



# Bureau of Medicine & Surgery Naval Medical Inspector General

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## MEDINSGEN Message

This portion of the year brings with it many changes in the form of "hails and farewells". In March, Commander Manny Naguit departed to NMC Portsmouth where he will assume the comptrolling position. Though Manny is no longer ours, I know he would be glad to entertain any follow on questions you may have during his past survey visits. He will be replaced in late June by LCDR Mike Lipke, MSC, who is currently at MPT&E. Mike has been TAD with us for a couple trips and has hit the ground running. April saw the retirement of Master Chief Steve Dennis, completing over 30 years service. Also, this month we will be losing our Medical Officer Surveyor/Deputy, Captain Mark Turner, who will be leaving for Cairo as the Executive Officer of NAMRU 3. Mark's replacement has not been identified as of this newsletter. In August we will transfer Captain Mike Scholtz to NHC Annapolis, and as with Captain Turner, his replacement has not been identified. Very soon we will welcome aboard Mr. Terry Connelly who will coordinate all our MEDOSH functions at permanent staff. Last and *surely least* I will also transition this summer. In spite of the moves, we have a great transition plan and it will be business as usual. Please don't hesitate to call anyone on the below list if you have questions to be answered.

Please have a safe summer,

R. C. VINCI

## Medication Management in the Dental Department

By CAPT Michael Scholtz, DC, USN  
MEDINSGEN Staff

A well-planned medication management system supports patient safety and improves the quality of care to our beneficiaries by reducing practice errors and misuse, promoting standardization of processes across the system to insure consistency, and insuring utilization of safe practices that will mitigate risk to patients, staff, and others.

Most recently during Medical Inspector General and Joint Commission surveys, three components of the Medication Management standards have garnered increased attention due to Joint Commission findings at some dental facilities. Standard MM 2.20 states that Medications are properly and safely stored. Specifically, the first issue in the dental departments that received increased Joint Commission scrutiny and MEDIG concern was the appropriate storage of local anesthesia in dental treatment rooms. This concern was recently clarified when the Centers of Medicare and Medicaid Services revised their policy regarding security of medications in that the new condition of participation rightly differentiates between DEA scheduled and non-scheduled medications and allows latitude by healthcare organizations in determining security requirements for non-scheduled medications, in this case, specifically, dental local anesthesia. In that dental local anesthesia has very little inherent risk and falls into the category of a non-scheduled medication, a reasonable amount can be left in the dental treatment rooms in a non-visible space, preferably in a closed drawer, cart or cabinet in a closed container. During the day or treatment periods the door to the treatment space must be open when no staff is present (very rare) to assure that the space is under constant surveillance. After hours or during times when the clinic is not being used for patient care, it is prudent to secure the anesthesia by locking the cart or drawer, locking the treatment room itself or securing the entire clinic space itself. The latter option of securing the dental treatment space itself fully complies with the Joint Commission security requirement and Standard MM 2.20. As with all other compliance issues, the dental department needs to comply with the Command's local policy, which should clearly define how non-scheduled medications are to be secured.

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The second issue that has come to light is the storage of emergency medications and/or supplies, which is defined by Joint Commission Standard MM 2.30. Findings at more than one location include improper storage of emergency medications and storage of crash carts when not in use. As with all emergency medications, succinylcholine must be stored in a sealed or locked container in a locked room or under constant supervision when in use during treatment times. Concerning crash carts themselves, it is important to note that the plastic safety locks on crash carts does not insure compliance with the element of performance to insure security of crash carts after hours or when not in use. The crash carts must be in a locked space after hours and/or under constant surveillance by staff members during the day. It is critical to understand that the crash carts must be in a locked space during the day when not under constant surveillance by dental staff to fully comply with this standard.

Lastly, the third Medication Management issue concerns Medication Reconciliation processes. Presently Dental Departments are to utilize the Medication Reconciliation guidelines published by BUMED January 2006 until further guidance comes from the Joint Commission in regard to this topic. Currently the Joint Commission is reviewing the Medication Reconciliation process for dental departments that do not have access to electronic records/CHCS II/AHLTA in all its dental treatment rooms. It is expected that clarification will be forthcoming shortly. This Joint Commission determination will be disseminated as soon as it becomes available.

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## 2007 Joint Commission Changes

By CDR Kim Caulk, NC, USN  
MEDINSGEN Staff

Perhaps foremost among changes is the Joint Commission on Accreditation for Healthcare Organization's new name, which is simply, "The Joint Commission". The Joint Commission's new logo, referenced above in the center of the new goal seal, is an arrangement of triangles that forms an arrow that points upward to the right. The arrow signifies continuous improvement as the Joint Commission's overall goal. Each of the four triangles represents an element of Walter Stewart's cycle of performance improvement – which Dr. Deming later applied to performance cycles in industry.

The Joint Commission's website address is now [www.jointcommission.org](http://www.jointcommission.org). The new site sports a completely revised look. The Jayco Extranet site where you once accessed your facility information has been changed to "The Joint Commission Connect". The access process to your facility information has not changed. Simply click onto the Joint Commission's Connect link using your logon identifier and password as before.

The Joint Commission continues to move towards being totally electronic. This year an Electronic Statement of Condition (e-SOC) is a requirement. The SOC is a fire safety management tool used by Facilities to identify, document and resolve fire safety issues in building where patient care is provided. Fire safety standards are located in the Environment of Care (EC) chapter of the Standards Manual, specifically EC 5.20.

Fire safety requirements come from the National Fire Protection Agency (NFPA) and are collectively referred to as the "Life Safety Code" (LSC). Examples of life safety code requirements include such issues as firewall penetrations, latching fire doors, louvered doors and a minimum of an 18-inch space between the sprinklers and supplies or equipment. The most frequent LSC finding in our military treatment facilities is firewall penetrations. This is usually caused by the installation of computer cables and wires. These penetrations or holes are supposed to be sealed when the job is complete and are usually located above the ceiling. This is why the Joint Commission surveyor lifts and looks behind ceiling tiles. Though most holes are sealed, a few always seem to escape the notice of everyone but the Joint Commission surveyors.

The e-SOC contains four parts. Part 1 contains the introduction to the SOC tool and explains how it is to be used. Part 2 contains the Basic Building Information (BBI) for each specific type of building where patient care is delivered. Administrative buildings NOT used for patient care do not require the BBI. Business Occupancies are not required to complete a SOC. Part 3 contains an assessment of LSC deficiencies and the corresponding resolution in each building where patient care is provided. The Joint Commission provides an assessment tool for deficiency identification included in Part 3. Its use, however, is voluntary, not mandatory. Commands may conduct the assessment themselves or contract it out.

Part 4 contains the Plans for Improvement (PFI) or equivalencies for each deficiency

### Internet Resources

<https://navymedicine.med.navy.mil/>

**MEDINSGEN website.** After logging in, click on the "BUMED" tab at the top of the page and then select the "Medical Inspector General" link.

<http://www.ig.navy.mil/index.htm>

**Naval Inspector General Website**

<http://www.jcaho.com/>  
**Joint Commission on the Accreditation of Healthcare Organizations Website**

identified in Part 3. Beginning in January 2007 all new deficiencies are to be entered into the e-SOC Part 4. By July 2007, any existing deficiencies that were maintained on paper must be entered into e-SOC Part 4. Additionally, the Joint Commission's focus on fire safety includes a mandate for an LSC specialist to survey all hospitals of more than 750,000 square feet regardless of the average daily census. The LSC specialist will begin no later than 2008.

A new 2007 National Patient Safety Goal (NPSG), that is, Goal 15, applies to psychiatric hospitals and to general hospitals that treat patients for emotional or behavioral disorders. Goal 15 includes A and B requirements with component parts. Requirement A states, "The organization identifies patients at risk for suicide". There are three component parts to requirement A. 1) To identify patients at risk, each facility is to fashion a mechanism to screen for specific factors that increase or decrease the risk of suicide. The mechanism is to identify immediate safety needs that must be addressed on a patient-by-patient basis. 2) The requirement also mandates an assessment of the most appropriate setting for treatment of each specific patient and it may be in another facility. 3) Provide crisis intervention information to patients and their family. Requirement B of NPSG Goal 15 relates only to Home Care oxygen therapy services and will not be addressed.

Joint Commission Perspectives continues to be the best source for updates and changes to the hospital standards and the hospital surveying process. For process related questions contact our account Executive/Mentor Alicia Fontanetta at # 630-792-5746, by email at [aliciafontanetta@jointcommission.org](mailto:aliciafontanetta@jointcommission.org).

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## Command Evaluation Program

By CDR Manuel Naguit, MSC, USN  
MEDINSGEN Staff

Commands are consistently incurring compliance issue in the area of Command Evaluation. Command Evaluation is an independent local assessment available to the activity's Commanding Officer (CO). It is designed to assist the CO in improving mission accomplishments effectively and efficiently, integrity of command, and economical use of resources. The CO has the flexibility to tailor the Command Evaluation function to the needs of the command. However, the Command Evaluation shall have independence to ensure impartiality.

During the past few inspections, repeat findings listed below continue to be the major source of non-compliance: (a) No Annual Plan, and (b) the Command Evaluation Coordinator not appointed in writing.

A review of the OPNAVINST 5000.2A and SECNAVINST 7510.9 will allow the Commanding Officer and Officer in Charge to determine if they have met the requirements of the Command Evaluation program.

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