

## MEETING THE NEW PATIENT SAFETY GOALS FOR LONG TERM CARE AND ASSISTED LIVING

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) released its new National Patient Safety Goals (NPSGs), including goal sets designed specifically for long term care (LTC) organizations and assisted living facilities.

For both settings, JCAHO has established three new goals:

- reconciling medication across the continuum of care
- minimizing the risk of harm from falls
- inoculating residents against influenza and pneumonia

In addition to the new goals, both settings have a new expectation in the area of resident identification, with LTC organizations now required to take new measures against accidental substitution of look-alike and sound-alike drugs. This edition of *ALERT Bulletin* will briefly describe the new goals and expectations, and also offer notes on compliance and risk management strategies for your organization.

Accredited institutions are expected to be in compliance with all program-specific NPSGs by January 1, 2005, with the exception of medication reconciliation, which is intended for full implementation by January 2006. As no mandatory documentation requirements are associated with any of the new goals, your organization is free to monitor implementation in a manner that works best for you. JCAHO is primarily interested in a facility's actual performance. Therefore, it will consider approving alternatives to specific requirements if they are seen as effectively meeting the basic safety goal.

### The New Goals

- "Accurately and completely reconcile medications across the continuum of care."

This goal requires your organization to **"develop a process for obtaining and documenting a complete list of the resident's current medications upon the resident's admission to the organization, and with the involvement of the resident. This process involves a comparison of the medications the organization provides to those on the list."** The goal further requires communicating the complete medication list to the subsequent provider when the resident is referred or transferred to **"another setting, service, practitioner or level of care within or outside the organization."**

**Compliance tip:** After soliciting feedback, develop a standard medication reconciliation form for use by providers during resident admission and transitions. Combine the documentation format with written procedures to ensure that the reconciliation form is consistently checked for accuracy by the provider who receives it.

- "Reduce the risk of resident harm resulting from falls."

Your organization is asked to **"assess and periodically reassess each resident's risk of falling, including the potential risk associated with the resident's medication regimen, and take action to address any identified risks."** Also required is a **"fall reduction program, including a transfer protocol,"** as well as evaluation of the program's effectiveness.

**Compliance tip:** Design a two-part risk management strategy, comprising both a standardized and well-documented fall assessment program, as well as a fall

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reduction protocol. The program should include appropriate environmental measures, staff in-service training, and resident/family education on the aging process and the potential for falls. The goal is to focus on the underlying causes of falls, such as adverse drug reactions, nutrition and hydration, as well as disorientation experienced during transition to a new setting. Strength- and balance-building exercises also play an important part in fall reduction efforts.

- “Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.”

This disease-control goal's specific requirements are to **“develop and implement a protocol for administration and documentation of the flu vaccine”** and pneumococcus vaccine, and to **“develop and implement a protocol to identify new cases of influenza and to manage an outbreak.”**

**Compliance tip:** Create formal protocols regarding vaccination of residents, and design a program to measure and report the results of your vaccination programs. The recent CNA HealthPro *ALERT Bulletin* (“Surviving Flu Season in the Wake of the Vaccine Shortage,” November 2004) contains suggestions on implementing a flu management program and containing a flu outbreak. As influenza and pneumonia constitute two of the leading causes of death among LTC and assisted living residents, it is vital to manage these risks aggressively.

### Other New Expectations

For the first time, LTC organizations that store drugs on site are expected to address the problem of look-alike/sound-alike drugs by compiling their own customized list of at least 10 such potentially confusing drug pairings drawn from tables posted on the JCAHO Web site ([www.jcaho.org](http://www.jcaho.org)). If your organization stores quantities of open-stock drugs, keep these hard-to-distinguish

medications well away from each other and place warning stickers on storage areas. However, please note that the requirement does not apply to facilities that do not store open-stock drugs. If your organization obtains a monthly medication supply from a contracted pharmaceutical provider, you may wish to verify the method used by the provider to warn of look-alike/sound-alike drugs.

Finally, both LTC and assisted living facilities are now responsible for using at least two resident identifiers not only when taking blood samples or administering medications, but also when taking specimens and providing other treatments or procedures. Possible identifiers for residents may include name, photo, ID number, telephone number or other specific marker, but cannot include the resident's room number.

Visual recognition of individuals remains adequate for residential settings with stable staff and client populations where caregivers know the residents. However, the two-identifier standard is expected to be followed in high-risk interventions, in treating short-term residents and at times of high staff turnover. In general, staff should be trained to double-check resident identity whenever there is any question, or when they are administering a non-routine or potentially dangerous medication.

The National Patient Safety Goals represent an ambitious effort to translate healthcare error prevention research into practical standards and expectations for every type of facility. JCAHO is the major source of information on the patient safety goals, and we encourage you to visit its Web site at [www.jcaho.org](http://www.jcaho.org) for a more detailed explanation of the requirements and their place within the accreditation process.

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