NATIONAL GUARD HEALTH AFFAIRS

Quality & Patient Safety Newsletter

A QUARTERLY PUBLICATION OF THE QUALITY & PATIENT SAFETY COUNCIL VOLUME 4 / ISSUE 1 / June 2012

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Editor's Note:

For almost 5 years ago, His Excellency, Dr. Bandar Al Knawy, CEO, championed the maiden launch of the Quality and Patient Safety Newsletter, in line with the organization's mission and vision to provide the best and safest care to National Guard Health Affairs patients. The aim of the newsletter was to provide healthcare providers with important and relevant information and serve as a forum for the active exchange of ideas and promotion of best clinical practices. After the maiden issue, the newsletter was widely appreciated and went on to be a dynamic medium for information dissemination which focused on important issues such as JCI Accreditation concerns, various stories of Lessons Learned from Reported Incidents, and various practice-relevant issues such as Sentinel Events and Patient Education.

Today, that torch has been passed on to me and it is a responsibility that I am honored to accept. With the wealth of topics that need to be showcased in terms of quality and patient safety, the newsletter will now be published quarterly and will remain true to the purpose which gave it breath, through the efforts of the Editor's Board, the readers and the guidance and support of His Excellency, Dr. Bandar Al Knawy, CEO.

I would also like to invite everyone to contribute to this dynamic information exchange by submitting articles to **qpsnewsletter@ngha.med.sa.** With this issue and those to come, we hope to engage more and more healthcare providers in active discussion that will promote the culture of team-based collaboration and patient-centeredness that will, in turn, enhance the quality of the practice for the benefit of our valued patients.

Dr. Saad Al Mohrij
Chief Medical Officer
Chairman, Quality Patient Safety (QPS) Council Committee
Editor-In-Chief, QPS Newsletter, National Guard Health Affairs

ABOUT THE NEWSLETTER

"By providing important and relevant information to healthcare providers, this Newsletter aims to enhance communication of quality and patient safety information, raise awareness of reported adverse events and maintain ongoing link to all the medical departments of the National Guard Health Affairs (NGHA) facilities. "

BUILDING SAFER CARE:

Leadership & Organizational Priority

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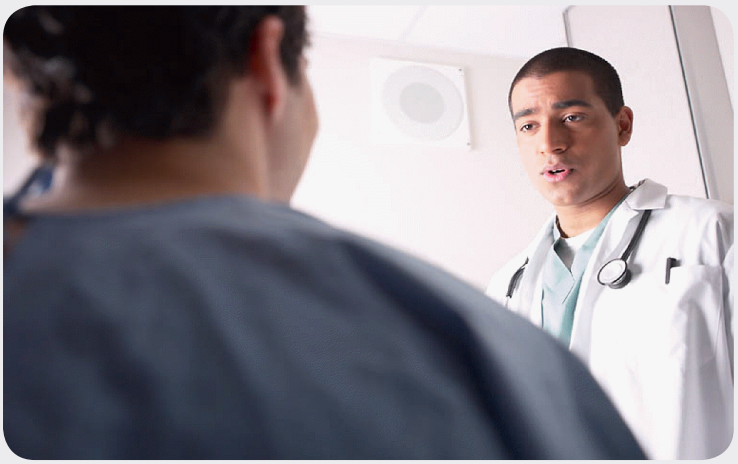
A LESSON L EARNED FROM REPORTED I NCIDENTS



Educate Your Patients....Make Them Your Partners

Ms. Susan Al Owesie, RPh, CPHQ,
Quality Management Specialist
Quality Management Dept - KAMC-R

Patient and family education is a fundamental component of the healthcare practice. It enables the patient and family to make informed decisions by providing them with information about their health or medical problem. It is important for our patients and families to assume a proactive role in the maintenance and/or improvement of their own health.

Poor Patient Education Can Be Fatal At one of the Healthcare organizations, a patient who recently had his leg placed in a cast to treat a rupture of his Achilles tendon, had died from a massive pulmonary embolism. He was convalescing on his living-room couch when a blood clot moved from his leg to his lungs and blocked both arteries, cutting off his blood circulation. Alone in his home, the patient rose to his feet, staggered toward his front door in search of aid, and collapsed on the floor, dead, after only two or three steps. The patient had suffered warning signs of deep venous thrombosis (DVT) — chest pain and shortness of breathe weeks before his death. The medical malpractice committee decided that the death should not have happened. Also, the orthopedic surgeons at the hospital had committed malpractice by failing to warn the patient when they were treating his Achilles tendon rupture about the risks of this blood clot and what he should do if he developed any of the symptoms of a clot.His doctors never warned him that deep venous thrombosis and pulmonary embolus could result from casting. They never told him about that such thrombosis might be developing and leading to a deadly pulmonary embolism if medical attention was not quickly sought.

The committee rejected the hospital claim that since statistics showed that only about one in one hundred Achilles rupture patients died of pulmonary embolism, they didn't need to be warned about the risk.

The patient's wife was indemnified for the lost of her husband which caused her both emotional and psychological distress.

A retrospective study at a single tertiary care hospital was conducted on randomly sampled patients to study the effect of discharge instructions on readmission of hospitalizedpatients with heart failure. Patients who received all instructions were significantly less likely to be readmitted for any cause (p=<0.003) and for heart failure (p=0.035) than those who missed at least one type of instruction[2].

If the doctors had properly educated the patient and his wife, they were responsible people who would have appreciated the need to get to a hospital for treatment before it was too late, an immediate medical attention could have been sought and the patient would likely be alive and well today.

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Risk Management Strategies:

In hospitals that set the highest standards, patient and family education is one of the essential components of patient care.

From the time patient enters a hospital until and including his discharge, there should be ongoing information provided. The Health / Patient Education Plan starts upon a patient's admission to the hospital (In / Outpatient, ER, Short Stay) [1].

All healthcare providers should collaborate together to form an educational plan that will focus on the patient's problems and educational needs[1]. How patients learn is many times not considered when we are developing this plan. The Health Education Plan depends on the Healthcare Providers assessment and evaluation of the following:

- **Assessment of Patient and Family Background**
- **Assessment of Patient and Family Barriers**
- **Assessment of Patient and Family Needs**
- **Action Plan:** This must be based on the assessment of the multidisciplinary team. Based on the patient needs and medical condition, the team includes but not limited to Physician, Nurse, Patient/Health Educator, Clinical Dietician,Pharmacist, Respiratory Therapist, Physical/ Occupational Therapist/Speech Pathologist, Social Worker and Patient Relations Officer.

Every time a medication is administered, or a procedure to be done, it should be preceded by appropriate patient education.

During the last concluded Joint Commission Re- Accreditation Survey in Riyadh, we have been cited that patient and family were not consistently assessed on all the elements of education. Such as, emotional barriers, physical and cognitive limitations and the patient's willingness to receive information.

During open and closed record reviews, there was no documentation of assessment of patient and family beliefs and values in any of the **interdisciplinary patient education records** (IPER).

"Each patient carries his own doctor inside him.
They come to us not knowing that truth. We are at our best when we give the doctor (whoresideswithin each patient) a chance to go to work."

1. NGHA APP: 142618-, Patient and Family Education
2. Qual Saf Health Care 2006;15:414417- doi:10.1136/qshc.2005.017640

This is your Newsletter and we value your comments. Please recommend Quality Improvement Projects in your area. We strongly encourage you to share patients safety information.
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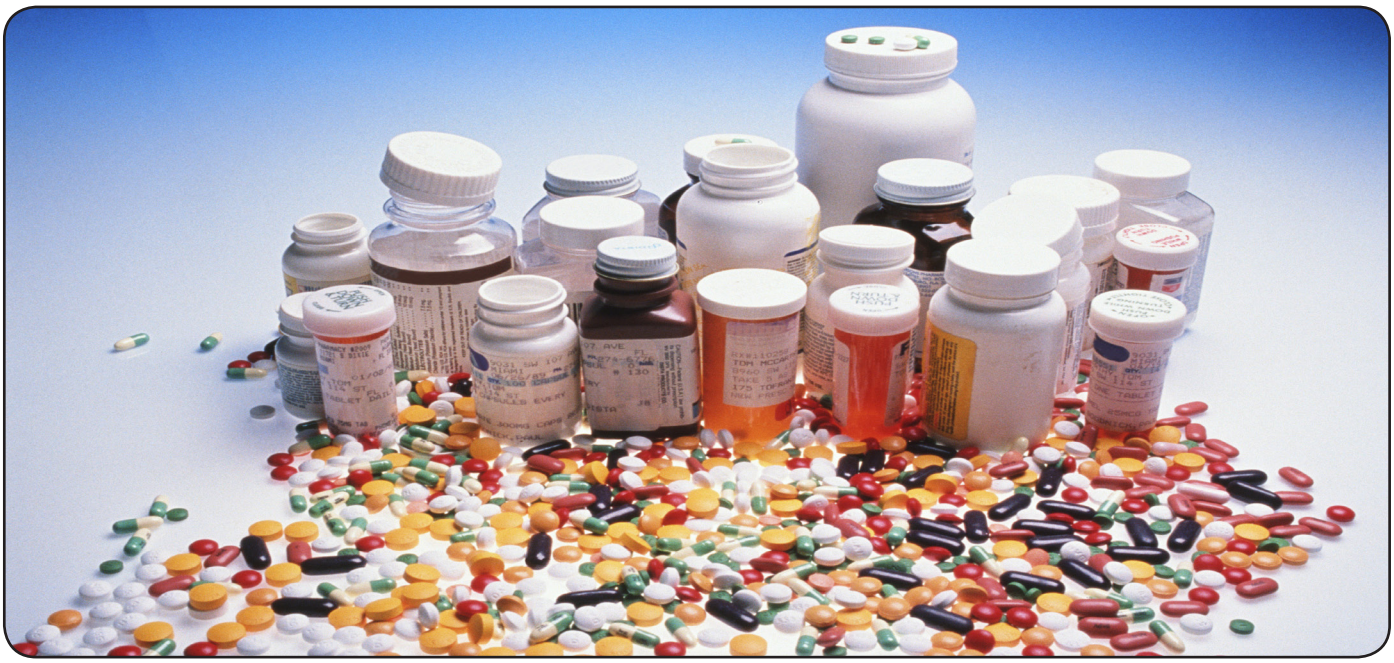

Saudi Medication Safety Center: Past, Present, Future

Dr. Gregory A. Poff

Chairman, Saudi Medication Safety Center (SMSC)

The Saudi Arabian National Guard Health Affairs (SANG-HA), in its continuous progress as an organization putting patient safety as its top priority, has taken dynamic steps toward the advancement of safety and reduction of adverse drug events. A number of initiatives are being made in line with the fulfillment of the mission and vision of safer care to patients. Having embraced the international standards for healthcare delivery, SANG-HA is committed to maintain reliability in healthcare. This means patients get the intended tests, medications, information and procedures at the appropriate time and in accordance with their values and preferences.

Medication safety is a major quality and patient safety initiative implemented under the umbrella of the Quality and Patient Safety Council, which commenced in 2006. As part of this initiative, the Medication Safety Programs (MSPs) were established in the three (3) Regions of NGHA in Saudi Arabia. The objectives of the Medication Safety Program are to protect patients from medication errors and to achieve the five rights toward the prevention of adverse drug events (ADEs): right patient, right drug, right dose, right time and right route of administration. The Committee Formation Orders (CFOs) for the Regional MSPs have been revised through the years and to date (in accordance with unification) are identical, and report to the Chairman, SMSC, with the following charges:

1. Establish a comprehensive, unified and multi-disciplinary approach to medication safety and error prevention.
2. Review and enhance the process of medication safety from the aspects of procurement, prescribing, dispensing, and administration.
3. Develop a mechanism for increased awareness of medication safety through open communication and promotion of medication error prevention strategies involving both healthcare providers and patients.
4. Formulate strategies for increased error detection, data collection and reporting free from blame and shame.

5. Promote advancement of knowledge through training, orientation, campaign, research and other activities on medication –management practices for all stakeholders.
6. Establish a system for continuous feedback and follow up to measure progress toward improved medication safety.
7. Develop a systematic approach on the effective utilization of technology and systems-based solutions to enhance the safety of medication use and to minimize the potential for human error.
8. Oversee the Medication Management and Use (MMU) JCI Chapter, and ensure all measurable elements are met (excluding MMU Standards that do not apply to medication safety)

The Basic Medication Safety (BMS) course with its certification for healthcare providers (similar to Basic Life Support (BLS) and Advanced Cardiac life Support (ACLS) is an initiative proposed by the SANG-HA's Medication Safety Program to enhance the spread of medication safety culture.

The purpose of BMS Certification is to provide healthcare providers with information to enhance their knowledge in medication safety. Utilizing this knowledge will assist healthcare providers in becoming more aware of safe practices related to pharmaceutical therapies, and promoting a Just Culture for reporting and managing medication errors.

This Course manual and certification is a milestone in safe medication practices and hopes are that it will be adopted by all Centers promoting safe medication practices worldwide.

The BMS Course was one of the first efforts by the MSP, prior to the development and formal establishment of the Saudi Medication Safety Center (SMSC) in June 2008. The Mission, Vision, Goals and Objectives of the SMSC are:

Mission: To identify risks in medication use systems, recommend optimum safeguards, and advance safe medication use practices to prevent adverse drug events.

Vision: To collaborate nationally and internationally to advance safe medication use to prevent medication errors and adverse drug events.

Objectives:

- To advocate the adoption of safe medication standards by accrediting bodies, manufacturers, policy makers, regulatory agencies, and standard-setting organizations.
- To promote safe medication use and system strategies for reduction of adverse drug events.
- To collaborate with other patient safety organizations, other healthcare stakeholders, both nationally and internationally.

Goals:

- To collect and analyze reports of medication-related hazardous conditions, near-misses, and other adverse drug events.

- To disseminate mediation safety information, and error-prevention strategies.
- To educate the healthcare community and consumers about safe medication practices.
- To work with regulatory agencies, policy makers and manufacturers to promote enhancements to pharmaceutical product packaging and labeling.
- To conduct research to provide evidence-based safe medication practices.

In August 2011 the SMSC Board was established, reporting to the CEO, NGHA. The SMSC Board consists of membership from all Regions, and all disciplines involved in the medication use process (e.g., Logistics & Contracts Management, Medical Services, Pharmaceutical Care Services, Nursing Services, and Clinical Information Management System). The charges of the SMSC Board consist of:

1. To review, evaluate and unify the NGHA policies and procedures to insure optimum medication safety.
2. Oversee self-assessment reviews conducted by each Regional MSP, to identify areas for improvement.
3. Develop and periodically review medication use process guidelines for use in all NGHA facilities.
4. Periodically review the Basic Medication Safety (BMS) Course for updates regarding international recommendations to improve safe use of medications.
5. Review the system of reporting medication errors and near misses submitted to the Regional Medication Safety Programs and the corrective action.
6. Take action and reassess those actions for effectiveness.

At present the Center is working within NGHA, developing programs to promote the safe use of medications:

- Standardized Medication Labels for use in storing medications, incorporating TALLman lettering, High Alert Medications, Concentrated Electrolytes, Paralyzing Agent, etc.
- Standardization of Policy & Procedures relating to the medication use process, utilizing forced functions, fail-safes, etc.
- Standardization of infusion concentrations to utilize drip charts and unified drug libraries in "smart pumps"
- Annual Medication Safety Awareness Campaign Kingdom-wide for healthcare providers and the public

The SMSC also represents the Kingdom of Saudi Arabia in the International Medication Safety Network (IMSN), an international group of countries committed to prevent medication errors and to contribute to safer care. The member countries have pledged to work together to promote achievement of these essential objectives, to encourage and further the development of safe medication practice centres in all countries and to facilitate co-operation amongst the

In the future the SMSC hopes to build upon collaborations with other national and international organizations [e.g., Saudi Food and Drug Authority (SFDA); King Saud University, Medication Safety Research Chair; International Medication Safety Network (IMSN); Institute for Safe Medication Practices (ISMP); Institute for Safe Medication Practices – Canada (ISMPC)] to develop / implement national programs to improve the safe use of medications in the Kingdom of Saudi Arabia

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JCI Accreditation In Focus:

Joint Commission International Accreditation; Frequently Asked Questions.

Dr. Tamer Farahat, A/Director, Quality Management, Al Ahsa, Eastern Region

WHAT IS JCI?

Joint Commission International (JCI) is an internationally-developed accrediting body created in 1998 as a division of Joint Commission Resources (JCR), the subsidiary of The Joint Commission. The Joint Commission and JCI are both nongovernmental, not-for-profit U.S. corporations.

JCI extends The Joint Commission's mission worldwide. Through international consultation, accreditation, publications, and education, JCI helps to improve the quality of patient care in many nations. JCI has extensive international experience working with public and private health care organizations and local governments in more than 90 countries.

What is Accreditation?

Accreditation is a voluntary process in which an entity, separate and distinct from the health care organization, which is a government or non-government agency, assesses the health care organization to determine if it meets a set of requirements designed to improve quality of care.

Accreditation is the hallmark of excellent patient care.

Is Accreditation an alternative to Licensure?

No, Licensure is a process by which a governmental authority grants permission to an individual practitioner or health care organization to operate or to engage in an occupation or profession.

Licensure regulations are generally established to ensure that an organization or individual meets minimum standards to protect public health and safety.

What are the benefits of accreditation?

The accreditation process is designed to create a culture of safety and quality within an organization that strives to continually improve patient care processes and results. In doing so, organizations:

- improve public trust that the organization is concerned for patient safety and the quality of care;
- provide a safe and efficient work environment that contributes to worker satisfaction;
- negotiate with sources of payment for care with data on the quality of care;
- listen to patients and their families, respect their rights, and involve them in the care process as partners;
- create a culture that is open to learning from the timely reporting of adverse events and safety concerns;
- establish collaborative leadership that sets priorities for and continuous leadership for quality and
- patient safety at all levels.

What is the accreditation survey?

It is the process of evaluation of an institution to identify its level of compliance with the applicable standards of the accreditation body and to make determinations concerning its accreditation status. The survey includes an evaluation of documents and information (evidence) provided by the personnel, following on-site observations by the surveyors. In many respects this is similar to compliance audits.

What is a standard?

A standard is a written document for a set of universally or widely accepted, agreed upon, or established means of rules that determine what something should be and control how people develop and manage materials, products, services, technologies, processes, and systems.

What are the measurable elements of a standard?

The measurable elements (MEs) of a standard are those requirements of the standard that will be reviewed and assigned a score during the accreditation survey process. The MEs simply list what is required to be in full compliance with the standard.

When there are national or local laws related to a standard, what applies?

When standard compliance is related to laws and regulations, whichever sets the higher or stricter requirement applies.

What is IPSGs?

IPSGs stands for International Patient Safety Goals. They

are 6 goals developed by Joint Commission International and modeled on the national patient safety goals of the Joint Commission. They developed to promote improvements in patient safety. The goals highlight problematic areas in health care and describe evidence- and expert-based consensus solutions to problems related to patient safety.

They are;

- Identify patient correctly;
- Improve effective communication;
- Improve the safety of high-alert medications;
- Ensure correct-site, correct-procedure, correct patient surgery;
- Reduce the risk of health care-associated infection;
- Reduce the risk of patient harm resulting from fall.

Do we do things a certain way because JCI says so?

No, our practice is governed by hospital's mission, vision and core values. As an organization we have developed our own organizational standards, policies and procedures to support our staff in providing the mission and vision.

What is Tracer Methodology?

Tracer methodology is an evaluation method in which surveyors select a patient, resident or client and use that individual's record as a roadmap to move through an organization to assess and evaluate the organization's compliance with selected standards and the organization's systems of providing care and services. Surveyors retrace the specific care processes that an individual experienced by observing and talking to staff in areas that the individual received care. As surveyors follow the course of a patient's, resident's or client's treatment, they assess the health care organization's compliance with Joint Commission standards. They conduct this compliance assessment as they review the organization's systems for delivering safe, quality health care.

If the surveyors visited my unit once, does it mean they will not visit me again?

No, if the surveyor has visited your unit once doesn't mean they will not be back. They may trace another patient, resident or client through your unit again.

How to work with the surveyors?

Relax – surveyors are Physicians, Nurses, Hospital Administation and others who have worked in Hospitals. They've been there.

Always make sure you understand the question before your answer. Ask for clarification if you are not sure. Be professional and use appropriate language and behaviour. Respond to questions with confidence – you know the answers better than anyone.

Be honest. If you don't know the answer, tell them you don't and refer them to someone who knows such as your Supervisior or Manager. It is also important to assist a co-worker who may be having difficulty in answering a question.

Only answer what they ask. Keep your answers focused and specific to their questions. Whenever possible answer in your own words.

Be prepared to show documents, policies, and tools that you use in perfoming your work if they ask. Know where they are or how to locate them (e.g. Deparmental Manuals, Patient Manuals, Nursing Documentation, Evacuation Plan, Medical Staff Credentialing / Privileging Manual, Physicians Handbook, and Clinical Practice Guidelines)

Support your co-workers. If you are present when someone is being interviewed, feel free to add any relevant information.

You do not have to memorize if you know where to find it and can show the surveyor.

What should I know?

You should Know:

- Your job description;
- Locations of, and information related to: Fire exits and fire doors; Fire pull boxes; Fire extinguishers and other fire control mechanisms, Oxygen shut – offs, meaning of RACE & PASS and Evacuation routes;
- Improvement activities that have improved outcomes on your unit and impacted possitively on perfomance;
- Emergency showers/eyewash stations, Location of and how to use personal protective equipment;
- Disaster plan;
- How to acess hospital polices and procedures, departmental manual, safety manuals, different plans;
- Infection Control Plan and hand hygiene techniques.