

Joint Commission Accreditation

GHSATT Conference

February 7, 2009

Methodist The Methodist
Hospital

LEADING MEDICINE™

OVERVIEW

- Who they are
- Why we care
- How they work
- What does this mean to me
- When will my survey happen

The Joint Commission Who They Are

- Independent, not-for-profit organization
- Mission: *To continuously improve the **safety and quality** of care provided to the public ...*

JOINT COMMISSION History Highlights

- 1913 ACS founded
- 1918 First hospital inspections
- 1926 First standards manual – 18 pages
- 1951 ACP, AHA, AMA, CMA join ACS to form JCAH
- 1965 Medicare passed
- 1987 JCAHO
- 2007 TJC

JOINT COMMISSION CORPORATE MEMBERS

- American College of Physicians
- American College of Surgeons
- American Dental Association
- American Hospital Association
- American Medical Association

BOARD OF COMMISSIONERS

29 Members

- Physicians
- Administrators
- Nurses
- Employers
- Labor Representative
- Health Plan Leaders
- Quality Experts
- Ethicist
- Consumer Advocate
- Educators

Why We Care

- Deemed status for Medicare
- Required for most insurance plans
- Information is publicly disclosed

TJC Quality Check

- Website www.jointcommission.org
- Hospital specific data
- Accreditation Quality Report
- Certification Quality Report
- Mortality Rates
- Patient Satisfaction Scores

How They Work

- **Standards**
- **National Patient Safety Goals**
- For each Standard and National Patient Safety Goal, there are **Elements of Performance** that are scored as Fully Compliant, Partially Compliant or Not Compliant.

National Patient Safety Goals

- Based on experience
- Review of Sentinel Events
- A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof.

Joint Commission Survey

- **Not everyone will agree that all of the required practices are the best or safest.**
- **They are based on the best information we have from Joint Commission publications, presentations and consultants.**
- **These are the practices all are expected to follow.**

How They Work

- **Tracer Methodology**
- **Scoring system**
- **Each Elements of Performance is a category A or C and may have MOS.**
- **Data driven process.**

What does this mean to me

- **Major Issues**
 - **Medication Security**
 - **Documentation on the anesthesia record**

Other Issues

- Hand hygiene
- Time outs
- Patient Identification
- Hand off communications
- Oxygen cylinders

Medication Security

- **What ANESTHESIA PROVIDERS must do (1 of 2)**
 - **Lock narcotics in the designated box anytime you leave them unattended.**
 - **Lock the anesthesia cart with all non-narcotic medications inside whenever you leave them unattended before a surgery**
 - **Lock the IV start carts, epidural carts and block carts whenever you leave them unattended**

Medicare Conditions of Participation 482.25 (b) (2)

- **Drugs and biologicals must be kept in a locked storage area. October 2004**
- **Drugs and biologicals must be kept in a secure area and locked when appropriate. January 2007**

ASA Position Statement Security of Medications in the Operating Room October 2003

- Anesthesia carts and anesthesia machines may remain unlocked, and non-controlled medications may be left in or on top of unlocked anesthesia carts or anesthesia machines **immediately prior to, during, and immediately following** surgical cases in an operating room.

Medication Security

- **What ANESTHESIA PROVIDERS must do (2 of 2)**
 - **Properly label syringes**
 - **DO NOT PRE-LABEL**
 - **Apply label when medication drawn up – no intermediate activities**
 - **Label expiration time on propofol – 6 hours**
 - **Label concentration when diluted**
 - **norepinephrine and phenylephrine**
 - **When syringe is emptied, immediately refill or discard**

Medication Security

- **What ANESTHESIA TECHNICIANS must do (1 of 2)**
 - **Lock anesthesia carts with combination lock and secure to the wall after the last case in each OR**
 - **Following each surgery quickly discard any remaining medications, clean, stock and lock the anesthesia carts.**
 - **Keep workrooms on public halls locked**

Medication Security

- **What ANESTHESIA TECHNICIANS must do (2 of 2)**
 - **Keep agents and plastic locks locked in workroom**
 - **Keep difficult airway carts locked with plastic lock and record the lock number**
 - **Keep all supply carts with medications locked with combination locks**
 - **Do not allow any supplies or agents to become outdated**

Documentation on the Anesthesia Record

- Pre-anesthesia assessment reviewed and patient reassessed immediately before induction
- Pre-induction vital signs: R, P, BP, O2 Sat
- Equipment checked
- Alarms on, audible, limits checked if applicable

Hand Hygiene

- Wash or clean hands immediately after leaving patient in the PACU or ICU.

• Performance	Sep	Nov	YTD
• Main 3 OR/Pre-op/PACU	90%	100%	98%
• Dunn 3	70%	90%	91%
• Dunn 6	100%	100%	91%
• FB	71%	100%	93%
• Neurosensory	90%	90%	89%
• Scurlock	59%	90%	89%

Patient Identification

- **National Patient Safety Goal**
- **Must use two identifiers**
 - **Name**
 - **Date of Birth**
- **Patient must provide the information not the caregiver**

Hand-Off Communication

- **National Patient Safety Goal**
- **Anesthesia to PACU nurse specific example from TJC frequently asked questions regarding hand-offs**

Oxygen Cylinders

- Do not lay them in the stretcher or bed
- Stretchers have tank holders
- Beds do not but we are getting some





Fire in the Operating Room

- Sentinel event alert June 2003
- Special fire extinguisher – water mist
- Avoid tenting
- Most often associated with ESU or laser
- Shut or reduce off oxygen

When Will My Survey Happen

- **Anytime**
- **Unannounced arrival**
- **No schedule of locations visited**

Conclusions

- **The driving force is safe and effective delivery of patient care.**
- **Ten Commitments of Anesthesia Providers**

Ten Commitments Of Anesthesia Providers For Patient Safety, Quality Care and Joint Commission Compliance

- 1. I will lock narcotics in the designated box anytime I leave them unattended.**
- 2. I will lock the anesthesia cart with all non-narcotic medications inside whenever I leave them unattended before a surgery procedure.**

Ten Commitments Of Anesthesia Providers For Patient Safety, Quality Care and Joint Commission Compliance

- 3. I will lock the IV-Start carts, Epidural carts and Block carts whenever I leave them and I will leave no medications out on top.**
- 4. I will not pre-label any syringes. After injecting the contents of a syringe, I will discard it.**

Ten Commitments Of Anesthesia Providers For Patient Safety, Quality Care and Joint Commission Compliance

- 5. I will document patient assessment immediately prior to induction including 4 vital signs on the Anesthesia Record. I will document “Equipment Checked” and “Alarms Checked” on the Anesthesia Record.**
- 6. I will write a legible signature on the Anesthesia Record or I will print my name beside my signature. I will write the date and time of my signature on the pre-op and post-op and regional block sections of the Anesthesia Record.**

Ten Commitments Of Anesthesia Providers For Patient Safety, Quality Care and Joint Commission Compliance

- 7. I will wash my hands or clean them with Purell immediately after leaving each patient in PACU or ICU.**
- 8. I will actively participate in time-outs and record the time on the Anesthesia Record.**

Ten Commitments Of Anesthesia Providers For Patient Safety, Quality Care and Joint Commission Compliance

- 9. I will use 2 identifiers - name and date of birth - when identifying a patient.**
- 10. I will not use any of the “Do Not Use” abbreviations.**

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QUESTIONS?