

Joint Commission Resources Conducts Mock Survey at TGH

Chuck Bombard
Director, Quality Improvement



Surveyors from Joint Commission Resources, the consulting arm of the Joint Commission, spent four days at TGH evaluating the hospital's compliance with Joint Commission standards. The team, which consisted of a physician, a nurse, an administrator and a life safety engineer, started their work on November 30th and finished on December 3rd with an exit briefing to a packed house in MacInnes Auditorium.

The physician surveyor, Dr. Mike Youssi, spent considerable time on the nursing units reviewing patient's records and talking with the staff. He also conducted a medical staff credentialing and privileging review that is a formal part of the real survey process. During this session he focused on the requirement for Ongoing and Focused Professional Practice Evaluation. This fairly new standard requires medical staff department/section leaders to perform ongoing and focused clinical review of the practitioners within their specialty. Ongoing reviews may include such items as operative/invasive procedure outcomes, blood use, length of stay, morbidity and mortality data, and specialty specific measures. Focused reviews are required when a practitioner has the credentials to suggest competence, but additional information or a period of evaluation is needed to confirm competence, or questions arise regarding a practitioner's professional practice during the course of the ongoing professional practice evaluation. Dr. Youssi provided feedback on our current process and suggested ways to improve both Ongoing and Focused Professional Practice Evaluation.

During his tours of the clinical units and other areas of the hospital, Dr. Youssi spent much of his time evaluating our compliance with the Joint Commission's National Patient Safety Goals (NPSG). While reviewing charts or talking to staff, he always observed people going into and coming out of patient rooms to see if they washed their hands (a NPSG related to infection). He also asked many questions about communication (another NPSG), how staff handed off patients to one another, including physician to physician communication.

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Joint Commission Resources (cont.)

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In his review of records Dr. Youssi noted that the physician staff still had some improvements to make in the timeliness and completeness of History and Physicals. He pointed out that this was a finding in the last formal survey and that a recurrent finding on the next survey could possibly jeopardize full accreditation. The issues he identified were incomplete H&Ps, undated/untimed/unsigned H&Ps, H&Ps that related only to the specialty attending the patient, and H&Ps that were done prior to the patient's admission but were not updated when the patient was admitted. As to the latter, Dr. Youssi said that all it would take to be compliant is a simple note that said "No change in patient's H&P."

Other physician-related compliance issues that were observed by Dr. Youssi included delays in treatment (patient flow) due to poor communication and processes, delays in consultations, procedure notes not having the six elements required by the Joint Commission (name of procedure, description of procedure, findings of procedure, any estimated blood loss, any specimens removed, and the post-operative/post-procedure diagnosis), marking of the surgical or procedural site by other than a Licensed Independent Practitioner, variation in completion of pre-anesthesia assessments, pervasive legibility issues (signatures and narrative), and timing/dating/signing of all entries in the medical record,

Two other comments that Dr. Youssi made during the course of the survey should be of interest. First, many of the standards that formerly referred to the medical staff participating in performance improvement activities have been changed to the medical staff leading these activities. Also, Dr. Youssi encouraged the physician staff to address and improve the low patient satisfaction scores that were reviewed during the survey.

All is not doom and gloom. The mock survey accomplished exactly what was desired: it revealed our weaknesses and established a template of opportunities for improvement that can be addressed prior to the hospital's triennial survey scheduled to take place in 2011. There were many organizational strengths that were cited by the surveyors and many programs that were identified as cutting edge. We have much to be proud of, but there is always room for improvement.

When the formal report is received, an action plan will be developed and all non-compliant issues will be addressed and corrected. Your help in correcting our deficiencies and maintaining our successes will certainly be appreciated.

Joint Commission Sentinel Event Update

The Joint Commission defines a Sentinel Event as an “unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof.” Serious injury specifically includes loss of limb or function. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry significant chance of a serious adverse outcome.

Since the sentinel event database was implemented by the Joint Commission in January 1995, they have reviewed a total of 6,428 sentinel events through September 30, 2009. The 10 most frequently reported sentinel events are:

<u>Type</u>	<u>1/1/95-9/30/09</u>	<u>1/1/09-9/30/09</u>
Wrong-site surgery	867	126
Suicide	770	72
Operative/post-op complication	710	79
Delay in treatment	536	94
Medication error	526	34
Patient fall	406	65
Unintended retention of foreign body	309	97
Assault, rape or homicide	245	27
Perinatal death or loss of function	201	26
Patient death or injury in restraints	198	9

Of note in the above statistics is the fact that in spite of the heavy emphasis the Joint Commission has placed on preventing wrong-site surgeries, the numbers for this sentinel event remain high. In an attempt to impact the numbers of wrong-site surgeries, the Joint Commission has published new, more stringent standards related to the implementation of the Universal Protocol (measures to prevent wrong-site, wrong-patient, wrong procedure events). As a result of the new Joint Commission standards, the Surgical Services staff drafted a new Universal Protocol policy that will be published in the next month or two. Physician-pertinent aspects of this new policy will appear in a future edition of Outcomes in Perspective.

*Tampa General Hospital
Quality Improvement Department*

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TGH Welcomes our new Physicians

The physicians below were added to TGH staff November 30th

Jose Esteves, M.D.
Arnold L. Goodman, M.D.
Gopal S. Grandhige, M.D.

Internal Medicine
Otolaryngology
General Surgery



This newsletter is produced by Tampa General Hospital's Quality Improvement Department. All comments, responses or suggestions are welcome and should be directed to:

Sally H. Houston, M.D.
Sr. V.P. &
Chief Medical Officer
Tampa General Hospital,
P.O. Box 1289,
Tampa, Florida 33601

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**KUDOS TO OUR PHYSICIANS!**

**Congratulations to the following physicians who were recognized by their patients in the form of personal letters to TGH leadership.**

