Jeanette Ives Erickson

Excellence Every Day

the underlying philosophy that guides our daily practice

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At a time when we're anticipating visits from the Massachusetts Department of Public Health (DPH), the Joint Commission, and the Magnet Hospital re-designation team, it is especially comforting to know that we work in an institution whose underlying philosophy is Excellence Every Day. I can't give enough credit to our Magnet and Excellence Every Day champions who worked so hard and communicated so effectively to create this culture of perpetual readiness. I remember Keith Perleberg, RN, director of the PCS Office of Quality & Safety, telling me that time and again champions would say to him, "Give us the information, and let us communicate it to our colleagues." We followed their lead, and we're a better, more quality-conscious hospital, for their efforts.

Not surprisingly, there's a great deal of 'cross-over' in the concerns of regulatory agencies. We're all focused on meeting the needs of patients and creating systems that support the highest level of quality and safety. So it makes sense that our efforts to achieve Excellence Every Day would combine the interests of *all* these agencies. In fact, in a survey conducted after our 2009 Joint Commission experience, staff specifically requested a handbook that would encompass the combined expectations of the major regulatory entities. Much of the work we're currently doing is designed to achieve a unified approach to perpetual readiness.

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For instance, one strategy in our Excellence Every Day readiness plan is the use of tracers on inpatient units and some outpatient and procedural areas. This is an outgrowth of the tracer methodology used by Joint Commission surveyors who select a medical record at random and use it as a kind of 'road map' to review the care and services received by a particular patient during a particular admission or visit to MGH. Led by our Office of Quality & Safety, Patient Care Services uses tracers to help unit-based staff become more comfortable talking about their practice and discussing aspects of patient care and the physical environment.

Similar to tracers used by the Joint Commission, PCS tracers are intended to provide an objective assessment of care and services based on a review of documentation and interviews with staff. Next month, representatives from the Office of Quality & Safety will begin incorporating questions from the mock Magnet survey as they conduct tracer interviews with staff. It's the perfect opportunity to integrate Magnet and Joint Commission standards.

continued on next page

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Keith reports that feedback from tracer interviews has been very positive—staff are developing greater ease at articulating their practice and speaking knowledgeably about everything from advance directives and medication-reconciliation to restraints, infection-control, and fire-safety.

And we're not the only ones who've noticed this synergy between the standards set forth by the Joint Commission and the American Nurses Credentialing Center (Magnet). Recently, the Joint Commission created its own Magnet Recognition Program 'Crosswalk,' explicitly showing the parallels between the two sets of standards.

Using the information in this Crosswalk, the PCS Office of Quality & Safety is updating its *Joint Commission: Guide to a Successful Survey* to reflect the shared elements between these two accrediting agencies. You may recall that the *Guide to a Successful Survey* provides examples of the kinds of questions staff can expect from surveyors—questions such as:

- How do you ensure that medications are secure in all locations?

  Answer: Ensure that medications not under the direct observation of a nurse are not left on counters but secured in closets, Omnicells, etc. This includes IV medications.

- Describe the kind of behavior that would warrant restraint for both behavioral and medical/surgical reasons.

  Answer: When a patient is at risk of injury to herself or acting in a way that would interfere with healing, for example, pulling out lines, restraints would be considered warranted for medical reasons.

  If a patient is putting himself or others at risk for injury, for example, engaging in violent or aggressive behaviors, restraints would be considered warranted for behavioral reasons.

- How do you know that a surgical procedure is being performed on the correct patient?

  Answer: Universal protocol. A hard-stop time-out is required to verify correct patient, correct procedure, correct site, and correct side. A site marking should be visible after the patient is prepped and draped.

Anyone who has worked at MGH long enough to have experienced both a Magnet and a Joint Commission survey can appreciate the overlapping interests. In keeping with this shift toward greater integration, the champion model that has served us so well will continue via the re-designed collaborative governance structure scheduled to roll out next month. Look for more about this in future issues of *Caring Headlines*.

All this discussion about Magnet and Joint Commission cross-over just reinforces our understanding that regardless of what agency we're talking about, we're *always* talking about Excellence Every Day.

In this Issue