New JCAHO 2005 Standards Set
Facts about the 2005 National Patient Safety Goals

On July 9, 2004, the Joint Commission’s Board of Commissioners approved the 2005 National Patient Safety Goals (NPSGs). This year, the Joint Commission developed program-specific goals for all accreditation programs. Below are the 2005 NPSGs, which include continuing 2004 goals. New goals are indicated in bold.

Goal: Improve the accuracy of patient identification.
- Use at least two patient identifiers (neither to be the patient’s room number) whenever administering medications or blood products; taking blood samples and other specimens for clinical testing, or providing any other treatments or procedures.
- Prior to the start of any invasive procedure, conduct a final verification process to confirm the correct patient, procedure, site, and availability of appropriate documents. This verification process uses active—not passive—communication techniques.

Goal: Improve the effectiveness of communication among caregivers.
- For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the order or test result “read-back” the complete order or test result.
- Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization.
- Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
- All values defined as critical by the laboratory are reported directly to a responsible licensed caregiver within time frames established by the laboratory (defined in cooperation with nursing and medical staff). When the patient’s responsible licensed caregiver is not available within the time frames, there is a mechanism to report the critical information to an alternative response caregiver.

Goal: Improve the safety of using medications.
- Remove concentrated electrolytes (including, but not limited to, potassium chloride, potassium phosphate, sodium chloride >0.9%) from patient care units.
- Standardize and limit the number of drug concentrations available in the organization.
- Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs.

- Create and use a pre-operative verification process, such as a checklist, to confirm that appropriate documents (e.g., medical records, imaging studies) are available.
- Implement a process
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to mark the surgical site and involve the patient in the marking process.

Goal: Improve the safety of using infusion pumps.
- Ensure free-flow protection on all general-use and PCA (patient controlled analgesia) intravenous infusion pumps used in the organization.

Goal: Improve the effectiveness of clinical alarm systems.
- Implement regular preventive maintenance and testing of alarm systems.
- Assure that alarms are activated with appropriate settings and are sufficiently audible with respect to distances and competing noise within the unit.

Goal: Reduce the risk of health care-associated infections.
- Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
- Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.

Goal: Accurately and completely reconcile medications across the continuum of care.
- During 2005, for full implementation by January 2006, develop a process for obtaining and documenting a complete list of the patient’s current medications upon the patient’s admission to the organization and with the involvement of the patient. This process includes a comparison of the medications the organization provides to those on the list.
- A complete list of the patient’s medications is communicated to the next provider of service when it refers or transfers a patient to another setting, service, practitioner or level of care within or outside the organization.

Goal: Reduce the risk of patient harm resulting from falls.
- Assess and periodically reassess each patient’s risk for falling, including the potential risk associated with the patient’s medication regimen, and take action to address any identified risks.
- Implement a fall reduction program, including a transfer protocol, and evaluate the effectiveness of the program.

Goal: Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.
- Develop and implement a protocol for administration and documentation of the flu vaccine.
- Develop and implement a protocol for administration and documentation of the pneumococcus vaccine.
- Develop and implement a protocol to identify new cases of influenza and to manage an outbreak.

Goal: Implement a fall reduction program, including a transfer protocol, and evaluate the effectiveness of the program.
- Inform and encourage components and practitioner sites to implement the applicable National Patient Safety Goals and associated requirements by components and practitioner sites.
- Develop and implement a protocol for administration and documentation of the pneumococcus vaccine.

Goal: Reduce the risk of surgical fires.
- Educate staff, including operating licensed independent practitioners and anesthesia providers, on how to control heat sources and manage fuels, and establish guidelines to minimize oxygen concentrations under drapes.

Goal: Implementation of applicable National Patient Safety Goals and associated requirements by components and practitioner sites.
- Inform and encourage components and practitioner sites to implement the applicable National Patient Safety Goals and associated requirements.

Next Joint Commission Survey Will Be Fall 2005
Controlling Your Cholesterol

The following was taken from the Prevention magazine website.

You’ve been diagnosed with high cholesterol. Now what? It’s a perfectly valid question, the same one facing millions of Americans at this very moment. Your doctor has probably recommended dietary changes, perhaps more exercise, maybe even medication. But you know you can do more. You’re just not sure what, or when, or how.

That’s why we’ve created the Ten Commandments of Cholesterol Control. They’re the basic steps anyone can follow, no matter what their current cholesterol profile is, to get the numbers they want.

Just remember that by adopting all ten commandments, you establish a solid foundation for lifelong cholesterol control. They’ll support whatever treatment plan you ultimately choose to follow. There’s no better time to get started than now!

1. Know Where You Stand
   You’ve heard the old saying—about no news being good news? Well, it doesn’t apply to cholesterol.
   Getting it checked on a regular basis is essential to your long-term good health. After all, high cholesterol has been linked to cardiovascular disease, the number one cause of death in the United States. In fact, according to the American Heart Association, people who have a total cholesterol of 240 mg/dl (milligrams per deciliter) are twice as likely to experience a heart attack as people who have a cholesterol level of 200 mg/dl. Knowing your level, and tracking it as you begin treatment, just makes sense.

In a nutshell, all adults age 20 and over should have their cholesterol checked at least once every 5 years as recommended by the National Heart, Lung, and Blood Institute of the National Institutes of Health. You may require more frequent screening if you have certain risk factors for heart disease or if your test results are cause for concern.

Generally, doctors like to see total cholesterol below 200 mg/dl, with LDL (bad cholesterol) below 130—the high end of the “near-optimal” range—and HDL (good cholesterol) above 40. If your test results aren’t consistent with these levels, your doctor may recommend a retest. If they’re still not where they should be, your doctor may want to discuss treatment options.

2. Learn All You Can
   Once you’ve been diagnosed with high cholesterol, your instinct may be to jump right into whatever treatment plan your doctor recommends. Unless your cholesterol has gone through the roof, which may require immediate intervention, you’re better off taking time to think through your situation and your treatment options. By exercising some control up front, you’re more likely to develop a cholesterol management plan you can truly live with.
   Perhaps a good place to begin is with an assessment of your personal risk factors for heart disease beyond high cholesterol. Which ones are within your control? For example, you may not be able to change your age, gender, or family history. But you can improve your eating habits, get more exercise, and quit smoking.

3. Get Rid of Those Extra Pounds
   If you weigh more than you should, slimming down may produce a significant drop in your cholesterol level. Research suggests that being overweight disrupts the normal metabolism of dietary fat. So even though you may be eating less fat, you may not see a difference in your cholesterol profile until you unload the excess pounds.
   In fact, shedding just 5 to 10 pounds may be enough to improve your cholesterol level. Just don’t go the crash-dieting route. A slow but steady loss of 1/2 to 1 pound a week is healthiest and easiest to maintain. Since 1 pound equals 3,500 calories, you could meet the pound-per-week rate by eating 500 fewer calories per day, burning 500 more calories per day through exercise, or—the best option—a combination of the two.

Findings from the landmark Framingham Heart Study confirm that such modest weight loss is worth the effort, for reasons beyond cholesterol control. According to the study, taking off—and keeping off—just 1 to 2 pounds a year may reduce your risk of high blood pressure by 25 percent and your risk of diabetes by 35 percent.
   If you’re significantly overweight, be sure to consult your doctor before embarking on any weight loss program.

4. Lace Up Your Walking Shoes
   Whether your goal is to lower your cholesterol, shed some extra pounds, or both, regular exercise can help you get there. We’re not talking about high-intensity workouts, either, though boosting your intensity can elevate HDL cholesterol. Walking and other, more moderate physical activities are good for your heart, too.
   In fact, one study suggests that walks of any duration may help reduce heart disease risk. For the study, British researchers recruited 56 sedentary people between ages 40 and 66, then divided them into three groups. One group took a long, 20- to 40-minute walk each day; another group walked for 10 to 15 minutes twice a day; and the third group took 5- to 10-minute walks three times a day.
   Over the 18 weeks of the study, the once-a-day walkers saw their LDL cholesterol drop by 8.3 percent; the twice-a-day walkers by 5.8 percent. The researchers concluded that walks of any length can be beneficial, as long as they’re done at a moderate intensity—that is, a brisk pace at which you can still carry on a conversation.
   We mention walking because it’s the most convenient form of physical activity. But really, any form of aerobic exercise—running, bicycling, swimming, whatever gets your heart pumping—can help lower heart disease risk. Whichever activity (or activities) you choose, just make sure you’re doing it for 30 minutes at least 5 days a week.
   If you’ve been relatively inactive, check with your doctor before launching any exercise regimen. Your doctor may be able to help you choose an activity that suits your current fitness level.

5. Become Acquainted with the Good Fats
   When you were diagnosed with high cholesterol, your doctor likely advised you to reduce your fat intake. In general, cutting your dietary fat will lower cholesterol. But as with any rule, this one has exceptions. Evidence suggests that eating more of some fats and less of others is better than simply cutting way back on all fats.
   Peanut butter, avocados, olive and canola oils, and most nuts are mostly monounsaturated fat. Research has shown that monounsaturated fat can help lower LDL and triglycerides (another type of blood fat) while raising HDL. It’s a much healthier choice than saturated fat, found primarily in animal products—meats, butter, full-fat milk and cheese. Saturated fat can elevate your cholesterol level more than anything else you might eat.
   Also included in the good fats category are the omega-3 fatty acids, found in abundance in fish such as mackerel, albacore tuna, and salmon. The omega-3s appear to lower levels of VLDL (very low density lipoprotein) and triglycerides. Studies have shown that when people cut back on saturated fat and consumed Continued on next page
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more fish oil, their LDL dropped. The American Heart Association recommends eating at least 2 servings of baked or grilled fish a week.

That said, omega-3s are not a magic bullet. When study participants consumed more fish oil without altering their saturated fat intake, their LDL levels stayed the same or increased. In order to reap the cholesterol-cutting benefits of omega-3s, you need to limit your saturated fat consumption. Remember, too, that eating foods low in total fat can help restrict saturated fat.

6. Discover Fiber’s Cholesterol-Cutting Capacity

It’s no secret that vegetarians have lower cholesterol levels and lower heart disease rates than meat eaters. That’s in part because vegetarians consume much fiber, which is found exclusively in plant foods—fruits, vegetables, whole grains, and beans.

Fiber comes in two forms: soluble and insoluble. The soluble kind appears to pack the greatest cholesterol-lowering punch. Research has shown that consuming about 15 g of soluble fiber a day can lower LDL cholesterol by 5 to 10 percent. It works by binding with cholesterol-containing bile acids in the intestines and escorting them out of the body.

A specific kind of soluble fiber, pectin, not only lowers cholesterol but also helps curb overeating by slowing the digestive process. Munch on apples and other pectin-rich fruits, slowing the digestive process. Munching on apples and other pectin-rich fruits, not only lowers cholesterol but also helps curb overeating by slowing the digestive process.

7. Take a Good Multivitamin

Even if you’re getting more good fats, avoiding bad fats, and filling up on fiber, your diet may have some nutritional gaps. A multivitamin/mineral supplement can help cover your nutritional bases and possibly lower your risk for heart disease and stroke.

Look for a multi that delivers 400 micrograms of folic acid, 2 mg of vitamin B6, and 6 micrograms of vitamin B12, advises Robert Rosenson, MD, director of the preventive cardiology center at Northwestern University Medical School in Chicago. In studies, all three of these B vitamins have played important roles in protecting heart health.

In a Harvard study involving 80,000 nurses, for example, those with the highest intakes of folic acid were 31 percent less likely to develop heart disease. Folic acid works by decreasing blood levels of homocysteine, an amino acid that’s an emerging risk factor for heart disease and stroke. While many foods contain folate (the naturally occurring form of folic acid), including orange juice, kidney beans, broccoli, and spinach, you’ll be certain that you’re getting the recommended amount by taking a multivitamin.

The same study found that the women who consumed the most vitamin B6 reduced their risk of heart disease by one-third. Like folic acid, B6 helps to hold down levels of homocysteine.

In older people, effectively controlling levels of homocysteine may depend on adequate stores of vitamin B12. After age 50, the human body sometimes absorbs less B12 from food. According to Johns Hopkins researchers, older people who took a multivitamin containing B12 had lower levels of homocysteine.

When you’re shopping for a multivitamin, steer clear of those that contain iron. According to Rosenson, men and postmenopausal women don’t need extra iron. Iron stores have been linked with a higher rate of heart attacks and strokes.

8. Explore Your Treatment Options

When you were diagnosed with high cholesterol, you and your doctor probably discussed an appropriate course of treatment. It’s important that you continue to work with your doctor and inform him of any therapies that you decide to try on your own.

The fact is, both conventional and alternative medicine have a range of cholesterol-combating strategies available. Which ones you choose depends on your current cholesterol profile, your general health, your lifestyle, even your perspective on treatment. Some people feel perfectly comfortable taking cholesterol-lowering medication, while others do all they can to avoid it.

For people who have advanced heart disease or who’ve already had a heart attack, conventional therapies such as drugs and surgery are vital, at least at the start of treatment. Later, you and your doctor can discuss lifestyle strategies and alternative therapies that may support your recovery and possibly stop the disease from progressing.

For those with mild to moderately elevated cholesterol, lifestyle strategies and alternative therapies may make drugs and surgery unnecessary, Rosenson says. These days, many physicians urge patients in the mild-to-moderate category to try controlling their cholesterol through dietary changes and increased physical activity. If those measures alone aren’t enough, or if a patient already has coronary heart disease or is at high risk for it, physicians reach for the prescription pad.

Together, you and your doctor can come up with a treatment plan that matches your needs and lifestyle—and that delivers the results you want.

9. Find Ways to Short-Circuit Stress

To win the cholesterol war, managing stress is as essential as eating healthfully and exercising regularly. When you’re tense and anxious, you’re more likely to neglect the actions that help lower cholesterol in the first place. After spending 12 hours at the office working frantically to meet a deadline, do you really want to devote another hour to preparing a nutritious meal or walking on a treadmill? Probably not.

What’s more, stress and its companion emotions—tension, anxiety, anger, depression—trigger the release of chemicals that constrict arteries, reduce bloodflow to the heart, raise blood pressure, and elevate your heart rate. These changes, in combination with uncontrolled cholesterol, can put you on course for a heart attack.

To block your body’s stress response, simply removing yourself from the stressful situation can help. Go for a short walk, practice deep breathing, perform a few simple stretches, meditate—whatever enables you to relax and regroup. You’ll feel better, you’ll think more clearly, and you’ll spare your heart from harm.

No matter how busy you are, set aside a few minutes every day to reflect on yourself and your life. Are you satisfied with the direction you’re going? Are your needs being met? By tuning out the world and turning inward, you remind yourself of what matters most, and you rise above the stressful distractions that undermine your health in so many ways.

10. Make a Commitment

Several men and women manage to take charge of their cholesterol and achieve their ideal numbers. Many of these people had experienced some life-changing event that forced them to commit themselves to a healthier, cholesterol-lowering lifestyle.

To win the cholesterol war, you must make that same commitment—resolving to take care of yourself, to make necessary changes, to live healthfully every day. Your family and your friends can support you, but ultimately, you’re the one making the decisions that will have an impact on your health, for better or worse.