CSSD Vision on JCI Accreditation

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Healthcare Accreditation

- Hospital accreditation is an assessment process used by health care organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve.

- The accreditation process is becoming a common practice all over the world.
The Benefits of Accreditation

- Comprehensive analysis of the hospital’s
  - Strengths
  - Weaknesses
  - Opportunities
  - Threats
- Continuously improvement of safety and quality of care
- Performance improvement
- Hospital prestige – a hallmark of quality
<table>
<thead>
<tr>
<th>Traditional</th>
<th>Contemporary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information is a record</td>
<td>Knowledge is shared and information flows freely</td>
</tr>
<tr>
<td>Decision making is based on training and experience</td>
<td>Decision making is based on evidence</td>
</tr>
<tr>
<td>“Do no harm” is an individual responsibility</td>
<td>Safety is a system property</td>
</tr>
<tr>
<td>Secrecy is necessary</td>
<td>Transparency is necessary</td>
</tr>
<tr>
<td>The system reacts to needs</td>
<td>Needs are anticipated</td>
</tr>
<tr>
<td>Cost reduction is sought</td>
<td>Waste is continuously decreased</td>
</tr>
</tbody>
</table>
Contemporary Paradigm

- Comprehensive quality analysis
- Health care is a series of systems and subsystems
- Identifying “defects” within the system(s), will reduce errors which may harm patient safety
Our Experience

- In November 2008 our hospital was surveyed by Joint Commission International (JCI) experts.
The Survey

- Documents review
- Interviews with management
- Patient tracer
- System tracer
A methodology to assess an organization’s systems and processes by

**Patient tracer**
Following the treatment path an individual patient has taken in the hospital

**System tracer**
Following a process in the hospital from a beginning to an endpoint
System Analysis

- Set of components that work together toward a common goal
- Evaluation of how and how well the organization’s systems function
- Examination of interrelationships of elements
- Translates standards compliance issues into potential vulnerabilities related to patient quality and safety
Survey Parameters

- Access to care (ACC)
- Patient and Family Rights (PFR)
- Assessment of Patient (AOP)
- Care of Patients (COP)
- Medication Management and Use (MMU)
- Patient and Family Education (PFE)
- Anesthesia and Surgical Care (ASC)
- Quality improvement and patient safety (QPS)
- Prevention and control of infections (PCI)
- Governance, leadership, and direction (GLD)
- Facility management and safety (FMS)
- Staff qualifications and education (SQE)
- Management of Communication and Information (MCI)
- International Patent Safety Goals (IPSG)
Tracer Method

- Walk around in the hospital facilities
- A multidimensional survey
- Observations, conversations
- Information cross checking
Theoretical Background

- Quality as a multi-dimensional concept
- More than one reason for assessing quality
- The purpose of some quality surveys are often not linked to the dimensions or parameters
## Tracers vs. Surveys

<table>
<thead>
<tr>
<th></th>
<th>Tracers</th>
<th>Surveys &amp; inspections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment tool</td>
<td>Non</td>
<td>Structured</td>
</tr>
<tr>
<td>Bias or error</td>
<td>Tracer’s judgment</td>
<td>Subjects’ preparedness</td>
</tr>
<tr>
<td>Interpretative synthesis</td>
<td>Multi dimension explanatory claims</td>
<td>Strict results</td>
</tr>
<tr>
<td>Demonstration of employees’ knowledge</td>
<td>Possible if questions are asked</td>
<td>Possible If a knowledge test is carried out</td>
</tr>
</tbody>
</table>
The Benefit of Tracers

- Improves Safety and Quality of care
- Improves patient flow

- Encourages team building
- Creates systems thinkers
- Creates a better understanding of each other’s roles

- Reduces risk to patients
- Increases patient satisfaction
- Fosters systems improvement
CSSD in Focus

- During the systems and patients tracers CSSD function and materials are being brought into focus
- The survey creates a multidimensional matrix of parameters that provided us introspective insight of our department
Results
## Information Cross-Checking

<table>
<thead>
<tr>
<th>Yes</th>
<th>But</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image.jpg" alt="Image" /></td>
<td><img src="image.jpg" alt="Image" /></td>
</tr>
<tr>
<td>We have standards</td>
<td>Employees are not aware to some of the guidelines</td>
</tr>
<tr>
<td>We have an expected product quality level</td>
<td>Our customers are not aware about it</td>
</tr>
<tr>
<td>We have educated our staff</td>
<td>Our staff has no official qualification</td>
</tr>
<tr>
<td>We have a storage policy (FIFO…)</td>
<td>Expired materials were found in the wards</td>
</tr>
</tbody>
</table>
Quality Matrix

Systems

Patient care

Patient safety goals

GLD  PCI  SQE
FMS  QPS  MMU
PFR  PFE  AAC
ASC  COP  AOP  IPSG
The Matrix Enables

- A logical multi-step process
  - Its milestones are essentials for quality and patient Safety
- Each system may be examined with several (relevant) parameters of the matrix
- A multidimensional view
A Multidimensional View
A Multidimensional View

Do we follow guidelines?

Do we protect our employees?

Is our staff qualified?

Is our equipment reliable?

Do we support surgery well?

Do we maintain a quality system?
SWOT Analysis

- Strengths
- Weaknesses
- Opportunities
- Threats
Good understanding of CSSD importance

No allowance for extra workforce

A desire to increase number of surgeries

Suggestions to shorten turnaround time

S

W

O

T
PCI – Prevention & Control of Infections

- **S** - Complying to international standards
- **W** - Not enough resources for renovations & materials
- **O** - Awareness to emerging nosocomial diseases
- **T** - Constant attempts to revive reuse of SUD’s

Still using fabrics as wrappers
<table>
<thead>
<tr>
<th></th>
<th>Experienced staff</th>
<th>Aging staff</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>S</strong></td>
<td></td>
<td>On the job training</td>
</tr>
<tr>
<td><strong>W</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>O</strong></td>
<td>Growing awareness to educational needs</td>
<td>A tendency to solve HR problems in CSSD</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FMS - Facility Management & Safety

Proper CSSD design

Small space
Poor steam quality
No tracking system

Promote a safety environment

Not enough resources for further improvements
QPS - Quality Improvement & Patient safety

- Have a quality system
- Transparency

- No tracking of sets

- Current quality processes may include CSSD
- Missing items during surgery or timeout may inflict the department prestige

S
W
O
T
Outcomes
A Plan

- Describes the structure of the department
- Details processes
  - Flowcharts
    - Risk areas
      - Interventions: change
Load Release

Process

- Cycle end
- Inspect printout
- Open door
- Inspect load
- Dry, external indicators pass
- Inspect PCD

Tools

- Validated system
- Knowledge
- Knowledge
- Consistency

Risk areas

- Failed cycle
- ?Criteria
- Wet
- False negative
# Example

<table>
<thead>
<tr>
<th>Task</th>
<th>Guidelines</th>
<th>Safety guidelines</th>
<th>Infection control issues</th>
<th>Other issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autoclave operation</td>
<td>1.</td>
<td>a..</td>
<td>1.</td>
<td>I.</td>
</tr>
<tr>
<td></td>
<td>2..</td>
<td>b...</td>
<td>2,</td>
<td>II.</td>
</tr>
<tr>
<td></td>
<td>3...</td>
<td>c....</td>
<td>3,</td>
<td>III.</td>
</tr>
<tr>
<td>Load release</td>
<td>1.</td>
<td>a..</td>
<td>1.</td>
<td>I.</td>
</tr>
<tr>
<td></td>
<td>2..</td>
<td>b...</td>
<td>2,</td>
<td>II.</td>
</tr>
<tr>
<td></td>
<td>3...</td>
<td>c....</td>
<td>3,</td>
<td>III.</td>
</tr>
</tbody>
</table>

Job Description
# From Job Description to Qualification

<table>
<thead>
<tr>
<th>Task</th>
<th>Orientation Date</th>
<th>Working under supervision</th>
<th>Performance evaluation</th>
<th>Qualification (able to work independently)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autoclave operation</td>
<td>dd/mm/yyyy</td>
<td>dd/mm/yyyy till dd/mm/yyyy</td>
<td></td>
<td>dd/mm/yyyy</td>
</tr>
<tr>
<td>Load release</td>
<td>dd/mm/yyyy</td>
<td>dd/mm/yyyy till dd/mm/yyyy</td>
<td></td>
<td>dd/mm/yyyy</td>
</tr>
</tbody>
</table>
## From Qualification to Evaluation

<table>
<thead>
<tr>
<th>Task</th>
<th>1&lt;sup&gt;st&lt;/sup&gt; month evaluation</th>
<th>6&lt;sup&gt;th&lt;/sup&gt; month evaluation</th>
<th>12&lt;sup&gt;th&lt;/sup&gt; month evaluation</th>
<th>Further evaluations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autoclave operation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Load release</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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Tracers Course

- Recently some of our quality team have graduated tracers course

- An opportunity to learn more
Summary

- The consultation and mock survey provide systematic input
- A multidimensional profile of our department
- A different point of view – a new perspective
- A chance for change and improvements
Summary

The process has guided us to be ready for the next patient and not just for the next survey
Thank you