Educating patients on SSI prevention

Though the Joint Commission is in the midst of revising its National Patient Safety Goals, organizations are expected to continue plans to meet the goals by Jan 1, 2010. Proposed revisions were issued May 12 for a 6-week field review. Final goals are expected in October.

The commission is conducting a comprehensive review of the safety goals during 2009 and will introduce no new goals for 2010. Complying with some of the goals has been “a struggle” for some organizations, the commission acknowledges.

“We want to make sure not only that our guidance is up to date but also that [all of the requirements] are still worthy of that type of focus and that everything being required truly adds to patient safety,” Louise Kuhny, RN, MPH, MBA, CIC, senior associate director of the Joint Commission’s Standards Interpretations Group, told OR Manager.

Preventing SSIs

Of particular interest to OR leaders, NPSG 7, which focuses on reducing the risk of health care-associated infections (HAI), is being expanded from 1 to 5 subgoals, including surgical site infection (SSI). There is a 1-year phase-in of the new requirements with full implementation expected by Jan 1, 2010. In the field review, the Joint Commission proposed deleting 1 new subgoal: NPSG.07.02.01, manage as sentinel events HAI-related deaths or permanent loss of function.

Four subgoals remain:
• NPSG.07.01.01: Comply with hand hygiene guidelines.
• NPSG.07.03.01: Implement evidence-based practices to prevent HAI due to multi-drug resistant organisms.
• NPSG.07.04.01: Implement best practices or evidence-based guidelines to prevent central line-associated bloodstream infections.
• NPSG.07.05.01: Implement best practices for preventing surgical site infections (SSI) (sidebar).

As a guide to evidence-based practice, Kuhny suggests referring to the compendium of strategies for preventing HAI in hospitals from the Society for Healthcare Epidemiology of America and other organizations (www.shea-online.org/about/compendium.cfm).

Educating patients on SSI

One specific element of performance (EP) under the SSI subgoal is to educate patients who are having a surgical procedure and their families about SSI prevention.

Kuhny notes the requirement has a tie-in to other patient education standards.

“We have always had a significant patient education requirement,” she
says. “Patient education often affects safety, and we obviously want patients to be as much a part of their care as they can be.”

In preparing to meet the EP, she advises managers to refer to these other standards:

**Provision of Care**

Two standards in the Provision of Care chapter are relevant to patient education on SSIs:

- PC.02.03.01 requires patient education and training based on the patient’s needs and abilities. A key requirement is EP 25: “The hospital evaluates the patient’s understanding of the education and training it provided.”

  The intent is to make sure the patient understands the education provided, Kuhny says. This can be done in a number of ways, such as having the patient repeat back what was heard.

- PC.03.01.03 EP 4 has an obvious link to education on SSIs: “The hospital provides the patient with preprocedural education, according to his or her plan for care.”

  It’s up to the organization whether to use printed patient education information. The Joint Commission does not require that, Kuhny says. (Examples are in the sidebar.)

**Record of Care**

Documentation is addressed in the Record of Care chapter:

- RC.02.04.01 EP 3 requires documentation in the medical record of information provided to the patient and family.

  “There needs to be some indication in the record that education occurred,” Kuhny says, adding that the type of documentation “is totally up to the organization.” Examples are placing a copy of the education form in the patient’s chart; making a brief progress note such as, “Education provided on preventing surgical site infection;” or having a check box in the patient’s record to say education was provided, and the patient verbalized understanding.

**Rights of the Individual**

The chapter on Rights and Responsibilities of the Individual under RI.01.01.03 requires the hospital to respect a patient’s right to receive information in a manner he or she understands.

That applies to patients who speak another language as well as to those who have vision, speech, hearing, or cognitive impairments.

**What will surveyors look for?**

One way surveyors are likely to assess compliance is to include patient education on SSI prevention in a patient tracer, says Kuhny, who is also a surveyor.

In a tracer, a surveyor selects a patient and using the patient’s record, traces care the person received. The purpose is to assess the organization’s systems for providing care and services.

In a tracer involving a surgical patient, for example, Kuhny says she would talk with the patient and some of the care providers, observe the education process, and ask the patient about the education received. She would also ask caregivers about the education chosen for the patient and how they knew the patient understood what they were trying to teach. In addition, she would ask about the organization’s policies on patient education.
“I would look at the policies to see what the organization would expect for documentation,” she notes. Though the approach to patient education is up to each organization, she adds, the organization needs to define how it will document education. In a tracer, “I would compare the documentation in the patient’s record with what the policy required,” she says.

Kuhny encouraged managers to proceed with their plans for meeting the requirements on preventing SSIs. Though there may be some revisions, many of the requirements are in other standards hospitals already are addressing.

—Pat Patterson

### Safety goal requirements for surgical site infection

National Patient Safety Goal 07.05.01 requires hospitals to implement best practices to prevent surgical site infection (SSI). Eight elements of performance (EPs) remain in the proposed revision to the safety goals issued May 12, 2009. Briefly, the 8 EPs would be:

- Educate health care workers involved in surgical procedures about SSI prevention.
- Implement policies and procedures to meet regulatory requirements and align with evidence-based standards or guidelines.
- Conduct risk assessments, select measures, monitor compliance with best practices or evidence-based guidelines, and evaluate prevention efforts.
- Measure SSI rates for the first 30 days following procedures without implants and for 1 year following procedures with implants.
- Provide SSI measures to key stakeholders.
- Administer antimicrobial prophylaxis according to evidence-based standards and guidelines.
- Use clippers or depilatories when hair removal is necessary (shaving is inappropriate).

www.jointcommission.org

### Examples of patient education material on SSI

Institute for Healthcare Improvement. Fact Sheet for Patients and Families

JAMA Patient Page: Wound Infections
—http://jama.ama-assn.org/cgi/reprint/294/16/2122

Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals. Patient guides on HAI

Surgical Care Improvement Project. Tips for Safer Surgery