University of Iowa Hospitals and Clinic
Executive Board Committee Memorandum
Board of Regents, State of Iowa

Subject: Joint Commission on Accreditation of Health Care Organizations (JCAHO) and Role of Governing Body

Prepared by: Marilee Mitchell

Date Submitted: July 21, 2004

Recommended Action:

Receive the report on the Joint Commission on Accreditation of Health Care Organizations and Governing Body Participation.

Executive Summary:

Areas of discussion will include:

- National Patient Safety Goals
- New Survey Process
- Governing Board Participation

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University of Iowa Health Care

STATUS REPORT

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

Presented to
University of Iowa Hospitals and Clinics
Executive Board Committee

by
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Overview

- National Patient Safety Goals
- New Survey Process
- Role of the Board of Regents

National Patient Safety Goals

Definition: Each goal was established to ensure a greater focus on priority safe practices

- Established in 2002 to help organizations address specific areas of concern in regards to patient safety
- Each goal contains one or two recommendations for best practices
- Failure to implement a goal will result in a special requirement for improvement for that goal

National Patient Safety Goals

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1. Improve accuracy of patient identification
2. Improve effectiveness of communication among caregivers
3. Improve the safety of using high-alert medications
4. Eliminate wrong-site, wrong-patient, wrong-procedure surgery
5. Improve the safety of using infusion pumps
6. Improve the effectiveness of clinical alarm systems
7. Reduce the risk of health care-acquired infections

National Patient Safety Goal #1

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Standard

Improve the accuracy of patient identification

Requirement

A. Use at least two patient identifiers whenever taking blood samples or administering medications or blood products.

Response

- Patient Identifier Policy:
  - Inpatient – patient name and hospital number are used as the two unique identifiers
  - Outpatient – patient name and birth date are used as the two unique identifiers

National Patient Safety Goal #1

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Standard

Improve the accuracy of patient identification

Requirement

B. *Prior to start of any surgical or invasive procedure, conduct a final verification, such as a "time out," to confirm correct patient, procedure, and site using active – not passive – communication techniques.*

Response

- UIHC policy requires a "time out" before a procedure requiring informed consent is started

National Patient Safety Goal #2

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Standard

Improve the effectiveness of communication among caregivers

Requirement

A. Implement a process for taking verbal or telephone orders or critical test results that require a verification "read-back" of the complete order or test result by the person receiving the order or test result.

Response

- Verbal Orders Policy requires that staff receiving verbal order must write the order and then read-back to the licensed independent practitioner. Staff then document "RBAV" for "read-back and verified"
- Monthly audits of verbal orders are completed by Medical Records Department

National Patient Safety Goal #2

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Standard

Improve the effectiveness of communication among caregivers

Requirement

B. *Standardize the abbreviations, acronyms, and symbols throughout the organization, including a list of abbreviations, acronyms, and symbols <u>not</u> to use.*

Response

- Approved abbreviation list reviewed yearly
- Pharmacy & Therapeutics Subcommittee has a list of Dangerous Medical Abbreviations
- Posters are located in patient care areas

National Patient Safety Goal #2

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Improve the effectiveness of communication among caregivers

DANGEROUS MEDICAL ABBREVIATIONS		
Abbreviation	**Common Error**	**Appropriate Action**
IU	Mistaken as “IV” (intravenous) or 10 (ten).	**Write international unit(s)**
$MgSO_4$	Misinterpreted as morphine sulfate, resulting in the wrong medication being administered.	**Write magnesium sulfate**
MS / MSO4 / MSO_4	Misinterpreted as magnesium sulfate, resulting in the wrong medication being administered.	**Write morphine**
Q.D. / QD / q.d. / qd	Mistaken for Q.O.D./qod, resulting in an inappropriate dosing schedule.	**Write daily**
Q.O.D/QOD/q.o.d./ qod	Mistaken for Q.D./qd, resulting in an inappropriate dosing schedule.	**Write every other day**
T I W	Misinterpreted as "three times a day" or "twice a week."	**Specify days of the week**
U / u	Mistaken as a zero or 4 (four), resulting in an overdose. Also mistaken for "cc" (cubic centimeters).	**Write unit(s)**
µg	Mistaken for "mg" (milligrams) when written, resulting in an overdose.	**Write microgram(s) or mcg**

National Patient Safety Goal #3

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Standard

Improve the safety of using high-alert medications

Requirement

A. *Remove concentrated electrolytes (including, but not limited to, potassium chloride, potassium phosphate, sodium chloride > 0.9%) from patient care units.*

Response

- Concentrated electrolytes are not stocked on any patient care units
- One exception granted by JCAHO:
  - Potassium Chloride (KCl) in cardiac surgery

National Patient Safety Goal #3

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Standard

Improve the safety of using high-alert medications

Requirement

B. Standardize and limit the number of drug concentrations available in the organization.

Response

- Standardization of drug concentration has been a strategy at UIHC for many years
- One exception granted by JCAHO:
  - Sodium Chloride (NaCl) in dialysis
- High Alert Medication Policy in place requiring a “double-check”

National Patient Safety Goal #4

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Standard

Eliminate wrong-site, wrong-patient, wrong-procedure surgery

Requirement

A. Create and use a preoperative verification process, such as a checklist, to confirm that appropriate documents are available.

Response

- Preoperative form in place to document process
- JCAHO Universal Protocol implemented

National Patient Safety Goal #4

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Standard

Eliminate wrong-site, wrong-patient, wrong-procedure surgery

Requirement

B. *Implement a process to mark the surgical site and involve the patient in the marking process.*

Response

- Surgical site marking process is consistent with JCAHO Universal Protocol

National Patient Safety Goal #5

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Standard

Improve the safety of using infusion pumps

Requirement

A. *Ensure free-flow protection on all general-use and patient controlled analgesia (PCA) intravenous infusion pumps used in the organization.*

Response

- By fiscal year 2002, all infusion pumps were standardized to protect against free-flow
- Training was provided to staff

National Patient Safety Goal #6

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Standard

Improve the effectiveness of clinical alarm systems

Requirement

A. Implement regular preventive maintenance and testing of alarm systems.

Response

- Patient care equipment is assigned to a preventive maintenance program by Bioengineering

National Patient Safety Goal #6

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Standard	***Improve the effectiveness of clinical alarm systems***
Requirement	*B. Assure that alarms are activated with appropriate settings and are sufficiently audible with respect to distances and competing noises within the unit.*
Response	• Hospital-wide alarm settings/audibility testing complete

National Patient Safety Goal #7

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Standard

Reduce the risk of health care-acquired infections

Requirement

A. Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.

Response

- CDC hand hygiene guidelines have been practice at UIHC since 2002
- Avagard™ D, instant hand sanitizer used throughout UIHC

National Patient Safety Goal #7

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Standard

Reduce the risk of health care-acquired infections

Requirement

B. *Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-acquired infection.*

Response

- Current policy and practice includes such deaths as sentinel events

2004 Survey Process

Shared Visions-New Pathways

- Initiative to improve the quality and safety of health care to the public – the heart of the Joint Commission's mission.
- Initiative Impact
  - Removed redundant standards/requirements
  - Focused standards on safety and quality concerns
  - Increased focus on current patient medical records
  - New format for presenting standards
  - New scoring process

2004 Survey Process

New Survey Agenda

- *Opening Conference**
- *Leadership Interview**
- Priority Focus Process
- Tracer Visits
- Medical Staff Credentialing and Privileging
- Competence Assessment Process
- Environment of Care Review
- Closing Conference

* Governing Body Participation

2004 Survey Process

Opening Conference

- Purpose: Introduction of key organization staff and the surveyors
- Participants: Director and CEO, senior leadership, and at least one Governing Body representative
- Activities:
  - Review of mission, goals & strategic direction
  - Focus on patient safety (efforts to reduce errors)
  - Leadership role in prioritizing performance improvement initiatives
  - Hospitals approach to proactive risk assessment (Failure Mode Effects Analysis)

2004 Survey Process

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Leadership Interview

- Purpose: Discuss performance in priority focus areas
- Participants: Director and CEO, senior leaders, Governing Body representative, medical staff leadership
- Discussion may include the following activities:
    - Orientation & training of staff
    - Credentialing processes
    - Communication systems
    - Performance in National Patient Safety Goals
    - Infection control

2004 Survey Process

Priority Focus Process (PFP)

- Process that allows for JCAHO to prepare for survey
- Identifies focus areas for survey
- Collects institution specific data
  - Core Measures
    - Submitted by UIHC related to Heart Attack and Pregnancy
  - Previous accreditation data

2004 Survey Process

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Individual Tracer Activity

- Purpose: Use tracer to evaluate services as experienced by the patient.
- Participants: Individuals involved in patient's care.
- Activities:
  - Tracer begins in current location of patient
  - Trace the patient's care backward through the patient care experience
  - Direct observation of care and interviews with staff, and may conduct patient, and/or family interviews

2004 Survey Process

Essential Tracer Elements

- Observation of direct patient care
- Observation of care planning process
- Observation of environment of care
- Observation of medication process
- Performance improvement data discussion with staff

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Essential Tracer Elements, continued

- Review of current patient medical records and possibly past patient medical records
- Staff questions and interviews related to care provided to a particular patient
- Patient and family interviews as appropriate
- Review of policies

2004 Survey Process

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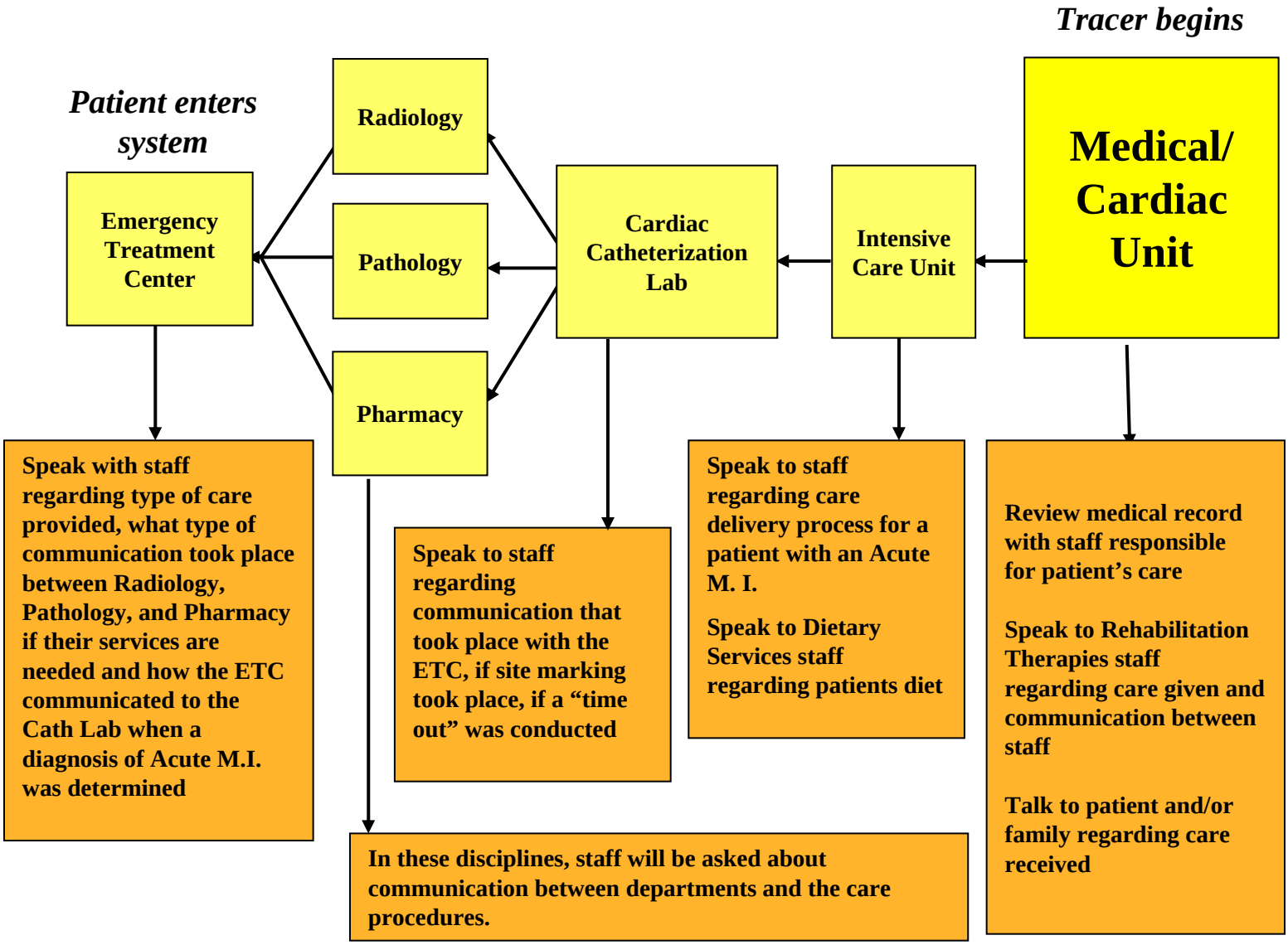
Individual Tracer Activity – Acute Myocardial Infarction



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Medical Staff Credentialing and Privileging

- Purpose: Review process for appointment decisions and granting privileges
- Participants: Chief of Staff, medical staff coordinators, and members of the Credentials Subcommittee
- Activities:
  - Discussion of credentialing/privileging process
  - Process for granting privileges
  - Process for communicating practitioner privileges and ensuring appropriate practice

Competence Assessment Process

- Purpose: Review how UIHC determines qualifications and competence of staff
- Participants: Human Resource Director, and staff responsible for orientation and competency assessment
- Activities:
  - Review initial screening process of applicants
  - Review staff orientation process of new hires
  - Review assessing, maintaining and improving competence of all staff members
  - Review ongoing staff education and training
  - Review competency of contracted staff

2004 Survey Process

Environment of Care Review

- Purpose: Assess compliance with relevant standards
- Participants: Director of Facilities Services, Safety & Security Officer
- Activities:
    - Divided between group discussion on managing risk in the environment (30%) and surveyor observation of organization performance in managing risk (70%)

2004 Survey Process

Closing Conference

- Participant(s): Director and CEO
- Purpose:
  - Review final survey outcome with Director and CEO
  - Presentation of final report of survey findings to leadership

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Post-Survey Response

- Surveyors will leave Requirements for Improvement Report
- Evidence of Standards Compliance (ESC)
  - Submit 90 days post-survey
  - Demonstrate “correction” of noncompliant standards and monitor
  - Accreditation decision not finalized and reported to public until ESC is submitted and approved

2004 Survey Process

JCAHO Quality Report

- Special Quality Distinctions to be acknowledged
  - 2004 Hospital Magnet Award
  - 2004 National Voluntary Reporting Initiative
- National Quality Improvement Goal Results (Core Measures)
- National Patient Safety Goal Results
- Requirements for Improvement

Quality Check

The University of Iowa Hospitals and Clinics

200 Hawkins Drive, Iowa City, IA



Summary of Quality Information

Symbol Key

- This Organization Achieved the Best Possible Results
- This Organization's Performance is Above the Performance of Most Accredited Organizations
- This Organization's Performance is Similar to the Performance of Most Accredited Organizations
- This Organization's Performance is Below the Performance of Most Accredited Organizations
- ND No Data are Available for this Measure

Footnote Key

1. The Measure or Measure Set is not Reported.
2. The Measure Set Does Not Have an Overall Result.
3. The Number of Patients is Not Enough for Comparison Purposes.
4. The Measure Results are not Displayed.
5. The Organization Scored Above 90% but was Below Most Other Organizations.
6. The Measure Results are Not Statistically Valid.
7. The Measure Results are Based on a Sample of Patients.
8. The Number of Months with Measure Data is Below the Reporting Requirement.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Accreditation Decision

Accredited

Decision Effective Date

October 16, 2003

Accredited Programs

- Behavioral Health Care
- Hospital
- Pathology and Clinical Laboratory

Other Accredited Programs/Services

- Laboratory (Accredited by College of American Pathologists)

	Compared to other JCAHO Accredited Organizations	
	Nationwide	Statewide
National Quality Improvement Goals:		
Heart Attack Care	⊕	⊕
Pregnancy Care	ND [2]	ND [2]

National Patient Safety Goals

Pathology and Clinical Laboratory

Safety Goals	Organizations Should	Implemented
Identify Patients Correctly	Use at least two (2) ways to identify a patient when performing procedures, taking blood or giving medicines or blood products. The patient's room number cannot be used to identify the patient.	✓
	Use a "time-out" just before starting the procedure to allow the entire surgical team to ensure the correct patient, procedure and body part.	✓
Improve Effective Communication	Assure a staff member who receives an order over the phone or verbally, will "read back" the order to the person who gave the order.	✓
	Create a list of acceptable standardized abbreviations and a "Do Not Use" list to help reduce the risk of errors. Medical abbreviations can lead to errors.	✓
Improve the Safety of High-Alert Medications	Remove high-alert medications from patient care units. Medications that have the highest risk of causing injury when misused are called "High-Alert" Medications.	NA
	Standardize and limit the number of drug concentrations.	NA
Eliminate wrong-body part, wrong-patient, wrong-procedure surgery.	Develop a way to check that all documents and equipment needed for surgery are on hand for staff before surgery begins.	NA
	Mark the part of the body where the surgery will be done. Involve the patient in doing this.	NA
Improve Infusion Pump Safety	Assure pumps used to give fluids or medicine into a vein are set so that the fluid cannot be given too quickly. An infusion pump releases an amount of medicine in a specific period of time.	NA
Improve the Effectiveness of Patient Care Alarms	Assure alarm systems that monitor patients are regularly tested and adjusted, if needed, to prevent any problems.	NA
	Assure alarm systems that monitor patients are regularly tested and adjusted, if needed, to prevent any problems.	NA

UIHC Accreditation Timeline

February 04	Application for accreditation completed
July/August 04	Survey scheduled
September 04	Receive Priority Focus Process output from JCAHO
October 04	**Full survey**
January 05	Submit Evidence of Standards Compliance with Measures of Success for any non-compliant standards identified during on-site survey
February 05	Decision rendered
March 05	Quality Report posted to the JCAHO website
June 05	Submit data for Measure of Success to JCAHO

Challenges

- Medication Management Standards
- Physical Environment in Some Areas
- Medical Record Documentation