Changes for National Patient Safety Goal 7 on Health Care–Associated Infections

Effective January 1, 2018, The Joint Commission has revised several National Patient Safety Goal (NPSG) 7 requirements for hospitals, critical access hospitals, and nursing care centers. These revisions are a result of updates in 2014 to the *Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals.* Prior to these revisions, in 2010 and 2011, The Joint Commission had introduced several new requirements for Goal 7 (“Reduce the risk of health care–associated infections”) across accreditation programs. Each of these was based on evidence-based practices published in the 2008 edition of the *Compendium.*

NPSG.07.03.01—Multidrug-Resistant Organisms (MDROs)
This NPSG will apply to Joint Commission–accredited nursing care centers as of January 2018. Nursing home residents are at high risk for acquiring MDROs; some studies estimate that 20% of nursing home residents have methicillin-resistant staphylococcus aureus (MRSA), and 10% are infected with vancomycin-resistant enterococci (VRE). These infections are often spread through contact among residents and between residents and staff. MDROs can be passed between nursing care centers and acute care hospitals because hospitalization is often required to treat these infections. This NPSG addresses infection prevention strategies in both settings to contain outbreaks.

Although NPSG.07.03.01 already applies to hospitals and critical access hospitals, the Note to NPSG.07.03.01 has been revised to include carbapenem-resistant enterobacteriaceae (CRE) as one of the organisms covered by the Goal. In addition, the education requirements in EP 2 for staff and licensed indepen-
dent practitioners have been modified. Currently, the NPSG requires annual education on MDROs and prevention strategies. The revised requirement allows organizations to determine the appropriate time frame for education. These changes have been included in the nursing care centers version of the Goal as well.

NPSG.07.04.01—Central Line–Associated Bloodstream Infections (CLABSIs)

In addition to reordering some of the EPs, one of the changes to the CLABSI NPSG (NPSG.07.04.01) for hospitals and critical access hospitals is a modification to EP 1 similar to that made for the MDRO NPSG; that is, to allow organizations to determine the appropriate time frame for educating staff and licensed independent practitioners (this change also applies to EP 1 for nursing care centers). Another change is that EP 11, on using an antiseptic for skin preparation, has been revised to specify the use of chlorhexidine. While The Joint Commission considered adding an EP addressing the use of ultrasound guidance for jugular central venous catheter insertion, that requirement was not included in the revisions based on feasibility concerns from the field and an evaluation of the scientific literature.

For nursing care centers, the education requirements for staff, licensed independent practitioners, patients or residents, and families were not previously applicable to the program but have been added as EP 2.

The added and modified requirements displayed in the box that begins below (new text is underlined and deleted text is shown with strikethrough) will be posted on The Joint Commission website at http://www.jointcommission.org/standards_information/prepublication_standards.aspx. Changes will be reflected in the fall E-dition® of the Comprehensive Accreditation Manuals for hospitals, critical access hospitals, and nursing care centers (and in the 2018 print publications).

Questions may be directed to Maureen Carr, MBA, project director, Department of Standards and Survey Methods, The Joint Commission, at mcarr@jointcommission.org.

Reference

Modifications to National Patient Safety Goal 7 (continued)

Note: Surveillance may be targeted rather than [critical access] hospitalwide.

NPSG.07.04.01
Implement evidence-based practices to prevent central line–associated bloodstream infections.

Note: This requirement covers short- and long-term central venous catheters and peripherally inserted central catheter (PICC) lines.

Elements of Performance for NPSG.07.04.01
1. Educate staff and licensed independent practitioners who are involved in managing central lines about central line–associated bloodstream infections and the importance of prevention. Education occurs upon hire, annually thereafter, and when involvement in these procedures is added to an individual’s job responsibilities or granting of initial privileges and periodically thereafter as determined by the organization.

4. Conduct periodic risk assessments for central–line associated bloodstream infections, monitor compliance with evidence-based practices, and evaluate the effectiveness of prevention efforts. The risk assessments are conducted in time frames defined by the [critical access] hospital, and this infection surveillance activity is [critical access] hospitalwide, not targeted.

9–11. Use a standardized supply cart or kit that contains all necessary components for the insertion of central venous catheters.

7–8. Perform hand hygiene prior to catheter insertion or manipulation.

40–9. Use a standardized protocol for maximum sterile barrier precautions during central venous catheter insertion.

8–10. For adult patients, do not insert catheters into the femoral vein unless other sites are unavailable.

11. Use an alcoholic chlorhexidine antiseptic for skin preparation during central venous catheter insertion unless contraindicated, that is cited in scientific literature or endorsed by professional organizations.

* A limited number of National Patient Safety Goals contain requirements for practices that reflect current science and medical knowledge. In these cases, the element of performance refers to a practice that is cited in scientific literature or endorsed by professional organizations. This means that the practice used by the [critical access] hospital must be validated by an authoritative source. The authoritative source may be a study published in a peer-reviewed journal that clearly demonstrates the efficacy of that practice or endorsement of the practice by a professional organization(s) and/or a government agency(ies). It is not acceptable to follow a practice that is not supported by evidence or widespread consensus. During the on-site survey, surveyors will explore the source of the practices the [critical access] hospital follows.

APPLICABLE TO NURSING CARE CENTERS

Effective January 1, 2018

National Patient Safety Goals (NPSG)

NPSG.07.03.01
Implement evidence-based practices to prevent health care–associated infections due to multidrug-resistant organisms in nursing care centers.

Note: This requirement applies to, but is not limited to, epidemiologically important organisms such as methicillin-resistant staphylococcus aureus (MRSA), clostridium difficile (CDI), vancomycin-resistant enterococci (VRE), carbapenem-resistant enterobacteriaceae (CRE), and other multidrug-resistant gram-negative bacteria.

Elements of Performance for NPSG.07.03.01
1. Conduct periodic risk assessments (in time frames defined by the organization) for multidrug-resistant organism acquisition and transmission. (See also IC.01.03.01, EPs 1–5)

2. Educate staff and licensed independent practitioners about multidrug-resistant organisms and prevention strategies. Education occurs upon hire or granting of initial privileges and periodically thereafter as determined by the organization.

Note: The education provided recognizes the diverse roles of staff and licensed independent practitioners and is consistent with their roles within the organization.

3. Educate patients and residents, and their families as needed, who are infected or colonized with a multidrug-resistant organism about health care–associated infection prevention strategies.

4. Implement a surveillance program for multidrug-resistant organizations based on the risk assessment.

Note: Surveillance may be targeted rather than organizationwide.

5. Measure and monitor multidrug-resistant organism prevention processes and outcomes, including the following:

   ● Multidrug-resistant organism infection rates using evidence-based metrics
   ● Compliance with evidence-based guidelines or best practices
   ● Evaluation of the education program provided to staff and licensed independent practitioners

Note: Surveillance may be targeted rather than organizationwide.
Modifications to National Patient Safety Goal 7 (continued)

6. Provide multidrug-resistant organism process and outcome data to key stakeholders, including leaders, licensed independent practitioners, nursing staff, and other clinicians.

7. Implement policies and practices aimed at reducing the risk of transmitting multidrug-resistant organisms. These policies and practices meet regulatory requirements and are aligned with evidence-based standards (for example, the Centers for Disease Control and Prevention [CDC] and/or professional organization guidelines).

8. When indicated by the risk assessment, implement a laboratory-based alert system that identifies new patients with multidrug-resistant organisms.

Note: The alert system may use telephones, faxes, pages, automated and secure electronic alerts, or a combination of these methods.

9. When indicated by the risk assessment, implement an alert system that identifies readmitted or transferred patients and residents who are known to be positive for multidrug-resistant organisms.

Note 1: The alert system information may exist in a separate electronic database or may be integrated into the admission system. The alert system may be either manual or electronic or a combination of both.

Note 2: Each organization may define its own parameters in terms of time and clinical manifestation to determine which readmitted patients and residents require isolation.

NPSG.07.04.01

Implement evidence-based practices to prevent central line–associated bloodstream infections.

Note: This requirement covers short- and long-term central venous catheters and peripherally inserted central catheter (PICC) lines.

Revised Elements of Performance for NPSG.07.03.01

1. Educate staff and licensed independent practitioners who are involved in managing central lines about central line–associated bloodstream infections and the importance of prevention. Education occurs upon hire, annually thereafter, and when involvement in these procedures is added to an individual’s job responsibilities or granting of initial privileges and periodically thereafter as determined by the organization.

2. Prior to insertion of a central venous catheter, educate patients and residents and, as needed, their families about central line–associated bloodstream infection prevention.

Changes to Review Notification Policy for HCSS Firms Seeking Recertification

As previously announced (see March 2017 Perspectives, pages 3 and 4), The Joint Commission recently updated its policy for notifying accredited organizations of upcoming surveys and certified programs of upcoming reviews. An additional change has been approved for staffing firms with upcoming reviews for Health Care Staffing Services (HCSS) recertification.

Effective June 5, 2017, single and corporate model staffing firms—regardless of the number of full-time employees—seeking HCSS recertification will receive seven business days’ notice of the scheduled review date. This change is reflected in the spring E-dition update of the Health Care Staffing Services Certification Manual in “The Joint Commission Certification Process” (CERT) chapter.

As a reminder, organizations with upcoming recertification reviews no longer receive a phone call from a Joint Commission representative notifying them that the event has been scheduled. Notice is posted on the Joint Commission Connect™ extranet seven business days prior to the event, and an e-mail is sent to those listed on the extranet as the chief executive officer and primary certification contact with instructions to view the event details on the extranet. Another e-mail with the same information is sent by 7:30 a.m. in the organization’s local time zone on the morning of the event.

Also as a reminder, staffing firms seeking Health Care Staffing Services Certification for the first time still receive 30 days’ advance notice of the scheduled review date. Questions may be directed to your organization’s assigned Account Executive.