# Round Table on the Role of Standards for Strengthening the Security of Radioactive Sources Used in Medical Applications

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# Accreditation

A self-assessment and external peer 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.

Accreditation programs and quality improvement initiatives <u>promote voluntary efforts to exceed and not just to meet regulatory requirements</u>.
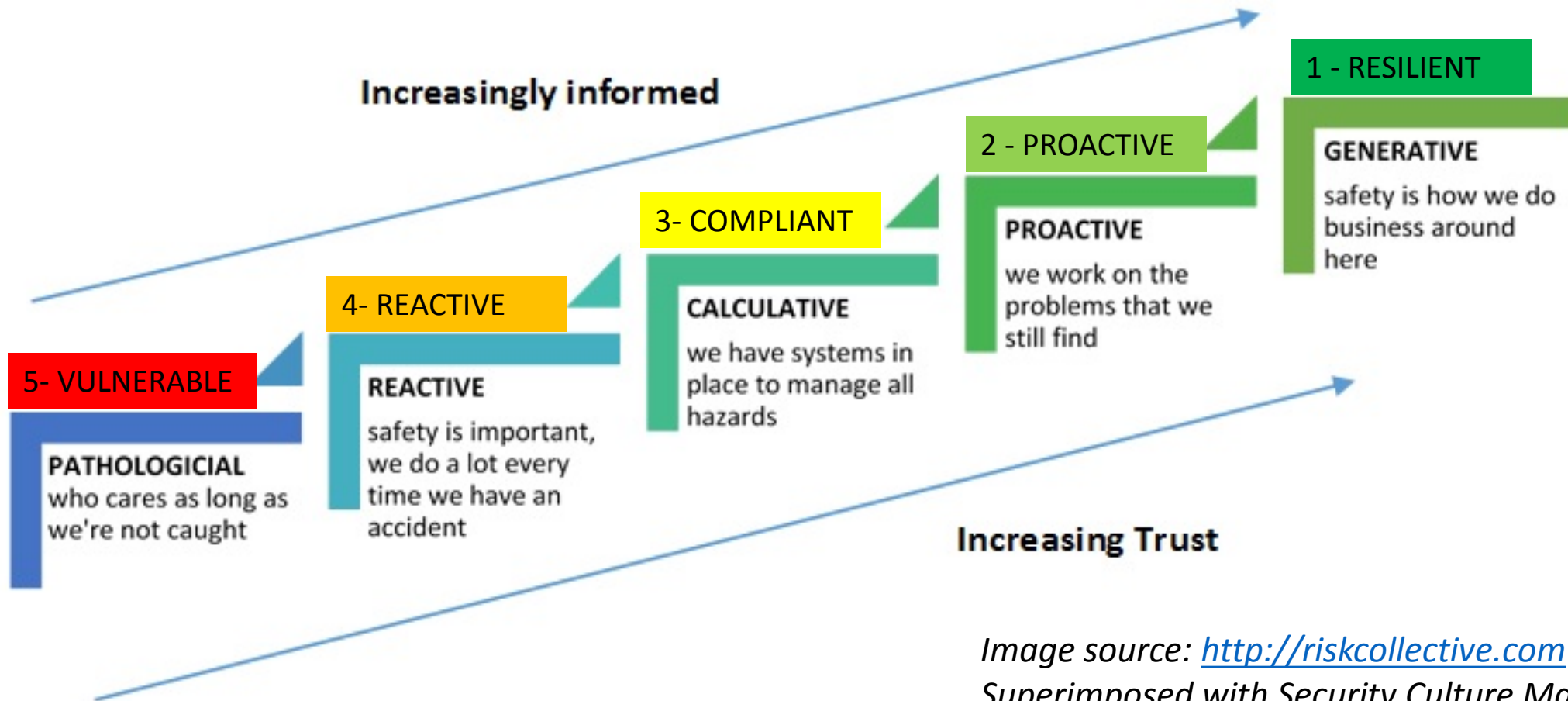
# The safety culture 'ladder'



Increasingly informed

1 - RESILIENT

**GENERATIVE**
safety is how we do business around here

2 - PROACTIVE

**PROACTIVE**
we work on the problems that we still find

3- COMPLIANT

**CALCULATIVE**
we have systems in place to manage all hazards

4- REACTIVE

**REACTIVE**
safety is important, we do a lot every time we have an accident

5- VULNERABLE

**PATHOLOGICIAL**
who cares as long as we're not caught

Increasing Trust

*Image source: http://riskcollective.com*
*Superimposed with Security Culture Maturity Scale*
*WINS 1.4 NUCLEAR SECURITY CULTURE*

# Accreditation in Canada

Health Standards Organization (HSO) builds **standards**

- Develops and maintains >100 health care and social service standards

- Developing innovative assessment methodologies and tools
  - Instruments and benchmarking
  - Coaching and training
  - Database of leading health care practices

- Provides volume licenses to governments and associations for its programs and tools and an industry first Global Partners Program
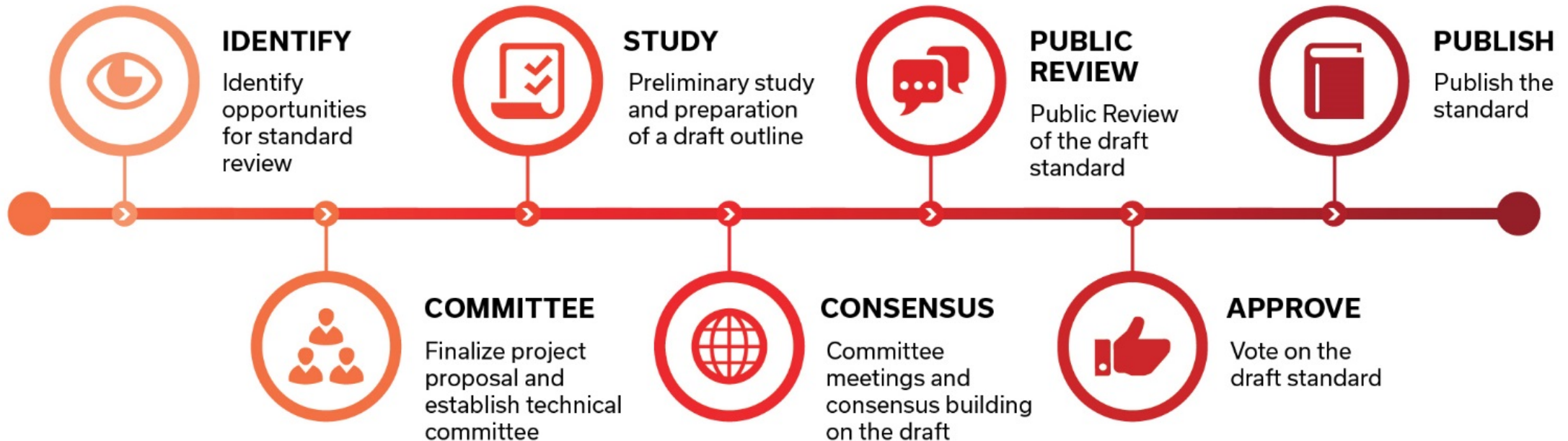
Accreditation Canada delivers HSO's **assessment programs**

- Provides accreditation and assessment programs to health services in the following sectors; Instruments and benchmarking
  - Community
  - Home & Primary Care
  - Health Systems
  - Hospitals
  - Independent Health Facilities
  - Senior & Residential Care
  - Aboriginal Health

- Works with more than 7,000 health and social service providers in Canada and around the world

# HS

## STANDARDS REVIEW AND DEVELOPMENT PROCESS

**IDENTIFY**
Identify opportunities for standard review

**STUDY**
Preliminary study and preparation of a draft outline

**PUBLIC REVIEW**
Public Review of the draft standard

**PUBLISH**
Publish the standard

**COMMITTEE**
Finalize project proposal and establish technical committee

**CONSENSUS**
Committee meetings and consensus building on the draft

**APPROVE**
Vote on the draft standard

# Overview

In the Qmentum Accreditation Program, Required Organizational Practices (ROPs) are evidence-based practices addressing high-priority areas that are central to quality and safety. Health Standards Organization (HSO) defines an ROP as an essential practice that health service providers must have in place to enhance patient safety and minimize risk.

| ROPs are categorized into six patient safety areas, each with its own goal. | |
|---|---|
| Safety Culture: | Create a culture of safety within the organization |
| Communication: | Improve the effectiveness and coordination of communication among care and service providers and with the recipients of care and service across the continuum |
| Medication Use: | Ensure the safe use of high-risk medications |
| Worklife/Workforce: | Create a worklife and physical environment that supports the safe delivery of care and service |
| Infection Control: | Reduce the risk of health care-associated infections and their impact across the continuum of care/service |
| Risk Assessment: | Identify safety risks inherent in the client population |

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# Example

# Narcotics Safety

The availability of narcotic products is evaluated and limited to ensure that formats with the potential to cause patient safety incidents are not stocked in client service areas.

## GUIDELINES

Narcotics (or opioids) have been identified as high-alert medications. Limiting their availability, and ensuring that high dose formats are not stocked in client service areas, are effective strategies to minimize the risk of death or disabling injury associated with these agents.

For specific care circumstances, it may be necessary for narcotic products to be available in select client service areas, for example:

- Fentanyl: ampoules or vials with total dose greater than 100 mcg per container
- HYDROmorphone: 10 mg/mL ampoules or vials may be provided based on the following criteria and must be removed when no longer required: intermittent intravenous, subcutaneous or intramuscular doses greater than 4 mg

In these cases, an interdisciplinary committee for medication management (e.g., Pharmacy and Therapeutics Committee and Medical Advisory Secretariat) reviews and approves the rationale for availability and safeguards are put in place to minimize the risk of error.

Organizations serving pediatric populations are encouraged to implement practice recommendations specific to their patient population, including the use of standardized concentrations for opioid infusions.

To optimize the safe use of narcotic products, organizations may also consider establishing a pain management team.

## TEST(S) FOR COMPLIANCE

- An audit of the following narcotic products in client service areas is completed at least annually:
  - Fentanyl: ampoules or vials with total dose greater than 100 mcg per container
  - HYDROmorphone: ampoules or vials with total dose greater than 2 mg
  - Morphine: ampoules or vials with total dose greater than 15 mg in adult care areas and 2 mg in paediatric care areas.
- Stocking the following narcotic products is avoided in client service areas:
  - Fentanyl: ampoules or vials with total dose greater than 100 mcg per container
  - HYDROmorphone: ampoules or vials with total dose greater than 2 mg
  - Morphine: ampoules or vials with total dose greater than 15 mg in adult care areas and 2 mg in paediatric care areas.
- When it is necessary for narcotic (opioid) products to be available in select client service areas, an interdisciplinary committee for medication management reviews and approves the rationale for availability, and safeguards are put in place to minimize the risk of error.

## RESOURCES

- Canadian Association of Paediatric Health Centres, Paediatric Opioid Safety Resource Kit
- Institute for Safe Medication Practices Canada, A National Collaborative: Advancing Medication Safety in Paediatrics

## REFERENCE MATERIAL

- Colquhoun, M., Koczmara, C., & Greenall, J. (2006). Implementing system safeguards to prevent error-induced injury with opioids (narcotics): an ISMP Canada collaborative. Healthc.Q., 9 Spec No, 36-42.
- Institute for Healthcare Improvement. (2012). High-alert medication safety. Available: http://www.ismp.org/tools/highalertmedications.pdf
- Institute for Healthcare Improvement. (2012). How-to Guide: Prevent Harm from High-Alert Medications. [On-line]. Available: www.ihi.org
- Institute for Safe Medication Practices - Canada (2005). Narcotic (Opioid) Medication Safety Initiative. Institute for Safe Medication Practices - Canada. Available: www.ismp-canada.org/NarcInit.htm

# Patient Safety Plan

A patient safety plan is developed and implemented for the organization.

## GUIDELINES

There is an important connection between excellence in care and safety. Ensuring services are provided safely is one of an organization's primary obligations to clients and team members. Patient safety can be improved when organizations develop a targeted patient safety plan.

Patient safety plans need to consider safety issues in the organization, the delivery of services, and the needs of clients and families. They may include a range of topics and approaches, such as mentoring team members, the role of leadership (e.g., patient safety leadership walkabouts), implementing organization-wide patient safety initiatives, accessing evidence and best practices, and recognizing team members for innovations to improve patient safety.

## TEST(S) FOR COMPLIANCE

- Patient safety issues for the organization are assessed.
- There is a plan and process in place to address identified patient safety issues.
- The plan includes patient safety as a written strategic priority or goal.
- Resources are allocated to support the implementation of the patient safety plan.

# 1. Self-Assessment Questionnaire

- Self-assess based on the Primer standards

# 2. On-Site Survey (by peer-based team)

- Provides objective, third party evaluation of quality & safety at your site
- Evaluates clinical and administrative processes, from the leadership level to the care level through interview and observations with patients, families, staff and leadership.
- Provides feedback and recommendations based on best practices and captures innovative practices developed at your site to grow their database of best practice

# 3. Report and Decision

- Following the on-site survey, organizations receive a detailed report that: 1) provides results from the Accreditation Primer and 2) identifies next steps. Organizations that complete the Accreditation Primer are issued an Accreditation Primer Award and "Accredited" status that is valid for 2 years.

# Value of accreditation

In a 2015 EKOS survey, 1,016 Canadians were asked how important it is for health care organizations to be accredited. 92% said *"Very important."*

They were also asked if they would feel more comfortable interacting with an organization if they knew it "met established standards for health care delivery." 94% said *"yes"*.

In a survey by the Public Health Accreditation Board, 98% of respondents agreed that accreditation prompted their organization to improve quality and performance…. >90% of health departments that had been accredited for 1 year reported that accreditation has stimulated quality improvement and performance improvement opportunities, increased accountability and transparency, and improved management processes.

*(Evaluating the Impact of National Public Health Department Accreditation* — United States, 2016  Centers for Disease Control and Prevention *Weekly* / August 12, 2016 / 65(31);803–806)

*(Image source: council on accreditation blog)*

"Good security is 20% equipment and 80% culture"

Gen. Eugene Habiger, former commander of US strategic nuclear forces

WINS INTERNATIONAL BEST PRACTICE GUIDE 1.4 NUCLEAR SECURITY CULTURE

# *Is there a role for accreditation to further improve nuclear security culture?*