

# triangle times

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## Add value to your quality improvement efforts

**B**enchmarking studies can be a valuable tool for improving the quality of care provided at your facility. There are many opportunities to successfully use findings from a benchmarking study to develop a quality improvement study that leads to improved outcomes.

### HOW CAN BENCHMARKING BE USED?

The first step is to determine the purpose of benchmarking. The overarching goal is to encourage continuous quality improvement (CQI) through comparison of performance with peers (similar providers/facilities with a similar case mix). Through benchmarking, health care providers can:

- Compare themselves to their own performance over time (internal

benchmarking) or their facility to their peer facilities (external benchmarking)

- Discover what is possible internally or externally in the industry
- Learn and share best practices
- Use the results to design QI studies



Internal benchmarking is a natural outgrowth of the peer review process. In fact, AAAHC Standard 2.III.D now requires that data collected during the peer review process be used to establish internal benchmarks. Internal benchmarking can lead to exchanging best practices among colleagues within a facility or examining performance over time to ensure performance is maintained.

External benchmarking is an evaluation tool that gathers performance data to determine where a health care facility stands relative to its peers. External benchmarking allows a facility to go beyond its walls to see what is possible in terms of delivering optimal patient care. In doing so, one can identify

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### AAAHC Institute releases annual review of survey results

**T**he AAAHC *Quality Roadmap 2018*, released in October, analyzes more than 900 surveys conducted under 2017 Standards. The report identifies areas for improvement and contains extended discussions of high

compliance and high deficiencies based on specific settings. This year's report includes graphs, comparative analysis, hints for compliance, surveyor findings, and a glossary.

The report functions as a tool for driving quality improvement in medical facilities, covering a range of topics, such as credentialing and privileging, patient safety/safe injection practices, and documentation.

A few key takeaways of the 2018 report:

- Overall, organizations demonstrated improvement in conducting QI studies and documenting of allergies and untoward drug reactions in the patient's clinical record.
- AAAHC-accredited organizations demonstrated high compliance with several Standards and have shown improvement in key areas compared with last year's findings.

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## Add value to your quality improvement efforts

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opportunities for improvement and design interventions to offer higher-quality care and be more competitive in the marketplace. Benchmarking provides facilities with the tools to conduct a QI study, combat persistent performance issues, and guide the development of new policies and practices.

### WHEN IS THE BEST TIME TO BENCHMARK?

Benchmarking offers a variety of benefits — most of which can be fully realized when the measurements are timed to yield meaningful action.

- 1) Benchmarking is valuable when health care decision makers provide feedback and training to colleagues or when a facility is struggling to meet a performance goal.

Benchmarking can identify best practices of top performers for a specific performance measure (e.g., performing medication reconciliation at every patient visit). After analyzing the data, decision makers can identify proven techniques and processes of top performers and share them with underperformers.

When a facility compares its processes with others, it may discover opportunities to incorporate more effective practices and increase efficiency and, potentially, patient/caregiver satisfaction. Reviewing processes of top performers equips other facilities with a foundation for developing a QI study.

- 2) Another good time to launch a benchmarking initiative is when a facility or colleagues within a medical center begin to show signs of complacency about their performance. Most providers don't really know how they compare to their peers until their performance has been measured against that of peers.

For example, peer review (internal benchmarking) can find that some anesthesia providers used by a facility

routinely have longer recovery times (procedure finish to patient medically ready for discharge) than others. Assuming these providers see the same case mix, the findings can spur a QI study to set goals, as well as examine and compare methods between providers within the facility. This may reveal that some providers are better at titrating anesthesia for early patient recovery. The QI intervention could include pairing providers with faster recovery times with those with slower recovery times to demonstrate the optimal titration methods.

- 3) When a health care facility has identified a problem and needs to set realistic, measurable goals for a QI study, results from a benchmarking study are an excellent resource.

Gathering peer performance measures and best practices provides facilities with insights into the performance level that is achievable in their field. After setting goals based on best performers' achievements, facilities can continually identify opportunities to improve from information shared by best performers. Benchmarking can "jumpstart" learning best practices and accelerate quality improvement success.

One of the AAAHC Institute's Innovations in Quality Improvement Award-winning facilities was experiencing a high level of broken endoscopes and wanted to know whether other facilities were having similar issues with their endoscopes, or if this was only an issue with its endoscopes.

In this example, benchmarking showed that other facilities did not have as high levels of broken endoscopes because they developed processes for rotating the use of endoscopes and had invited manufacturers' representatives to do in-service presentations regarding special handling. Learning these best practices assisted the facility in designing a QI study with specific goals set by the other facilities' benchmarks and improvement

interventions focused on scope rotation and in-service presentations on scope handling. The benchmarking findings were used to set achievable measurable goals. Best performance of peers was set as the improvement goal, and corrective actions were established using peer best practices.

### WHAT ELSE IS THERE TO CONSIDER WHEN BENCHMARKING?

Both leadership and staff at an organization must be committed to benchmarking in order to obtain the buy-in and resources necessary to be successful.

Be sure to consider the costs and logistics before launching into benchmarking activities. The following functions are key:

- Find and recruit peers (for external benchmarking)
- Identify what exactly to measure - what is the issue to be addressed?
- Analyze the data and report the results
- Use best performer practices to help underperformers
- Maintain confidentiality of providers and patients involved

If a health care facility does not have the means to accomplish these tasks alone, AAAHC can help. The AAAHC Institute offers benchmarking studies that run January-June and July-December. Organizations need only 15-25 routine cases (or 25-50 injections) over a 6-month period. At the conclusion of each study, the Institute will analyze the results and send a comprehensive report. For details about study topics and registration, please visit <http://www.aaahc.org/institute/benchmarking/>

Embarking on a benchmarking activity involves planning and implementation of resources. Therefore, make sure your benchmarking activities are meaningful to ensure you get the most out of the experience and its results— and ultimately achieve quality improvement. ▲

## AAAHC Institute releases annual review of survey results

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### Non-Medicare Deemed Status

- Timely consultation and referral for patients
- Verification that patients understand how to use newly-issued medical devices
- Agreements with another provider group or nearby hospital for patient transfer in the case of emergency

### Medicare Deemed Status

- Timely patient transfer information
- Investigation of all patient grievances
- Use of performance measures to improve outcomes

Organizations may compare these findings with their previous onsite survey reports and annual self-assessments, producing actionable data to drive decision making on QI studies and other corrective measures.

A complimentary copy of the AAAHC *Quality Roadmap 2018* is included with this issue of *Triangle Times*. Please take the opportunity to review the findings and explore AAAHC's full suite of educational and quality improvement resources. AAAHC is committed to strengthening patient care in compliance with our best practice Standards—not just on the day of the survey but throughout the accreditation term. ▲

## Institute updates

### PATIENT SAFETY TOOLKITS

Medication errors are a top concern in both inpatient and outpatient settings – where medication lists can quickly become inaccurate when patients are referred or transitioned to other providers or specialists. These errors can occur during routine exams, admissions or post-discharge, emphasizing the importance of implementing a consistent medication reconciliation protocol. A key strategy in avoiding these errors is making a list of medications a patient is currently using and comparing it to a “single source” document, also known as medication reconciliation.

To address this critical issue, the AAAHC Institute has released a new toolkit, *Medication Reconciliation*, for use in ambulatory and primary care settings. The toolkit provides evidence-based recommendations on how to prevent medication errors, taking into account obstacles, such as a patient's age and health literacy, as well as language barriers or hearing/visual impairments.

Surveyor findings, reported in the *AAAHC Quality Roadmap 2018*, identify the following medication reconciliation-related issues:

- No resumption of medications in patient instructions or on the reconciliation form
- No discharge instructions regarding the dose and schedule of the discharge medication
- No newly prescribed medications included
- No form provided to the patient upon discharge
- No documentation or documentation was inconsistent with patient discharge instructions
- No discontinuation of medications recorded and/or included in patient instructions

The toolkit contains an overview of current research, sample patient forms, and selected resources for further exploration. Also included are sample medication reconciliation forms for primary care and ambulatory surgical/procedural providers to use or modify to meet specific needs.

In addition to the *Medication Reconciliation* toolkit, the AAAHC Institute is offering the topic as a new benchmarking study starting in January 2019. See page 4 for more details and the registration link.

Along with medication reconciliation, the Institute released a revised *Emergency Drills* toolkit and developed a webinar on the topic. The webinar, like the toolkit, is designed to offer evidence-based recommendations for designing, implementing, and evaluating emergency drills to help

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## Training and Education

### Achieving Accreditation

**November 30-December 1**

*Achieving Accreditation*, Las Vegas

For more details on this program, please visit <http://www.aaahc.org/achieve>

**March 15-16, 2019**

*Achieving Accreditation*, Tampa  
(registration opens December 2018)

### Recorded webinars

- Credentialing and Privileging
  - Emergency Drills
- Patient Safety: Patient Selection, Emergency Equipment, and Emergency Preparedness
- Peer Review and Internal Benchmarking
- Safe Injection Practices
- 2018 Standards Part I of II: Core Chapters for Non-Medicare surveys
- 2018 Standards Part II of II: Adjunct Chapters for Non-Medicare surveys

For more information and to register/purchase webinars, please visit <http://www.aaahc.org/education/webinars/>

## Institute updates

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organizations strengthen their preparedness strategies and comply with AAAHC Standards.

Many different types of emergencies can occur in a health care setting — and facilities need to be prepared to handle all of them. Whether the emergency is related to medical demands, inclement weather, or security threats, organizations should create a crisis plan and practice key strategies before an actual disaster hits. The webinar, presented by Kris Kilgore, AAAHC surveyor, RN, BSN, member of the AAAHC Institute Advisory Committee and administrative director of Grand Rapids Ophthalmology Surgical Care Center, covers key elements of creating and testing emergency drills, from inception to testing and evaluation, such as assessing the current internal and disaster preparedness plan to evaluate the practice drill.

To register for the recorded webinar, please visit [www.aaahc.org](http://www.aaahc.org) and select “2018 webinar offerings” under “I Want To.”

To order copies of the *Medication Reconciliation* and revised *Emergency Drills* toolkits and to review our complete line of patient safety toolkits, please visit <http://www.aaahc.org/institute/patient-safety-toolkits/1/>

## JANUARY-JUNE BENCHMARKING STUDIES

Registration is open for 2019 AAAHC Institute benchmarking studies. Here's how it works:

- AAAHC Institute supplies organizations with study materials, a confidential ID number to protect data, and easy to follow instructions.
- Organizations complete forms for a minimum of 15 uncomplicated, complete, unique cases without adverse drug reactions for surgical/procedural studies or 25 injections for the Safe Injection Practices study.
- The Institute cleans and analyzes the data and provides a detailed report comparing results by organizational setting.

Current study topics:

- Colonoscopy
- Knee Arthroscopy
- **NEW!** Medication Reconciliation
- Pain Management - Low Back Injections
- Safe Injection Practices
- Yag Laser Posterior Capsulotomy

For more details and to register, visit <http://www.aaahc.org/institute/benchmarking/> ▲

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## 2018 Achieving Accreditation

An immersive seminar designed to help you strengthen your tools, assemble your resources, and get more from accreditation.

**Nov 30–Dec 1**  
Las Vegas

Register online at [aaahc.org/achieve](http://aaahc.org/achieve)

**Strengthen your care.™**

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### Patient Safety Toolkit: Medication Reconciliation

**Importance**

Medication reconciliation, which involves making the most accurate list of medications a patient is currently using and comparing it with existing lists, is one of the keys to avoiding adverse drug events.<sup>1,2</sup> Please note: medications, as referred to here, include prescription as well as non-prescription drugs or supplements (e.g., homeopathic medications, herbal products, over-the-counter drugs).

Recent data indicate medication error is rampant with adverse drug events accounting for 3.5 million physician office and 1 million emergency room visits per year. Across all health care settings, more than 7 million patients are affected by preventable medication errors with an associated cost of almost \$21 billion each year.<sup>3,4</sup> Inadequate medication monitoring for adverse events or nonadherence with prescriptions is a substantial contributor to preventable readmissions.<sup>5</sup> Research has found high levels of errors (one-third or more) in medication lists on admission to hospitals.<sup>6</sup> There is also a higher risk for unintentional discontinuation of chronic medications following discharge from the hospital.<sup>4</sup>

Medication reconciliation is a key patient safety issue for several reasons, including but not limited to:

1. New medications
2. Discontinued medications
3. Medications without stop date/duration of therapy which were initiated in an acute care setting
4. Nonadherence with prescribed medications (i.e., not taking medication as prescribed)
5. Patient use of nonprescription medications
6. Medication discontinuation or continuation in preparation for procedure or taken post procedure
7. Medication duplication
8. Medication interaction

By fostering communication between providers and patients, the process of medication reconciliation may result in improved coordination of care, increased patient engagement/satisfaction, and increased overall quality of care.

Certain patient risk factors (e.g., age, language barriers, hearing and visual impairment, cultural issues) are associated with medication discrepancies and the need for vigilance in medication reconciliation. These risk factors are well documented particularly among elderly patients<sup>7,8,9</sup> and those with polypharmacy.<sup>1,10,11</sup> Health literacy and cognitive impairment have also been found to be risks.<sup>12</sup>

Many thanks to the Institute for Safe Medication Practices (ISMP) and Jane Bernwardt, PhD, RN, FAAN, National Director of Nursing at University of Pennsylvania, for their generous research and/or American Journal of Nursing for the name of this toolkit.

This toolkit is designed to meet the needs of medical, acute, and ambulatory medication reconciliation. The information provided in the publication should not be used as a substitute for any specific legal, regulatory, or clinical requirements in your jurisdiction. The information is provided for informational purposes only. By purchasing using this toolkit, there is no guarantee of compliance with any AAAHC standards or practices of accreditation. Additional copies for personal or internal use are purchased from [www.aaahc.org/institute](http://www.aaahc.org/institute).

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