

2003

JCAHO

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Clinical Center JCAHO Work Group

JCAHO Patient Safety Goals

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1. Improve the accuracy of patient identification

This goal requires at least two identifiers be used, whenever taking blood samples, administering medication, or blood products. **The clinical center has selected the following two patient identifiers: name and date of birth.**



In addition before initiating any surgical or invasive procedure the team must pause to conduct a final verification process, such as a “time out,” to confirm the correct patient, procedure and site (including side and level). The providers must use active not passive communication techniques.

2. Improve the effectiveness of communication among caregivers

When ever a verbal order is taken, the person receiving the order must write down the order and then read it back to the prescriber. The “read back” should be specific; e.g., “order is for Mrs XYZ, one zero milligrams of morphine orally three times a day.”

In an effort to improve communication between providers the following list of abbreviations, symbols and acronyms that are considered unacceptable:

MSO4,
u/U,
qod,
cc;

qhs
ug
trailing zeros (2.0mg)
failure to include leading zero (.2mg)

Use of any of the above in a written order requires clarification in writing of the meaning of the abbreviation, e.g., “ug clarified with Dr. ABC to be micrograms.

3. Improve the safety of using high-alert medications by

- ◆ **Removing concentrated electrolytes from patient care areas:** The following concentrated electrolytes have been removed from the patient care units: potassium chloride, potassium



phosphate, sodium chloride >0.9%. The Clinical Center has limited use of Calcium Gluconate with safety measures.

- ◆ **Standardize and limit the number of drug concentrations used:** the P&T Committee maintains this list and is in the process of expanding it to including those in the Guardrails Alaris pump libraries.

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4. Eliminate wrong-site, wrong-patient and wrong –procedure surgery

The Medical Executive Committee (MEC) has approved a policy that requires the use of a surgical/invasive procedure verification form (NIH # 2826). This form is used to document that the site has been marked when appropriate, the relevant documentation (e.g., medical records, imaging studies)has been reviewed and is consistent, and that a time out was taken just prior to initiating the procedure. This policy also includes a requirement for the implementation of a process to mark the surgical site.

5. Improve the safety of using infusion pumps

The Alaris and Gemstar pumps currently used in the Clinical Center have technology in place to prevent free-flow of fluids. This means when the pump is turned off or the tubing is being taken out of the chamber, there will be no run away fluids.



6. Improve the effectiveness of clinical alarms systems

The Nursing Department, Biomedical Engineering and Safety office are actively working to assure that all biomedical alarms undergo regular preventative maintenance and testing, and that all alarms are activated with appropriate settings and are sufficiently audible with respect to distances and competing noise within the unit.



The application for the survey has been completed and we are now waiting for the JCAHO to review the application and contact us for a date when they will come to visit. We will let you know as soon as we have been notified.

Visit the Clinical Center JCAHO website:

<http://intranet.cc.nih.gov/cconly/od/jcaho/>