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## A look at The Joint Commission

# Preventing technology-related health care errors

Technology is often touted as the “cure” for health care, but a new Joint Commission *Sentinel Event Alert* warns that implementation of technology and related devices is not a guarantee for success and may actually jeopardize the quality and safety of patient care.

The *Alert* urges greater attention to understanding when a technology may (or may not) be applicable, choosing the right technology, understanding the impact technology can have on the quality and safety of patient care, and attempting to quickly fix technology when it becomes counterproductive. The *Alert* makes clear that the overall safety and effectiveness of technology in health care ultimately depend on its human users and that any form of technology can have a negative impact on the quality and safety of care if it is designed or implemented improperly or is misinterpreted.

The *Alert* notes that there are very little data on the number of errors directly caused by the increasing combined use of health information and devices. However, root cause analysis of errors shows that computerized medication orders and automated dispensing cabinets for medications are frequently involved. In addition to specific recommendations contained in the *Alert*, The Joint Commis-

sion urges health care organizations to use the Information Management accreditation standards to improve patient safety while using technology. As technology is so common in health care—from admitting patients to the operating room to ordering and administering medication—any Joint Commission accreditation standard can be tied to technology.

“Innovations in technologies and information systems are vitally important to improve health care quality and safety, but we must be mindful of the safety risks and preventable errors that these implementations can create or perpetuate” says Mark R. Chassin, MD, MPP, MPH, president, The Joint Commission. “The strategies contained in this *Alert* give organizations and caregivers guidance that can help prevent patient harm and maximize the beneficial impact of these innovations.”

The *Alert* notes that the implementation of technology can threaten care and patient safety when the following occurs:

- Clinicians and other staff are not included in the planning process
- Providers do not consider the impact of technology on care processes, workflow, and safety
- Technology is not fixed

when it becomes counterproductive

- Technology is not updated

To reduce the risk of errors related to health information and technology, The Joint Commission’s *Sentinel Event Alert* recommends that health care organizations take a series of 13 specific steps, including the following:

- Look for possible risks in how caregivers perform their work and resolve these issues before putting technology into place
- Involve the caregivers who will ultimately use the technology
- Train everyone who will be using the technology and provide frequent refresher courses
- Make clear who is authorized and responsible for technology—from putting it into use to reviewing safety
- Continually seek ways to improve safety and discover errors

Other strategies for reducing technology-related errors include avoiding distractions for staff using technology, monitoring and reporting errors and near misses to find the causes, and protecting the security of information.

The warning about preventing technology-related errors is part of a series of *Alerts* issued by the Joint Commission. Previ-

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ous Alerts have addressed anti-coagulants, wrong-site surgery, medication mix-ups, health care-associated infections, and

patient suicides, among others. The complete list and text of past issues of *Sentinel Event Alert* can be found on the Joint

Commission Web site at [www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea\\_42.htm](http://www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea_42.htm).

## AWS announces availability of two fellowships

The Association of Women Surgeons Foundation, together with Ethicon Endo-Surgery Inc. and Genomic Health Inc., have announced the availability of two fellowships. A \$25,000 grant for each fellowship will

be awarded to two qualified and approved applicants. A grant request addressing one of the following disciplines is required: oncology, bariatrics, new and innovative minimally invasive surgery, or surgical education.

The deadline for grant submissions is May 15. For a detailed schedule and application information, visit <http://www.WomenSurgeons.org/> or contact [Info@WomenSurgeons.org](mailto:Info@WomenSurgeons.org).

## ACS to present course on leadership skills

The American College of Surgeons invites surgeons who aspire to meet the challenges of exemplary leadership across all settings to join senior surgical leaders in a dynamic, three-day course, *Surgeons As Leaders: From Operating Room to Boardroom*, to convene June 28 to July 1.

Faculty includes Layton F. Rikkers, MD, FACS, Chair; Bruce L. Gewertz, MD, FACS; Wiley W. Souba, MD, ScD, MBA, FACS; and Gayle E. Woodson, MD, FACS. L.D. Britt, MD, MPH, FACS, Chair of the Board of Regents, will be the keynote speaker, and Charles F. Rinker II, MD, FACS, will serve as special invited faculty. Debra A. DaRosa, PhD, will serve as professional educator for the course.

Organized by the College's Division of Education, the course will help surgeons to (1) exhibit the attributes of a leader; (2)

use consensus development and vision to set, align, and achieve goals; (3) build and maintain effective teams; (4) cultivate leadership capacities to move groups forward; (5) change culture, resolve conflict, and balance demands within the larger environment; and (6) evaluate leadership opportunities.

The course will take place at the ACS headquarters in Chicago, IL. For details and an application form, visit <http://www.facs.org/education/surgeonsasleaders.html>, e-mail [apalinski@facs.org](mailto:apalinski@facs.org), or phone 312/202-5018. The application deadline is May 1.

### Trauma meetings calendar

The following continuing medical education courses in trauma are cosponsored by the American College of Surgeons Committee on Trauma and Regional Committees:

- **Trauma, Critical Care, & Acute Care Surgery 2009–Point/Counterpoint XXVIII**, June 8–10, 2009. National Harbor, MD (near Reagan National Airport).

- **Advances in Trauma**, December 11–12, 2009. Kansas City, MO.

Complete course information can be viewed online (as it becomes available) through the American College of Surgeons' Web site at <http://www.facs.org/trauma/cme/traumtgs.html>, or contact the Trauma Office at 312/202-5342.