

QUALITY COLLABORATIVE

NQF Endorses Six New Practices for Laboratory Medicine

To improve the safety of laboratory medicine, the National Quality Forum (NQF) has endorsed six preferred practices (http://www.qualityforum.org/pdf/reports/Laboratory_Report_Nonmember.pdf) for measuring and reporting patient safety and communication in laboratory medicine. The preferred practices focus specifically on improving quality within pre- and postanalytic diagnostic services and address laboratory leadership, patient specimen identification, sample acceptability, test order accuracy, verbal communication, and critical value and result reporting.

For most patients, the clinical laboratory is an integral part of care. Laboratory charges occur for virtually all hospital admissions, and laboratory medicine affects nearly all patient care in all clinical settings. In addition, the results of lab analyses are an essential component of informed decision making. Many care decisions are based directly on information gleaned from laboratory results.

The pre- and postanalytic phases of laboratory testing are especially critical points upon which to focus patient safety improvements. Evidence indicates that errors occur in those windows at an uncommonly high rate, with preanalytic error rates as high as 75% and postanalytic error rates as high as 31%. These errors pose a direct threat both to patient safety and to consumers' confidence in the healthcare system. For example, improper patient identification can lead to misdiagnosis or wrong treatment.

Previous successful quality improvement efforts have focused on the analytic phases of laboratory testing, but past efforts at quality improvement have focused less on the time directly before testing (preanalytic) and after testing (postanalytic).

If significant improvements are to occur in patient safety and communication processes, NQF recognizes that a more standardized approach for test orders and critical value and result reporting must be adopted. The six preferred practices in *Preferred Practices for Measuring and Reporting Patient Safety and Communication in Laboratory Medicine* (http://www.qualityforum.org/pdf/reports/Laboratory_Report_Nonmember.pdf) focus on communication and information transfer during the pre- and postanalytic stages of testing, and especially on practices that use information technology and address the interface between laboratory information systems and information systems used in other care settings. Implementation of these practices can improve patient safety and communication processes.

HHS Secretary Sebelius Highlights AHRQ Reports

In a recent speech to the United Nurses of America, U.S. Department of Health and Human Services (HHS) Secretary Kathleen Sebelius discussed two new reports from the Agency for Healthcare Research and Quality (AHRQ) on the quality of and disparities in healthcare in the United States, and she challenged nurses to work to reduce healthcare-associated infections (HAIs). The *2008 National Healthcare Quality Report* and *2008 National Healthcare Disparities Report* indicate that patient safety measures have worsened and that a substantial number of Americans do not receive recommended care. Upon issuing the reports, Sebelius also announced the availability of \$50 million in

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resources from the 2009 American Recovery and Reinvestment Act to fight HAIs and improve patient safety.

Patient safety has declined in part because of the rise in HAIs, infections that patients acquire during the course of their stay in a healthcare setting (e.g., a nursing home or a hospital). HAIs are among the top 10 leading causes of death in the United States and drive up the cost of healthcare by up to \$20 billion per year.

Sebelius announced that HHS plans to make \$50 million in grants funded by the American Recovery and Reinvestment Act available for states to help fight HAIs. HHS plans to make \$40 million available through competitive grants to eligible states to create or expand state-based HAI prevention and surveillance efforts and strengthen the public health workforce trained to prevent HAIs. HHS is also allocating \$10 million in grants to states to improve the process and increase the frequency of inspections for ambulatory surgical centers.

Sebelius also called on hospitals across America to commit to reduce central line-associated bloodstream infections in intensive care units by 75% over the next 3 years. Research indicates that these infections strike hundreds of thousands of surgical patients and that the percentage of patients acquiring these infections has steadily increased over the past 6 years.

Sebelius challenged hospitals to make use of a proven patient-safety checklist that can significantly and dramatically reduce the rate of these life-threatening infections. To read the reports, visit www.ahrq.gov/qual/qdr08.htm. To read the checklist, visit www.ahrq.gov/qual/clicklist.htm.

Joint Commission Q&A

Question: How well are hospitals complying with medication reconciliation requirements?

Answer: Medication reconciliation requirements are addressed in National Patient Safety Goal (NPSG) 8—*Accurately and completely reconcile medications across the continuum of care*. Since the Joint Commission implemented the NPSG, hospitals have achieved compliance rates ranging from 66% in 2006 to 78% for the first half of 2008 (see the National Patient Safety Goals Compliance Data

[http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/NPSG_Compliance_Data.htm]).

The Joint Commission has received feedback indicating that NPSG 8 is one of the most challenging requirements to implement. In response to concerns about the challenges of implementing this and other NPSGs, the Joint Commission is conducting an extensive review of all NPSGs in 2009. The Joint Commission will not develop new NPSGs for 2010. Instead, the focus will be on increasing the value of the existing requirements in helping organizations provide safe, high-quality care.

Here's what hospitals can expect for medication reconciliation in 2009:

- Joint Commission surveyors will evaluate your hospital's medication reconciliation processes, discuss opportunities for improvement, and collect

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information on the progress that your hospital is making to meet the requirements of NPSG 8.

- Survey findings from NPSG 8 will not be factored into your hospital's accreditation decision, will not generate Requirements for Improvement (RFIs), and will not appear on the accreditation report.
- The Joint Commission will evaluate and refine NPSG 8 by soliciting input from the field, the Patient Safety Advisory Group, and the Board of Commissioners. Through these discussions an improved NPSG 8 will be crafted that both supports quality and safety of care and can be more readily implemented by the field in 2010.

For more information or to read about the latest NPSG revisions, visit the Joint Commission's Web site (<http://www.jointcommission.org/>).