Monitoring compliance of patient safety goals of JCI

Dissertation at LLH HOSPITAL ,MUSAFFAH

Abu Dhabi (UAE)

By Dr.Smita Saxena

Guided by: Col.(Dr.)Ashok Kaushik

Contents

- Title of the Study
- Introduction
- Rationale
- Research Question
- Objectives
- Methodology
- Results
- Conclusion

Title of the Study

MONITORING COMPLIANCE OF INTERNATIONAL PATIENT SAFETY GOALS OF JCI

Introduction

- JCI is designed to respond to a growing demand around the world for standards-based evaluation in health care
- JCI is the international arm of the joint commission international (USA) committed to improve the quality ,safety and efficiency of health care organization around the world .
- Created in 1994 by the joint commission international JCI has presence in more than 90 countries today.
- The health care providers delivering these services in UAE include the Ministry of Health, the army, the Abu Dhabi Health Care Authority, Dubai Health Care City and the private sector.

UAE healthcare system

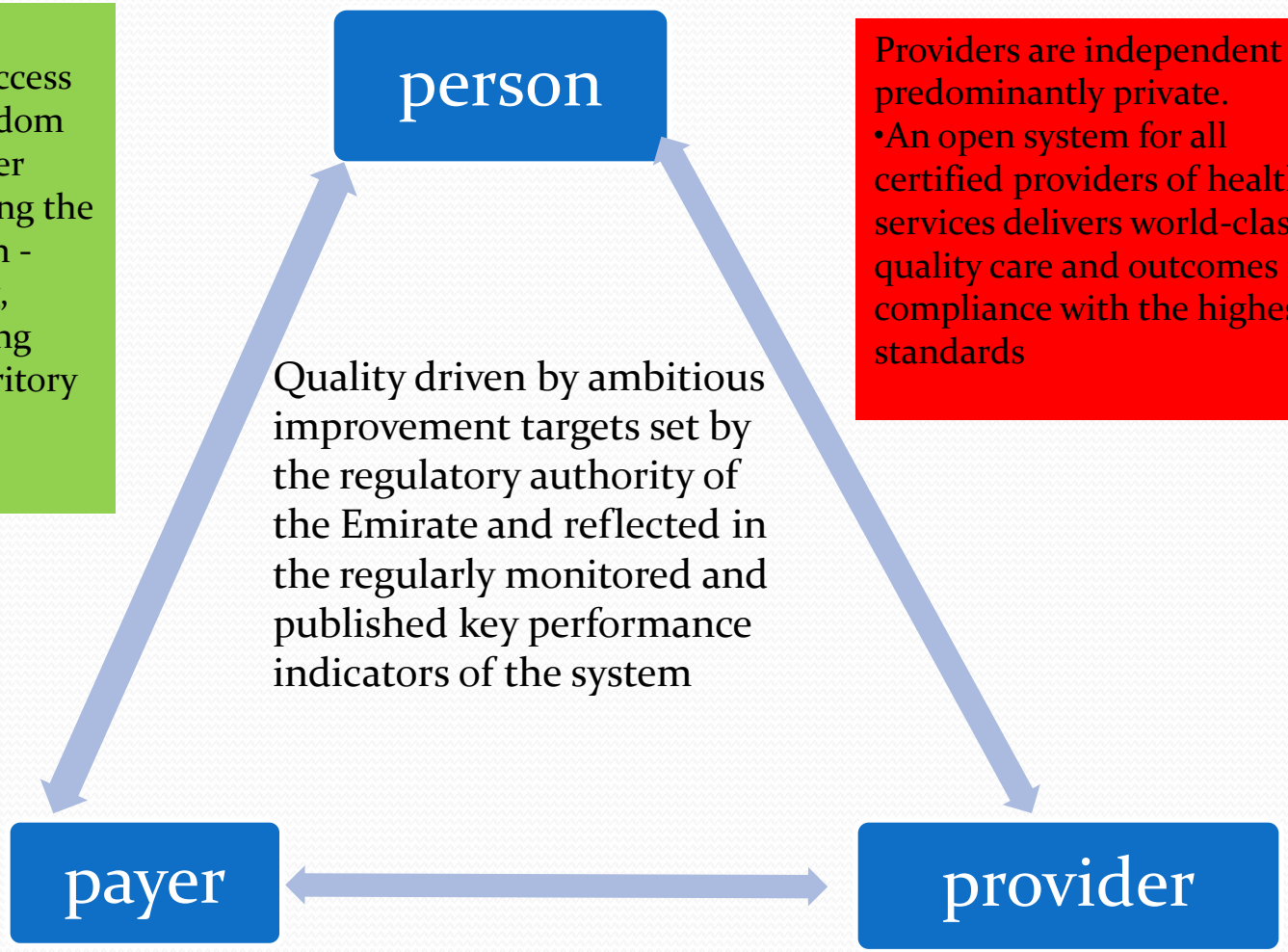
.

- The governmental healthcare services are available free to all UAE nationals and at low rates to expatriates who are resident in the country (Dubai Health, 2007)

- The UAE is listed as the fourth most developed Arab state according to the Human Development Index, which measures overall achievements in a country in three basic areas of human development: life expectancy_ education and general standard of living.

In the Emirate of Abu Dhabi, everyone has access to healthcare and freedom to choose their provider
•A system encompassing the full spectrum of health - protecting, promoting, sustaining and restoring services across the territory of the Emirate

The health system finances itself through mandatory health insurance for all Abu Dhabi residents
•The financing system is flexible to manage for change over time and the degree of subsidy should be managed as efficiently as possible



Quality driven by ambitious improvement targets set by the regulatory authority of the Emirate and reflected in the regularly monitored and published key performance indicators of the system

Providers are independent and predominantly private.
•An open system for all certified providers of health services delivers world-class quality care and outcomes in compliance with the highest standards

Statistics

- Population

2.58m residents, 18% Nationals

Median age 19.6 for Nationals and 31.7 for Expatriates

34’358 births and 2’923 deaths

- Payers

39 licensed insurers compete for members

There are more insurance contracts (3.1m) than residents

19.8 Million claims submitted

99.1 % of claims for outpatients

- Provider

5’528 physicians, 969 dentists,12’375 nurses and 4’319 allied health professionals & 1’993 pharmacists in 1’508 licensed facilities including:

39 hospitals (4’226 beds)

856 centers and clinics

454 pharmacies

Source :HAAD Statistics (2011-2012)

JCI Chapter: International patient safety goal (IPSG)

- **The IPSG** chapter has 6 main standards and 24 measurable elements . Each measurable element has given a compliance score according to the present situation of the hospital
- The purpose of the IPSG is to promote specific improvements in patient safety.
- Recognizing that sound system design is intrinsic to the delivery of safe, high-quality health care, the goals generally focus on system wide solutions, wherever possible

INTERNATIONAL PATIENT SAFETY GOALS:

- The purpose of these goals is to promote specific improvements in patient safety.
- IPSG.1 Identify patients correctly
- IPSG.2 Improve effective communication
- IPSG.3 Improve the safety of high alert medications
- IPSG.4 Ensure correct site, correct procedure, correct patient surgery
- IPSG.5 Reduce the risk of health care associated infections
- IPSG.6 Reduce the risk of patient harm resulting from falls

Rationale

- This study aims to identify and analyze the gaps/issues in various processes and procedures followed in hospital in order to comply with the standards of IPSG . Maintaining the accreditation, update policies and procedures as per the 5th edition, and improve the process as much as possible to improve the compliance.
- IPSG is one of the most key chapter and as per the 5th edition a single measurable element that is scored as not met can lead to the denial of accreditation
- IPSG is local /regulatory requirements

Goals Of HAAD

Patient Safety Goals

- 1. Improve the accuracy of patient identification
- 2. Improve the effectiveness of communication among care givers and care recipients
- 3. Improve the safety of using medications and medical devices
- 4. Reducing the risk of healthcare associated infections
- 5. Ensuring correct site, correct procedure, correct patient for all procedures
- 6. Accurately and completely reconcile medications across the continuum of care
- 7. Encourage patients active involvement in their own care as a patient safety strategy
- 8. Improve recognition and response to changes in a patient's condition
- 9. Reducing risk of patient harm resulting from falls
- 10. Reduce the risk of hospital fires

Research Question

- What is the compliance rate of existing processes and procedures followed in LLH hospital as per IPSG standard of JCI standards?

Objectives

- To examine current standards of procedures and processes of the LLH Hospital
- To analyze the gaps and issues in all processes and procedures that corresponds to JCI standards for IPSG chapter
- To interpret the results and assess compliance level of the LLH hospital procedures and processes to JCI

Methodology

- a. Type of study- Observational Study
- b. Location of study- Lifeline Hospital, Musaffah , Abu Dhabi (U.A.E)
- c. Site of Study- Departments offering direct patient care (IP(wards), ICU, Radiology, Emergency)
- d. Source of Data- Primary Data
- e. Data collection tools- Checklist
- Sample size -240
- existing policies and procedures were used as a source of secondary data

Data analysis

Scoring was done on 0 to 10 scale where 10 corresponds to full compliance, 5 for partial compliance and 0 for non compliance

- 0 No Compliance
- 5 Partial Compliance
- 10 Full Compliance

- Scoring is based on availability of policy /procedures, documentation, implementation and awareness of the staff.
- Non availability of a policy/procedures is considered as non compliance
- Inadequate documentation but a SOP exists then it is measured as partial compliance
- Existing SOP is implemented with proper documentation and awareness of staff ,it is considered as full compliance

Results

IPSG 1	Identify patients correctly		
M.E	Compliance score	Expected score	Compliance%
Patients are identified using two patient identifiers, not including the use of the patient's room number or location	5(only one identifier is used)	50	70%
Patients are identified before administering medication ,blood or blood products	10		
Patients are identified before taking blood and other specimens for clinical testing	5(only one identifier is used)		
Patients are identified before providing treatments and procedures	5(only one identifier is used)		
Policies and procedures support consistent practice in all situations and locations	10		

IPSG 2	Improve effective communication		
M.E	Compliance score	Expected score	Compliance%
The complete verbal and telephone order or test result is written down by the receiver of the order or test result.	10	40	87.5%
The complete verbal and telephone order or test result is read back by the receiver of the order or test result	10		
The order or test result is confirmed by the individual who gave the order or test result.	5(not signed within 24 hrs)		
Policies and procedures support consistent practice in verifying the accuracy of verbal and telephone communications	10		

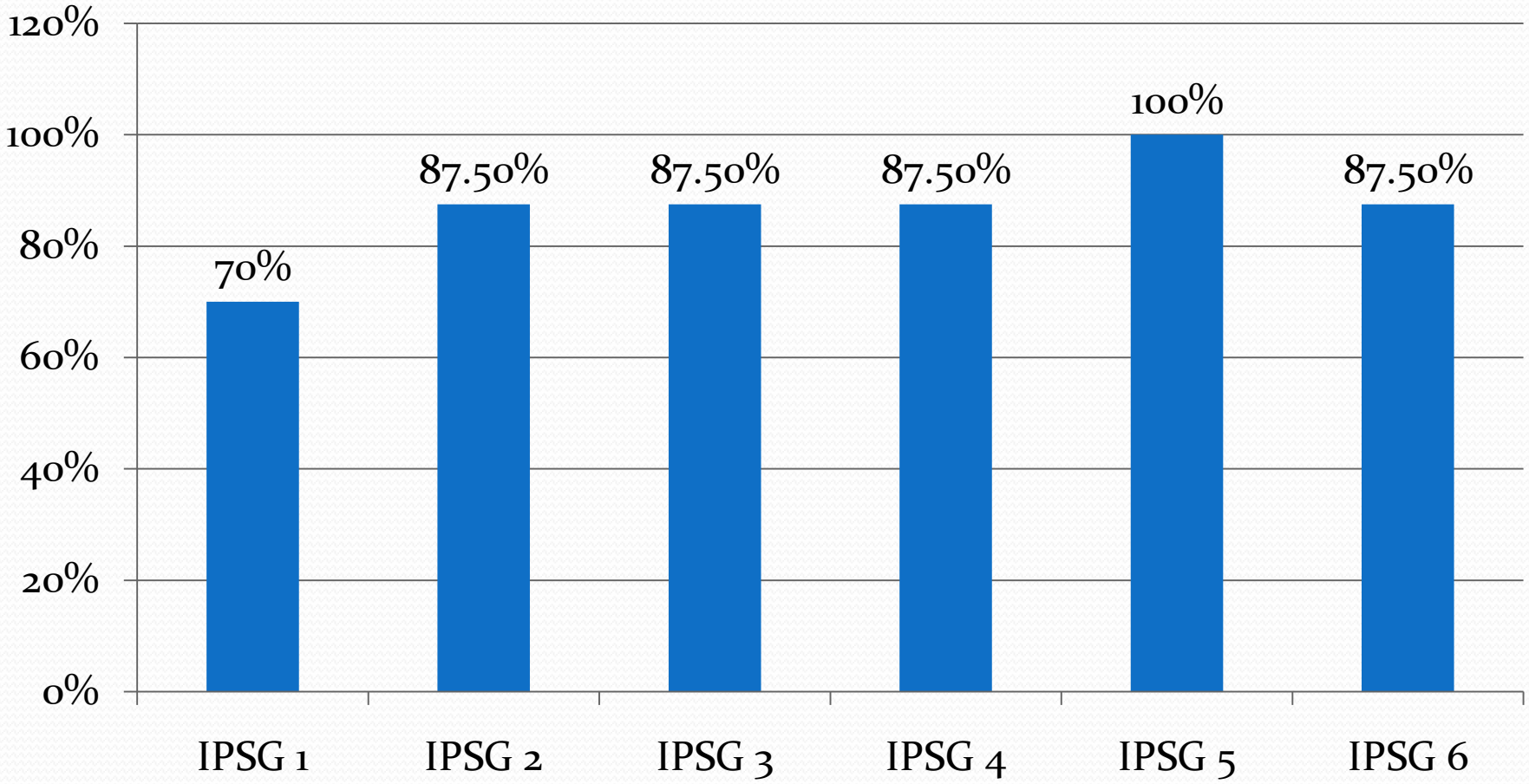
IPSG 3	Improve the safety of high alert medications		
M.E	Compliance score	Expected score	Compliance %
Policies and/or procedures are developed to address the identification, location, labeling, and storage of high-alert medications	10	40	87.5%
The policies and/or procedures are implemented.	5(incident of not having locked and not labeled)		
Concentrated electrolytes are not present in patient care units unless clinically necessary, and actions are taken to prevent inadvertent administration in those areas where permitted by policy	10		
Concentrated electrolytes that are stored in patient care units are clearly labeled and stored in a manner that restricts access	10		

IPSG 4	Ensure correct site, correct procedure, correct patient surgery		
M.E	Compliance score	Expected score	Compliance%
The organization uses an instantly recognizable mark for surgical-site identification and involves the patient in the marking process	10	40	87.5%
The organization uses a checklist or other process to verify preoperatively the correct site, correct procedure, and correct patient and that all documents and equipment needed are on hand, correct, and functional	5(as per OT staff interview site marking take place in two different location pre op and IP area as there are changes as per 5th edition of JCI should be done in OT		
The full surgical team conducts and documents a time-out procedure just before starting a surgical procedure	10		
Policies and procedures are developed that will support uniform processes to ensure the correct site, correct procedure, and correct patient, including medical and dental procedures done in settings other than the operating theatre.	10		

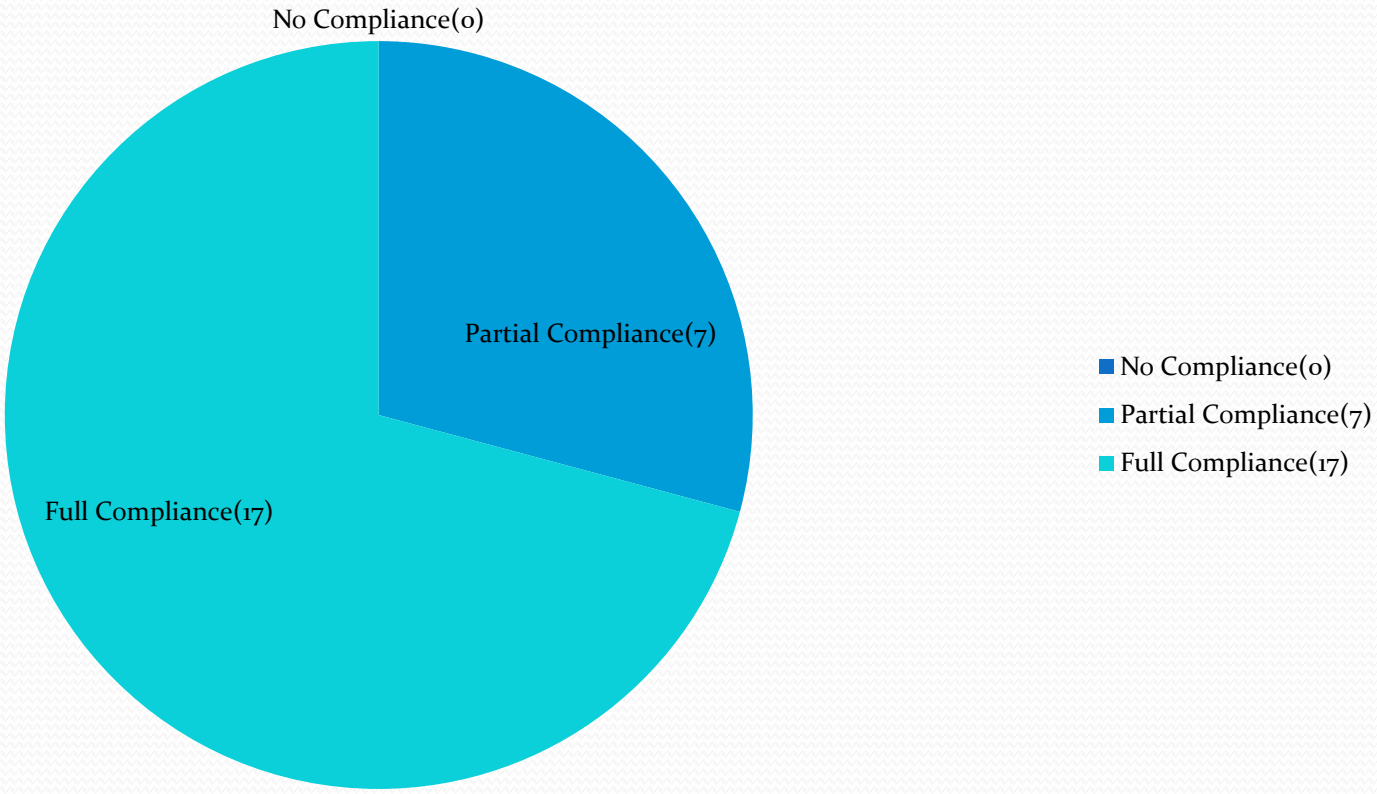
IPSG 5	Reduce the risk of health care associated infections		
M.E	Compliance score	Expected score	Compliance %
The organization has adopted or adapted currently published and generally accepted hand-hygiene guidelines	10	30	100
The organization implements an effective hand-hygiene program	10		
Policies and/or procedures are developed that support continued reduction of health care–associated Infections .	10		

IPSG 6	Reduce the risk of patient harm resulting from falls		
M.E	Compliance score	Expected score	Compliance %
The organization implements a process for the initial assessment of patients for fall risk and reassessment of patients when indicated by a change in condition or medications, among others.	10	40	87.5%
Measures are implemented to reduce fall risk for those assessed to be at risk	5(lamp signs not there and education for patient not there all time)		
Measures are monitored for results, both successful fall injury reduction and any unintended related consequences.	10		
Policies and/or procedures support continued reduction of risk of patient harm resulting from falls in the organization	10		

COMPLIANCE SCORE



Compliance level for IPSG (no compliance, partial compliance, full compliance)



Limitation

.

- All the employees were busy with their respective jobs so it was difficult to interact with them and discuss their current practice.
- OT was not observed due to access issues
- Time span of study

Conclusion

- Standardization and accreditation led by the international sector has played a key role in educating the healthcare system about risk management and patient safety

- Currently in LLH Hospital Musaffah the compliance score of IPSG standards is 85% which indicates fulfillment and adherence to almost all of the standards and policies of the IPSG with no non compliance areas and few partial compliance areas which could be rectified by education and training of the employees

Thank you