HIGH RELIABILITY

Joint Commission Accreditation

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The Joint Commission Accreditation *Behavioral Health Care*

ACADIA HEALTHCARE

Joint Commission Center for Transforming Healthcare

Creating Solutions for High Reliability Health Care

HIGH RELIABILITY

The Joint Commission has identified those critical changes that healthcare can (and must) make to achieve high reliability in our care, treatment or services provided to individuals served:

1. Leadership commitment
2. A fully embedded safety culture
3. Use of robust process improvement to create and sustain highly reliable processes

High Reliability Assessment

ORO™ 2.0

High Reliability Organizational Assessment and Resources

High reliability in healthcare is "maintaining consistently high levels of safety and quality over time and across all health care services and settings"

—— Chassin & Loeb (2013)

FROM LOW TO HIGH RELIABILITY

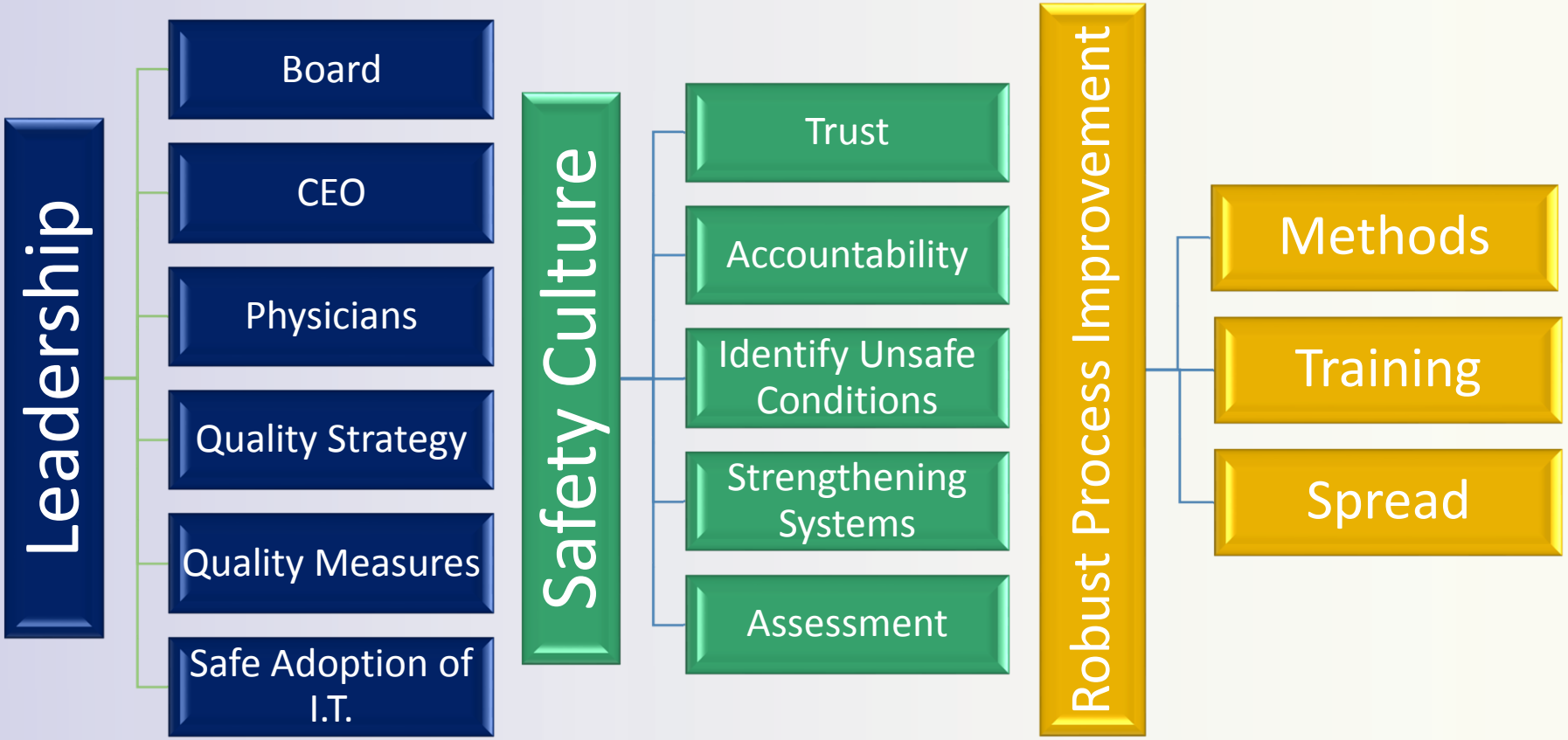
Commitment to zero harm

Empowering staff to speak up

Systematic, data-driven approach to complex problem solving

Chassin MR, Loeb JM. High-Reliability Health Care: Getting There from Here. *Milb Q* 2013;91(3):459-90

Components


Leadership
Board
CEO
Physicians
Quality Strategy
Quality Measures
Safe Adoption of I.T.
Safety Culture
Trust
Accountability
Identify Unsafe Conditions
Strengthening Systems
Assessment
Robust Process Improvement
Methods
Training
Spread

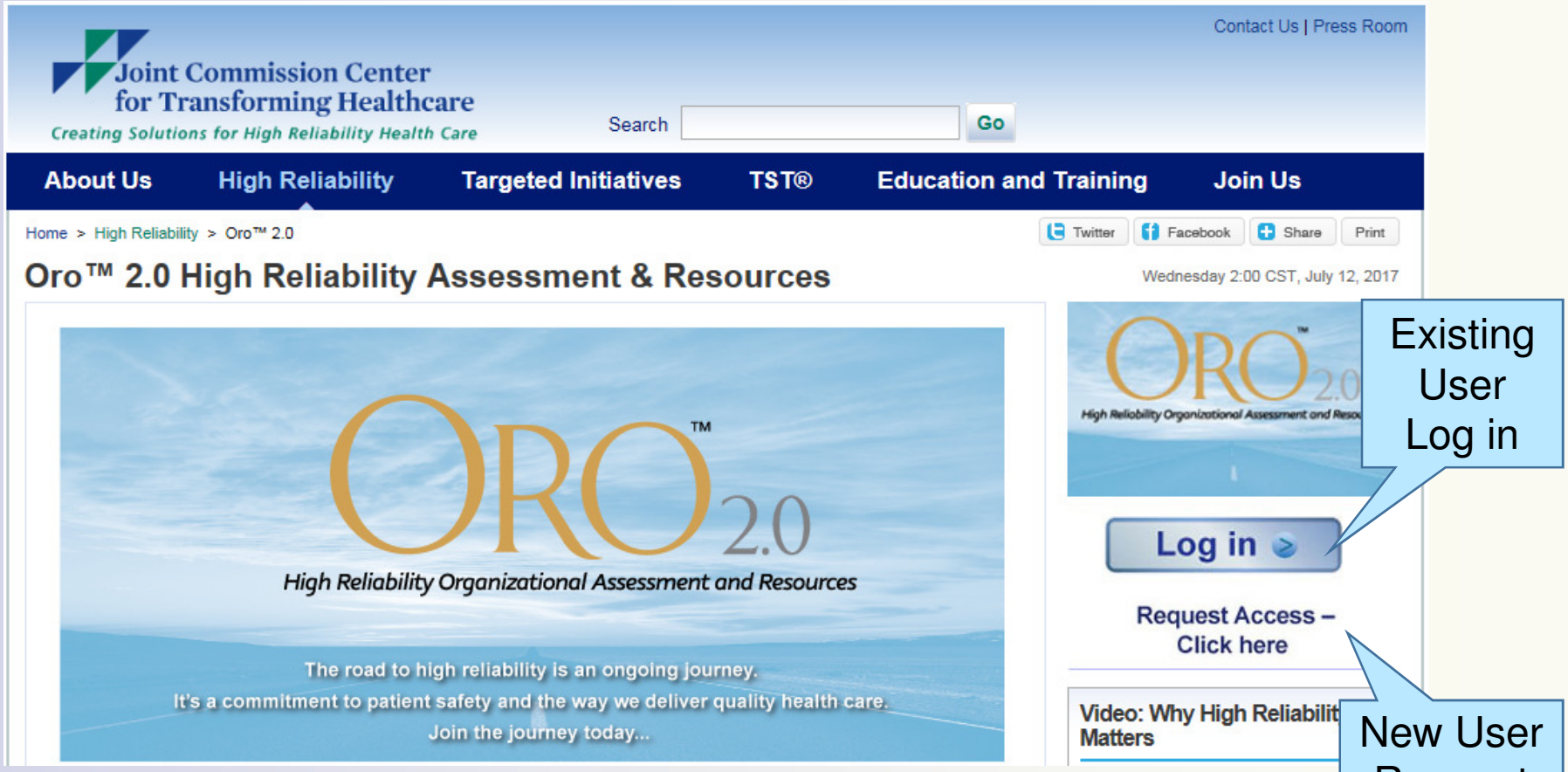
Oro™ 2.0

ORO 2.0
High Reliability Organizational Assessment and Resources

- **September 2015** - Released to Joint Commission customers
  - 521 hospitals have completed the consensus process (through August 2017)
  - Resource Library
  - 2-day Center staff facilitation available, with action planning
- **Partnership for High Reliability - State-based Initiatives**
  - South Carolina, Michigan, Illinois, Wisconsin
- **Two versions:** Military & civilian hospitals

Quick Access via the Website

www.centerfortransforminghealthcare.org



Oro Methodology

ORO 2.0
High Reliability Organizational Assessment and Resources

- Self Assessment built on 49 questions spread across 3 domains of Leadership, Safety Culture and Robust Process Improvement
- Resource Library
- 4 Stages of Maturity: Beginning→ Developing→ Advancing→ Approaching
- 2-Step Process
  - Step 1: Senior leaders complete individual assessments
  - Step 2: Come together as a group to discuss a consensus response

ORO™ 2.0
High Reliability Organizational Assessment and Resources

What does it take?

- Buy in from CEO
- Determine senior leader participants
- Self-Assessment
  1. Pre-meeting: participants take the assessment (20 minutes)
  2. Consensus meeting, ideally with a facilitator: senior leaders meet and take assessment as a group (2.5 hours)
  3. Post-meeting: time commitment varies. Review of results, strategic action planning

CTH Resources

Oro2.0@jointcommission.org

http://www.centerfortransforminghealthcare.org/hro_portal_main.aspx

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High Reliability:
A Behavioral Health Journey

Anne Kelly, MA, BSN

Acadia Healthcare

Vice President, Clinical Services

Presentation Topics

- Initiation of a behavioral health high reliability journey.
- Benefits of high reliability for culture of safety.
- Clinical and leadership tools inspired by high reliability and culture of safety.
- Lessons learned and next steps.

Acadia Healthcare

- Established in January, 2005.
- Headquartered in Franklin, Tennessee.
- Acadia operates a network of 576 behavioral healthcare facilities with approximately 17,300 beds in 39 states, the United Kingdom and Puerto Rico.
- Provides behavioral health and addiction services in a variety of settings, including inpatient psychiatric hospitals, residential treatment centers, outpatient clinics and therapeutic school-based programs.

Embarking on a High Reliability Journey

- From triennial survey to high reliability operational plan – learning from literature and surveyors.
- 2016, year one – taking our first steps and operationalizing high reliability characteristics.
- 2017, year two – dedication to Preoccupation with Failure.
  - Engaging leadership and clinical teams.
  - Integrating high reliability with a culture of safety.

Defining a Robust Culture of Safety with Human Factors

Starting with the end in mind…

- There is a Zone of Safety – that encompasses the facility campus – composed of commitment, trust, and partnership.
- Staff are attentive – checking, situationally aware, proactively/urgently acting – Everyone is responsible for safety.
- Patients are engaged as participating partners in their own safety.
- Processes are standardized, on time, "run like clock-work."
- Clinical data is analyzed and relied upon to evaluate safety and advance with high reliability – *as a learning organization.*
- Everyone, including visitors, play a vital, defined role in maintaining a safe environment.

Acadia Culture of Safety

- Engaging and empowering everyone in the role of safety.
- Learning from our incidents, close calls, and experiences.
- Instilling and reinforcing safety thinking and doing – *becoming what we think about – safety, first and foremost*
- Sharing and communicating so that everyone is engaged.
- Starting where we are, using what we have, doing what we can.

Our best defense and strategy is to become safety.
Safety is not a project, but a way of thinking and doing.

Preoccupation with Failure

FAA: Human Factors - To Mitigate the Risk of Complacency

- Always expect to find something wrong.
- Never sign off on something that you did not fully check.
- Always double check your work.

Prevention Through Detection and Sustainment Actions (preoccupation with failure)

Proactive Strategy	Detection	Purpose	How to Sustain – for Safety
Safety Huddles	-Patient issues -Changes in condition	-Share critical information. -Inspires trust and respect.	Standardize format and schedule.
Leadership Rounds	-Problems when they are small and easily fixed. -Good work to promote -Routines/system issues	-Provides important opportunities for on-the-spot actions and coaching. -Allows for detecting issues before problems develop. -Inspires trust and respect.	-Standardized format and routine. -Update format and staff rotation. periodically – *taking advantage of "fresh eyes."* -Always expect to find something wrong.
Time out – for High Risk Processes	-Breaks in systems and policies that can lead to harm.	-Double checks work/process. -Reinforces signing off on the work that is checked.	-Standardize format and process. -Support staff who call "time out."
Safety Nets	Vulnerable/high risk issues that can lead to harm.	-Provides special measures for high risk processes. -Fosters communication among team. -Inspires trust and respect.	-Implement procedure with team support. -Include in facility routines and committees. -Report to Leadership and Board.
Safe Catches	-Close calls -Possible process issues	-Develops and instills trust: reporting incidents is greatly valued and utilized for safety.	-Foster and celebrate staff reporting. -Publicize safe catches. -Use safe catches to strengthen processes.
Acadia Staff I CAN – safety campaign	-Breaks in systems and policies that can lead to harm. -Issues that can be easily corrected.	-Empowers and engages all Acadia staff in safety thinking and acting. -Provides a safety measure that can be incorporated into any safety program.	-Place posters in key staff areas. -Share in new employee orientation. -Include in safety training and education.
Patient Community Group – I CAN Stay Safe	-Concerns and issues -Misinformation	-Engages and empowers patients in safety. -Shares information proactively.	-Establish weekly meetings (at a minimum) with standardized information. -Post I CAN (for patients) information in visible areas.
Engaging Visitors in Safety – I CAN Partner with Safety	-Concerns and issues -Misinformation	-Engages and empowers visitors in their role with safety. -Share information proactively.	-Post I CAN (for visitors) information in visible areas. -Provide brochure to visitors.
Targeted Solutions Tools (TST)	-Systems and procedural issues that can cause patient harm.	-Provides a methodical way of gathering and analyzing data for targeted clinical solution.	-Use one of three TST tools: Preventing Falls, Hand Hygiene, and Hand-off Communications.

Key Elements of Safety Huddles

Effective safety huddles have the following elements:

1. Consistency	led by the charge nurse or other key leader concise/occur at the same time every day
2. Accountability	mandatory attendance single owner or assigned person for follow-up
3. Structure	focused/follows an agenda stays on track
4. Closes the loop	identified issues are reviewed with actions taken reported out the next day

Safety Huddles Form

ACADIA HEALTHCARE

(HOSPITAL NAME) SAFETY HUDDLE

Date: ____/____/____ Start time: _____ Finish time: _____ Completed by:_____

Team members present: _____

_____

LOOK BACK – significant safety or quality issues occurred since the last shift:

_____

_____

_____

LOOK AHEAD – anticipated safety or quality issues for this shift and game plan:

ISSUE	PLAN
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FOLLOW UP – on safety issues and issues from prior huddles.

_____

_____

_____

Safety Huddles form

Key Elements of Leadership Rounds

- Standardized format – revised periodically.
- Schedule of rounders – good mix of clinical and non-clinical staff (administrative, direct care staff, support staff).
- Information from rounds is shared with staff and in committees - with actions taken.
  - **Sample questions:**

"Have there been any near misses that almost caused patient harm but didn't?"
Examples: Selecting a drug dose from the medications cart or pharmacy to administer to a patient and then realizing it's incorrect.
Incorrect orders by physicians or others caught by nurses or other staff.

"Have there been any incidents lately that you can think of where a patient was harmed?
Examples: Infections
Close call - suicide attempt
Close call – elopement


Leadership Rounds Form

Key Elements of a Time out – for High Risk Processes

A checklist method of assessing for any concerns that may lead to a change, or stop, to a high risk process.

Recommended for: discharge process and suicide risk assessments.

- Reinforces a standardized process with multidisciplinary responsibilities.
- Utilizes a checklist process to ensure all required documentation.
- Empowers staff to stop the process before the patient is actually discharged.
- Creates a Safe Space for staff to speak up and intervene.
- Allows for metrics that can be used to evaluate the high risk process.

Key Elements of a Safety Net

An identification process of patients with high risk issues that need special monitoring and follow-up.

Recommended for: medically complex patient population and high risk processes undergoing revision/improvement.

For Medically Complex Patients:

- Daily identification and check-listing of patients with medically complexities – starts in Intake/Admissions department.
- Checklist is reviewed by nursing, medical staff, Intake staff, and leadership – for multidisciplinary involvement and accountability.
- Safety Net Patients are reviewed daily – to ensure follow-up of issues, special procedures and labs, and treatment planning

Benefits include:

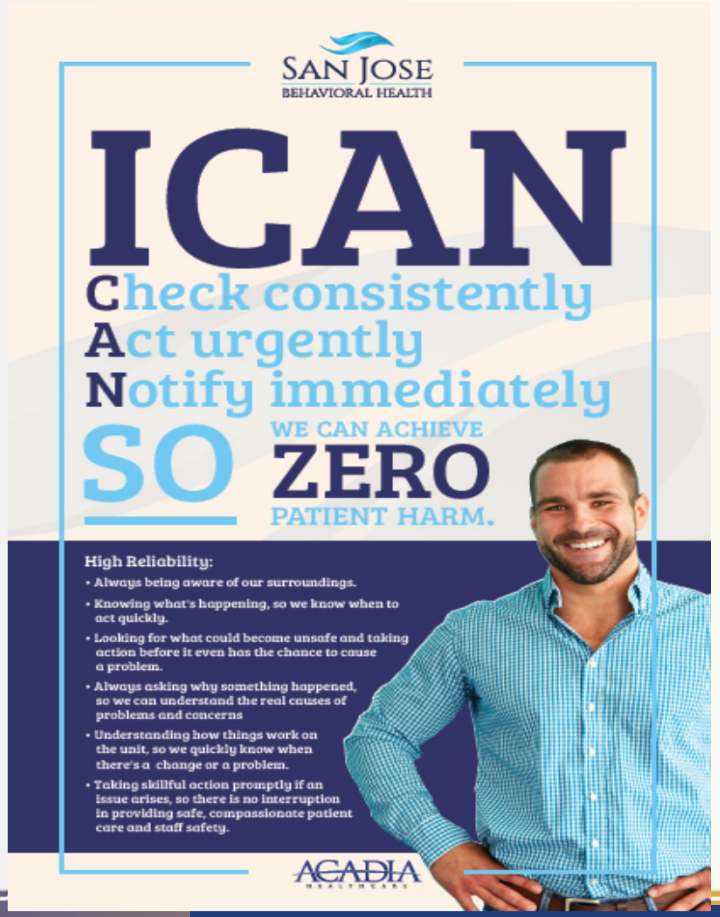
- Early identification of high-risk issues so that proactive actions can be taken.
- Rapid response to high-risk patient characteristics and problem-prone processes.
- Frequent, real-time monitoring and re-evaluation.
- Safe Space develops – to speak up and share ideas – no shame or retaliation
- Measurable outcomes/data can be used to improve care in future.

Patient Name	Adm Date	Safety Net Date Initiated	Vital Signs	Lab – Result	Special Procedures	Accu √

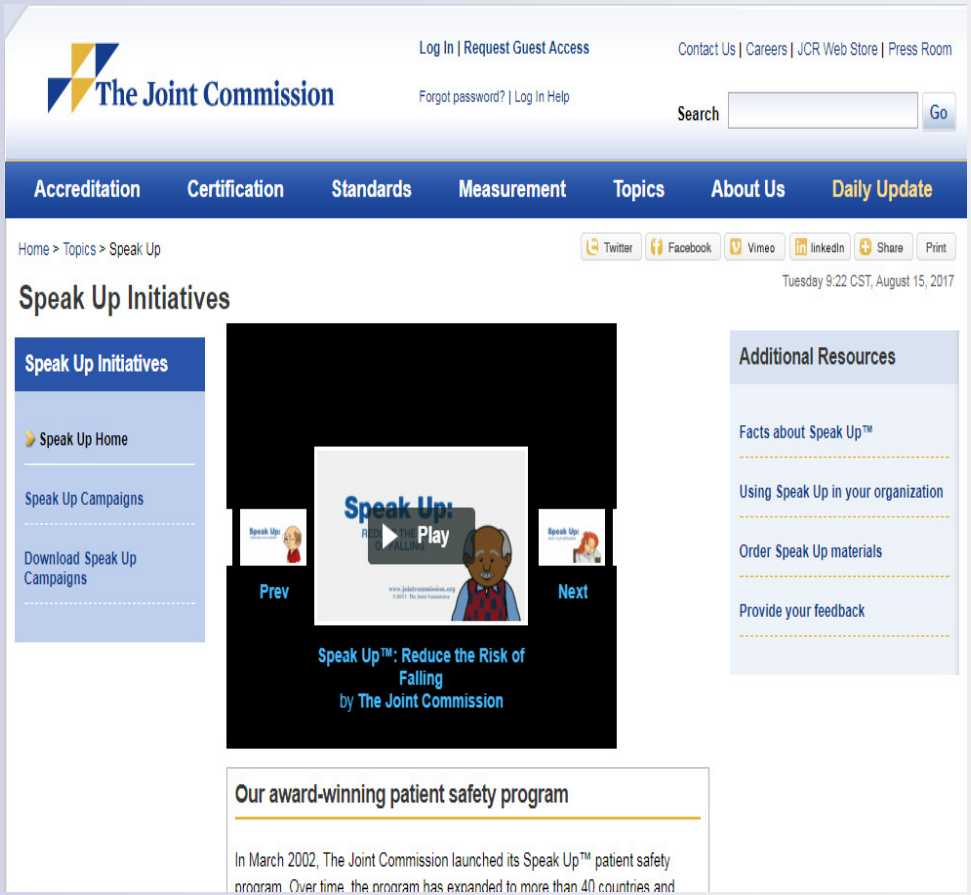
Acadia I CAN Campaign

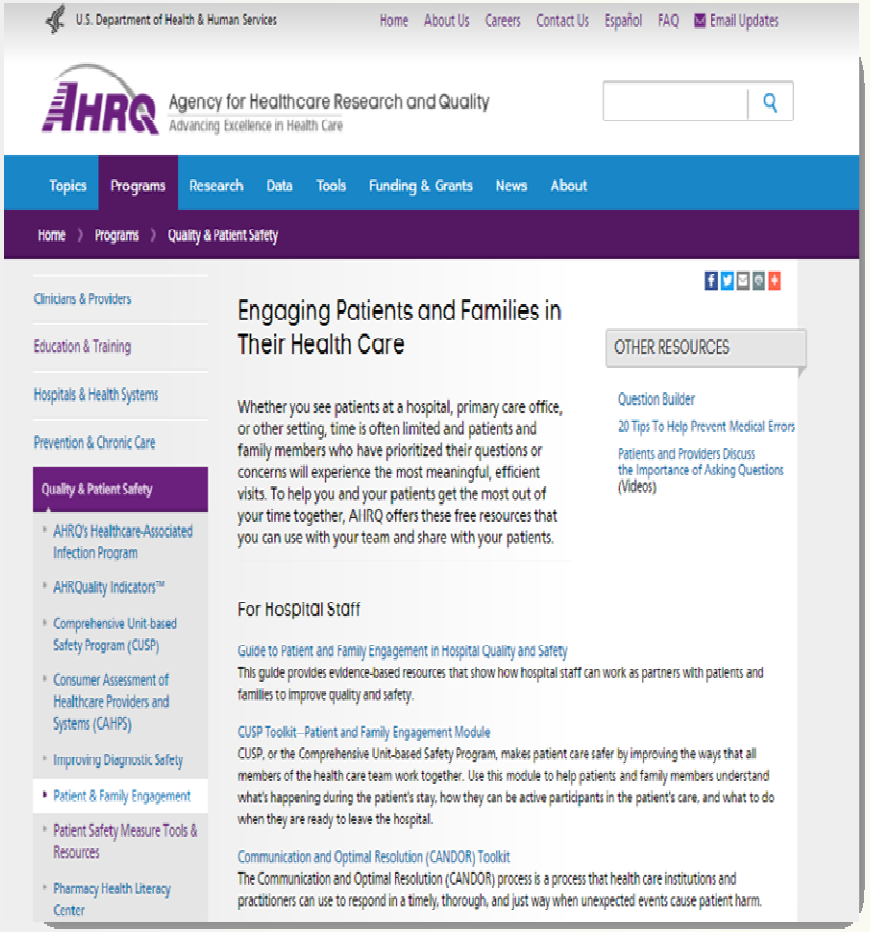
Acronym for staff engagement and empowerment

- **Check** consistently
  - q15 min, LOS, 1:1
- **Act** urgently
  - intervene to keep the patient safe
- **Notify** immediately
  - charge nurse, doctor, supervisor



Patient Engagement in Safe Health Care





Patient Engagement in Safe Health Care

I CAN STAY SAFE
TOPICS FOR "MORNING" GROUPS

INTRODUCTION: Speak Up!

A great patient experience and great mental health outcomes are achieved when healthcare professionals and patients work together. Working together requires strong communication, so we encourage you to talk with your doctor, nurses, therapists, and behavioral health technicians about the care you receive. We welcome your questions. It's ok to ask about why something is being done or to ask for information about your psychiatric and medical conditions. It's ok to ask for help when you need it. It's also ok to tell us your concerns and special needs.

Our facility uses the Joint Commission's Speak Up model for you to take part in our safety program. We encourage you to:

Speak up if you have questions or concerns.
Pay attention to the care you get.
Educate yourself about your illness.
Ask a trusted family member or friend to be your advocate (advisor or supporter).
Know what medicines you take and why you take them.
Use a health care organization that has been carefully checked out.
Participate in all decisions about your treatment.

ASK FOR HELP WHEN YOU NEED IT

1. **Feelings Matter** - Tell your nurse and physician immediately when something doesn't feel "right," if you feel depressed, anxious, or are having thoughts about harming yourself or others.
2. **Feeling Safe** - Tell staff when you feel someone unsafe or someone has done anything that makes you feel unsafe or uncomfortable.
3. **Feeling Bad** - Tell a nurse when you don't feel good – when you have pain, are dizzy, constipated, diarrhea, or sick at your stomach.
4. **Feeling Unsteady** - Tell staff immediately if you feel dizzy or if you think you might fall. Ask for a walker or wheelchair if you have trouble standing or walking.
5. **Needing Help** – Ask any staff for help going to the bathroom or getting in or out of bed, taking a shower, or getting dressed.

HELP US KEEP THIS A SAFE PLACE

1. **Watching Over You** - A behavioral health technician should check on you at least every 15 minutes, unless your doctor has asked us to monitor you more closely. Notify a nurse immediately if this does not occur.
2. **Right Patient** - Our nurses should use two (2) methods of verifying your identity before giving medications or performing procedures like laboratory tests. Speak Up if the nurse does not follow this procedure.
3. **Right Medication** - Our nurses should explain each medication to you before giving it. If the nurse doesn't explain the medication, or if the medication is not something you normally take, Speak Up and ask about each medication before you take it.
4. **Help Us Help Others** - If you see another patient you think might be in distress, who needs help, or is harming themselves or hiding medications, or if another patient tells you they are going to hurt themselves – report this to any staff immediately.
5. **Contraband** – If you see a patient or visitor with items you know are not allowed in the hospital, like sharp objects, cigarette lighters, chemicals, etc., immediately report it to any staff.
6. **Keeping Our Place Safe and Clean** – Tell us immediately if you see any unsafe or unsanitary conditions, trip and fall hazards like cords or tubes, broken fixtures, doors that won't lock, or toilet that won't flush, etc. to any staff available.
7. **Wash your hands and cover your cough**

HERE FOR YOU: PATIENT ADVOCATE

1. If you have a complaint that can't be solved by the nurse or other staff, you may complete a Patient Grievance form and submit it to the Patient Advocate, **INSERT ADVOCATE'S NAME HERE.**
2. The Patient Advocate will meet with you and other staff to review your grievance and discuss ways to meet your needs.

Developed by: Tracey Jensen, MA

Visitor Engagement in Safety

- Place I CAN (for visitors) poster in lobby area.
- Provide handout or brochure on key safety elements.
- Clearly define the visitor responsibilities with accountability.
- Share clinical information, as appropriate, with visitors and family members so they are engaged as a partner in safety.

Safe Visitor Guidelines

Visitor Guidelines

Items You Can and Cannot Bring to the Patient

To maintain a safe environment for all patients, visitors, and staff, we have developed a list of items that can and cannot be given to or used by patients during their time with us.

Examples of safe items you can bring for the patient

Note: All items are subject to complete inspection for safety.

- Socks
- Sweatpants without strings
- T-shirts
- Underwear

Examples of unsafe items that are not allowed

- Belts
- Clothing with strings
- Underwire bras
- Metal combs, brushes, tweezers
- Glass objects, mirrors
- Chemicals like nail polish or glue
- Metal cans or aerosol sprays
- Books/magazines with staples
- Spiral notebooks

Safe Visit Guidelines

How you can help us maintain a safe healthcare environment when you visit your loved one.

Introduction

Visiting times are intended to give patients an opportunity to meet with their loved ones in a safe and relaxed space. It is a time to enjoy one another's company by talking, playing games, etc., rather than focusing on treatment or therapeutic issues.

Visitation Basics

- All visitors must be at least 18. Visitors under 18 may not be left unattended in the lobby.
- You must show ID.
- You must be listed as an "approved visitor" by the patient.
- If there are more than two visitors in your party, only two of you may visit at one time and the visitation time will be split to accommodate all visitors.
- Cameras and cell phones with camera features are not allowed due to Federal and State patient privacy laws.

Helping us maintain a safe environment is easy and helps you and the patient get the most out of your visit.

Preparing for a Safe Visit

Leave all your personal and/or valuable items **securely locked in your vehicle**. This includes the following items:

- Cell phones
- Cigarette lighters/matches
- Food, drinks, snacks, gum
- Medications Purses, back packs or brief cases
- Money
- Sharp objects
- Weapons of any kind

During Your Visit

We want you to enjoy your time together, and our staff will give you the privacy you need; however, our duties to maintain a safe health care environment will continue during this time.

Our staff conduct walking rounds and physically observe each patient at least every 15 minutes.

If the patient you are visiting or another patient becomes angry, agitated, makes you feel uncomfortable, or has a medical episode, please notify the nearest staff member immediately.

Monitoring Visits & Search for Prohibited Items

When visitors are present, our staff watch carefully to make sure these Safe Visit Guidelines are followed. If a visitor is seen giving unsafe items to a patient, the visit will be ended and the visitor removed from the facility. The police may be contacted if the items are illegal or the visitor refuses to leave.

Developed by: Tracey Jensen, MA

Safe Visitor Guidelines

Acadia Healthcare Goals for Safety

It comes down to one word – one number – zero incidents of harm.

- Using High Reliability thinking as a different way forward.
- Moving forward, incrementally, in a prioritized way.
- Using best practices and initiatives in a standardized way.
- Remaining vigilant of our risks and mitigating proactively.
- Engaging everyone in our culture of safety (leaders, staff, patients, visitors).

Looking back to look forward

- Journey lessons:
  - Engaging others when planning and learning begins.
  - Involving board members into the process.
  - Encouraging direct staff involvement in tool development.

- Next steps:
  - 2018: Sensitivity to Operations – the Year of the Metric.
  - Increase use of ORO 2.0 and related tools.
  - Promote Culture of Safety through all levels of care.

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Questions

The Joint Commission

The Joint Commission's Gold Seal of Approval™ means your organization has reached for and achieved the highest level of performance recognition available in the behavioral health field.

The Joint Commission
Accreditation
Behavioral Health Care

Assistance and Resources

WEBINARS HELD:
10-11 AM PACIFIC
11-12 PM MOUNTAIN
12-1 PM CENTRAL
1-2 PM EASTERN

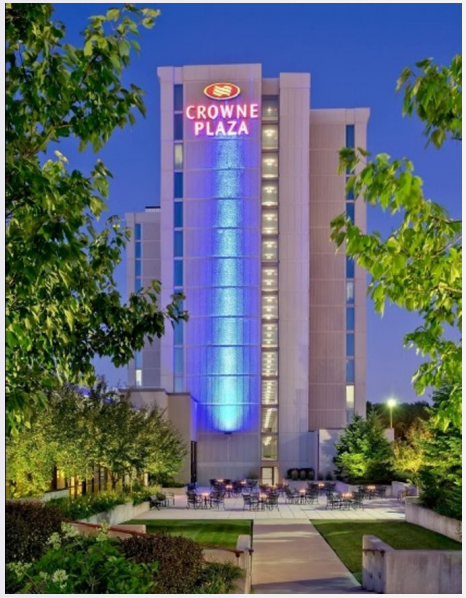
2017 Complimentary Webinars	
Jan 24	SAFER ™ Matrix: New Changes to Survey Scoring
Feb 14	Accreditation Basics
Mar 14	Roadmap to Accreditation: The Steps to Success
April 11	Measurement-Based Care: How, Why and When to be Ready
May 9	Orientation to the Accreditation Requirements
Jun 13	Strategies for a Successful Survey
Jul 11	Conquering Challenging Standards
Aug 15	Conduct Your Own Mock Survey
Sept 12	Medication-Assisted Treatment in Substance Use Disorders
Oct 10	High Reliability in Behavioral Health Care
Nov 7	***Resources for Readiness***

Note: Register for webinars or view previously conducted webinars at www.jointcommission.org/BHCS

Assistance and Resources

BHC Annual Conference

October 12-13, 2017, Rosemont, IL



http://www.jcrinc.com/2017-behavioral-health-care-conference-october-12-13-2017/?ref=TJCAL17

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(If your question concerns the Life Safety Chapter, please call 630/792-5900 and ask for a Joint Commission engineer or email engineer@jointcommission.org)

See you on the accreditation road!