

## National Patient Safety Goals (NPSG) Letter

Dear Applicant,

The Joint Commission has the following National Patient Safety Goals for 2018:

<b>Identify patients correctly</b>	
NPSG.01.01.01	Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
NPSG.01.03.01	Make sure that the correct patient gets the correct blood when they get a blood transfusion.
<b>Improve staff communication</b>	
NPSG.02.03.01	Get critical test results to the right person on time.
<b>Use medicines safely</b>	
NPSG.03.04.01	Before a procedure, label all medications on and off the sterile field.
NPSG.03.05.01	Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.
NPSG.03.06.01	Medication reconciliation
<b>Use alarms safely</b>	
NPSG.06.01.01	<b>Make improvements to ensure that alarms on medical equipment are heard and responded to on time.</b>
<b>Prevent infection</b>	
NPSG.07.01.01	Comply with CDC hand hygiene guidelines.
NPSG.07.03.01	Implement evidence-based practices to prevent health care-associated infections due to multi-drug resistant organisms.
NPSG.07.04.01	Implement evidence-based practices to prevent central line-associated bloodstream infections.
NPSG.07.05.01	Implement evidence-based practices for preventing surgical site infections.
NPSG.07.06.01	Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI).
NPSG.07.01.01	Comply with Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
<b>Identify patient safety risks</b>	
NPSG.15.01.01	Identify patients at risk for suicide.
<b>Universal Protocol – preventing wrong site, wrong procedure, and wrong person surgery</b>	
UP.01.01.01	Conduct a pre-procedure verification process – Make sure relevant documents, images or equipment are available, correctly identified, labeled and matched to the patient's identifiers and reviewed to be consistent with the patient's expectations and with the team's understanding of the intended patient, procedure and site. If there are any conflicts, these <b>must</b> be resolved before proceeding.
UP.01.02.01	Mark the procedure site – Involve the patient, if possible. Mark should be unambiguous and used consistently throughout the hospital.
UP.01.03.01	A time-out is performed before the procedure – All activity should stop to conduct this time out verifying at minimum: correct patient identity, correct site and the procedure to be performed. When two or more procedures are being performed on the same patient and the person performing the patient's procedure changes, perform a time-out before each procedure is initiated.

The Joint Commission established five National Patient Safety Goals (NPSG) focused on Infection Prevention. These are:

- 07.01.01 Comply with CDC hand hygiene guidelines.
- 07.03.01 Implement evidence-based practices to prevent health care-associated infections due to multiple drug resistant organisms in acute care hospitals.
- 07.04.01 Implement best practices or evidence-based guidelines to prevent central line associated bloodstream infections.
- 07.05.01 Implement best practices for preventing surgical site infections.
- 07.06.01 Implement best practices for indwelling catheter-associated urinary tract infections (CAUTI).

One of the requirements of all of these standards is employee, patient and physician education at hire and annually. Therefore, Memorial Hermann Health System and the Memorial Hermann Physician Network (MHMD) are providing the following key Infection Control standards for your review. If you have any questions regarding the following information please contact your facility infection preventionist(s) or Quality department.

## Hand Hygiene

Hand hygiene is the most important activity in the prevention of all types of infections. According to the CDC, the alcohol-based waterless hand cleaners should be utilized as our “primary source” for hand hygiene unless hands are soiled with organic matter, in which case a soap and water wash should be performed with at least a 15-20 second scrub. The exception to using waterless cleaners applies for spore forming organisms, such as *Clostridium difficile* and *Bacillus anthracis*, since spores are not destroyed by antiseptic agents. Therefore, they must be physically removed with a soap and water wash.

Opportunities for hand hygiene include, but are not limited to: upon entering or leaving the work area, upon entering and exiting a patient room, before and after invasive procedures or contact with wounds or intravascular/indwelling devices, before and after glove use and between contacts with different care sites on the same patient, after contact with inanimate objects in patient rooms, before handling medication and food, and after using the restroom.

Use hospital-approved hand lotions or creams to minimize the occurrence of irritant contact dermatitis associated with hand hygiene. Personal lotions containing mineral, lanolin, coconut, palm or jojoba oils, as well as petroleum-based products should NOT be brought into the hospital. All healthcare workers (HCWs) whose job includes “hands-on,” direct patient care, medication preparation, involvement with food service, or contact with clean/sterile processes/equipment are not allowed to wear artificial nails or artificial nail products, e.g., tips, jewelry, overlays, wraps, shellac, etc. Natural nails less than one quarter of an inch long and fingernail polish should be well maintained and free of chipping.

## Multidrug Resistant Organisms (MDROs)

### **Methicillin resistant Staph *aureus* (MRSA) Clostridium *difficile* (C. diff) causing “infectious diarrhea” Vancomycin resistant Enterococcus (VRE) Multidrug Resistant (MDR) Gram Negative Organisms**

For epidemiologic purposes, MDROs are defined as microorganisms, predominately bacteria, that are resistant to one or more classes of antimicrobial agents. Although the names of certain MDROs describe resistance to only one agent (e.g. MRSA, VRE), these pathogens are frequently resistant to most available antimicrobial agents. Gram negative bacilli (GNB), including those producing extended spectrum betalactamases (ESBLs) and others that are resistant to multiple classes of antimicrobial agents, are of particular concern. Examples include E.coli, Klebsiella, Acinetobacter and Pseudomonas. A person does not have to be infected with the organism to be a source of transmission; he/she may merely be “colonized” meaning the organism is living in or on the body, but it is not causing an infection at the present time.

According to the CDC recommendations for control of MDROs, it is necessary to utilize a number of different strategies in order to begin having an impact on reducing the transmission of these organisms. Memorial Hermann has policies toward this end that include the following:

- Contact precautions for all patients confirmed or suspected of being colonized or infected with a MDRO. This requires that all who enter a contact isolation room must wear gown and gloves, no matter the intended activity.
- Judicious use of antibiotics
- Patients readmitted with a known history of a MDRO, no matter how far back, are placed in Contact Precautions until a determination can be made that he/she is no longer colonized. See Appendix G in the Hospital Isolation Policy for criteria to remove a patient from isolation.
- Isolation precautions should not be discontinued without consulting infection control.
- Each facility performs active surveillance for MRSA on specific patients. This is accomplished by performing PCR screening from a nasal swab. The purpose of this is to identify colonized patients so that special precautions can be taken to prevent transmission to others. Please contact the facility’s infection preventionist(s) for details.
- If a patient has a chronic wound on admission, consideration should be given to culturing the wound for colonization with a MDRO.

## Bundles

In order to prevent infections, Memorial Hermann has implemented the use of “bundles.” Bundles are a group of interventions related to a disease process that when implemented together result in reduced risk of hospital-associated infections and better outcomes. The bundle elements are evidence-based initiatives and recommendations for implementation from the Institute of Healthcare Improvement (IHI).

## Catheter Associated Bloodstream Infection (CLABSI)

Catheter associated bloodstream infection criteria are set forth by National Healthcare Safety Network (NHSN) of the CDC. CLABSIs occur in patients who have a central line present for less than two calendar days and have a recognized pathogen cultured from one or more blood cultures. The organism cultured must not be related to an infection at another site. If the organism isolated is a common skin contaminant, there must be two or more cultures drawn on the same or on consecutive calendar days, and the patient must have one of the following: fever, hypotension or chills, in order to be considered a CLABSI. There are two bundles associated with preventing CLABSIs and they are the Central Line Insertion Bundle and the Central Line Maintenance Bundle.

The **Central Line Insertion Bundle** should be strictly followed when a line is being inserted with the only exception being an emergency insertion. Central lines include, subclavian, internal jugular, brachiocephalic, femoral, umbilical arterial, umbilical vein and “port-a-cath” catheters. To help reduce infections and due to the difficulty in keeping the site clean and intact, femoral line insertions should be avoided whenever possible. Do not replace catheters “over the wire.” Use a new line at a new site.

The Central Line Insertion Bundle should be followed by the physician and any assisting physician/nurse. The bundle is composed of the following criteria:

- Wash hands using soap or hand sanitizer prior to insertion.
- Prep the insertion site with Chlorhexidine (CHG) for 30 seconds on a dry site or two minutes on a moist site.
- During the entire procedure, wear head cover, mask, sterile gown and sterile gloves.
- Drape the patient from head to toe.
- Maintain a sterile field during the entire procedure.
- If the femoral site used, document the reason for femoral line utilization.

The **Central Line Maintenance Bundle** is multidisciplinary and has components specific to physicians and nursing. The physician’s role in the maintenance bundles is: **central line daily necessity**.

The physician should review the central line daily and document daily the reason to continue the line. As soon as possible, a physician should discontinue a line that is not in use or a line that is a suspected source of infection.

Components of the Central Line Insertion and Maintenance bundles are audited for compliance. Femoral line utilization and necessity is reviewed monthly. Line maintenance compliance results are reviewed by the director/manager of the unit. If a catheter related bloodstream infection occurs, compliance measures are part of the case review.

## Catheter Associated Urinary Tract Infection Prevention Bundle

Catheter associated urinary tract infections (CAUTI) are the most common healthcare associated infection. In addition of infections, urinary catheters are also associated with nonbacterial urethral inflammation, urethral strictures and mechanical trauma. The duration of catheterization contributes

to these negative outcomes so limiting urinary catheter use and duration are important prevention strategies. The **One Memorial Hermann CAUTI Prevention Bundle** employs evidence-based interventions/practices including, criteria for insertion and continued need for catheterization, aseptic insertion procedures and daily care practices. The below criteria for insertion and continuation of urinary catheterization is used in adults; however, some facilities have stricter criteria:

**H** = Hematuria with clots/urethral trauma

**O** = Obstruction (retention/neurogenic bladder)

**U** = Urologic or other surgical procedure

- GU surgery
- Prostate surgery
- Prolonged duration of surgery (> 4 hours)
- Large volume infusions
- Diuretics during surgery
- Intra-operative monitoring of urinary output

**D** = Decubitus open stage 3/4, sacral/perineal wound in incontinent patient

**I** = Ins & Outs (strict measurement)

**N** = No code due to end of life care

**I** = Immobility

- Unstable fractures (trauma patients)
- Balloon Pump
- Epidural anesthesia
- Intracranial Pressure Issues
- Other: Must Have Documented Reason

The criteria for children include:

- Paralysis-Chemical or anatomic
- Spinal or pelvic trauma resulting in neurogenic bladder
- Post-operative CV surgery for first 48 hours (remove after 48 hours)
- SIDAH/Diabetes insipidus
- Renal failure (any etiology) until clinically stable
- Echo
- Trauma Patients for first 24 hours unless additional criteria above are met

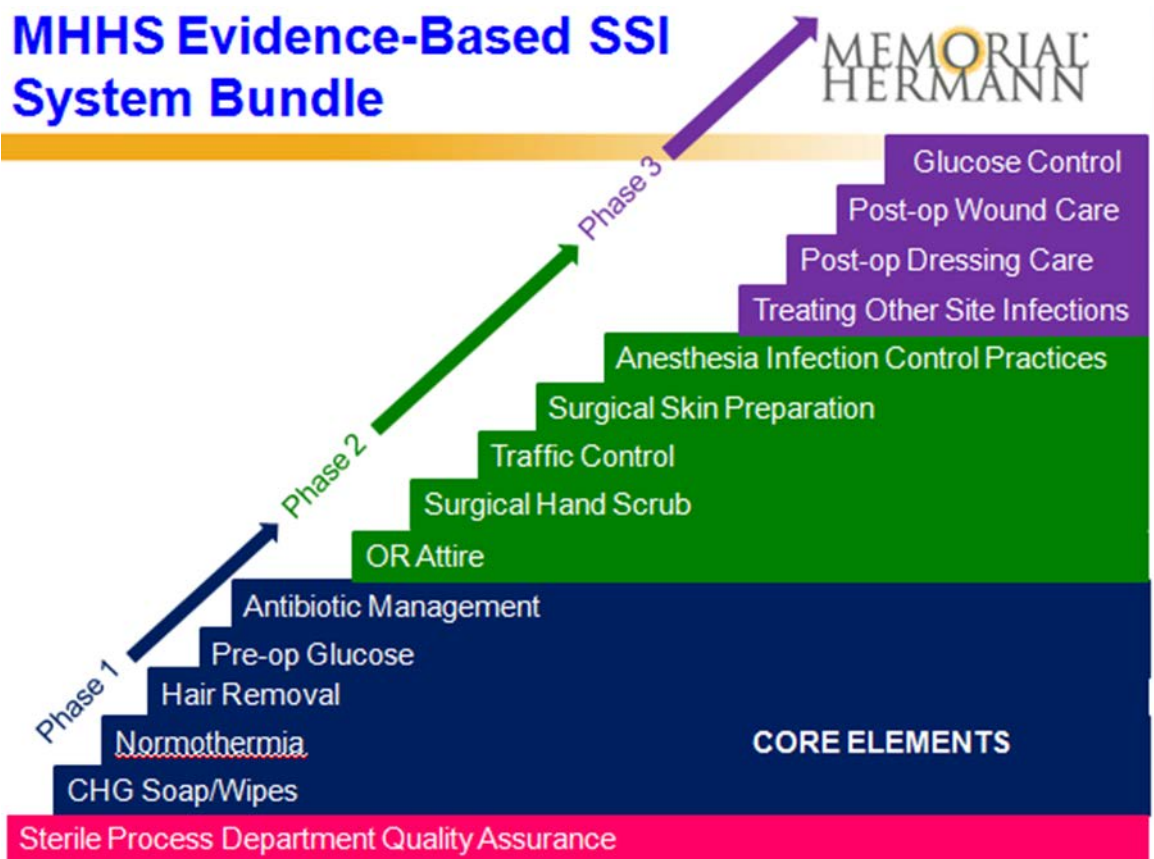
Monitoring urine output can be performed by weighing of diapers and is not itself, sufficient indication for foley necessity.

Foley should be discontinued if the above criteria are not met.

**Surgical Site Infections (SSI)**

The definition of a health care-associated SSI is an infection that occurs at the surgical site within 30 days after the procedure or within 90 days afterward, when implants are involved (except for superficial incisional). Surveillance for SSIs includes reviewing patients readmitted with infections at incision sites and post discharge inquires to surgeons requesting information and feedback regarding any patient who developed a surgical site infection.

Memorial Hermann has developed a multistage **Evidence-Based Surgical Site Infection Prevention Bundle**, which includes the following:



Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_