The Patient Safety Issue

Accreditation and patient safety

Patient safety is the heart of accreditation. AAAHC enumerates policies and procedures to be established and Standards to be met, and all of these — including those related to how a health care organization is governed and administered — are intended to standardize processes to deliver care. This is the definition of care management. AAAHC believes that excellence in care management results in greater patient safety.

Unfortunately, we can only measure safety errors, not safety itself, and so we advocate, through the Standards, for good care management as a means to promote patient safety and minimize errors.

Safety errors: Learning from other industries
As specialized as health care is, there are tools and systems used in other industries to avoid error that have been successfully adapted for health care settings.

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There's an app for that?
Is there something relating to accreditation that you wish you could access through a mobile app? Let us know by e-mailing afitzsimmons@aaahc.org and we'll send you the AAAHC t-shirt as a thank you. Don't forget to include your name and mailing address.

AAAHC on the road
If you're attending any of these upcoming conferences, please stop by our exhibit booth and say hello.

AACS Scientific Sessions
January 16-19
Las Vegas, NV

AADGP
February 6-9
New Orleans, LA

Military Health Systems Conference
February 12-13
National Harbor, MD

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In manufacturing and retail, scanners have been put to many uses, including inventory control. In medicine, scanners can make the pre- and post-procedure counts of instruments and sponges faster and more reliable.

The automotive industry addressed seatbelt safety with the addition of beeping and flashing signals when seatbelts aren't buckled. In medicine, when IV infusion pumps have delivered the programmed volume, or there are obstructions or kinks in the tubing, the pump emits an audible warning. We can link this alert to the nurse's smart phone or nursing station call system. Similarly, IV tubings have connectors that will not fit with certain (high concentration) medication packaging, to prevent unintended direct administration.

In aviation, pilots and mechanics use checklists and testing systems prior to any plane leaving the gate. If a question arises, the plane doesn't move until there is clear information indicating that everything is okay. In medicine, a checklist can help ensure that a patient's allergy information is updated at each visit or that the surgical site is marked by the surgeon, with patient input, and that a time out occurs in the OR. The checklist and the time out, are care management processes that create clarity and minimize the potential for error.

**Seeing the value of a "near miss"**
The "near miss" is one of the most important teaching tools we have. Near misses occur much more frequently than actual "medical events," and they offer much happier opportunities for exploring contributing factors and potential safeguards.

Again, aviation's reporting system for a near miss or other event provides an effective model for health care. A pilot who is confused by a new runway layout reports it. Pilots are not penalized for admitting that they need more information, and so potential problems become clear very rapidly. In this case, known mechanisms such as reconfiguring, or using lighting and other warnings, can be put in place to prevent the actual event that a near miss forecasts. Reporting systems save lives.

In medicine, reporting systems have led to changing the packaging of high concentration IV solutions, so the solutions could not be directly connected to IV drips.
Evolving a culture of communication

For a reporting system to work effectively, a culture of open communication is critical. Such a culture can only be sustained with a non-punitive approach to addressing errors. When an organization looks to lay blame for near misses, they are much less likely to surface and hidden errors undermine good care management and patient safety.

AAAHC surveys are intended to be consultative and educational in nature to promote a culture of communication, learning, and quality. Ambulatory health care organizations that seek accreditation are those most open to questioning and evaluating their practices, thereby improving safety for the patients they serve.

Partnering with patients for safety

The 2013 editions of the AAAHC Accreditation Handbooks (releasing on March 1), include substantially revised and reorganized Standards. The first of these promotes patient safety in what may be a surprising way. Chapter 1, formerly "Rights of Patients," is now called "Patient Rights and Responsibilities"; a reflection of the partnership required to achieve the best possible care management.

Safety is enhanced when patients share responsibility for their health and wellness by actively participating in selecting the services that meet their individual needs and preferences. This may be most easily observed in primary care settings and especially in Medical Home practices where the emphasis is on continuous over episodic care. But even in an ASC setting, patient participation promotes safety.

For example, providers should obtain and maintain a complete and accurate medication and allergy list for each patient. The list should be comprehensive, including all prescription and over-the-counter drugs, any herbs, vitamins, minerals, dietary supplements and illicit drug use, as well as any allergies to medications, foods, and other items. Having this list available with known allergies and sensitivities prominently identified means medication errors are much less likely to occur. Maintaining this list involves updating the information on every visit and involving the patient in the process whenever
If you have questions or comments, please contact Angela FitzSimmons at afitzsimmons@aaahc.org.

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