

## 2010 PIP Gap Analysis

### *Community Results*

#### **General Introduction**

The purpose of the Greater Cincinnati Health Council's Physician Impact Project (PIP) has been to optimize patient care and enhance patient safety by clearly articulating evidence-based best practices and processes for selected accreditation, regulatory and safety requirements and establish them as the community standard of care through the encouragement of their uniform adoption by all member hospitals.

To help establish some community baseline data, a gap analysis was conducted in March of 2009 to determine where our local hospitals stand in relation to the recommendations put forth by the PIP committee in the first three areas: Verbal Order Authentication; Universal Protocol and Professional Behavior Management.

With the 2009 results as a benchmark, we conducted a follow-up analysis in January 2010 of the three focus areas to determine if an improvement has been made in our member hospital scores. It was found that forward progress has been made in the implementation of processes and standards as suggested by the Health Council Physician Impact Project

**We are now pleased to present the results of the 2010 follow up gap analyses** for each of the three aforementioned areas. Please note that these results are subjective as they are solely based on the information submitted by each facility.

We had participation from 21 hospitals in the 2010 analysis that submitted their follow up gap analyses and have continued to implement the recommendations from this project! That is an outstanding response rate and we are pleased and proud to work in a health care community that values and embraces this type of unique collaboration

## Verbal Order Introduction

The Physician Impact Project's Verbal Order Recommendations are as follows:

- Distinguish the difference between telephone and verbal order and document accordingly (e.g. "TO" vs. "VO").
- Eliminate use of verbal orders except in situations established in policy.
  - *Verbal orders should be limited to those situations in which it is impossible or impractical for the prescriber to write the order or enter it into a computer.*
  - *Authorized staff may accept verbal orders only in circumstances of necessity such as: code-like emergencies or during a sterile procedure.*
  - *Authorized staff may accept telephone orders (JC requires a comprehensive list of staff authorized to accept orders -RC.02.03.0).*
- Utilize a concurrent performance measurement process to monitor compliance with dating and timing of orders, and verbal/telephone order authentication within 48 hours.
- Define and consistently implement consequences for non-compliance.
- Implement a Computerized Practitioner Order Entry (CPOE) tool, with physician notification capability at the earliest possible date.

The gap analyses included 10 Verbal Order Authentication indicators, and all responses were reviewed by the Physician Impact Committee and rated as follows:

1 = Gap Identified

2 = Partial Gap Identified

3 = No Gap

U or N/A= Unknown/Unsure/Unable to Determine Based on Information Submitted

A rate of 3 is ideal as that gets us closer to the desirable outcome which is uniformity in our communications and policies on various topics.

Community	2009 Score	2010 Score	% Change
Distinguish between verbal orders and telephone orders	2.67	2.80	4.87%
If using a paper system, use stickers/tabs	2.76	2.76	0.17%
Limit verbal orders	2.63	2.70	2.66%
Policy for use in circumstances of necessity	2.50	2.55	2.00%
Policy that authorized staff may accept verbal orders	3.00	2.95	-1.67%
Consequences for physician non-compliance	1.74	2.05	17.82%
Performance Measurement Process	1.74	2.05	17.82%
CPOE with MD Notification (Now in place)	1.42	2.83	99.53%
CPOE with MD Notification (Near future)	2.75	2.83	3.03%
Encourage MDs to sign off for each other	2.83	2.95	4.15%

## ***Procedural Verification***

The Physician Impact Project's Procedural Verification Recommendations are as follows:

- Define the correct protocol and practice.
  - Uniform physician-focused education incorporating the 2009 Joint Commission Universal Protocol for site marking should be implemented in all facilities in the Greater Cincinnati Area.
- Impose a penalty for non-compliance.
  - Hospital administration and physician leadership should agree to classify a failure to comply with the site marking requirements of Universal Protocol and the verification process for "timeout" as an error in care delivery.
- Monitor compliance through observation.
  - The Greater Cincinnati Health Council Physician Impact Committee recommends that all Health Council facilities and professionals involved with surgery or procedures in all settings are asked to incorporate monitored observation to facilitate continuity and reduce variance across settings, thereby reducing or eliminating the possibilities for error.

The gap analyses included four primary Procedural Verification indicators and 50 secondary Procedural Verification indicators, and all responses were reviewed by the Physician Impact Committee and rated as follows:

1 = Gap Identified

2 = Partial Gap Identified

3 = No Gap

U or N/A= Unknown/Unsure/Unable to Determine Based on Information Submitted

A rate of 3 is ideal as that gets us closer to the desirable outcome which is uniformity in our communications and policies on various topics

<b>Community</b>	<b>2009 Score</b>	<b>2010 Score</b>	<b>% Change</b>
Pre-Operative Verification Standards	2.93	2.94	0.34%
Documentation Standards	2.95	2.98	1.02%
Site Marking Standards	2.72	2.87	5.64%
Timeout Standards	2.92	2.95	0.99%

## ***Professional Behavior Introduction***

The Physician Impact Project's Professional Behavior Quick Summary and Recommendations are as follows:

### **Quick Summary**

- There is a history of tolerance and indifference to intimidating and disruptive behavior in health care.
- While these behaviors are not limited to physicians, disorderly conduct in this group often has a greater impact on the system as a whole due to the relative position of power that physicians have in health care systems.
- Menacing and disruptive behaviors: increase medical errors; contribute to poor patient satisfaction and to preventable adverse outcomes; interfere with teamwork, communication and a collaborative work environment.

### **Recommendations**

- Set the standard for professional behavior in health care by developing a clear description of disruptive behavior and a staged approach to confronting unsettling behavior which is consistently and uniformly applied at all institutions throughout the community.

The gap analyses included 4 Professional Behavior indicators, and all responses were reviewed by the Physician Impact Committee and rated as follows:

1 = Gap Identified

2 = Partial Gap Identified

3 = No Gap

U or N/A = Unknown/Unsure/Unable to Determine Based on Information Submitted

A rate of 3 is ideal as that gets us closer to the desirable outcome which is uniformity in our communications and policies on various topics.

<b>Community</b>	<b>2009 Score</b>	<b>2010 Score</b>	<b>% Change</b>
Desirable	2.32	2.90	25.00%
Disruptive Precursor	2.64	3.00	13.64%
Disruptive	2.64	3.00	13.64%
Danger	2.73	3.00	9.89%