

by Karen Swedersky

## Hot Buttons

JCAHO always has “Hot Buttons” that are targeted during site surveys. Organizations preparing for accreditation should pay particularly close attention to the following areas:

### Patient Rights and Confidentiality

Are patient rights posted in all waiting/public areas; do organizational practices consistently support those rights? Are all patients advised of these rights and provided with information regarding organizational resources? You may want to consider modifying your hospital's Patients' Right statement to more accurately reflect the occupational setting and the dynamics of work-injury treatment. You'll also want to be sure that all aspects of patient confidentiality are respected, including access to patient sign-in sheets, patient names, staff or physician conversations, reporting and release of results, and access to medical records.

### Medical Records

In addition to access and general security, you will want to have standards regarding forms and documentation for capturing of clinical data. You will also need policies regarding release and follow-up of results (particularly abnormal results), patient and employer access to records, and of course policies regarding storage and retention of records, especially for companies with OSHA 30-year post employment mandates.<sup>1</sup>

### Patient Education

JCAHO has really zeroed in on the need for patients to actively participate in their overall health and recovery. Be sure you are taking this standard seriously, even beyond patients with work-related injuries. And don't forget about your efforts to educate employers. While not as important in the eyes of JCAHO and certainly no substitute for patient education, employer education is another area where your current activities can support your compliance efforts.<sup>2</sup>

### Patient and Employer Satisfaction Benchmarking

This is another area that is increasingly being examined, particularly regarding how such information is pulled into the

organization's Process Improvement (PI) and resource planning efforts and staff and physician training.

### Staff and Physician Education

Checklists must document both orientation and yearly proficiency training. Job descriptions, essential job functions, and evaluations also must be current, documented, and available for review. JCAHO Leadership standards place particular emphasis on how organizational leadership ensures that staff and physician education requirements are met, and that adequate resources are provided to meet the organization's training needs.

### Processes for Verification of Physician Qualifications and Credentialing

Organizations have varied wildly in their processes for hiring physicians. After several headlines of non-degreed or unlicensed individuals posing as doctors, JCAHO is reviewing all standards and aspects of medical staff management very carefully.

### Process for the Control, Dispensing, and Administration of Medications and Samples

Medication errors, patient deaths, and drug interactions have been in the national headlines for the last year. Combined with the problems of substance abuse of nurses, physicians, and others with access to medications, JCAHO has stringent requirements in this area and a renewed focus on these standards.

### Maintenance of Equipment

Evidence of routine maintenance, safety inspections, and processes for training staff on all aspects of equipment use are the key considerations here, including identification of malfunctioning equipment and removing it from use. This area is often overlooked or taken for granted by programs, but is critically evaluated by JCAHO surveyors.<sup>3</sup>

### Management of the Environment of Care

Patient and staff safety has always been a priority for JCAHO. This is a broad subject covering seven areas: fire safety, hazards communication, emergency preparedness (including documented drills), overall safety, security, utilities interruption, and medical equipment. Evidence of a safe work environment and staff training and the ability to act in the event of any emergency are key to success with this standard, including the ability to identify, report, and mitigate workplace hazards, preventing harm to employees or visitors.

Many occupational programs that are freestanding—even those affiliated with a hospital—are extremely weak in this area, often limiting their focus to fire safety, with little preparation for other types of hazards and little to no education or preparation of staff for such situations. Most hospital policies will not apply to freestanding facilities because those physical facilities have different layouts and systems to support safety. For example, use of doors or walls that are “fire resistant” is common in the hospital, but extremely rare in commercial buildings. Also, calling Security is the usual course of action for most dangerous situations in the hospital, while the local police or 911 will be the primary source of assistance for off-site facilities.

### Age-Specific Assessments and Recognition and Reporting of Abuse

This is another area that can often be overlooked by occupational programs that frequently view such topics as falling within the realm of “primary” rather than “occupational” healthcare. The requirement here is that all physicians and staff have documented training and proficiency in conducting age-specific assessment and recognizing and reporting abuse. Since many patients seen within a typical occupational health practice do

not have health insurance or a family physician (current estimates range between one quarter and one third) and even those with adequate coverage haven't been to a physician in years, observation by the occupational health physician or staff may be the only opportunity this patient has for appropriate assessment, intervention, and education about life style choices, underlying health conditions or risky situations.

### Documentation of Quality Improvement Efforts

Referred to by a variety of terms over the years such as QA (Quality Assurance), CQI (Continuous Quality Improvement) and PI (Process Improvement), organizations have always been monitoring performance, setting goals for improvement, and monitoring progress towards those goals. Your staff should know what your past and current improvement efforts are, why those efforts were taken, what tools you use to measure performance, how you document and monitor progress, and what the staff's role is in improving performance.

### Policies and Procedures

Yours must be current. Staff must be trained on all policies and procedures, and know where to locate organizational information. You must also have documentation of routine review at least every three years.

## New Standards and Upcoming Hot Buttons

The JCAHO will not be scoring organizations on most of these in 2000 surveys, but will at some future point:

### Use of Guidelines and Measuring of Outcomes

JCAHO currently requires that in-patient conditions be measured by the ORNIX system. However, the movement by workers' comp carriers and state workers' comp boards to measure provider outcomes and establish approved treatment guidelines suggests that occupational providers would be wise to focus on this area regardless of their accreditation status and begin to provide "outcome reports" on their top workers' comp diagnosis codes.

Programs are also encouraged to measure their performance against the *Healthy People 2010 Focus Areas*. There are eleven objectives specific to Occupational Health and Safety. JCAHO is constantly marrying its activities with those of other established, national programs or agencies such as OSHA or the Department of Health and Human Services.<sup>4</sup>

### Sentinel Events

Again, this is an area where the in-patient world presents the greatest dangers. However, occupational health is not without its hazards: sigmoidoscopies,

crash carts, stress EKGs, patients for whom biological monitoring is performed, or seriously injured workers, particularly those that are referred to an Emergency Department or specialist, all present opportunities for Sentinel Events.

### Assessment and Management of Pain

Pain, particularly unresolved pain, is a common patient experience. Patients are entitled to initial and ongoing pain assessment, management, education about their pain, and information about resources available to them. Providers must also be educated about pain, conducting assessments and documenting the care, education, and any referrals provided.<sup>5</sup>

### Role of Leadership

Organizations and the JCAHO are realizing that leaders set the tone, and priorities, for their organizations, and leaders are increasingly being scrutinized for their overall leadership capabilities.

While preparing for accreditation may seem like a daunting task, much of the preparation simply involves looking at what you already do and matching it to an existing standard as evidence of compliance. If you are considering accreditation or want more information on that process, please see "Emerging Trends: Accreditation for OEM," *Occupational Health Tracker*, Summer, 1998, pp. 6-8 or review other past *Tracker* articles referenced here.

## JOB OPPORTUNITY

### Occupational Medicine Physician Beaver Dam, Wisconsin

*HealthWorks*, a new hospital-based occupational health program of Beaver Dam Community Hospital, is seeking the right physician to build the program and engage local employers and physicians in the occupational health initiative. BC/BE physician with occupational medicine experience preferred. The preferred candidate will have excellent interpersonal and clinical skills and a desire to work closely with Emergency Room physicians in a rural healthcare setting. Beaver Dam is about 35 minutes from Madison and 75 minutes from Milwaukee.

Contact: Pam Flock 920.887.4088  
or pflock@bdch.org

### Footnotes:

- 1 "Medical Information: A Vital Key to Managing the Care We Deliver," *Occupational Health Tracker*, vol. 2, no. 4 (Winter 1999-2000): 5-6.
- 2 "Dimensions of Care: Patient Education," *Occupational Health Tracker*, vol. 2, no. 4 (Winter 1999-2000): 20-21.
- 3 "Your Clinic: Safely Managing Medical Equipment," *Occupational Health Tracker*, vol. 3, no.1 (Spring 2000): 21-23.
- 4 "Healthy People 2010: Health for a New Decade," *Occupational Health Tracker*, vol. 3, no. 1 (Spring 2000): 20.
- 5 "New JCAHO Standard for Pain Management," *Occupational Health Tracker*, vol. 3, no. 2 (Summer 2000): 14.

## ACCREDITATION TOOL BOX

Looking for additional resources and support for your accreditation efforts? The following articles, products, or organizations can assist you in expediting your accreditation efforts and further your compliance with existing JCAHO standards.

### Occupational Health Research 800.660.0818 or [www.systoc.com](http://www.systoc.com)

#### Occupational Health Tracker Magazine

Many of the JCAHO Hot Buttons have been discussed in greater detail in previous *Tracker* articles, which have been noted throughout this article. Those desiring more information should check out past *Tracker* editions, many of which are available online at OHR's web site: [www.systoc.com](http://www.systoc.com).

#### Policies and Procedures Guides

Many organizations lack occupation-specific policies and procedures that meet the standards, including Administrative, Clinical, and Environment of Care. To assist occupational health programs in meeting the numerous standards and to expedite the development of policies and procedures, OHR has developed two manual templates based on the JCAHO Ambulatory Care Standards, but designed specifically for occupational health programs that are either affiliated with a hospital or are independent, freestanding business entities:

*Policies and Procedures Manual* addresses organizational, administrative, and clinical areas of the typical occupational health program and costs \$525.

*Environment of Care Guide* covers the fire safety, emergency preparedness, hazardous communication, safety, security, utilities, and medical equipment issues for freestanding facilities and costs \$150; designed for freestanding or independent practices that want to insure their environment of care is managed in accordance with the standards and is reflective of their unique operating environment.

Price for both: \$599. Either purchase includes a JCAHO Survey Preparation Tool. 800.660.0818

#### Customer Satisfaction Benchmarking

This is an area highlighted by most hospital CEOs as needing improvement. Yet most organizations that are conducting patient satisfaction surveys fail to tailor those surveys to out-patient areas, let alone occupational specific ones. Furthermore, benchmarking your patient's satisfaction against the emergency or hospitalized in-patients is often extremely difficult, since many measures do not correlate into the occupational health setting. Furthermore, patient satisfaction is only part of the total equation—you should be benchmarking employer satisfaction as well.

OHR offers two survey tools, one that measures Patient Satisfaction (conducted quarterly) and one that measures Employer Satisfaction (conducted twice/year). Both surveys report individual results, which are also benchmarked against other *occupational practices*, providing the only survey tool with an occupational focus and benchmarking of outcomes. 800.660.0818

### Accreditation Association for Ambulatory Healthcare 847.676.9610

### Healthcare Professionals 800.650.6787 or [www.accreditinfo.com](http://www.accreditinfo.com)

### Joint Commission on Accreditation of Healthcare Organizations 630.792.5000 or [www.jcaho.org](http://www.jcaho.org)

There are four JCAHO Ambulatory Care Publications:

*The Complete Guide to the 2000-2001 Ambulatory Care Survey Process*

\$49, Order Code ASPP-01EM

*2000-2001 Standards for Ambulatory Care (OHR's recommended pick)*

\$80, Order Code ACS-01EM

*2000-2001 Comprehensive Accreditation Manual for Ambulatory Care*

\$225, Order Code CAC-01EM

*Managing the Environment of Care in Ambulatory Care*

\$49, Order Code ACEC-50RXEM

All four publications assist organizations in preparing for Joint Commission accreditation and improving performance. Order from the Joint Commission Customer Service Center at 630.792.5800. 📞