



A closer look at Communication

On-site Accreditation survey

May 31 to June 4, 2009

All BC Cancer Agency care and research centres

Our Communication Goal

The Communication goal is to improve the effectiveness and coordination of communication among care/service providers and recipients across the continuum of care. Within this goal, there are five Required Organizational Practices (ROPs) that must be met in order to in order to successfully complete Accreditation. The ROPs require BCCA to:

- Effectively transfer information among providers at transition points
- Use at least two client identifiers prior to the provision of any service or procedure
- Use at least two client identifiers before administering medications
- Identify and implement a list of abbreviations, symbols and dose designations that are not to be used in the organization
- Implement verification processes and other checking systems for high-risk activities

Six Quality & Safety Goals

In addition to Communication, the other Quality & Safety goal areas are:

POPULATION ONCOLOGY – deliver a population-based cancer control program across the continuum of care, from prevention to end-of-life care

WORKLIFE/ WORKFORCE – create a work life and physical environment that supports the safe delivery of care and service

CULTURE OF SAFETY – create a culture of safety throughout the BC Cancer Agency

INFECTION PREVENTION & CONTROL – reduce the risk of site-acquired infections and their impact across the continuum of care/service throughout the BC Cancer Agency

MEDICATION MANAGEMENT – ensure the safe use of high-risk medications



Jeff Barnett
Director
Clinical Informatics Cancer Care
Vancouver Island Centre

About Accreditation

The BC Cancer Agency will host Accreditation Canada surveyors at each of our care and research centres from May 31-June 4, 2009.

By participating in the Accreditation program, we are able to demonstrate our population-based cancer control program and our commitment to continuous quality improvement, patient safety, improved efficiency and accountability.





Demonstrated Excellence

This goal area covers a wide range of topics including patient and family education, transition processes, patient identifiers, informed consent, standard abbreviations, high-risk process verifications, patient & family education, and access to service. Below you will find more information about this goal's five Required Organizational Practices (ROPs), and the measures we have in place to address them.

TRANSITION PROCESSES

ROP: BCCA transfers information effectively among providers and transition points.

Surveyor Question: How do you transfer information to other health care providers?

Evidence: BCCA communicates with other health care providers in a variety of ways. To ensure complete information is obtained and transferred, a number of processes, forms and checklists are used. For example, a process is in place for the nurse to contact the sending centre for patient transfer to BCCA for ambulatory clinic appointments, and patient review visits in Radiation Therapy and chemotherapy. The sending centre is contacted one day prior to the visit and the nurse gathers pertinent information – supported by a checklist – to ensure continuity of care during the patient's BCCA visit.

When sending the patient back to the originating centre, nurses use a number of forms to relay information about the patient's visit or treatment, including;

- **Patient Discharge Form Summary:** As a patient completes care at BCCA, nurses prepare a treatment summary form. The form is provided to the health care professional who provides follow-up care and to the patient to ensure continuity of care. The treatment summary form is used for ambulatory care patients and in-patients.
- **Patient Care Information-Transfer From other Facilities:** Nursing staff in Radiation Therapy call other facilities the day prior to a clinic visit to obtain information about new patients. This process will be rolled out to Systemic Therapy to ensure a standardized process for all centres.

- **In-patient Transfer Form:** Nurses complete a transfer form to relay information to other in-patient facilities, including palliative care units, when the patient is transferred.
- **Communication Handover Form:** This form is used by BCCA to transfer information about the patient, if the patient has been given medications while at BCCA or has had an adverse event.

PATIENT IDENTIFICATION

ROP: BCCA uses at least two patient identifiers prior to the provision of any service or procedure.

Surveyor Question: How do you verify that you are about to treat the correct patient?

Evidence: Earlier this year, BCCA conducted an audit of patient identifiers used in each centre. The results showed a high degree of compliance in the practice of using at least two patient identifiers. BCCA uses the following patient identifiers prior to treating patients:

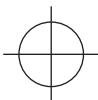
- identification wrist bands/armbands
- date of birth
- double witnessing of patient's name (two people asking the patient's name)
- patient identification cards (Care Card or Appointment Card)
- photo identification
- BCCA number

ROP: BCCA uses at least two patient identifiers before administering medications.

Surveyor Question: What identifiers do you use to ensure you are providing medications to the correct patient?

Evidence: The nurses in Chemotherapy use two of the following identifiers prior to administering medication: the patient appointment card, patient name, date of birth or BCCA number. In addition to these identifiers, nurses in Vancouver Centre's in-patient unit also use the patient's armbands.





STANDARD ABBREVIATIONS

ROP: BCCA has identified and implemented a list of abbreviations, symbols and dose designations that are not to be used in the organization.

Surveyor Question: Are there abbreviations that should not be used in BCCA?

Evidence: BCCA has adopted a policy to follow the list of abbreviations that should NOT be used. The list was prepared by Institute of Safe Medication Practice Canada. All preprinted orders have been revised to comply with this policy.

BCCA's policy, entitled "Use of Abbreviations/Acronyms in Clinical Documentation" has been provided to staff to ensure compliance when entering free text such as nursing notes, doctors' orders and computerized entries in pharmacy. The policy and its associated list of "Do Not Use" abbreviations is located in the H:Drive at: H:\EVERYONE\Policy Manual\Abbreviations Policy.

HIGH-RISK PROCESS VERIFICATION

ROP: BCCA to implement verification processes and other related checking systems for high-risk activities.

Surveyor Question: What verification processes do you follow prior to caring for patients?

Evidence: High-risk activities include the delivery of radiation therapy, chemotherapy and surgical procedures. Radiation Therapy has a number of patient care and quality assurance policies that must be checked prior to a patient receiving radiation therapy. The regional programs undergo quality assurance monitoring to ensure safe practices are in place. Similarly, the Provincial Systemic Committee also has many policies that guide the delivery of systemic therapy.

The Surgical Suite at the Vancouver Centre has patient surgery policies and procedures, including the OR Safe Surgery Time Out policy and checklist, and a Post Anesthetic Recovery Room (PAR) flow sheet to ensure patients are ready for discharge.

Special processes for patients who are receiving both chemotherapy and radiation therapy on the same day – referred to as Dual Modality treatment – are in place to guide and coordinate the combined care. BCCA has a policy with explicit procedures to ensure a unified booking process and reduce the risk of errors in the delivery of complex and toxic treatments. Documentation, including Radiation Therapy requisitions and the Systemic Therapy preprinted orders, clearly identify the patient as a dual modality recipient and a 'flag' has been created in CAIS to identify patients during their Dual Modality treatment program.





Get Involved

During the on-site visit, surveyors will tour the facilities and speak with staff, physicians, students, volunteers, patients and families. Individuals will be interviewed and observed, so it is important to understand our Accreditation program and our Communication goals.

If you are asked a question on an unfamiliar topic, please refer the surveyor to the appropriate department or individual, or to your manager.

Learn More

BCCA has provided materials and education opportunities on the six Patient Quality & Safety goal areas. In May, BCCA will host an Accreditation Fair in each of the cancer centres.

For more information about Accreditation 2009 or the Communication goal, please ask your manager or visit the Accreditation folder at H:\Everyone\BCCA Accreditation 2009\Accreditation Theme Fact Sheets & Q&A\Communication.



POPULATION
ONCOLOGY



WORK LIFE/
WORKFORCE



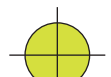
CULTURE
OF SAFETY



INFECTION
PREVENTION
& CONTROL



MEDICATION
MANAGEMENT



COMMUNICATION