

Naval Hospital Naples Quality Management Department NEWSLETTER- SURVEY SPECIAL EDITION

Volume 9

April 2004

Welcome to the 9th Naval Hospital Naples Quality Management Newsletter. **This special edition provides key information on our upcoming MEDIG. JCAHO MEDOSH survey**

Upcoming Dates:

MEDIG/MEDOSH SURVEY: 22-27 APRIL (THUR, FRI, MON AND TUES)

JCAHO SURVEY: 26 AND 26 APRIL (MON AND TUES)

****JCAHO Training and review of the agenda Wed, 14 April at 1400 and Thurs, 15 April at 1500 in the galley. Any interested staff can attend one of these training sessions. These will be the last training session before the survey.**

The 1st Quarter 04 Captains Cup Award goes to the ENT Clinic Bravo Zulu!!!

Congratulations to the entire ENT clinic staff for their teamwork and dedication! Recognizing each staff for excellent customer service is good, but recognizing the department as a whole for excellence in customer service is even better.

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MEDIG

MEDIG: The Medical Inspector General team consists of physician, administrators, enlisted and nursing surveyors. The MEDIG team periodically visits the Navy hospitals and branch clinics to assess areas including leadership, optimization, communication, and medical care provided to our beneficiaries. During their visit, the MEDIG team will be hosting several external customer focus groups. During these sessions they will ask our external customers about the quality of medical care they have received from the hospital, access to care and overall satisfaction.

MEDIG will also have internal focus groups in which they will be meeting with several different groups of staff assigned to our hospital. The MEDIG will also be meeting with process owners to assess areas such as operational support and activities, community relations, family centered care, patient satisfaction, Tricare, Strategic Planning, PHA, Business Planning, Provider Productivity, Health Information, staff development, and consult tracking.

MEDIG Command Performance Assessment includes:

1. Readiness
2. Family Centered Care
3. Open Access/Advanced Clinical Access
4. Patient Safety
5. Provider Productivity

MEDOSH

The MEDOSH team consists of a multidisciplinary group that will be assessing safety, industrial hygiene, and occupational health. Specifically, the team will be looking at areas such as OSHA policies, training on blood borne pathogens, TB and Blood Borne Pathogen exposure plans.



Survey Success Tips for your department:

1. Welcome the surveyors to your department.
2. Introduce yourself and explain your role and professional field.
3. Introduce members of your multidisciplinary team.
4. Provide the surveyors with a brief-less than 5 minute overview of your department, mission, types of patients etc.
6. Offer to take the surveyors on a tour of your area.
7. Tell the surveyors about your Performance Improvement activities. We had over 40 posters in the PI Fair. Get your posters out and show them off.
8. Be prepared to talk about your PI data, patient satisfaction data-what it tells you, are there areas for improvement.
9. Have ready in case they ask your PI data, Patient Perception of Care data (MSU only), staffing effectiveness data, departmental SOP, training records, copy of your departmental orientation plan, competency check lists.
10. If you do not know the answer to a question, please tell the surveyors that you don't know, but will find out and get back with them, then follow-up once you have found the answer.

We are scheduled to have 3 JCAHO surveyors come to the hospital on Monday 26 April and Tuesday, 27 April. The main hospital will be surveyed by a physician, Dr. Al-Hussaini and a nurse, Ms. Rose Stanfield. Additionally, our branch medical clinic LaMaddalena will be surveyed by an administrative surveyor, McLain Garrett.

The JCAHO surveyors are assessing us under the new Shared Visions New Pathways using the tracer methodology. They will tracing our inpatients and outpatients during their 2-day visit.

Using the new tracer methodology JCAHO has identified 4 Priority Focus Areas: These are

1. Information Management
2. Communication
3. Quality Improvement (command and departmental)
4. Staffing

Additionally, patient safety is area of concentration for both the MEDIG and JCAHO.

Command Profile

In preparation for the upcoming survey we have updated our command profile. This document provides a review of who we serve, services offered, relationships with local commands and the community, and strategic challenges. The updated command profile is located in the "p" drive under JCAHO 2004. Take a minute to review this informative document.

A LITTLE MORE ABOUT THE SURVEY AGENDA

There are 2 separate survey agendas. The first is the **MEDIG agenda**. This agenda is several pages long. The second is the **JCAHO agenda** which is only 1 page. Accompanying the survey agendas there is a master **participation list**. This includes the list of **staff** that will be participating in the various activities including the focused groups for the MEDIG as well as the JCAHO conferences. JCAHO has fewer formalized conferences under shared visions new pathways. Their focus will be on asking the frontline staff questions about processes and care provided to the patients as they trace patients through our system.

The final agendas (MEDIG and JCAHO) and participants list will be sent out by the **Commanding Officer**.

Additionally, these documents will be posted on the "p" drive in the folder titled **JCAHO 2004**.

If there are any problems with the staff selected to participate in a session, please contact your respective Director.

Our Survey Logistics Team

The following staff members are on the survey logistics team. If you have a question about the survey, please contact them.

JCAHO Escorts:

LCDR Schweitzer
LT Tartaglia
HM1 Richardson

MEDIG Escorts:

LTJG Hervey
HM1 A. Dooney
HM1 Joseph

MEDOSH

LT Bealer

Drivers:

HM1 Carabay
HM2 Zhunepluas

Administrative Assistance:

Pina Miroto
Diane Hodrick

Medical Records:

LT Martin
Louisa Pilgrim

MIS:

HM1 Boening

Thanks in advance to the entire staff for your assistance in making our upcoming accreditation survey a success!

OUR SURVEY TEAMS

JCAHO SURVEYORS

Dr. Muayad Al-Hussaini
Rose Stanfield
McLain Garrett

**Bios for our JCAHO surveyors
available on the "p" drive under
JCAHO 2004**

MEDOSH

Terry Connolly
Lori O'Berry
Ray Holland

MEDIG TEAM

RADM Hart
CAPT Sollock (Naples Team Leader)
CAPT Zuckerman
CAPT Hutto
CAPT Sollock
CDR Riegle
CDR Ryan
CDR Dorn
LCDR Masannat
HMCM (SS) Dennis
Mr. Teresa Howard
Fiscal Augmentee-TBD
Logistic Augmentee-TBD

PERFORMANCE IMPROVEMENT and OUTCOMES DATA

Outcomes data: The PI standards emphasize outcomes data.

PI.1.10 The organization collects data to monitor its performance.

PI.2.10 Data are systematically aggregated and analyzed.

PI.2.20 Undesirable patterns or trends in performance are analyzed.

PI.3.10 Information from data analysis is used to make changes that improve performance and patient safety and reduce the risk of sentinel events.

As an FYI, Naval Hospital Naples collects and makes decisions based on our data. Below is a list of areas that we collect data on a regular basis. This data typically is reported through the governing committees to the ESC. Additionally, updates are provided to the staff through various forums such as the Healthcare Relations update via email, newsletters and committee minutes.

Some of the data that we track and trend includes:

- *Fiscal and Financial data
- *Patient Safety/ Risk Management data
- *Healthcare Relations/Patient Satisfaction
- *Medical Record Review data/UM data
- *Invasive Procedures/Blood Utilization Data
- *Infection Control Data
- *Data Quality Management Data
- *Equal Opportunity Data
- *Medical Readiness Data
- *Access to Care
- *Tricare Europe Optimization Data
- *ORYX data
- *MedMarx data
- *Workload Productivity Data
- *Collections Data

Our Patient Safety Program

Naval Hospital Naples has implemented several activities to keep us survey ready. As a refresher, take a few minutes to review key information on the Patient Safety Program.

Patient Safety is a top priority for the command. Some of our patient safety activities to share with the surveyors include information on the Patient Safety Stand-Down's, 2004 Patient Safety Goal implementation, command orientation on Patient Safety, patient safety activities in your departments, implementation of the hand gels, needle less system, and MedTeam training to enhance our communication.

Recently several DoD facilities have gone through the MEDIG, JCAHO survey. These commands have struggled with demonstrating compliance with the Patient Safety Goals. NHN has put forth a tremendous amount of effort to get the word out about the patient safety goals and what we do to meet these requirements.

The 2004 Patient Safety Goal instruction along with a 1-page summary of this instruction is located in the JCAHO 2004 folder on the "P" drive. **Departmental leaders are encouraged to review this information in detail with your frontline staff.**

Teamwork divides the task and doubles the success.

Closing the Loop on our Risk Management/Patient Safety Data

PIV's can be reported via the paper form or online on the command web page. Go to the MIS trouble ticket and look one notch below and you will see the new online PIV report. Fill this report out and hit send and it will automatically be sent to the risk management department.

A reminder that we want to encourage **NEAR MISS** reporting. **NEAR MISS** is defined as not reaching the patient. Please encourage staff to report near misses.

Staff that report a near miss in the months of April and May can come down to the Quality Management office to receive a prize.

1. As part of the Patient Safety Initiative with the move to the new hospital staff were guided on management of **Look Alike, Sound Alike Medications**. As you re-arrange items in your medication stock in the pharmacy, ward, or PYXIS, ensure that you avoid storing **Look Alike Sound Alike Meds** close together. We recently found that the packaging for our 2 nebulizers, Alupent and Atrovent, have very similar containers and are difficult to identify when they are pulled out of their wrappers. Please keep these in the wrappers in order to facilitate clear identification of the nebulizers. We have not had an error with this, however one of our depts. pulled the nebulizers out of the package to facilitate storage and this resulted in a near miss. Pharmacy will be placing a **fluorescent** color label on the albuterol bullets prior to placing them in the PYXIS.

2. **Beyond Blame**: A reminder that we have moved **Beyond Blame** with our risk management program. The majority of medical errors relate to systems issues. Therefore, please refrain from blaming staff or other depts when you report an error. You do not need to include names, just title such as PM shift nurse on MSU etc. Also, PIVs are a way to identify problems, these are not a substitute for communication between departments. Please take a proactive approach and communicate together to problem solve.

3. **FMEA**: Our FMEA team led by Dr. M. Gasper are looking proactively at our pediatric medication processes. If any staff member would like to provide input please contact Dr. Gasper or Ms. Spinks.

Were you listed as a POC on the MEDIG agenda?

If you noticed on the MEDIG agenda that you were listed as the POC, you might be wondering what your role is as the POC. Basically, the POC is to assist in getting all of the participants settled in the room so the MEDIG can start the session. You do not need to take attendance, just aid in getting everyone in their seats. We would like to ask that the POC go to the designated rooms a few minutes early to ensure that the seats are organized in a fashion conducive to conversation and sharing of information. Thank you for your assistance!

An Update on the MedTeam Management Training Program

MedTeam Management training is based on the principles of aviation crew teamwork and focuses on communication, workload, and team training to enhance safety in stressful environments such as the healthcare field.

Naval Hospital Naples initiated a campaign to launch MedTeams throughout the entire command. This initiative started in April 2003. So far we have achieved the following:

1. Entire DSS has attended the 8-hour MedTeams course.
2. 30 staff have attended the MedTeams instructor course and 90 staff attended the MedTeam course in Oct 2003.
3. Over 300 staff have had 2 hours of MedTeam training during the Patient Safety Stand-Down's held in May 2003 and January 2004.
4. The ESC and Dept Heads have attended the 4 hour MedTeam training.
5. Next month, BMC Capo is scheduled to have a 4 hour MedTeam course.

For questions regarding the MedTeam training contact LTJG Hervey.

AN UPDATE ON OUR FY-04 STRATEGIC PLAN

Goal: Maximize Readiness

Objectives:

- (1) Command can effectively respond to disasters
- (2) All active duty and other deployable personnel are medically ready.

Goal Champion: CAPT White

The team is led by LT Gay . A few of their many accomplishments include:

- (1) Completed a coordinated disaster drill with NSA, Security, & Fire in March 04.
- (2) Updated the command disaster plan.
- (3) Increased HEICS training by 25% for active duty staff.
- (4) Implemented anti-terrorism training.
- (5) Completed the Hazard, Vulnerability Analysis.

Goal: Enhance Quality of Service (quality of life and work)

Objectives:

- (1) Effective communication exists throughout the command.
- (2) Every member personally demonstrates pride in our command.

Goal Champions: CDR Wertz and CMDCM Clements

The team is led by LCDR Scott. A few of their many accomplishments include:

1. Solidified matrix and timeline.
2. Initiated development of a tool to measure staff preferences for communication modalities.
3. Completed an assessment of current communication methods.

Goal: Develop staff through continuous training and education.

Objectives:

- (1) All staff will demonstrate technical and military competencies related to their job.
- (2) All staff will be provided leadership development.

Goal Champion: CDR Brinsko

The team is led by CDR Pagenkopf. A few of their many accomplishments include:

1. Initiated development of a command training matrix.
2. Initiated processes to obtain access to Navy Knowledge Online for all military staff.
3. Redefining training petty officer job description.
4. Developing a structured training for 0000/8404 corpsman.

Goal: Employ sound business practices to drive command changes and improvements.

Objectives:

- (1) Dashboard metric system is used to monitor performance.
- (2) Decisions for managing population health are made from knowledge gleaned from accurate data.

Goal Champion: LCDR Janco

The team is led by LCDR Dyer . A few of their many accomplishments include:

1. Improved communication between patient admin, MIS and clinical staff regarding data issues such as coding, medical record availability, MEPEERS and business operations.
2. Implemented several strategies to improve medical record availability.
3. Initiated preparation for development of a command business plan.

Goal: Provide quality healthcare

Objectives:

- (1) Internal capabilities are strengthened.
- (2) External health system complements internal capabilities.

Goal Champions: CAPT Sloan and CAPT Kane

These objectives are led by several staff throughout the command and accomplishments for both internal and external include:

1. Wrote observation watch instruction.
2. Initiated delivery for uncomplicated twin pregnancies.
3. Completed training on laproscopic Nissen fundoplication.
4. Initiated process improvements relating to medical record availability.
5. Sent a physician to coding training.
6. Identified 2 physician liaisons to review medevac/PPN referrals.
7. Upgraded 2 positions in the Managed Care dept.
8. Commanding Officer and several staff physicians completed visits to major PPN facilities.
9. MIS initiated a PI project to consolidate several data bases in current use to improve outcome data tracking.
10. Hosted 1 visit from a PPN provider.

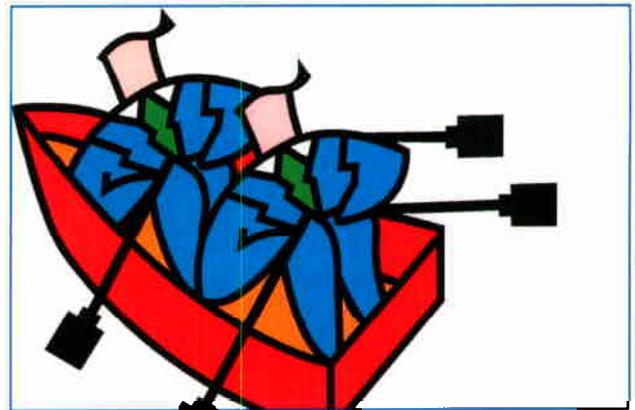
Refrigerators

If you have a refrigerator in your department that you use to store medications, blood, specimens please review the following.

1. Make sure that you have a method to track the temp of the refrigerator. Know what the high and low range is for the refrigerator. For instance the range for the temp for the immunization refrig is between 2-8 degrees Celsius.
2. Ensure that staff know what to do if the temp goes out of range. Do you throw away the blood, meds, do you notify someone. Please review this with your staff.
3. Ensure meds are labeled with date, initials when opened.
Multi-dose vials are good for 30 days once opened.
Immunizations are good until the date indicated by the manufacturer.

Were you wondering where you could find more information about the command Strategic Plan.

1. The Strategic Plan is available on the command website on the Quality Management page.
2. The ESC minutes are posted on the "p" drive under ESC. All staff are welcome to view this information and the ESC weekly updates.



"The nice thing about teamwork is that you always have others on your side." Margaret Carty

Needle Disposal Boxes

1. These should be mounted on the walls in your dept. Note that there is a specific height requirement for pediatric safety. Please contact Mr. McCarthy if you need guidance.
2. If you have the large boxes, ensure they are out of reach from children.
3. When the box is mounted, staff should include the date it was put up. The needle boxes should be taken down and disposed of as hazardous waste when they are $\frac{3}{4}$ full.
4. Take a minute and check the boxes in your departments.

Patient Bill of Rights

The Medical Ethics Review Committee has recently completed a thorough review of our Patient Bill of Rights. They will be distributing the updated Bill of Rights that has the Italian translation to your departments. Please ensure this is available to your patients.

Advance Directives

All inpatient are provided written information on advanced directives. Additionally, outpatients can receive information on advance directives from the patient administration dept.

What Does our Healthcare Relations Data Tell Us?

We obtain our healthcare relations data from 2 sources. First our local surveys which assess access to care, timeliness, interpersonal relationship, and patient satisfaction. Second we obtain data from the DoD surveys on telephone access and overall quality of care. Our data reveals that we consistently score very good and excellent on all elements.

Recently, Naval Hospital Naples was recognized for excellence in customer service at the Tricare Conference.

The ratio of We's to I's is the best indicator of the development of a team.

A Letter From a Customer:

This was the first time in my military career that I got proper attention and very competent treatment by your medical staff. Now as I am retiring after 38 years in service, I know about the status of my health and I was happy to have my last check up here at Naval Hospital Naples. Thanks and congratulations to your team.

LTC Seefeldt, GEAF



What do our patients expect:

1. That they can obtain an appointment with ease.
2. That we greet them when they walk into the clinics or department, asking, "how may we help you."
3. That providers introduce themselves and include them in planning their care.
4. That we respond in a timely fashion their telephone request.
5. That we report laboratory and radiology study results in a timely manner.
6. That we provide a thorough comprehensive consent before all procedures/surgeries.
7. That we strive for excellence in providing safe, quality healthcare to them & their families.