

(Continued from page 50)

pathways also include safety measures.

Lesson 9: Regularly consider the need to update pathways in response to new research.

"At least twice a year, we review the pathways for content. Is there a new drug or a new paper out now?" Kurtin says. "We also can do it ad hoc if the need arises. If a physician in charge of the pathway says there's a new drug out there and it needs to be included, we'll pull the team together and address that. We see them as living documents."

Children's recently studied its 100 sickest asthmatics, including one who had visited the emergency department (ED) 72 times in one year, and developed a pathway that includes the care of a specialist, home care, and intervention at school. That pathway lowered the hospital's cost of care for those patients by 82%, mostly by keeping them well and out of the ED.

Overall, the benefits have been tremendous over the past eight years, and Kurtin says they stem directly from the strategies that yielded the high compliance rate. The hospital has saved more than \$5 million in direct variable costs, the costs that physicians can control, he says.

Lesson 10: Trumpet your achievements beyond your own organization.

Showing those cost savings to brokers and HMOs has helped increase the hospital's market share by 12% over the past eight years. The data show that patients do better at Children's at a lower cost, so insurers want their patients there. And the pathways have minimized admissions and length of stay so much that the hospital has not met its capacity as soon as it otherwise might have, Kurtin says.

Without the pathways, Children's probably would have reached its limits already. Using pathways also changed the way Children's nurses work with physicians in treating patients, says **Lesley Ann Carlson**, director of medical/surgical services. "Because pathways are approved in advance, they are reliable plans of care," she says.

"We know exactly how to start treatment from the minute a parent puts a child in our hands; there's no wasted time or energy in providing care."

Kurtin says the hospital is continuing to develop new pathways and now is considering using the system for other types of projects, such as improving patient flow. Teams now are working on pathways to ensure that every child in the intensive care unit truly needs to be there and is there for the shortest time necessary.

"In many cases, the child could be in a step-down unit but the physician just feels more comfortable with the patient in intensive care," he says. "There's very little evidence on this, so we're trying to build a consensus that the doctors can agree to. But we're sure that the pathways concept can work for more than strictly clinical treatment issues."

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Reader Question

Spiritual assessment required in all settings

Question: Does the Joint Commission's standard on spiritual assessment apply only to behavioral health or to all health care settings? What are we expected to do in making this spiritual assessment?

Answer: The Joint Commission on Accreditation of Healthcare Organizations expects you to conduct a spiritual assessment of every patient in every health care setting, explains **Pat Staten**, RN, MS, associate director of standards interpretation. A different standard applies to each setting, but they all require essentially the same thing. The only exception is behavioral health, in which Standard PE.1.21.4 requires a more thorough assessment of a patient's spiritual outlook.

Exactly how you conduct the spiritual assessment is up to you, and it will vary from one setting to another, Staten says. The purpose of the assessment is to determine how a patient's religion or spiritual outlook might affect the care he or she receives. In the most typical inpatient setting, such as a patient admitted through the emergency department, the spiritual assessment should be conducted at the outset as part of the admission process, Staten says.

At a minimum, the spiritual assessment should determine the patient's religious denomination, beliefs, and what spiritual practices are important to the patient. Staten says the extent of the assessment will depend on the circumstances. For a patient admitted for a routine, low-risk procedure, it may be sufficient to inquire about his or

her religion and offer to have the appropriate clergyman stop by. The patient's response may dictate how much you need to explore further. A patient who says he is Catholic might be informed that there is a priest at the hospital who can be summoned, but a patient who says she is a Jehovah's Witness will require further discussion about how her beliefs will affect her medical care. The spiritual assessment also may indicate a need to provide a special diet or other unique concerns.

For a patient admitted to hospice or behavioral health, a more thorough assessment may be in order than in most other settings. The behavioral health setting requires a deeper assessment because so many aspects of treatment are tied to 12-step programs with religious components (a higher power and the need for prayer or meditation). A patient's religion or spiritual beliefs can have a profound impact on the effectiveness of such treatment, so the Joint Commission requires providers to assess that impact up front.

Staten cautions that simply asking about the person's religion is not sufficient to comply with the Joint Commission standards. Assessing a person's spirituality must go further.

"I don't know if people really understand well the difference between religion and spirituality," she says. "The spiritual assessment includes asking about a person's religious denomination, but it's more than that. Even if a patient says he or she doesn't belong to any particular religion, he or she may still have beliefs that affect the care you provide, beliefs that you should take into consideration. You should ask if the person has any personal beliefs about spirituality beyond just the denomination."

The Joint Commission provides these examples of questions that could be asked, but are not required, in a spiritual assessment:

- Who or what provides the patient with strength and hope?
- Does the patient use prayer in their life?
- How does the patient express their spirituality?
- How would the patient describe their philosophy of life?
- What type of spiritual/religious support does the patient desire?
- What is the name of the patient's clergy, ministers, chaplains, pastor, rabbi?
- What does suffering mean to the patient?
- What does dying mean to the patient?
- What are the patient's spiritual goals?
- Is there a role of church/synagogue in the patient's life?

- How does faith help the patient cope with illness?
- How does the patient keep going day after day?
- What helps the patient get through this health care experience?
- How has illness affected the patient and his/her family?

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Standards set for HIPAA privacy accreditation

URAC in Washington, DC, recently released a set of Health Insurance Portability and Accountability Act (HIPAA) Privacy Accreditation standards for public comment. When completed later this year, the new program is intended to help health care organizations display a commitment to fair information practices, and to demonstrate that they have taken the necessary steps to protect health information privacy in accordance with the HIPAA Privacy Rule, says **Garry Carneal**, URAC president and CEO; the organization also is known as the American Accreditation HealthCare Commission. "The purpose of this accreditation program is to verify that an organization has put in place the necessary infrastructure and implemented the necessary processes to comply with the HIPAA Privacy Rule," he says. "URAC supports fair information practices and recognizes the value that health information privacy adds to the health care process."

Among other benefits, URAC health information Privacy Accreditation will provide value to health care organizations by allowing internal verification of HIPAA privacy compliance efforts, providing a convenient source of industry best practices and certification by external reviewers; and assuring customers/patients that appropriate steps are being taken to protect health information.

"This accreditation program is designed to be relevant to all health care organizations expected to comply with the HIPAA Privacy Rule," Carneal says. "These include covered entities, business associates, and organizations that, while not legally subject to HIPAA, still wish to validate