

Everything GWUH Residents Need to Know about Regulatory Compliance

Presented as Painlessly as Possible
by the GWUH Quality Dept.

Reasons for Regulatory Oversight

1. Improve the Quality of Care
2. Improve the Quality of Care
3. Improve the Quality of Care

The Regulatory Environment Has Changed

1980-2000 Managed Care–Financial focus

2000-Forward Hospital Compare–Quality focus

Why this is important?

The Old Days

- Accreditation reviews were primarily chart audits
- Interviewed Hospital Administrators
- Rewarded intricate and voluminous Policy Manuals

Today

- Scrutinize care being given to current inpatients
- Talk to staff and patients
- Stress practice over policy
- Less focus on Structure- much more on Process and Outcomes

In case you are not
convinced.....



No Outcomes-

No Income

What to look for in this presentation.

- “Action Needed” items in **Red**
- Key phrases to know and repeat back to JCAHO when they ask YOU in **Blue**

Medication Reconciliation

- The process by which a new patient's medications (including herbals and OTCs) are reviewed (**reconciled**) to ensure there are no potential adverse reactions with proposed therapy.

What JCAHO says...

Goal 8

**Accurately and completely
reconcile medications across
the continuum of care.**

And this is what JCAHO wants...

1. The organization, with the patient's involvement, creates a complete list of the patient's current medications at admission/entry.
2. The medications ordered for the patient while under the care of the organization are compared to those on the list and any discrepancies (e.g., omissions, duplications, potential interactions) are resolved.
3. The patient's accurate medication reconciliation list (complete with medications prescribed by the first provider of service) is communicated to the next provider of service, whether it be within or outside the organization
4. The next provider of service should check over the medication reconciliation list again to make sure it is accurate and in concert with any new medications to be ordered/prescribed.
5. The complete list of medications is also provided to the patient on discharge from the facility.

And this is how we
implement Medication
Reconciliation at GWUH.

Medication Reconciliation

Needs to happen whenever a patient changes location.

- Admission
- Transfer to or from ICU
- Transfer from another floor
- Discharge

Medication Reconciliation

- The Medication Reconciliation form was designed to facilitate “med rec” for Admissions and Discharge
- Complete the form entirely



Medication Reconciliation

- For Transfers include in your Accept Note a list of the patient's previous meds and that all new meds have been reconciled.

Hand Off Communication

Currently goes by these names:
Report, Sign Off, Sign Out, Run the
List

What JCAHO says...

Goal 2

Improve the effectiveness of communication among caregivers.

And this is what JCAHO wants...

1. The organization's process for effective "hand off" communication includes: Interactive communications allowing for the opportunity for questioning between the giver and receiver of patient information.
2. The organization's process for effective "hand off" communication includes: Up-to-date information regarding the patient's care, treatment and services, condition and any recent or anticipated changes.
3. The organization's process for effective "hand off" communication includes: A process for verification of the received information, including repeat-back or read-back, as appropriate.
5. Interruptions during hand offs are limited to minimize the possibility that information would fail to be conveyed or would be forgotten.

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- And this is how we implement Hand Off Communication at GWUH.

Hand Off Communication

Purpose

To provide a standardized approach for communication across the care continuum in an effort to reduce errors and enhance patient safety which **includes the opportunity to ask and respond to questions regarding the patient's care.**

The general purpose of this communication approach is to confirm responsibility for patient care, provide critical shift change updates and enhance continuity of care.

What goes in Hand Off??

Think SBAR

Situation:

- Patient name, age and gender
 - Provider name / Attending / Consulting
- Chief complaint / Diagnosis / Admission date

Background:

- Allergies
- Code status (Full, Modified, DNR)
- Pertinent medical history
- Surgery / Procedures, post-op day/date

Assessment:

- Current information: vital signs / **current medications** / lab results
- Patient mobility / Fall Risk
- Activity tolerance / Disabilities / Special equipment
- Respiratory status
- Types of catheters, drains, tubes and/or wounds
- Special dietary needs: NPO, fluid restrictions, etc.
- Health acquired infections (MRSA/VRE) / Isolation type
- Emotional status/psychosocial dynamics
- Family/legal guardian/significant others presence/location
- Need for interpreter/cultural, spiritual concerns

Recommendations:

Plan of care

- Pending tests or procedures / specimens needed
- Anticipated changes in condition
- Anticipated discharge needs
- Other (as indicated)

Medication Indications

- Real Simple:

Whenever you write an order for a medication **Write the Indication** for the medication.

Medication Indications

- Real Reason
- Nationwide there are thousands of injuries each year due to wrong med and/or wrong patient. Indications are a safeguard.

National Patient Safety Goal No. 2 (cont)

Goal 2

**Improve the effectiveness of
communication among caregivers.**

Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.

In other words....

Do Not Use...

These abbreviations.....PLEASEEEEEEEEE!!!!!!!

U, u

use instead

Unit

IU

use instead

International Unit

QD, qd

use instead

Daily

Trailing zero (X.0 mg)

use instead

X mg

Lack of leading zero (.X mg)

use instead

0.X mg

MS, MSO4

use instead

morphine sulfate

MgSO4

use instead

magnesium sulfate

Big One
Coming Up

Universal Protocol

Otherwise known as the “Time Out”

What JCAHO Says

Universal Protocol

- Wrong site, wrong procedure, wrong person surgery can be prevented.
- This universal protocol is intended to achieve that goal.
- It is based on the consensus of experts from the relevant clinical specialties and professional disciplines and is endorsed by more than 40 professional medical associations and organizations.

What JCAHO Says...

Conduct a “**time out**” immediately before starting the procedure as described in the Universal Protocol.

And this is how we
implement Universal
Protocol at GWUH.

When doing any invasive procedure on the wards:
(peripheral iv, foley, ng tube, and g-tube
replacement are not included)

1. Conduct a Time Out by verifying:
 1. **Time Out Performed at (time): _____**
 2. **Correct patient**
 3. **Correct procedure**
 4. **Correct side and/or site**
 5. **Correct patient position**
 6. **Correct implants/special equipment or requirements are available N/A**
 7. **The above information was verified and all in attendance are in agreement**
2. Complete the Invasive Procedure Worksheet and place in chart.

The Time Out was instituted several years ago in O.R.s nationwide resulting in a significant reduction in surgical errors. JCAHO is now extending it to all invasive procedures.

(If we do not document it...it was not done.)