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## IN THIS ISSUE



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**AUGUST 2006**
**VOL. 31, NO. 8 • (pages 105-116)**

# NPSGs for 2007 are here: Here are your toughest challenges

*Patient involvement is 'next wave' for safety*

Asking patients if they felt unsafe at any point during their hospital stay. Actively encouraging patients to report safety concerns. Having systems in place to ensure that all patients receive a complete list of their current medications.

With the new 2007 National Patient Safety Goals (NPSGs), quality professionals agree that the Joint Commission is sending a strong message: That organizations need to find ways to involve patients in their care.

"One of the key messages that we are learning after everything that we have studied is that to be safe, health care has to be done as a team activity. And the patient is arguably the most important member of the team," says **Richard J. Croteau**, MD, JCAHO's executive director for strategic initiatives.

Unfortunately, the patient often is the last to know what is going on with his or her care, says **Kathy Haig**, director of quality resource management at OSF St. Joseph Medical Center in Bloomington, IL. "I believe this is starting to change, and the JCAHO's national patient safety goals will assist this," she says. "However, this will take time, as it is a culture change."

Staff must get used to the fact that patients have a right and a responsibility to ask questions about their safety, says **Pat Wardell**, vice president of quality management and patient safety officer at St. Jude Medical Center in Fullerton, CA. "I think patients are very willing to comment on things. We do get phone calls saying things like 'They went to draw my blood and I'm not sure if they washed their hands,'" she says. "I think patients are challenging the staff more than they would have 10 years ago. The patients have got to be part of the process. It's the next wave."

Each of the new NPSGs presents its own challenges, which can be quite complex, says Haig. She gives the example of an existing goal requiring a patient's medications to be reconciled, which requires you to have a system for completing the list, determine which staff member compares the lists, a process for what to do if you can't obtain a complete list, and a system for what to do if a physician is not willing to sign the reconciliation tool if he or she did not order the medication. "These are just a few of the questions that arise with that one single process," says Haig.

However, all the quality professionals interviewed by *Hospital Peer Review* acknowledged that the 2007 goals are heading in the right direction. "These are great goals, and we are already on target with most of them," says **Alison H. Page**, MSN, MHA, vice president of patient safety at Fairview Health Services.

Here are the new NPSGs and what quality managers are doing to address each:

**• Encourage patients to report their safety concerns.**

The Joint Commission's "Speak Up" campaign is one model that organizations could adopt to provide information to patients about how to ask questions about safety. "The information itself encourages patients to do that," Croteau explains. "The organization should make sure the patients understand that their feedback is wanted if they have concerns. Organizations can develop their own ways of doing this."

The goal is not only to take action about the patient's concern, but also to provide feedback to the patient about what has been done. "This encourages them to report other safety concerns," says Croteau.

## Measuring compliance

Surveyors will want to know your processes for informing patients how to report concerns, and for encouraging patients to do so. "Then the surveyors will go out and talk to front-line nurses and doctors to see if they know they are part of the process," Croteau says.

Surveyors also will be talking with patients, and may ask questions such as "What would you do if you had a question about your medication?" or "What would you do if somebody said they were taking you for a test that you didn't know anything about?"

"The patient's response will tell you a lot about whether anybody's talked to them about what to do if they have concerns," says Croteau.

An electronic error reporting system is used at Fairview Health Services, with the goal of making this available to patients directly. "Currently, if the patient identifies a concern, a staff member logs it in," says Page. "What we want to do is allow patients to do that directly, either while they are still in the hospital or afterwards on the Internet."

To measure compliance, the organization looks at how many patients actually report concerns. In addition, a customer satisfaction survey asks patients, "Did you feel safe while in the hospital?" and staff routinely ask patients if they have any concerns about their care or noticed any glitches.

At OSF St. Joseph, a video is shown to patients on admission encouraging them to watch for whether staff are washing their hands, including physicians, and if not, then to ask them to do so. When patient advocates round and visit every patient, they also remind staff of certain safety precautions, such as the impor-

**Hospital Peer Review**® (ISSN# 0149-2632) is published monthly, and **Discharge Planning Advisor**™ and **Patient Satisfaction Planner**™ are published quarterly, by Thomson American Health Consultants, 3525 Piedmont Road, Building Six, Suite 400, Atlanta, GA 30305. Telephone: (404) 262-7436. Periodicals postage paid at Atlanta, GA 30304. POSTMASTER: Send address changes to **Hospital Peer Review**®, P.O. Box 740059, Atlanta, GA 30374.

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Editor: **Staci Kusterbeck**, (631) 425-9760.
Vice President/Group Publisher: **Brenda Mooney**, (404) 262-5403, (brenda.mooney@thomson.com).
Editorial Group Head: **Coles McKagen**, (404) 262-5420, (coles.mckagen@thomson.com).
Managing Editor: **Russ Underwood**, (404) 262-5521, (russ.underwood@thomson.com).



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**Editorial Questions**

For questions or comments, call **Staci Kusterbeck** at (631) 425-9760.

tance of staff checking patients' identification before giving medication, and encouraging patients to ask about a medication if it looks unfamiliar to them.

In addition, a Family Initiated Rapid Screening Team program encourages family members to call for a rapid response team if they feel their family member's condition is changing or not improving. The family member calls the hospital switchboard operator using the emergency number 5000. The hospital switchboard operator then pages the rapid response team.

The team consists of a critical care nurse and respiratory therapist who conduct an evaluation and assessment of the patient, and work with the patient's nurse as a "second pair of eyes" to communicate with the physician, assess the patient's condition and initiate additional treatment if needed. The family members are given a brochure on admission explaining the program, which includes a phone number to call for additional questions.

## *Measuring patient involvement*

So how do you measure the degree of patient involvement at your organization? This is a challenge for quality professionals, says Haig. She suggests tracking the number of performance improvement teams that patients are on. "We will be tracking the number of family-initiated rapid response team calls as well," she says. On patient satisfaction surveys, patients are asked whether staff checked their identification, if they washed their hands, and about their feeling of safety and security.

"In the past, we have done direct surveys of patients while they were in the hospital to determine if they had any safety concerns," says **John Whittington**, MD, director of knowledge management/patient safety officer at OSF Healthcare System in Peoria, IL. "Some of our hospitals have questions that they use post-hospitalization with patients to check for safety concerns. They ask patients questions related to safety, quality, and privacy."

At St. Jude Medical Center, several initiatives have been put in place to encourage patient involvement. "Part of the message to our patients is, 'We really want you to be part of your care," says Wardell. "The organization adopted many of the recommendations in the JCAHO "Speak Up" campaign, such as placing posters in patient rooms reminding patients to ask about pneumococcal pneumonia and flu vaccines.

"We have signs that ask patients to please tell us if there are problems that we haven't dealt with," says Wardell. "We will be looking at that whole process and making sure we have defined safety concerns and encourage patients to report these," says Wardell. "In our patient brochure, we invite patients to contact their patient representative if they have concerns."

- **Involve patients in their care.**

This goal exemplifies the Wagner Chronic Care Model, which emphasizes having an informed, activated patient who is part of the health care team, says Page. "Our patients are not typically coming to us with just one thing wrong; most have chronic underlying conditions. We have to manage the entire patient, not just one acute problem," she says. "Involving individual patients and families in their care is a never-ending journey that we're on."

At Fairview Red Wing (MN) Medical Center, the case manager, hospitalist, pharmacist, therapists, and dietician go from room to room and review the care plan daily with the patient and family, says Page.

To measure patient involvement, the organization's satisfaction survey asks patients whether nurses and doctors involved them in decisions about their care. "Some of our hospitals are piloting satisfaction surveys when the patient is still in the hospital, so concerns can be addressed in real-time, such as sleep interruption or the behavior of a care provider," says Page.

Several years ago, posters were placed in patient rooms at OSF Healthcare System hospitals that encouraged patients to ask providers questions about the following: Has the provider washed his or her hands? Have they checked your wrist bracelet to identify you? Do you have any questions about medications? "In addition, we have some written material that we provide the patient about patient safety issues," says Whittington.

For example, patients receive a hand hygiene brochure about what they can do and what the staff should be doing. "They also remind them while we are rounding that even their family should be using the alcohol gel when they visit," says Whittington. "And they wear 'Ask me if I've washed my hands' buttons."

- **Give patients a complete list of medications.**

"As part of our medication reconciliation program, we have a computerized system and electronic medical record, so for us this has not been difficult," says Wardell. "As the patient is discharged, the medication record is printed and staff go over all the medications with them."

At Fairview Lakes Medical Center in Wyoming, MN, a complete list of home medications is created upon admission, reviewed by pharmacy and medical staff, and appropriate medications for the patient during hospitalization are determined. The process is repeated at discharge. "The devil is in the details, and Fairview Lakes has nailed the details — so much so that JCAHO just highlighted their process in a training video," says Page.

**• Identifying safety risks in population.**

Organizations should look at their own incident reporting data to identify the most common types of incidents that are placing patients at risk, says Croteau. "The other place they should look is to the literature, for the most significant risks for the type of care they provide," he adds.

For example, suicide is one of the most significant risks for behavioral health care patients. "That's why that is the first requirement under that goal," he says. "In other general care environments, an organization's data may show a lot of falls." In addition to addressing environmental risks, screening patients for fall risk is key, says Croteau.

"We assess every behavioral health patient for suicide risk," says Page. "We also evaluate every patient for risk of falling and make accommodations to prevent injury and falls." In addition, Fairview mines their data bases and patient records for safety concerns. For example, the use of Narcan, an antidote for narcotic oversedation, is monitored to identify areas where there may be opportunity to improve how narcotics are being used.

To identify safety risks, quality professionals at OSF Healthcare System use the Institute for Healthcare Improvement's Global Trigger Tool, executive safety walkarounds, incident reporting, and near-miss reporting. "We also do active computer surveillance in which we can begin to predict who is going to get sicker while hospitalized," says Whittington.

Focus groups are another way of identifying risks for specific patient populations, such as transplant patients, behavioral health patients, or pediatric patients, says Page.

Openness and sharing of information is another aspect of patient involvement, says Page. "We're moving in the direction of having the patient's health record available to the patient at all times," she says. Three health systems in Minnesota are currently working on a system to make critical patient information from the ambulatory care record easy to access in an emergency, regardless of which hospital the patient presents at, adds Page.

## Assessing risks

"We have always identified safety risks through our patient safety committee, but I expect we will have to make it more formal than we have in the past," says Wardell. "It looks like there has to be an assessment made, and based on that assessment, make sure we have strategies in place."

To assess risks, the organization is looking at medication errors, patient falls, and patient complaints. "We will look at things that are truly safety issues for the patients, such as how to orient staff when we bring in new equipment, and how to prevent bedsores and pressure ulcers," says Wardell.

First, a needs assessment will be done to determine which safety issues will be evaluated. "Then we will assign priorities, assign leaders to each item, and then have the leaders determine action plans and monitor those plans to see how we are doing," says Wardell.

At OSF St. Joseph, "Safety Briefings" are used so all staff, including physicians, have a way to report concerns that could or did cause harm. "These situations are investigated for opportunities to improve care processes," says Haig.

Root cause analyses of near-miss events also are used to identify safety risks. A monthly interdisciplinary mortality and morbidity meeting includes physicians from different specialties and front-line staff from multiple disciplines involved in the case being discussed.

"The cases are selected based on problems identified, to review, discuss, and address process issues," says Haig. "For example, our last meeting involved risks involving intravenous lines. We also use equipment recalls and reported concerns to identify potential risks to patients."

*[For more information, contact:*
*Kathy Haig, Director, Quality/Risk*

*Management/Patient Safety Officer, OSF St. Joseph Medical Center, 2200 E. Washington Street, Bloomington, IL 61701. Telephone: (309) 662-3311, ext. 1347. E-mail: Kathy.M.Haig@osfhealthcare.org.*

*Alison H. Page, MSN, MHA, Vice President, Patient Safety, Fairview Health Services, 2450 Riverside Avenue - COB 1, Minneapolis, MN 55454. Telephone: (612) 672-6396. E-mail: apage1@fairview.org.*

*Pat Wardell, Vice President, Quality Management and Patient Safety Officer St. Jude Medical Center, 101 E. Valencia Mesa Dr., Fullerton, CA 92835. Telephone: (714) 992-3000, ext. 3763. E-mail: pat.wardell@stjoe.org.*

*John Whittington, MD, Director of Knowledge Management/Patient Safety Officer, OSF Healthcare System, 800 N.E. Glen Oak Ave., Peoria, IL 61603. Telephone: (309) 655 4846. E-mail: John.W.Whittington@osfhealthcare.org.]* ■

# Consider the 'full PPR' option to improve quality

*Get feedback directly from JCAHO surveyors*

When it comes to completing the periodic performance review (PPR), organizations have more options than ever. The newest is the "full PPR option," which is a regular survey fully staffed by certified surveyors.

Organizations can get direct feedback from surveyors about areas in need of improvement in advance of their actual survey, according to **Darlene Christiansen**, JCAHO's executive director of accreditation services.

There are now four options to submit the PPR tool: Option 1, in which a midcycle self-assessment is performed but information is not submitted to JCAHO; Option 2, in which the organization undergoes a mid-cycle on-site survey; and Option 3, in which the mid-cycle survey is performed but no written documentation of the survey is left with the organization. For 2006, there is a fourth option — to have a "full PPR" survey, either announced or unannounced.

The cost of doing the full PPR is the same as the cost of doing a full accreditation survey, which is organization-specific, and is dependent on the length of the survey and the number of surveyor days.

The first pilot of the PPR full option was conducted in December 2005 at Alaska Regional Hospital in Anchorage, and only two additional PPR full option surveys have been conducted to date. However, that number is expected to increase, as organizations gain a better understanding of the PPR's purpose, says Christiansen.

"When used effectively, the PPR process will assist organizations in embedding the standards and elements of performance into their daily operations," says Christiansen. "The PPR process is a performance improvement and risk management process. Organizations are just beginning to understand its importance."

The full PPR process is done in a "risk-free environment" and has no direct impact on the organization's accreditation decision, she adds. "The accreditation survey team does not have access to the results of the full PPR survey," says Christiansen.

If an immediate threat that would be considered to impact the safety of patients is discovered during a PPR full survey, the issue would be addressed in a different track through a separate special survey. This would allow the organization to respond appropriately to the identified issues, Christiansen explains.

"At our organization we have always done very well on Joint Commission surveys. But in a nutshell, it has been like preparing for a test — a one-time event every three years, which only expressed your readiness for a test," says **Ed Lamb**, president/CEO of Alaska Regional. "We felt that we wanted to have the culture established that we were always ready."

## Continuous preparedness

Changes were made to ensure continuous preparedness as opposed to a one-year ramp-up, and the decision was made to no longer hire a consultant. After the organization's 2005 survey, they were contacted by the JCAHO to review the experience and invited to pilot the new survey process. "We had an opportunity to work collaboratively with the JCAHO, and as part of that, we agreed to do the full PPR," says **Jo Burt**, chief clinical officer.

The organization was the first to undergo the full PPR, and staff took a "no holding back" approach with surveyors. "One of the keys to our success was that we told the surveyors to tell us every single thing they found that was not in complete compliance," says Burt. "Our

goal was to use it as a tool to become a better organization. With the old survey modality, we were just waiting to hear what it was they had found, instead of asking them to look for any problems."

In general, staff are being more open with JCAHO surveyors due to the culture change of continuous readiness, and with the full PPR process, they welcome the chance to collaborate with the surveyors, says Christiansen.

The JCAHO gave Alaska Regional a three-month window when the unannounced full PPR survey would occur, and surveyors came the very next week, in December 2005. "They caught us totally by surprise," says **Norman J. Wilder**, MD, MBA, MACP, chief medical officer. "So it was particularly good for us, because they caught us with no chance to try to spiff anything up."

The attitude of the staff toward JCAHO surveys has changed dramatically as a result of the experience with the full PPR, says Wilder. "Previously, people were shaking in their boots. It was a horrible experience, and as soon as it was over it was a sigh of relief, like having bad houseguests," he says. "We're at the point where staff have no fear of JCAHO. They have seen the collaborativeness and realize that they can disagree and discuss with them."

Staff did not even know that it was not a "real" JCAHO survey, says Wilder. "We had been working with our staff all along in letting them know that we would be surveyed under the new system and that we did not know when it would occur," he says. "We treated the survey the same as we would any other."

## Responding to surveyors

Several times during the three-day survey, surveyors were challenged by nursing staff who asked them to explain their recommendations. "Staff would say, 'Why is your way better than the way we are doing it?'" says Wilder. "They were taken aback a time or two, to be talked back to. But they realized that our culture had the patient as the focus, and the questions were based on what was best for the patient."

In some cases surveyors even backed down from their criticism of certain processes, adds Wilder.

"A nurse stood by a pain assessment protocol that a lot of personnel had sweated over to develop. The nurse verbalized the reasoning that had gone into the protocol and how it actually did meet the standards even though it was different than other protocols," he says. "They had seen it done differently in other hospitals but admitted our process was also valid so they couldn't fault it. So there is learning going on in both directions."

Surveyors commented on the willingness of the staff to disagree and to engage the surveyors in dialogue. "They were impressed that this would happen because usually the staff is prepared to not raise any questions or discuss items for fear of raising "red flags" or leading the surveyors to problems," says Wilder.

A physician who had written an "unapproved abbreviation" was called over and immediately noted his error, made the appropriate correction, and verbalized the process.

"The surveyor could easily tell that the physician had received all the training, but had just made a mistake," says Wilder. "The saying 'It's hard to teach old dogs new tricks' pretty well summarized the problem, which will be resolved by 'practice makes perfect.'"

## Direct feedback

At the end of the full PPR, the organization was given the option of counting the full PPR as their actual survey and will be doing the Level 2 PPR option in December 2006.

"In the unannounced environment, the option of having a full PPR unannounced survey count as the organization's full survey is still under management discussion," says Christiansen. "As we continue to do full PPR surveys, we will ask for feedback from organizations."

The organization was able to get direct feedback from JCAHO to determine if standards actually were being met. "We were able to send policies and procedures directly to them and get validation that this indeed meets the standards," says Burt.

With any PPR option, an organization can take advantage of this by asking for a follow-up conference call with JCAHO's standards interpretation staff, says Christiansen. Official approval or official validation can be given only when the organization opts to have a conference call with standards interpretation to discuss the outcome of its PPR process, she explains.

"I would highly recommend the full PPR process," says Wilder. "The new process allowed our staff a comfort level in asking questions of

the surveyors regarding observations they have seen that could help us to improve our systems and processes. It also gave our staff a level of confidence to challenge judgments of our processes and systems."

*[For more information, contact:*

*Jo Burt, Chief Clinical Officer, Alaska Regional Hospital, 2801 DeBarr Road, Anchorage, AK 99508. E-mail: Jo.burt@hcahealthcare.com*

*Norman J. Wilder, MD, MBA, MACP, Chief Medical Officer, Alaska Regional Hospital, 2801 DeBarr Road, Anchorage, AK 99508. Telephone: (907) 264-1166. Fax: (907) 264-1143. E-mail: Norman.Wilder@hcahealthcare.com*

*Ed Lamb, President/CEO, Alaska Regional Hospital, 2801 DeBarr Road, Anchorage, AK 99508. Telephone: (907) 264-1754. E-mail: Edward.lamb@hcahealthcare.com.]* ■

# Hospitals use free online resource to boost quality

*Resource is practice for Leapfrog survey*

Is your organization on the fence about participating with the Washington, DC-based Leapfrog Group's Hospital Quality and Safety Survey? If so, why not practice first?

A free online Safe Practices Survey is offered by the Texas Medical Institute of Technology (TMIT) Hospital Research Test Bed to help organizations assess their performance in implementing the National Quality Forum (NQF) Safe Practices. (To access this tool, go to www.safetyleaders.org.)

More than 1,600 hospitals have accessed and worked on draft versions of the safe practices survey on this web site.

"Organizations can practice taking the survey online," says **Carol L. Sale**, RN, MSN, director of patient safety and performance improvement at TMIT.

"Our intent is not for this to be a substitute for public reporting," says Sale. "But if organizations are apprehensive, they can take the survey as many times as they like, until they feel comfortable they have their answers nailed down the way they want to ultimately submit them to the Leapfrog Group."

To date, more than 1,200 hospitals have submitted data to the Leapfrog Hospital Quality and Safety Survey. The results are free and open to the public and are accessible at www.leapfroggroup.org/cp.

The TMIT site features an online simulator for the Leapfrog survey, which can be downloaded and completed on paper or done online. "The layout is a little bit different from Leapfrog, but the content is identical," says Sale. "TMIT solely funded and wrote the survey, then gave the Leapfrog Group permission to publish it on their web site as a means of evaluating hospital performance in their roll-out regions."

You can complete a draft of the survey on the web site, then print out a copy, access the Leapfrog web site, and enter your answers there. For confidentiality and security reasons, no information can be transmitted electronically between the sites, she explains.

The site also features a briefing center with multiple video interviews of experts on health care safety and performance improvement which can be viewed as a streaming video online. In addition, a media center on the site offers multimedia packages with video clips on safety and performance improvement in health care and other industries that can be applied to health care. "These can be downloaded into your own PowerPoint presentations, all free of charge," says Sale.

The web site will be updated once the 2006 safe practices are approved by the NQF. In addition, the site's media center will contain videos on the finalized safe practices and other resources that hospitals will need to begin implementing the new practices. There will be links to the evidentiary literature that supports each practice, all at no cost to hospitals.

"We will also be developing the new safe practices survey for 2007, based on the revised 2006 safe practices" reports Sale. "Hospitals will more than likely get a chance to review some of the frequently asked questions that will be tied to the 2007 survey."

Quality professionals are invited to contact TMIT by phone or e-mail with any questions that aren't covered on the web site's FAQs section, says Sale.

"Since we wrote the survey, we are in a strong position to help with questions," she adds. "When we wrote the survey, we knew we were pushing hospital performance — we weren't writing it for the current status quo in health care patient safety. So we wanted to put

in place as many resources and support systems as possible to help hospitals as they are working on this."

At St. Mary's Hospital in Streator, IL, quality professionals were unsure whether they wanted to participate in the Leapfrog Survey.

"We did this to get an idea of what the Leapfrog survey would be like," says **Barbara Lentman**, coordinator of performance improvement. "We wanted to get some insight into the format and what to expect should we move forward. And this has given us a really good idea of how it would go."

### Pinpointing areas of improvement

Lentman and her supervisor completed the survey online in approximately six hours. "Because we're a small facility, we each wear multiple hats, so we didn't have to rely on input from a dozen different people. The two of us have a birdseye view of multiple activities that take place throughout the organization," she says.

The survey's results have added weight to areas of improvement that were previously identified, such as informed consent and deep venous thrombosis prophylaxis, she says. "It basically confirmed what we've been discussing with hospital staff and medical staff," she says. "This is yet another tool to help us in our efforts moving forward."

By pinpointing specific areas that need improvement, initiatives can be put into place to address these before the organization makes a decision whether to move forward with the Leapfrog survey.

"These are areas that we had previously recognized as issues we could improve on, and taking the survey reinforced the notion that we certainly were on the right track," says Lentman. "It also gave us additional backing to go to the medical staff, and say 'Here is the evidence-based rationale for us to continue our efforts.'"

*[For more information, contact:*

*Barbara Lentman, Performance Improvement, St. Mary's Hospital, 111 Spring Street, Streator, IL 61364. Telephone: (815) 673-2311, ext. 3599. Fax: (815) 673-4621. E-mail: blentman@sms.hshs.org.*

*Carol L. Sale, RN, MSN, Director of Patient Safety and Performance Improvement, Texas Medical Institute of Technology. Telephone: (757) 565-5411. E-mail: carol_sale@tmit1.org ]* ■

# JCAHO's nurse staffing standards questioned

*Nursing suit says regs are not stringent enough*

The American Nurses Association, the New York State Nurses Association, and the Washington State Nurses Association filed a lawsuit against the Department of Health and Human Services (HHS), claiming that HHS allows hospitals that fail to meet federal nurse staffing requirements to participate in Medicare, thereby endangering patients. The groups wants to prevent HHS from allowing the Joint Commission to use its own standards for nurse staffing in its accreditation of hospitals, as opposed to standards set by HHS for participation in Medicare. The groups want to require that the Joint Commission use standards that are "at least equivalent" to HHS standards.

Although HHS and Joint Commission guidelines both include requirements for nurse supervisory personnel, HHS requirements also call for nurse staffing levels that ensure the "immediate availability" of a registered nurse for the bedside care of any patient, and staffing schedules that are reviewed and revised to meet patient care needs and make adjustments for nursing staff absenteeism.

The Joint Commission says its standards meet or exceed HHS requirements. In a prepared statement, the Joint Commission pointed to its "longstanding commitment to nursing issues" including creation of a Nursing Advisory Council in 2003, and its sharing of solutions to address the nursing shortage through the publication of "Health Care at the Crossroads: Strategies for Addressing the Evolving Nursing Crisis." The Joint Commission also says that its new survey process "pays particular attention to the important role of nurses." In addition, the Joint Commission says its "cutting-edge staffing standards create a framework for measuring and improving nursing care."

Since the HHS regulations don't have a specific staffing standard, it's hard to determine that the JCAHO requirements are really much different from what Medicare requires, says **Patrice Spath**, RHIT, a health care quality specialist with Forest Grove, OR-based Brown-Spath & Associates.

"It is unfortunate that some groups feel they

must turn to the courts to answer the question of what is adequate staffing, since there are so many variables that impact this answer," she adds.

Quality and process improvement initiatives and the policies and procedures generated from these initiatives are heavily influenced by the decision support data that are collected, says **Diana Contino**, RN, MBA, CEN. FAEN, manager of public services/healthcare for McLean, VA-based BearingPoint, which provides consulting, application services, and technology solutions.

"The challenge with RN and LPN staffing is 'What data are collected, and how do we rank or assign the type of nursing care individual patients require or request?'" says Contino.

Progressive quality managers are looking at turnover rates in conjunction with staffing patterns and trends, says Contino. "It has been my experience that departments with high levels of unfilled vacant shifts due to absenteeism or unfilled positions have higher rates of turnover," she says.

If a department has one to two sick calls per day, contingency plans should be developed or staffing increased to accommodate these sick call trends, Contino says. "As the nursing population ages, we will continue to see increased use of sick time," she says. "As our workforce changes, we need to respond with system changes that meet the needs of employees if we are going to attract and retain employees."

For quality professionals, the most important lesson to be learned is that adequacy of staffing is a factor that should be part of any root-cause analysis or proactive risk assessment, says Spath.

"Setting specific staffing numbers is difficult due to the variations in patient populations and resultant workload," Spath says. "However, it behooves all health care organizations to recognize the patient safety implications of understaffing in any clinical area, and adjust staffing levels or job requirements to ensure that a safety environment is maintained."

*[For more information, contact:*
*Diana Contino, RN, MBA, CEN. FAEN, Manager, Public Services – Healthcare, BearingPoint, 600 Anton Blvd, Plaza Tower #700, Costa Mesa, CA 92626. Telephone: (949) 683-0117. Fax: (949) 861-6426. E-mail: diana.contino@bearingpoint.com.*

*Patrice L. Spath, BA, RHIT, Health Care Quality Specialist, Brown-Spath & Associates, P.O. Box 721, Forest Grove, OR 97116. Phone: (503) 357-9185. E-mail: patrice@brownspath.com. Web: www.brownspath.com.]* ■

THE QUALITY - CO$T CONNECTION

# Procedures should promote patient safety

*First, discover why compliance is lacking*

By Patrice Spath, RHIT
Brown-Spath & Associates
Forest Grove, OR

Without procedures and standardized ways of doing things, the complex process of caring for hospitalized patients would be difficult. Procedures have a central role to play in quality and patient safety. They are the codification of work practices that are seen as the best way to get things done. Without defined work practices, it would be impossible to achieve adherence to performance standards. Procedures are used to teach staff members how to perform tasks. They also serve as reminders of how tasks are to be done. These reminders are especially important for non-routine tasks.

Quality and patient safety can be compromised when procedures are not well-written or periodically updated. At times, staff members may ignore established procedures and use their own special way of doing things. Non-standard practices have their place in unusual or unique situations which cannot be anticipated or when rapid action is necessary. However, creativity can quickly become the norm even for everyday situations.

People will not follow procedures if they feel they are impractical, and they will not routinely use written procedures if they believe they already have sufficient skills and experience to get the job done. Yet, non-compliance with established procedures is probably one of the most commonly cited causes of quality problems

and adverse events. Before embarking on a campaign to improve compliance with procedures, first discover why compliance is lacking. Conduct employee surveys to determine their attitudes about procedures and the extent to which written procedures are actually used during day-to-day tasks. If employees are allowed to respond anonymously, they are more likely to respond truthfully.

If procedures are not routinely used, ask why not. This question can be open ended, allowing for narrative responses, or the respondent can be asked to select from a list of common reasons for procedure noncompliance. The reasons for not using procedures may fall into several categories:

- accuracy (out of date, inaccurate);
- practicality (unworkable in practice, too time-consuming, too restrictive);
- optimization (people have found a better way of doing the job);
- presentation (too complex and difficult to use, hard-to-find information in procedure);
- accessibility (difficult to locate the right procedure, not aware procedure exists);
- policy (no clear policy when to use, don't understand why they are necessary);
- usage (experienced people don't need them, people assume they know what is in the procedure).

Knowing why people don't follow procedures is an important first step toward improving compliance. For example, if staff members indicate that they've found better or quicker ways of doing the job, then it's time to investigate what actually is occurring. Some of these methods may be safe; others may not. It is essential to determine and document the best procedures and establish a situation whereby the best, quickest, and safest way of caring for patients is to follow the established procedures. Don't continue to "allow" people to work around procedures in order to get the job done; this practice can quickly become the usual (and unacceptable) practice.

If the surveys indicate that people don't understand the value of procedures or don't feel they are needed, it is quite likely you'll find significant variation in how tasks are being performed. In the absence of agreed-upon work practices, people make errors without any idea that they have done anything wrong. People may be taught to do a job incorrectly and to do it consistently wrong for a long time. Only management can

## CE *questions*

5. Which is a requirement of the Joint Commission's 2007 National Patient Safety Goals?
   A. Patients should only be asked to report concerns post-discharge.
   B. Only inpatients must receive a complete list of medications on discharge.
   C. Only patients in psychiatric hospitals must be assessed for suicide risk.
   D. The most common incidents putting patients at risk must be identified.
6. Which of the following will Joint Commission surveyors want to see?
   A. That patients know how to report concerns.
   B. That patients are encouraged to report concerns.
   C. That feedback is given to patients about safety concerns.
   D. All of the above.
7. Which is true regarding the Joint Commission's full periodic performance review (PPR) option?
   A. The full PPR is an abbreviated version of an actual survey.
   B. The accreditation survey team uses results of the full PPR survey.
   C. Organizations can get direct feedback from surveyors about areas in need of improvement.
   D. The full PPR process has a direct impact on the organization's accreditation decision.
8. Which is true regarding the Safe Practices Survey offered by the Texas Medical Institute of Technology?
   A. The survey can help you identify areas in need of improvement.
   B. If you complete the survey, you are required to participate in the Leapfrog Group's Hospital Quality and Safety Survey.
   C. The survey can only be taken a single time.
   D. Survey results should not be shared with administrators until problem areas are fixed.

**Answer Key: 5. D; 6. D; 7. C; 8. A**

## CE instructions

Nurses participate in this continuing education program by reading the issue, using the provided references for further research, and studying the questions at the end of the issue. Participants should select what they believe to be the correct answers, then refer to the list of correct answers to test their knowledge. To clarify confusion surrounding any questions answered incorrectly, please consult the source material. After completing this semester's activity with the **December** issue, you must complete the evaluation form provided in that issue and return it in the reply envelope provided to receive a credit letter. ■

change this situation by setting an expectation of procedure-based safe practices and holding people accountable for compliance. Management also must provide the resources necessary for writing and maintaining up-to-date procedures that reflect best practices.

### *Design procedures with users in mind*

It is important to consider the patient safety implications when developing new procedures or revising existing ones. Often people make procedures too long or use complex word or phrases. Remember that the staff members who will be using the procedure may be under stress or may not have the same amount of training as the person writing the procedure. When faced with poorly written procedures, staff members may take short cuts or develop alternative methods that can lead to error. In general, the more complex an action, the more likely an error will be made while carrying it out. Sometimes procedures aren't appropriate for the given situation, resulting in staff confusion and errors. Procedures that are too simple or misleading also can lead to mistakes. A list of 10 "best practices" for procedures is found in Figure 1.

The objective in writing a safe procedure is to give the reader crisp and clear information.

Here are some ground rules for creating safer procedures:

• Make procedures short and to the point. Don't combine different tasks into one procedure. Instead develop a procedure for each specific topic, e.g. How to use a piece of equipment, how to administer a treatment, how to run a test.

• Keep the customer in mind. Write procedures for the people who will use them (the customers). Don't assume the reader knows something; cover all relevant tasks in the procedure. Don't write them for the experts.

• Use flow charts to organize information prior to writing procedures. Ideally, the flow chart is sketched out while observing people actually performing the task so that every step is included in the correct order. The finalized flow chart should be incorporated into the procedure to give staff members a quick visual overview of the procedure.

• Design procedures that can be used in stressful situations. Use short sentences in active voice (e.g. "label the container" instead of "the container should be labeled"). Use short words (e.g., "assist" instead of "facilitate"). Don't use abbreviations or acronyms. Be consistent with

***Figure 1***

## Procedure 'best practices'

1. Procedure design and changes should involve staff members who have a good working knowledge of the tasks.
2. All procedures, and changes to those procedures, should be verified and validated before use where practicable.
3. Ensure procedures are accurate, appropriate, and usable and reflect best practice.
4. Take into account the level of expertise and experience of the user when writing procedures.
5. Take into account the environment in which the procedures will be used.
6. Ensure that all key information is included without the procedure being unnecessarily complex.
7. Where appropriate, explain the reason for the procedure.
8. The order of tasks and steps should reflect best practice, with the procedure clearly stating where the order of steps is critical and where the order is optional.
9. Ensure consistency in the design of procedures and use of terminology, abbreviations, references, etc.
10. Ensure that printing and copy quality are good.

Brown-Spath & Associates, Forest Grove, OR

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terminology.

• Lay out action steps and notes in separate columns so that the reader can move quickly through the action steps and be able to refer to notes on an as-needed basis.

• Clearly mark any warnings or cautions and put these before an action step, not after. It is a good idea to use bold print for these or put them in a highlighted area.

• Put steps in the right sequence, and use headings to help organize the information. Don't put multiple steps into a paragraph — separate steps so they are visible. This helps people find what they need quickly and understand the flow of the procedure.

• Use a simple numbering and identification system (e.g., use 1, 2, 3 not one, two, three).

• Place procedures where the users can easily access them. If it is difficult to get to procedures, people won't use them. It may be helpful to post the procedures on the hospital's Intranet or group paper versions in a central location.

### *Procedure review process*

Hospitals should have established teams to conduct periodic reviews of procedures on at least a three-year cycle. Each team should involve frontline personnel and staff educators to ensure that procedures remain current and reflect what have become best practices in hospital care.

To supplement scheduled reviews, there should be a mechanism whereby staff can report inaccuracies or ambiguities in procedures or suggest better ways of doing particular tasks. This helps to ensure that procedures are updated and improved more frequently, if necessary. The reporting mechanism must result in fairly prompt actions and improvements to the procedures; otherwise, it will not be used by the staff members.

The patient care environment of today relies heavily on advanced technology, making policies and procedures more important than ever before. The time invested in maintaining up-to-date, well-written procedures and holding people accountable for compliance is returned many times over in the reduction of mistakes, improved quality, and reduced patient complaints. ■



## CE objectives

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