

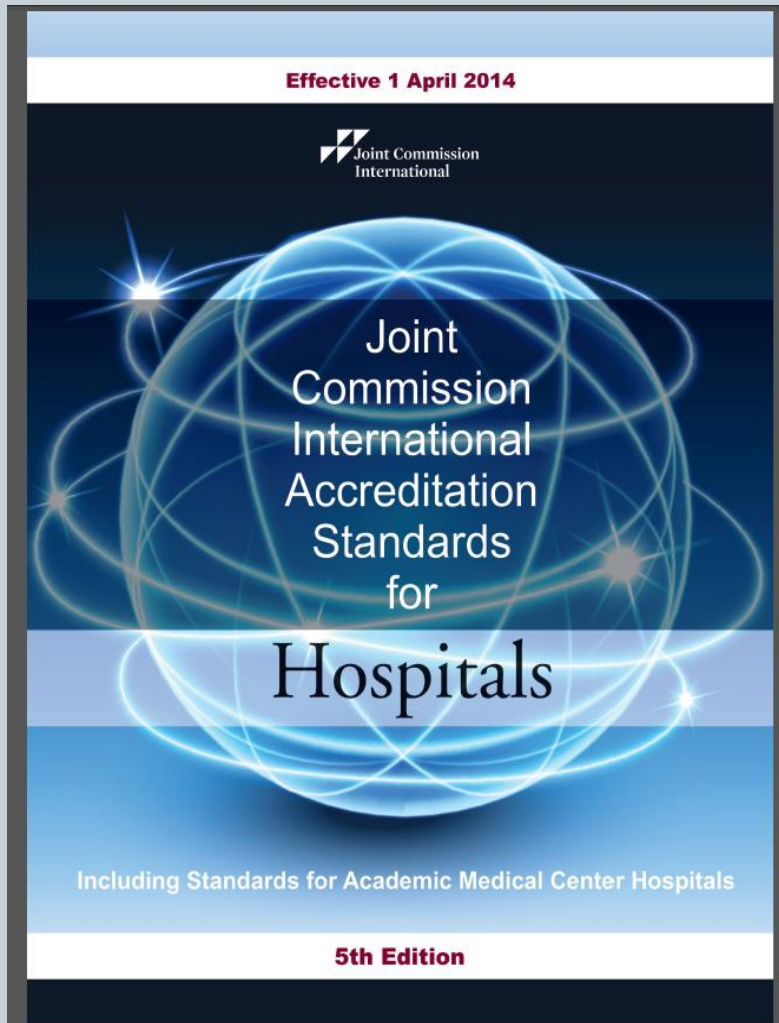
Joint Commission International (JCI)



INTERNATIONAL PATIENT SAFETY GOALS(IPSG)

What is Accreditation?

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- ✓ A process in which an organization outside the health care organization, usually non-governmental, assesses the organization to determine if it meets a set of standards .
- ✓ A standard describes the acceptable level of performance of an organization or individual

JCI 5th Edition

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Four (4) Main Sections

- 1) Accreditation Participation Requirements (APR)
- 1) Patient-Centered Standards
 - a) International Patient Safety Goals (IPSG)
 - b) Access to Care and Continuity of Care (ACC)
 - c) Patient and Family Rights (PFR)
 - d) Assessment of Patients (AOP)
 - e) Care of Patients (COP)
 - f) Anesthesia and Surgical Care (ASC)
 - g) Medication Management and Use (MMU)
 - h) Patient and Family Education (FPE)

JCI 5th Edition (cont.)

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- 3) Health Care Organization Management Standards
 - a) Quality Improvement and Patient Safety (QPS)
 - b) Prevention and Control of Infection (PCI)
 - c) Governance, Leadership, and Direction (GLD)
 - d) Facility Management and Safety (FMS)
 - e) Staff Qualifications and Education (SQE)
 - f) Management of Information (MOI)

- 4) Academic Medical Center Hospital Standards
 - a) Medical Professional Education (MPE)
 - b) Human Subjects Research Programs (HRP)

International Patient Safety Goals

IMPORTANT



- These goals highlight problematic areas in health care
- Describe evidence-based and expert-based consensus solutions
- It is essential that **EVERYONE** - familiar and able to incorporate into daily practice

Identify Patients Correctly

The hospital develops and implements a process to improve accuracy of patient identification.

APP 1430–16 Patient Identification

DPP 7800~01~016 Patient Identification

DPP 7010~200 R1Lab Specimen Receiving Process



Two-fold Intent :

- **FIRST**, to identify the individual as the person for whom the service or treatment is intended.
- **SECOND**, to match the service or treatment to that individual.

- ❖ Patients must be identified using “two unique identifiers” i.e. **FULL NAME** and **MEDICAL RECORD NUMBER (MRN)**
- ❖ **MUST NEVER** use patient’s room **or location** to identify patient.

- **ALWAYS** ask the patient / guardian / parent to verbalize patient’s name whenever possible.



- ❖ Patients are identified **before** providing treatments and procedures e.g.:-
 - ✓ administering medications, blood, or blood products;
 - ✓ serving a restricted diet tray;
 - ✓ providing radiation therapy,
 - ✓ taking blood and other specimens for clinical testing
 - ✓ performing cardiac catheterization or diagnostic radiology procedure



IMPROVE EFFECTIVE COMMUNICATION

The hospital develops and implements a process to improve the effectiveness of verbal and/or telephone communication among caregivers.

APP 1429–03 Prescribing and Dispensing Medication Guidelines

DPP 7800~01~071 Improve Effective Communication

- Verbal medication orders are reserved for **code/emergency** situations **ONLY**.
- **When receiving a medication telephone order from a physician:**
 - **Nurse A writes** the order in the physician order sheet.
 - **Nurse B will read back** the order written by Nurse A to the physician.
 - **The prescriber** will verify the order is correct to Nurse B.
- Both Nurse A and Nurse B must document the date and time the order was received, badge number of **the prescriber**, and their own names, job title and badge numbers and both must sign the order sheet.

The hospital develops and implements a process for reporting critical results of diagnostic tests.

APP 1426–06 Reporting Critical Laboratory Values
APP 1426–09 Reporting Critical Radiological Findings

DPP 7800-01-177 Reporting Critical Physiological Measurement Findings
DPP 7800-01-071 Improve Effective Communication



- The technologist/reporter will provide the report to the Receiver (Requesting Physician/Ward Nurse).
- The receiver will document (hand **-WRITE**) the critical results.
- The receiver (or another person - could be another nurse) will **READ BACK** the information provided, including the patient's medical record number and name to the reporter.
- The technologists/reporter will verify the information is correct.
- Both the reporter and the receiver must document the **READ BACK** verification procedure was carried out; date and time the report was received, badge number of the person providing/receiving the report.



IMPORTANT : -- ALWAYS REMEMBER to carry and answer your bleep ... you will be informed regarding critical results !!!

IPSG

2.2

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The hospital develops and implements a process for handover communication.

APP 1430–33 Integration and Coordination of Patient Care

DPP 7800-01-171 Patient Handover and Transition in Care

DPP 6020-01-09-01 SBAR Communication with Nursing Division

Handovers of patient care:

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- ✓ During shift changes;
- ✓ Between different levels of care (General ward to Critical care);
- ✓ From inpatient units to diagnostic units (endoscopy, physiotherapy, Cath. Lab, etc.);
- ✓ When endorsing assignments of a patient for an extended period such as post call duty; meal breaks;
- ✓ When referring any abnormal values or change in patient's condition to the physician



What happened breakdowns in communication:

- Loss of information → adverse events/errors .



- **(I) Identify (Introduction):** to ensure that accurate identification of those participating in handover and of the patient is established
- **(S) Situation:** a statement of the problem (What is happening at the present time?)
- **(B) Background:** sets the context by providing background information (What are the circumstances leading to this situation?)
- **(A) Assessment:** Based on your assessment. (What do I think the problem is?)
- **(R) Recommendation:** What is the recommendation or what is the problem that needs to be addressed.
- Provides an opportunity to make a request for action. (What should we do to correct the problem?)

IPSG

2.2

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ALWAYS REMEMBER

The standardized approach to patient care handover, namely ISBAR, must be used by all MNGHA healthcare workers (Physicians, Pharmacists, Residents and all other Healthcare Professionals)

Improve the Safety of High-Alert Medications

IPSG

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The hospital develops and implements a process to improve the safety of high-alert medications.

APP 1429–02 Look–Alike, Sound–Alike and High Alert Medications



High Alert Medications

Medications that pose an increased risk of causing significant harm to patients if used in error.

Independent double checks in handling is one of the safety measures.





IPSG
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**Look alike &
Sound alike**

- Use **TALL man Lettering** labels for (Look-Alike, Sound-Alike) LASA medications that are available via the Intranet, One Stop Resource.
- Look-Alike, Sound-Alike medications without approved **TALL Man Lettering** will be labelled as “**Name Alert**”.
- Be aware of automated alerts/advisories for LASA medications that are in the HIS-CPR System.
- Logistics & Contracts Management will consider the List of Look-Alike, Sound-Alike Medications in the process of medication procurement. ***PURCHASE FOR SAFETY.***

Improve the Safety of High-Alert Medications

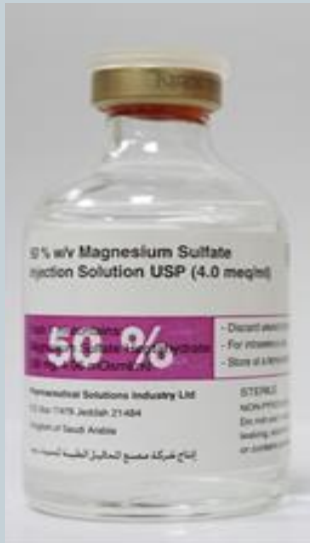
IPSG

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The hospital develops and implements a process to manage the safe use of **concentrated electrolytes**.

APP 1433-18 Concentrated Electrolytes



Concentrated Electrolytes

are High Alert Medications that must first be diluted prior to parenteral administration, to ensure patient safety.



- Stored and kept in a **locked cabinet**, with a similar sign in/out procedure used for **Narcotics and Controlled Substances**.
- Separated from other medications and stored in red **boxes with lids**
- Labeled with “High Alert Medication / Concentrated Electrolyte”
- Limited to certain areas only – critical

Information on MEDICATION SAFETY - “ONE STOP RESOURCE” site on the hospital Homepage



Ensure Correct-Site, Correct-Procedure, Correct-Patient Surgery

The hospital develops and implements a process for ensuring correct-site, correct-procedure, and correct-patient surgery.

APP 1426-08 Surgical / Procedural Site Verification

DPP 7800-01-17 Verification Of Correct Patient, Correct Procedure, Correct Site for Surgical and Invasive Procedures



Wrong-site, wrong-procedure, wrong-patient

Rare but
consequences -- are
catastrophic

It is certainly
PREVENTABLE!

The Universal Protocol:

- ✓ marking the surgical site;
- ✓ a preoperative verification process;
- ✓ a time-out that is held immediately before the anesthetic or start of an invasive procedure.



Marking the surgical site should:

- be made by the person performing the procedure with a permanent skin marker.
- takes place with the patient **AWAKE and AWARE, if possible.**
- To be done in all cases involving laterality (right, left), multiple structures (fingers, toes, lesions) or multiple levels or region (spine).
- be done using an instantly recognizable mark (**ARROW** as per policy) that is consistent throughout the hospital.

TIME OUT – Pause with a purpose

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NB: **apply for invasive procedures** performed outside of the OR.

- *full verification that is performed immediately prior to the induction of Anesthesia or the start of an invasive procedure*
- *the entire care team actively and verbally PRESENCE and confirms:*
 - ✓ Patient's identity (two identifiers)
 - ✓ Procedure to be performed
 - ✓ Correct procedure side/site
 - ✓ Necessary imaging, equipment, implants or special requirements are present

Reduce the Risk of Health Care– Associated Infections

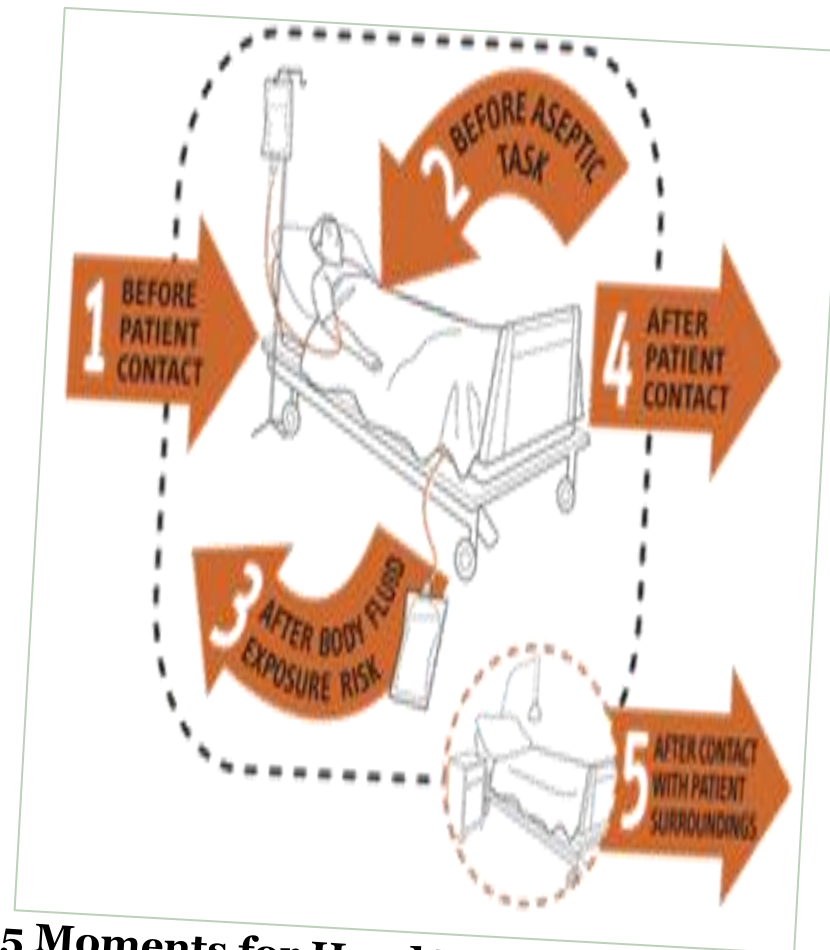
The hospital adopts and implements evidence-based hand-hygiene guidelines to reduce the risk of healthcare–associated infections.

ICM–II–04 Hand Hygiene



MNGHA adapted the **WHO Guidelines of Hand Hygiene in Health Care 2009** to reduce the risk of health care-associated infections.

Clean Hands Save Lives



5 Moments for Hand Hygiene

- Wash hands with soap and water when hands are visibly soiled.
- Use alcohol-based hand rub when hands are not visibly soiled
- ❑ ABHR is ineffective - spore forming bacteria e.g. *Clostridium difficile*.



ALWAYS REMEMBER -- wash your hands !!!!

IPSG

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Reduce the Risk of Patient Harm Resulting from Falls

The hospital develops and implements a process to reduce the risk of patient harm resulting from falls.

APP 1430–05 Fall Prevention & Management Program

DPP 7800~01~084 KAMC~Jeddah Falls Program



Reduce the Risk of Patient Harm Resulting from Falls

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- a process for assessing **all inpatients and outpatients** - identifies them as at high risk for falls.
- a process for the **initial and ongoing assessment, reassessment,** and **interventions**
- Have **measures** implemented to reduce fall risk



IPSG

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Fall Prevention Program



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Multidisciplinary Team Effort

- Nurses
 - Pharmacists
 - Physiotherapist
 - Physicians
- Upon initial admission assessment, Physicians should **screen Patient's Functional** status which include "FALL RISK".
 - Functional Screening should be documented in the Physicians History and Physical form complimented by nurses' assessment.
 - Communicate to nurses for implementation.



SUMMARY

Reduce the Risk of Health Care–Associated Infections



Ensure Correct-Site, Correct-Procedure, Correct-Patient Surgery



IMPROVE EFFECTIVE COMMUNICATION



Identify Patients Correctly



Improve the Safety of High-Alert Medications



Reduce the Risk of Patient Harm Resulting from Falls





Thank You