THE NATIONAL QUALITY FORUM

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Media inquiries ONLY: Robyn Y. Nishimi
202.783.1300, info@qualityforum.org

NATIONAL QUALITY FORUM ENDORSES HEALTHCARE SAFETY PRACTICES

NQF Achieves Consensus on List of 26 Practices to Reduce Adverse Events

WASHINGTON, DC/January 30, 2003/—The National Quality Forum (NQF) today announced that it had approved 26 "safe practices" that should be universally utilized in applicable healthcare settings to reduce the risk of harm resulting from processes, systems, or environments of care; 4 additional practices will continue to be evaluated and may be approved in the coming months.

Adverse healthcare events are a leading cause of death and injury in the United States, even though well-documented methods are available that could prevent the occurrence of such events. The report identifies 26 safe practices in five specific categories: promoting a culture of safety; matching healthcare needs with service delivery capabilities; facilitating information transfer and clear communication; adopting safe practices in specific clinical settings or for specific processes of care; and increasing safe medication use.

The report also identifies 27 practices that have great promise for reducing adverse events and should have high priority for further research.

The National Quality Forum's 26 Safe Practices

1. Create a healthcare culture of safety.
2. Specify an explicit protocol to be used to ensure an adequate level of nursing based on the institution's usual patient mix and the experience and training of its nursing staff.
3. Verbal orders should be recorded whenever possible and immediately read back to the prescriber—i.e., a healthcare provider receiving a verbal order should read or repeat back the information that the prescriber conveys in order to verify the accuracy of what was heard.
4. Use only standardized abbreviations and dose designations.
5. Patient care summaries or other similar records should not be prepared from memory.
6. Ask each patient or legal surrogate to recount what he or she has been told during the informed consent discussion.
7. Ensure that written documentation of the patient's preference for life-sustaining treatments is prominently displayed in his or her chart.
8. Implement a computerized prescriber order entry system.
9. Implement a standardized protocol to prevent the mislabeling of radiographs.
10. Implement standardized protocols to prevent the occurrence of wrong-site procedures or wrong-patient procedures.
11. Evaluate each patient undergoing elective surgery for risk of an acute ischemic cardiac event during surgery, and provide prophylactic treatment with beta-blockers to high-risk patients.
12. Evaluate each patient, upon admission, and regularly thereafter, for the risk of developing pressure ulcers. This evaluation should be repeated at regular intervals during care. Clinically appropriate preventive methods should be implemented consequent to the evaluation.
13. Evaluate each patient, upon admission, and periodically thereafter, for the risk of developing deep vein thrombosis (DVT)/venous thromboembolism (VTE). Utilize clinically appropriate methods to prevent DVT/VTE.

14. Utilize dedicated anti-thrombotic (anti-coagulation) services that facilitate coordinated care management.
15. Upon admission, and periodically thereafter, evaluate each patient for the risk of aspiration.
16. Rigorously adhere to effective methods of preventing central venous catheter-associated blood stream infections.
17. Evaluate each pre-operative patient in light of his or her planned surgical procedure for the risk of surgical site infection, and implement appropriate antibiotic prophylaxis and other preventive measures based on that evaluation.
18. Utilize validated protocols to evaluate patients who are at risk for contrast media-induced renal failure, and utilize a clinically appropriate method for reducing risk of renal injury based on the patient's kidney function evaluation.
19. Evaluate each patient upon admission, and periodically thereafter, for risk of malnutrition. Employ clinically appropriate strategies to prevent malnutrition.
20. Whenever a pneumatic tourniquet is used, evaluate the patient for the risk of an ischemic and/or thrombotic complication, and utilize appropriate prophylactic measures.
21. Decontaminate hands with either a hygienic hand rub or by washing with a disinfectant soap prior to and after direct contact with the patient or objects immediately around the patient.
22. Vaccinate healthcare workers against influenza to protect both them and patients from influenza.
23. Keep workspaces where medications are prepared clean, orderly, well lit, and free of clutter, distraction, and noise.
24. Standardize the methods for labeling, packaging, and storing medications.
25. Identify all "high alert" drugs (e.g., intravenous adrenergic agonists and antagonists, chemotherapy, anticoagulants and antithrombotics, concentrated parenteral electrolytes, general anesthetics, neuromuscular blockers, insulin and oral hypoglycemics, narcotics and opiates).
26. Dispense medications in unit-dose or, when appropriate, unit-of-use form, whenever possible.

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The NQF is a voluntary consensus standard-setting organization. Any party may request reconsideration of the eight measures, only, in whole or part, by notifying the NQF in writing no later than February 28, 2003, (ATTN: Corporation Secretary 601 13th Street, NW, Suite 500 North, Washington, DC 20005; fax 202.783.3434). For an appeal to be considered, the notification letter must include information clearly demonstrating that the appellant has interests that are directly and materially affected by the NQF-endorsed recommendations and that the NQF decision has had (or will have) an adverse effect on those interests.

A private, non-profit public benefit corporation, the NQF was created in 1999 in response to the need to develop and implement a national strategy for healthcare quality measurement and reporting. Established as a unique public-private partnership, the NQF has broad participation from nearly 170 organizations who represent all sectors of the healthcare industry, including consumers, employers, insurers, healthcare providers, and other critical stakeholders. Additional information about the NQF and these and other projects is available at *www.qualityforum.org*
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