Looking ahead to 2015
EOC, IC standards continue to top problematic lists


And clinical staff need to help where they can with these ongoing challenges.

“The clinical staff are more attuned to making sure they’ve got everything in place to meet the clinical standards,” says Fennel. When environmental standards take over the top cited list, “oftentimes clinical staff think it’s all facilities’ [responsibility].”

Some of the most-cited standards are more difficult for clinical staff to help address, though. For example, while penetrations continue to be a problem, physicians and nurses don’t usually know what contractors are working on in the ceiling. “They’re not going to know if they didn’t use the correct fire-stopping material or if they attached some wires to the sprinkler system,”
says Fennel. But there are many other environmental standards where staff can help the organization’s compliance efforts, “Blocking egress is one specific area where clinical staff can help out,” says Fennel. “They can be constantly vigilant that corridors are clear, that things are parked on one side.”

For many organizations, communicating environmental compliance concerns to clinical staff and figuring out what those staff can do to help has been a challenge.

“Environment of Care rounding tools are fairly common,” says Fennel, “but some are more effective than others. For example, if a multidisciplinary team visits a patient care unit and asks the manager or charge nurse to round with them, it engages them in their findings. Work orders get completed faster, and frontline staff learn the important features of a safe environment. This mindfulness about the potential impact to life if we fail to maintain safety is the culture we want to cultivate.”

In an effort to get a true picture of the readiness of the environment, some teams make unannounced rounds. However, they include the staff in the rounds and ensure that they share their results before they leave the unit. Failing to do so would be a missed opportunity to help non-facilities staff, clinical and otherwise, see that managing the physical environment is a shared responsibility.

Communication can be improved not just at the unit level, but among those who have pivotal roles in preparing for an accreditation survey.

“For the most part, I think accreditation professionals stay on top of the changes from CMS, The Joint Commission, or other accrediting organization,” says Fennel. “Unfortunately, it’s not uncommon for facilities staff to say that they didn’t get a copy of a particular memo from CMS which contained information related to their field.”

While many facilities and Environment of Care managers receive a great deal of information through professional organizations like the American Society for Healthcare Engineering (ASHE), accreditation staff can make sure to communicate the information...
they receive as well. If accreditation personnel pass on CMS or other regulatory information, it ensures the relevant departments will be able to act on that knowledge, to everyone's benefit.

“Even if it’s duplicated, it’s better to receive the information twice than not at all,” says Fennel.

‘It’s a big job’

So why do environment issues continue to challenge hospitals year in and year out?

“Some organizations have internal expertise, while others recognize the value in having a consulting service to come in one or two times a year to help with big inspections so they can stay on top of the changes. It’s a big job,” says Fennel.

But accreditation staff need to have a good working relationship with facilities personnel and safety officers so that they are approaching facilities standards jointly and sharing any new findings they discover.

These in-house experts need to be involved in survey preparation because it is their expertise that will catch the deviations that may get the organization dinged during future surveys.

“I’ll be honest, I don’t see accreditation professionals going out and doing the kinds of inspections for life safety that engineers and facilities people do,” says Fennel. “With the focus on assessing compliance with clinical standards, providing education, and conducting monitoring as required by both CMS and Joint Commission, I don’t see the average accreditation professional doing life safety and environmental types of surveys on their own.”

What organizations need is to combine the accreditation overview and general regulatory expertise of their accreditation department with the working know-how of the facilities staff, putting forth a team effort to identify challenges during mock surveys and other survey prep.

“But you also need to hold them accountable to make sure you’ll be ready for your actual survey,” says Fennel.

One specific example she uses is categorical waivers. “The accreditation staff might advise the facility manager to determine if any categorical waivers are applicable,” says Fennel. “Then, they need to hold the facilities managers accountable. Did the formal declaration of categorical waivers make it into the safety committee minutes?”

Documentation, in fact, continues to be a place where facilities-based standards are frequently cited. Documenting inspections of sprinkler systems or fire extinguishers, for example, still shows up in most-cited standards lists, and very often it’s not a question of whether the inspections occurred, but rather proving the inspections were conducted through proper documentation.

“The clinical staff are more attuned to making sure they’ve got everything in place to meet the clinical standards.

... Oftentimes clinical staff think [environmental standards are] all facilities’ [responsibility].”

—Victoria Fennel, RN-BC, PhD, CPHQ

“Again, it comes back to accountability,” says Fennel. “If you’ve got people coming in to your facility doing work in your hospital, you need to make sure it’s done correctly, to your satisfaction, and in accordance to whatever the regulations are.”

Different services have their own unique challenges, she notes. For example, if a hospital has an above-ceiling work permit policy, an inspection is required any time someone does above-ceiling work.

“The hospital would advise the vendor that they need to obtain a permit before working in their ceiling, and then the hospital has to inspect the work afterwards to make sure all penetrations have been sealed,” says Fennel. “A hospital might have a policy, but if they don’t enforce it, it’s of no benefit.”

Organizations also have to stand firm with their vendors in this regard. “The first time one of your vendors fails to follow policy, you have to say, ‘We’re not going to be able to use you as a vendor again,’” says Fennel.

The concept of accountability comes up again here as well.

“When you have a service being provided in the hospital by someone else on your behalf, the hospital
still has a responsibility to ensure quality and safety,” says Fennel. “You have performance measures both sides have agreed on—the contractor agrees on what to do, and the hospital agrees on what those parameters are.”

Parameters are key: The hospital will then have information and data collected as a performance measure that can then be fed into the quality assessment committee. This last step is often missed by hospitals.

“The hospital may have collected information about the vendor’s performance and the vendor may have provided necessary information, but it somehow missed being fed up to the quality assessment or performance improvement group or committee,” says Fennel. “It gets back to holding the vendor accountable to being compliant with performance measures. If performance is not satisfactory, then a decision has to be made. The vendor needs specific feedback, and the hospital has to fairly apply the terms of the agreement, which may include increased monitoring, applying penalties, and/or termination.”

**Infection control**

While facilities-based standards like Environment of Care and Life Safety dominate the top 20 most-cited list again this year, another trouble area hospitals continue to struggle with involves infection control—it’s fifth on the list.

“As you know, there are a lot of reports in the news media about infections. I think it surprises most people that hospitals struggle with preventing and controlling infections. One of the areas that receives a lot of focus in surveys is cleaning, disinfecting, and sterilizing equipment,” says Fennel.

This is one of those challenging standards where there is no solitary reason “why” it appears on the list as high as it does.

“There’s an increased attention to competency, training, and supervision,” says Fennel. But beyond a simple lack of training and education, following the manufacturer’s instructions for cleaning and sterilization also seems to be problematic.

Immediate-use steam sterilization (IUSS) is one area that remains a challenge, though the cause varies from hospital to hospital.

“Surveyors are asking hospitals, ‘What is your IUSS (flash) rate and what are you doing to decrease it?’” says Fennel.

Some say any rate of use of immediate-use sterilization is too high. “The goal is to constantly reduce it, and for that you need data,” she says. So the organization has to analyze its data to determine if it is scheduling cases too close together or if it has enough instruments to meet the needs of the scheduled number of procedures.

“A CMS memo came out earlier this year providing a guide to what surveyors are looking for when examining immediate-use sterilization. (Editor’s note: For further reading on the CMS IUSS memo, see the August, 2014 issue of BOJ for Elizabeth Di Giacomo-Geffers’ breakdown of the missive.)

“This would be an excellent tool for hospitals to use to conduct a self-assessment,” says Fennel. “There definitely seems to be more clarity and more communication from CMS. The CoPs have been revised more times this year than I’ve seen in the past.”

**Not on the list**

Looking back to the facilities-based standards, Fennel notes there is some risk to these environment and life safety issues taking up so much of the top 10 or 20 most-cited standards.

“From a clinical perspective, staff might look at the list, and if they don’t see clinical issues listed, there’s a chance they might think they must be doing everything okay and that they don’t need to change their practice,” says Fennel. “This is especially true if the accreditation staff have been saying the hospital...”
CMS updates PSI worksheets

Program documentation updated based on pilot

**Continuing Education Objectives**

After reading this article, you will be able to:

- Discuss the background of the CMS Patient Safety Initiative program
- Describe what hospitals should expect regarding the PSI program in 2015
- Discuss what sort of sample surveys are required from State Agencies in 2015
- Discuss the PSI program's overall impact on CMS surveys

**Editor’s note:** Elizabeth Di Giacomo-Geffers, RN, MPH, CSHA, is a healthcare consultant in Trabuco Canyon, California, and a former Joint Commission surveyor.

In a memo dated October 31, 2014, the CMS Center for Clinical Standard and Quality/Survey and Certification Group targeted patient safety in a number of announcements.

Specifically, the memo addresses the 2015 Hospital Patient Safety Initiative (PSI). First, the organization announced and provided three hospital PSI worksheets, developed as part of the initiative. The worksheets were recently revised for use in all hospital survey activity when assessing compliance with the *Conditions of Participation (CoP)* for quality assessment performance improvement (QAPI), infection control, and discharge planning.

According to the official announcement, “State Survey Agencies (SAs) will be required to complete hospital PSI surveys using the three worksheets in combination as discussed with the S&C Mission and Priority Document (MPD), contingent upon the availability of supplemental funding for this Tier 2 survey work.”

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—Elizabeth Di Giacomo-Geffers, RN, MPH, CSHA

Where did this all come from? Back in 2011, CMS began piloting three worksheets for SA surveyors to use through the PSI to, according to the memo, “better assess compliance with the hospital CoPs for QAPI, infection control, and discharge planning.” This was part of a larger initiative by
the agency to reduce healthcare-acquired conditions such as healthcare-associated infections (HAI) and preventable readmissions, two challenging areas for hospitals across the board. This latest memo comes after the end of the pilot phase. The worksheets have been revised to reflect that pilot period based on feedback received over the course of the process, and CMS now considers them ready for use as part of the general survey process for hospitals according to the memo.

**FY 2015**

According to the memo, these worksheets will be used for all hospital survey activity by SA surveyors “whenever assessment of compliance with any of the three associated CoPs occurs,” the memo notes. This includes:

- All complaint surveys involving assessment of compliance with one or more of these CoPs
- All full, standard surveys, including:
  - Representative sample validation
  - Recertification surveys
  - Full surveys that the regional office requires after a complaint survey with condition-level noncompliance

Depending on the specifics of the survey activity, the worksheets may be used individually or in combination with each other. Unlike in prior years, however, the worksheets will not be submitted to CMS or any CMS contractor according to the announcement, “although CMS may require completed worksheets to be submitted at a later date or in future years,” which is worthy of note. The completed worksheets may afterward be attached in CMS records as part of the survey documentation, but that decision will be left to the state agency’s director’s discretion.

**Citations from previous years**

Here is another change very much worth noting: Hospitals surveyed during fiscal year (FY) 2013 and 2014 as part of the PSI were not cited for any identified noncompliance. Moving forward, the memo notes, all identified noncompliance must be cited as directed in the instructions for each question on each of these three worksheets. (Surveyors will follow usual citation practices, including documenting noncompliance on Form CMS-2567.)

Also of note: CMS mentions in its official memo that there are worksheet questions that continue, for the time being, to be for information purposes only. No citations will be made for these questions regardless of the response. In fact, instructions on the worksheets explicitly identify the questions for which no citations will be made.

**Sample surveys**

The memo notes that according to the FY 2015 S&C Mission and Priority Document (MPD), SAs are expected to perform targeted surveys of selected hospitals using all three of these updated worksheets in combination as part of the ongoing PSI.

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**PSI: Where it began**

The Patient Safety Initiative Program has been in the works for several years as a means to help surveyors assess compliance with the hospital Conditions of Participation (CoP) in three challenging areas:

- Quality assessment performance improvement (QAPI)
- Infection control
- Discharge planning

Copies of the original surveyor worksheets were made public in October 2011 and were used during a pre-test phase of the initiative, which had kicked off in September of that year. The pre-test phase included testing one or more of the worksheets in 11 volunteer State Survey Agencies. The worksheets have been revised several times since then based on feedback from the field. The underlying CoPs for QAPI, infection control, and discharge planning were not changed based on these test runs, however.

The worksheets were designed to assist surveyors, as well as hospital staff, to better identify when and where issues of compliance with these CoPs arose.
Interestingly, this will be contingent upon availability of supplemental funding for the surveys.) This is different from prior years, though SAs are required to cite all deficient practices identified through these PSI surveys. (For the curious, CMS provides the number of anticipated surveys expected in 2015 that each state’s agency will be required to complete.)

The SAs are expected to use and complete the worksheets for each PSI survey, but SAs will not be required to submit completed PSI sample survey worksheets to CMS in FY 2015, according to the memo. CMS may require submission of this information in future years.

—Elizabeth Di Giacomo-Geffers, RN, MPH, CSHA

The CMS Central Office will distribute a list of hospitals from which the SAs will select hospitals for survey. The lists will be generated based upon prior citation data from SAs and accrediting organizations. CMS will identify hospitals that are at a potentially greater risk of noncompliance. (A similar process occurred with the FY 2014 pilot phase of the PSI.)

SAs will receive the lists in January 2015 (tentatively), at which point they will also receive an updated (FY 2015) PSI Protocol and Frequently Asked Questions document.

When will State Agencies act?

According to the memo, state agencies “will not undertake any PSI surveys until CMS advises that supplemental funding has been confirmed available for this initiative.”

All FY 2015 PSI survey activity must be completed by September 1, 2015.

The SAs are expected to use and complete the worksheets for each PSI survey, but SAs will not be required to submit completed PSI sample survey worksheets to CMS in FY 2015, according to the memo. CMS may require submission of this information in future years.

The state agencies will need to notify CMS of:

- The names of the hospitals surveyed
- City
- State
- CMS certification number
- Survey dates

This information will be used for tracking purposes and for PSI supplemental payments.

BOJ will continue to monitor the progress of both the implementation of these worksheets as well as the PSI program in general to keep readers abreast of the latest developments.

Further reading:
- APIC: CMS issues revised survey worksheets (www.apic.org/Advocacy/Advocacy-Updates/Detail?id=c5bceb56-daad-4f15-82cf-3c58c1210763)
- Hospital Infection Control Worksheet (http://apic.informz.net/apic/data/images/AdminInfo15-05.02.FY%202015_PSI%20Infection_Control_Worksheet_revised%2010.31....pdf)
- Hospital Quality Assessment Performance Improvement (QAPI) Worksheet (http://apic.informz.net/apic/data/images/AdminInfo15-05.03.FY%202015_PSI_QAPI_Worksheet%20revised%2010.31.14.pdf)
- Hospital Discharge Planning Worksheet (http://apic.informz.net/apic/data/images/AdminInfo15-05.04.FY%202015%20PSI_DischargePlanning Worksheet%20revised%2010.3....pdf)
- Hospital Inpatient Value-Based Purchasing Program Fact Sheet (www.google.com/?gws_rd=ssl#q=Appendix+5+of+the+MPD+lists+the+number+of+FY+2015+PSI+surveys)

Questions? Comments? Ideas?

We at BOJ value and welcome your feedback and opinions. Do you have a response to any of this month’s articles, an idea for a best practice or success story you’d like to share, or a recent survey experience you would like to recount? We would love to hear from you.

Contact Senior Managing Editor Matt Phillion
Email: mphillion@hcpro.com
### 2015 Hospital CMS—Patient Safety Initiative (PSI) surveyor worksheets, by module, section, and part

**CMS Hospital Quality Assessment Performance Improvement (QAPI) Worksheet**
- Part 1 Hospital Characteristics
- Part 2 Data Collection and Analysis-Quality Indicator Tracers
- Part 3 Applying Quality Indicator Information-Activities and Projects
- Part 4 Patient Safety—Adverse Events and Medical Errors
- Part 4 Patient Safety Tracers
- Part 5 Broad QAPI Requirements and Leadership Responsibilities

**CMS Hospital Discharge Planning Worksheet**
- Section 1 Hospital Characteristics
- Section 2 Discharge Planning—Policies and Procedures
- Section 3 Discharge Planning—Reassessment and QAPI
- Section 4 Discharge Planning Tracers

**CMS Infection Control Worksheet**

#### Module 1: Infection Prevention Program
- Section 1.A. Infection Prevention Program and Resources
- Section 1.B. Hospital QAPI Systems Related to Infection Prevention
- Section 1.C. Systems to Prevent Transmission of MDROs and Promote Antimicrobial Stewardship
- Section 1.D. Infection Prevention Systems, and Training Related to Personnel

#### Module 2: General Infection Prevention Elements - to be applied to all locations providing patient care
- Section 2.A Hand Hygiene
- Section 2.B Injection Practices and Sharps Safety (Medications and Infusates)
- Section 2.C Personal Protective Equipment/Standard Precautions
- Section 2.D Environmental Services

#### Module 3: Equipment Reprocessing
- Section 3.A. Reprocessing of Semi-Critical Equipment: Semi-critical equipment are objects that contact mucous membranes or non-intact skin and require, at a minimum, high-level disinfection prior to reuse (e.g. some endoscopes, speculums, laryngoscope blades)
- Section 3.B. Reprocessing of Reusable Critical Equipment, Instruments and Devices: Critical equipment, instruments and devices are objects that enter sterile tissue or the vascular system and must be sterile prior to use (e.g. surgical instruments, cardiac and urinary catheters, implants, and ultrasound probes used in sterile body cavities)
- Section 3.C Single - Use Devices

#### Module 4: Patient Tracers
- Section 4.A Indwelling Urinary Catheters
- Section 4.B Central Venous Catheters
- Section 4.C Ventilator/Respiratory Therapy
- Section 4.D Spinal Injection Procedures
- Section 4.F Isolation: Contact Precautions
- Section 4.E Point of Care Devices (e.g. Blood Glucose Meter, INR Monitor)
- Section 4.G Isolation: Droplet Precautions
- Section 4.H Isolation: Airborne Isolation Precautions
- Section 4.I Surgical Procedures

Source: CMS—Patient Safety Initiative (PSI) surveyor worksheets.
Accreditation news in brief

AAHHS launches accreditation program for CAH, rural facilities

The Accreditation Association for Hospitals/Health Systems (AAHHS) will now offer an accreditation program for critical access hospitals and rural hospitals with less than 200 beds.

In some cases, small and rural hospitals had trouble meeting the expectations of other accreditation programs because the requirements were not pertinent to smaller facilities, the AAHHS said in an official news release.

“As we developed the AAHHS hospital accreditation program, we talked one-on-one with the staffs to hear their feedback and ensure we addressed their needs through our standards and survey process,” Meg Gravesmill, vice president and general manager of hospital operations for AAHHS, said in prepared statement. “Our peer-review accreditation system involves a comprehensive, two-way approach that focuses on the services provided by small hospitals.”

According to the official announcement, AAHHS accreditation will help small hospitals get on more level ground with their larger urban counterparts. The program will also help organizations prepare for annual reviews by state agencies.

Like existing accrediting programs, the AAHHS program will involve on-site surveys.

“The AAHHS surveyors we’ve recruited for this new offering have decades of experience working in small, rural hospitals in addition to survey expertise,” Gravesmill said. “Because they understand these hospital environments, AAHHS surveyors quickly establish collegial relationships, and this rapport can generate significant improvement in the organizations’ key focus areas.”

CDC health advisory

The CDC has issued a health advisory on “Fatal Gastrointestinal Mucormycosis in an Infant Following Ingestion of Contaminated Dietary Supplement.”

Solgar ABC Dophilus® Powder is distributed through pharmacies, retail stores, wholesalers, and online retailers.

The CDC currently recommends that Solgar ABC Dophilus Powder, a dietary supplement, should not be used. The organization, in conjunction with the FDA and state health departments, is investigating a fatal case of gastrointestinal mucormycosis caused by Rhizopus oryzae in a premature infant in October 2014. Infection followed the use of ABC Dophilus Powder, a dietary supplement purchased from Solgar, Inc., in Leonia, New Jersey.

According to the official announcement by the CDC, testing of the same lot of unopened Solgar ABC Dophilus revealed Rhizopus oryzae contamination. The source of this contamination is still under investigation.

Meanwhile, the manufacturer, Solgar, has voluntarily recalled the following lots of ABC Dophilus:

• 074024-01R
• 074024-01
• 074024-02

These lots have an expiration date of July 31, 2015. The investigation is ongoing, and new information will be provided when available.

CMS issues memo on Ebola-related EMTALA requirements

In a memorandum dated November 21 to state survey agencies, CMS provided requirements for the Emergency Medical Treatment and Active Labor Act of 1986 (EMTALA) related to Ebola.

According to the memo, every hospital or critical access hospital (CAH) ED should be able to apply appropriate Ebola screening criteria when applicable. Hospitals should also immediately isolate individuals who meet the criteria for a potential Ebola case. The memo also states that EDs should contact their state or local public health officials to determine if Ebola testing is needed.

CMS goes on to say that when a decision to test is made, EDs should provide treatment to the individual for his or her symptoms, using appropriate isolation precautions, until it is determined whether the individual has Ebola. If an individual has Ebola, hospitals and CAHs are expected to comply with the most recent state or local public health guidance in determining whether they can provide appropriate stabilizing treatment on site or whether to initiate appropriate transfers.
Community paramedicine, ED-CAHPS, and Ebola ... oh my!

Continuing Education Objectives

After reading this article, you will be able to:

• Describe how emergency medicine can have an operational impact on local hospitals
• Discuss expectations on ED-CAHPS for 2015

Editor’s note: Patrick Pianezza, MHA, currently works for VEP Healthcare as its manager of patient experience overseeing patient experience and special projects across its vast networks of emergency departments. He has worked with The Studer Group and Johns Hopkins in the past, and can be reached at ppianezza@gmail.com.

This year has been full of interesting healthcare topics worthy of a year-end wrap-up. We start our journey with the idea of emergency medical services (EMS) helping with readmissions and end with one of the world’s scariest viruses to date.

Community paramedicine is the idea and operational component in which hospitals partner with EMS providers to check on patients with high-risk diagnoses. This can be done with some creative discharge planning and collaboration. As mentioned in a previous article, reimbursements can be handled on a pay-per-visit schedule or as a percentage of cost savings. Community paramedicine in its various iterations is being successfully implemented across the country, and it’s making an impact on patient outcomes. In an effort to move toward population health, it is a powerful tool and market differentiator.

ED-CAHPS is CMS’ CAHPS (Consumer Assessment of Healthcare Providers and Systems) survey for the emergency department. It was expected to begin in earnest at the beginning of 2015, but has since been pushed back, with speculation now putting the survey into operation at the beginning of 2016. This is only a matter of when, not if. —Patrick Pianezza, MHA

Lastly, Ebola, a frightening virus and star of its own movie and book, has captured the world’s attention. The good news is that the healthcare community took notice and stepped up to the plate, providing education to frontline staff and much-needed work on isolation practices; the U.S. even saw multiple cases of the virus, with mostly good clinical outcomes. There is satisfaction to be gleaned from the knowledge that hospitals across the country are better prepared than they have ever been.

Healthcare requires constant vigilance, meaningful innovation, nimbleness, and relentless preparation. These are the qualities that make the difference for the patients we serve and treat. Patients are scared, vulnerable, and mostly ignorant of healthcare and hospital operations; what goes on without the patient’s conscious knowledge is what makes our industry special. Never underestimate the difference individuals make to an organization’s success.
that end, never underestimate the difference each and every one of you makes. That dedication to service and clinical ability continues to inspire. Here’s to another great year!

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—Matt Phillion
Senior Managing Editor