Promoting a Culture of Safety

- Memorial Medical is committed to quality and patient safety at every level
- All providers and employees are encouraged to freely report concerns regarding safety or quality in this learning environment
- Our shared mental model is to focus on improving systems and processes wherever possible
- Please let our management team know if you identify a process or care pathway that could be improved; your feedback is valuable!
Patient Rights Reminder

- Patients have the right to consent to or refuse procedures and treatments offered. Even if the patient has previously consented, they may change their mind and we honor that decision – regardless of the timing of the refusal.
EMTALA

- MMC’s process for accepting patient transfers begins with the requesting facility contacting the MMC AOD (Administrator on Duty: 575-556-6339) for bed/resource status (capacity). Please assure the MMC AOD has checked facility capacity prior to accepting transfers.

- In accordance with Federal law, physicians on call to the Emergency Department must accept requests for patient transfers:
  - If MMC has specialized capabilities or facilities that the patient requires, and MMC has the capacity to treat the patient;
  - Regardless of pay source.
EMTALA – Cont’d

- On-call physicians are not obligated to accept patient transfers if:
  - The patient’s condition warrants specialized care not available at MMC (capability)
  - The Medical Center lacks the capacity to care for the patient
- When called, on-call physicians must respond to the Emergency Department in person or by phone within 30 minutes.
- Additional information about EMTALA and on-call responsibilities can be found in the MMC Medical Staff Bylaws and Rules and Regulations, and MMC Administrative Policies (EMTALA)
Incident Reporting System

It is important that you let us know about unexpected or unusual events.

You can submit an Incident Report Online. Begin by Clicking Here, from the MMC Intranet.
Incident Reporting System

These links will walk you through the steps to complete and submit an Incident Report.

We will provide you with additional training about Incident Reporting when you are onsite.
Management Information Services (MIS)

- Call Ext. 4357, 24 x 7 for IT assistance

- Routine Department Hours of Operation:
  - 8:00am to 5:00pm, Monday – Friday

- Off Hour Support
  - Remote on-call Technician, Analyst, and/or Programmer will be contacted.
Management Information Services (MIS): Web Access

- Available via internet connection
- VPN connection is not necessary
- In-house Provider Network available
- Remote Access available from office or home
MMC Intranet
Accessible from all computers in the facility:
http://intranet.mmclc.org/
On-Call Schedule
Through MMC Intranet: Directory
Physician Resources
Available Through MMC Intranet
System Training: What to Expect...

- **Meditech** (In-house system)
  - 2-3 hour class will be scheduled day of hospital orientation

- **eCw** (Outpatient system)
  - 2-day class will be scheduled first week of office orientation

- **Mosaiq** (Cancer Program)
  - Provider peer training during department training day(s)

- **MedHost** (Emergency Room system)
  - Department training by peer on orientation day
Provider Workload Management (PWM) Provider specific module
Provider Workload Management (PWM) Provider specific module

Capabilities

- Review Patients Medical Records
  - Current and historical records
  - View radiological images

- Electronically Sign Record
  - Provider documents, scanned records, patient care orders, and provider documentation clarification queries

- Enter patient care orders
  - CPOE (expectation is 70% orders entered by provider)
Provider Workload Management (PWM) Provider specific module

Capabilities – Cont’d

- Document templates: Progress Notes, H&P, Procedure Notes, Discharge Summaries, etc.

All PWM functionality are accessible to providers from office or home with remote access
Clinical Documentation Reminders

- Sign, date and time all orders and clinical entries
- Updates to H&P on admission require review of H&P, patient examination and note Handwritten notes - print name and a contact number
- "Copying and pasting" can lead to errors
Additional Patient Safety and Regulatory Topics
Survey Readiness

Joint Commission and CMS
Who might come knocking at our doors?

- Regulatory Agencies
- Accreditation Agencies
- Corporate
- Auditors
- Payor Surveyors
Healthcare is Complex...

External Regulatory / Accreditation Organizations

- Accreditation
  - TJC
  - OIG
- State Dept of Health Licensure
- CMS
  - Medicare Program Termination
  - Recommended to OIG
- FBI/AG/DOJ
  - Criminal & Civil Investigations (violations, fraud)
- CMS
  - Medicare Program Termination
  - Recommended to OIG
- OIG
  - Medicare Payment Stopped
- Office of Civil Rights
- OSHA
  - CDC
  - FDA
- QIO
  - State Survey Agency of Enforcement
  - Official Medicare Program Termination
- Medicare Payment Stopped
- CLIA
- Lab/Pathology
- CAP (Lab/Pathology)
- OSHA
- CDC
- FDA
- Civil Monetary Penalties
- State Dept of Health Licensure
- Board of Medical Licensure Hospital
- Medicare Program Termination
- Hospital
- Criminal & Civil Investigations (violations, fraud)
- Licensure Regulations & State Laws
- Quality Sanctions
  - *Immediate Jeopardy
  - *Serious Substantial
  - *Gross & Flagrant
  - *Physicians *Hospitals
- Statement of Work
- Civil Monetary Penalties
Why does MMC choose Joint Commission Accreditation?

- It is the **Right thing** to do for our patients.
- TJC has “deemed status” with CMS and is preferred by most payors (insurance companies)
- “Deemed Status”—a status given by CMS and it affirms that a national healthcare accreditation organization not only meets but exceeds expectations for a particular area of expertise in the accreditation realm.
- Agency for Healthcare Research and Quality (AHRQ)-sponsored a study on the affect of JC accreditation on small and rural hospitals
  - RESULTS: accreditation is **positively** associated with **lower** mortality and better outcomes
Why must we be ready at all times?

- The primary purpose of Joint Commission standards is better quality care
- Patient safety and quality must be the TOP priorities for any clinical provider
- Your community, your family, and your friends are counting on you
- They expect and deserve nothing short of excellence
Patients Demand That We Keep them Safe
Continuous Readiness at MMC

- Culture of Continuous Readiness
  - Standards and regulations are the bottom floor— we need to aim higher to be a high reliability organization.
  - There is value in maintaining optimal performance
    - Keep quality/safety top of mind
    - Immediately ready to demonstrate compliance to any surveying entity
    - Better for patients and better for us!
2015 Hospital National Patient Safety Goals

The purpose of the NPSGs is to improve patient safety. The goals focus on problems in healthcare safety and how to solve them.

**Identify patients correctly**

**NPSG.01.01.01** Use at least two (2) ways to identify patients. Use name and date of birth. This is done to make sure that each patient gets the correct treatment and medicine.

**NPSG.01.03.01** Make sure the correct patient gets the correct blood when they get a blood transfusion.

**Use medicines safely**

**NPSG.03.04.01** Before a procedure, label medicines that aren’t labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

**NPSG.03.05.01** Take extra care with patients who take medicines to thin their blood.

**NPSG.03.06.01** Record and pass along correct information about a patient’s medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell them it is important to bring their up to date list every time they visit their doctor.

**Improve staff communication**

**NPSG.02.03.01** Get important test results to the right staff person on time.
2015 NPSGs (continued)

Use alarms safely

**NPSG.06.01.01** Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent Infection (continued)

**NPSG.07.03.01** Use proven guidelines to prevent infections that are difficult to treat.

**NPSG.07.04.01** Use proven guidelines to prevent infection of the blood from central lines (CLABSI).

**NPSG.07.05.01** Use proven guidelines to prevent infection after surgery.

**NPSG.07.06.01** Use proven guidelines to prevent infections of the urinary tract that are caused by catheters (CAUTI).

---

**Prevent Infection**

**NPSG.07.01.01** Use the hand cleaning guidelines from the Centers for Disease Control and Prevention (CDC) or World Health Organization (WHO). Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

---

Memorial Medical Center
Identify patient safety risks

NPSG.15.01.01 Find out which patients are most likely to attempt suicide.

Prevent mistakes in surgery

UP.01.01.01 Make sure the correct surgery is done on the correct patient and at the correct place on the patient’s body.

UP.01.02.01 Mark the correct place on the patient’s body where the surgery is to be done.

UP.01.03.01 Pause (time out) before the surgery to make sure that a mistake is not being made.
Patient Safety Arm Bands

✦ Yellow Bracelet
  • Remind them to ask for assistance when getting up
  • Consider dosing when initiating medications

✦ Allergy Alert - RED

Allergy Alert  Allergy Alert  Allergy Alert
Patient Safety Arm Bands

- DNR code status – Purple
  - DNR
  - DNR
  - DNR

- Limb Alert – Pink Sleeve on extremities
  - Limb Alert
  - Limb Alert
  - Limb Alert
Patient Outcomes

Core Measures
Track a variety of evidence-based, scientifically-researched standards of care which have been shown to result in improved clinical outcomes for patients.

CMS (the Center for Medicare & Medicaid Services) established the Core Measures in 2000 and began publicly reporting data relating to the Core Measures in 2003.

Value Based Purchasing
A method by which CMS reimburses hospitals based on how they score on three sets of measures: including how often the hospital adheres to the clinical guidelines, patient experience/satisfaction measures; and mortality rates among Medicare patients admitted for heart attack, heart failure or pneumonia.
Core Measures

AMI – acute myocardial infarction
CAC – childhood asthma care
STK – Stroke
IMM – Influenza immunizations
VTE – venous thromboembolism prophylaxis

• Emergency Department Performance Measures for Inpatients
• Emergency Department Performance Measures for Outpatients
• Outpatient Acute Myocardial infarction
• Outpatient Pain Management
• Outpatient Stroke
• Outpatient Endoscopy Polyp Surveillance

When you are onsite, MMC Nurses or a Core Measures Coordinator can further answer specific questions (575-521-5346)
Medication Reconciliation

- A list of Home Medications are collected and updated on every Emergency Room, Outpatient, and Inpatient visit
  - Medication techs are available in the emergency department verifying home medication list
- In-house EMR systems functionality allows home medications to be ‘converted’ for in-house use to continue medication regime
- At Discharge: Home and active In-house medications are listed side by side to compare for home use
- Access to Medication Education
  - Pharmacist available for discharge medication review and patient education consults
Discharge Planning Evaluation

At Anytime During a Patient’s Hospitalization the following individuals have the right to request a discharge planning evaluation

- The Patient
- The Patient’s Family and Other Interested Parties
- The Provider
- Nursing or Other Hospital Staff
When Patient or Family Dissatisfaction Occurs

Mandatory Complaint Resolution Process

Patient or Family expresses a concern or complaint. This includes any mention of abuse, neglect or injury of unknown origin (ICU)

Respond Immediately

Is it within your control to correct?

Resolve the complaint to the patient/family satisfaction. Document patient/family statements regarding their complaint as accurately as possible. Include your attempts at resolution.

Successful?

Apologize for their experience; thank them for bringing it to our attention and pass on a simple summary and any complaints in your handoff reports!

If complaint involves allegation of abuse, neglect or ICU, the Director will ask you to contribute details to include in the reporting process which must be completed within 24 business hours. You will receive specific guidance on what steps to take with the patient and family members. Please pass these directions on at handoff!

If complaint involves allegations of abuse, neglect or injury of unknown origin (ICU), the Director will ask you to contribute details to include in the reporting process which must be completed within 24 business hours. You will receive specific guidance on what steps to take with the patient and family members. Please pass these directions on at handoff!

Team Leader (or designee) should contact your Clinical Manager, Director, or ACO immediately available

Please remember to report any changes or new developments to your Team Leader or Director as they occur. ALWAYS pass on any complaints to your TEAM!

THANK YOU FOR HELPING TO MAKE MMC THE PLACE PATIENTS WANT TO COME, PHYSICIANS WANT TO PRACTICE AND TEAM MEMBERS WANT TO WORK!
If you have a Patient Safety concern:

- We encourage employees and providers to speak first with a department supervisor.
- However, any employee who has concerns about the safety or quality of care provided in the hospital may report these concerns to the Joint Commission by following the process below:
  - Patient related occurrence report is to be completed regarding the concern/issue.
- Organization has the opportunity to respond.
  - Follow chain of command.
  - If the individual does not see any action to address the issue, you can report it to the Joint Commission by dialing 1-800-994-6610

No disciplinary action will be taken for reporting to The Joint Commission
Section G: Finished

Thank You for taking the time to get to know us a little better. We are excited to work with you soon!