for patient safety.*


## AHC, CAH, HAP and OBS



- ▶ “Implement evidence-based practices for preventing surgical site infections.”

- ▶ *Each organization may define which surgeries on which to focus its efforts (targeted surveillance).*

# NPSG.07.05.01 EP 1



- ▶ “Educate staff and licensed independent practitioners involved in surgical procedures about surgical site infections and the importance of prevention. Education occurs upon hire, annually thereafter, and when involvement in surgical procedures is added to an individual’s job responsibilities.”


- ▶ *Education will be different for different providers.*

- ▶ *Each organization may determine its own educational approach and content.*

- ▶ *This education is provided to a very focused group.*

- ▶ *Note annual requirement.*

# NPSG.07.05.01 EP 2




- ▶ “Educate patients, and their families as needed, who are undergoing a surgical procedure about surgical site infection prevention.”

- ▶ *This is focused education.*

- ▶ *See also PC.02.03.01.*

- ▶ *Define minimum content of education for all, may customize by procedure.*

# NPSG.07.05.01 EP 3




▶ “Implement policies and practices aimed at reducing the risk of surgical site infections. These policies and practices meet regulatory requirements and are aligned with evidence-based guidelines (for example, the Centers for Disease Control and Prevention [CDC] and/or professional organization guidelines).”

▶ *Organizations should compare their existing P&P with relevant guidelines and update as needed.*


▶ *As new guidelines evolve, they should be incorporated within a reasonable period of time (see IC.01.05.01 EP 1).*

# NPSG.07.05.01 EP 4

- 
- ▶ “As part of the effort to reduce surgical site infections:
    - Conduct periodic risk assessments for surgical site infections in a time frame determined by the [organization].
    - Select surgical site infection measures using best practices or evidence-based guidelines.
    - Monitor compliance with best practices or evidence-based guidelines.
    - Evaluate the effectiveness of prevention efforts.
  - ▶ **Note:** *Surveillance may be targeted to certain procedures based on the organization’s risk assessment.”*

- ▶ *This may be part of or distinct from the general IC improvement process required in IC.01.03.01.*
- ▶ *Risk assessments are done at least annually per the IC chapter.*

# NPSG.07.05.01 EP 5




▶ “Measure surgical site infection rates for the first 30 days following procedures that do not involve inserting implantable devices and for the first year following procedures involving implantable devices. The organization’s measurement strategies follow evidence-based guidelines.

▶ **Note:** *Surveillance may be targeted to certain procedures based on the organization’s risk assessment.”*

▶ *These time frames are not new; they were included in the 1999 HICPAC SSI document.*

▶ *Most organizations utilize CDC/NHSN definitions.*

# NPSG.07.05.01 EP 6




- ▶ “Provide process and outcome (for example, surgical site infection rate) measure results to key stakeholders.”

- ▶ *From front line staff to board members*
- ▶ *Data is dependent on risk assessment (see EP 4)*

# NPSG.07.05.01 EP 7

- ▶ “Administer antimicrobial agents for prophylaxis for a particular procedure or disease according to methods cited in scientific literature or endorsed by professional organizations.”
- ▶ *This is an unprecedented situation wherein a core measure has been brought into an accreditation requirement.*
- ▶ *The good news is that most hospitals have been working on this for years.*
- ▶ *\*\*\*This is another change from the August 2010 Perspectives.*

# NPSG.07.05.01 EP 8




- When hair removal is necessary, use a method that is cited in scientific literature or endorsed by professional organizations.

- This is not new; this was originally published in the 1999 HICPAC SSI document.*

- Recognize that this is a cultural change for many surgeons and that they will need to see the evidence behind this in order to support the change.*

- \*\*\*This is another change from the August 2010 Perspectives.*


- 
- Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI). \*
  - Note: This NPSG is not applicable to pediatric populations. Research resulting in evidence-based practices was conducted with adults, and there is not consensus that these practices apply to children.*

# NPSG.07.06.01-Guidelines

- ▶ *Footnote: Evidence-based guidelines for CAUTI are located at: Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals at, <http://www.shea-online.org/about/compendium.cfm>*
- ▶ *Guideline for Prevention of Catheter-associated Urinary Tract Infections, 2009 at <http://www.cdc.gov/hicpac/pdf/CAUTI/CAUTIguideline2009final.pdf>*

# NPSG.07.06.01 EP 1

- ▶ During 2012, plan for the full implementation of this NPSG by January 1, 2013.
- ▶ *Note: Planning may include a number of different activities, such as assigning responsibility for implementation activities, creating timelines, identifying resources, and pilot testing.*

- 
- Insert indwelling urinary catheters according to established evidence-based guidelines that address the following:
    - Limiting use and duration to situations necessary for patient care
    - Using aseptic techniques for site preparation, equipment, and supplies

# NPSG.07.06.01 EP 2-Tips




## ▶ “Use and duration”

- See HICPAC guideline
  - Section I on pages 10-11
  - Table 2 on page 11

## ▶ “Aseptic technique”

- See HICPAC guideline
  - Section II on pages 12
  - Section III on pages 13-15

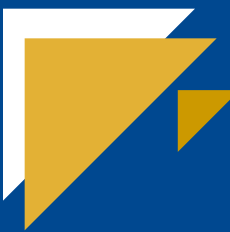


Manage indwelling urinary catheters according to established evidence-based guidelines that address the following:

- Securing catheters for unobstructed urine flow and drainage
- Maintaining the sterility of the urine collection system
- Replacing the urine collection system when required
- Collecting urine samples

# NPSG.07.06.01 EP 3-Tips

- ▶ Securing catheters for unobstructed urine flow and drainage
  - See HICPAC recommendation 2E on page 12
- ▶ Maintaining the sterility of the urine collection system
  - See HICPAC recommendation 3A on page 13
- ▶ Replacing the urine collection system when required
  - See HICPAC recommendation 3A1 on page 13
- ▶ Collecting urine samples
  - See HICPAC recommendation 3U on page 15



Measure and monitor catheter-associated urinary tract infection prevention processes and outcomes in high-volume areas by doing the following:

- Selecting measures using evidence-based guidelines or best practices
- Monitoring compliance with evidence-based guidelines or best practices
- Evaluating the effectiveness of prevention efforts

# NPSG.07.06.01 EP 4-Note

- ▶ *Note: Surveillance may be targeted to areas with a high volume of patients using in-dwelling catheters. High-volume areas are identified through the hospital's risk assessment as required in IC.01.03.01, EP 2.*
- ▶ This means that targeted surveillance is allowed, but you must show how you used your risk assessment to determine what surveillance to perform.

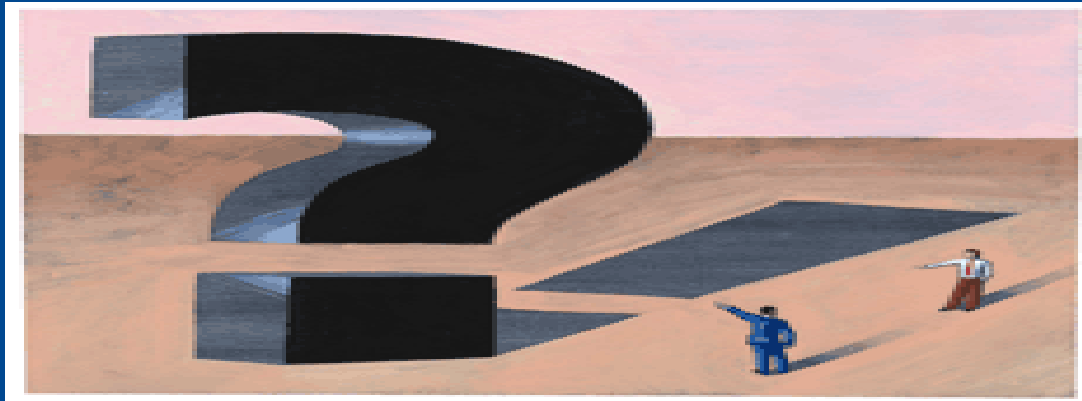
# NPSG.07.06.01 EP 4-Tips

- ▶ Selecting measures using evidence-based guidelines or best practices
- ▶ Monitoring compliance with evidence-based guidelines or best practices
- ▶ Evaluating the effectiveness of prevention efforts
- ▶ See HICPAC guideline section IV on page 16 and section VI on page 17
- ▶ See IC.01.04.01, IC.01.05.01 EP 1 and IC.03.01.01
- ▶ See PI chapter

# General Self-Evaluation Tips

- ▶ Read Perspectives
- ▶ Respond to field reviews, and consider having your medical staff do so
- ▶ Observe care
- ▶ Try to work each NPSG EP into your tracers
- ▶ Carefully consider how requirements in other accreditation chapters impact IC
- ▶ Keep up-to-date with all guidelines (IC.01.05.01 EP 1)
- ▶ Ask questions if you're not absolutely sure (SIG)

# Questions



Please feel free to contact Louise at [lkuhny@jointcommission.org](mailto:lkuhny@jointcommission.org) with any questions.

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