



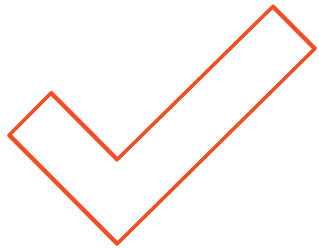
Major Patient Safety Trends and Findings

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Objectives



- 1 *How we did this?*
Learn about our methodology and data Sources
- 2 *Share top 10 findings*
High areas of vulnerabilities and key insights
- 3 *Deeper dive of patient impact findings*
- 4 *Learn about helpful resources*

How We Did This...

Methodology



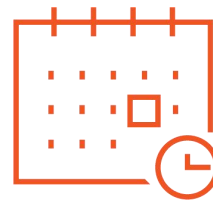
Organizations Type

- Hospitals and Academic Medical Centers



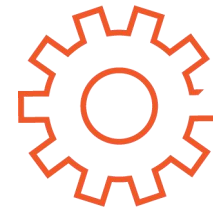
Data Sources

- JCI Accreditation Survey Findings



Data Collection Time

- January 2022 – December 2022



Risk Impact Analysis Tool

- JCI SAFER Matrix



Scope of Today's Discussion

- Top 10 Frequent Findings

JCI Hospital Standards



Patient-centered Standards

- International Patient Safety Goals (IPSG)
- Access to Care and Continuity of Care (ACC)
- Patient-Centered Care (PCC)
- Assessment of Patient (AOP)
- Care of Patient (COP)
- Medication Management and Use (MMU)
- Anesthesia and Surgical Care (ASC)



Organizational Management Standards

- Governance, Leadership and Direction (GLD)
- Quality and Patient Safety (QPS)
- Prevention and Control of Infection (PCI)
- Facility Management and Safety (FMS)
- Staff Qualification and Education (SQE)
- Management of Information (MOI)

Survey Findings and SAFER

- ✓ *Survey Analysis for Evaluating Risk (SAFER)*
- ✓ *A transformative approach for identifying and communicating the risk associated with the findings of an accreditation survey*
- ✓ *Provides a comprehensive visual representation of survey findings in a simple, easy to understand manner*
- ✓ *Helps organizations prioritize resources and focus corrective actions in areas based on a risk*

Top 10 Findings

Top 10 Frequently Scored Standards

Mgmt. of hazardous materials

Uniform use of approved symbols & abbreviations

Mgmt. of the reuse of single-use devices

Process to identify risk for suicide & self-harm

Program to provide a safe physical facility

Medications are properly and safely stored

Ongoing evaluation of Medical Staff Members

Resuscitation services available throughout

the time-out & sign-out for surgical procedures

Mgmt. the safe use of concentrated electrolytes

L-L: Low Limited; L-P: Low Pattern; L-W: Low Widespread

M-L: Moderate Limited, M-P: Moderate Pattern, M-W: Moderate Widespread

H-L: High Limited, H-P: High Pattern, H-W: High Widespread

Deeper Dive of High-Risk Findings

Findings Directly Impacting Patients' Safety

3 out of the top 10 findings pose direct and immediate risk to patients, while others result in other safety risks

*Process to identify
risk for suicide &
self-harm*

*Management of the safe
use of concentrated
electrolytes*

*Medications are properly
and safely stored*

Risk of Suicide or Self-Harm

143 (2.6%) of findings identified a patients' risk of suicide or self-harm
95+% of these pose moderate to high risk for patient harm

Clinical staff are trained to recognize and respond to changes in a patient's condition



In the ER, patients used a **single bathroom in which ligature risks** had not been mitigated, resulting in a patient at risk for suicide to use this bathroom unattended.



Patients screened for a high risk of suicide **were left without 1:1 monitoring by a trained staff**, while waiting for transfer to another facility. These patients were monitored by either family members or staff engaged with other patient care activities.



High risk of suicide or self-harm patients were held in ER while waiting to be transferred to another facility. However, **there was no risk assessment of the physical environment** that could be used in a suicide or self-harm attempts. (Ex. Patient rooms, patient bathrooms, and other areas should be included in the assessment).

Concentrated Electrolytes Finding Insights

91 (1.7%) of findings were associated with the risk of concentrated electrolytes

5+% of these pose moderate to high risk for patient harm

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



Concentrated electrolytes **were not segregated from other ordinary medications**. For example, concentrated electrolytes were kept along with the other high-risk medications in the pharmacy, clinical areas and crash carts.



Concentrated electrolytes were labeled as high-alert medications; however, they **did not have any label to indicate “dilute before administration.”**



The hospital had developed standard protocols for replacement therapy for concentrated electrolytes; however, **the protocols lacked specific information on the clinical indications** for intravenous versus oral replacement, information on amount and type of appropriate diluents, and equipment (such as smart pumps) required for administration.

Medication Management Finding Insights

122 (2.2%) of findings were associated with the risk of safe prescribing, medication orders

50+% of these pose moderate to high risk for patient harm

Medications are properly and safely stored



Narcotic drug registers are being corrected using “white out” and extensive strikeout marks on stock numbers **making it difficult to assess the accuracy of controlled substance stock levels.**



Lack of established process to monitor the temperature and humidity of medications stored at the patient bed side.



The temperature and humidity records of the medication or clean utility rooms showed humidity levels exceeding the upper limits. **No actions were documented**, and the humidity remained high on consecutive days. The desired ranges for temperature and humidity are not available on the log sheet, resulting in inconsistent answers from staff.

Key Resources

JCI Standards Interpretation Resources

For more information, please visit:
www.jointcommissioninternational.org/standards

- ✓ Standard Interpretation FAQ's and Answers are available on the JCI website
- ✓ For additional questions, you can submit your standards interpretation question on the JCI website
- ✓ Educational resources and expert guidance is also available



www.jointcommissioninternational.org

Thank You

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