

Measurable Elements of MOI.02.01

1. Required policies, procedures, and plans are available, and staff understand how to access those documents relevant to their responsibilities.
2. Staff are trained and understand those documents relevant to their responsibilities.
3. The requirements of the policies, procedures, and plans are fully implemented and evident in the actions of individual staff members.
4. The implementation of policies, procedures, and plans is monitored, and the information supports full implementation.

Standard MOI.02.02

The hospital uses standardized diagnosis and procedure codes and ensures the uniform use of approved symbols and abbreviations across the hospital.

Intent of MOI.02.02

Standardization of codes and uniform use of symbols and abbreviations prevents miscommunication and potential errors in patient care and supports data aggregation and analysis.

Abbreviations can be problematic and even dangerous, particularly in the context of prescribing medications. When abbreviations are allowed in the hospital, processes are implemented to prevent or reduce risks to patient safety. Abbreviations are not used on high-risk, patient-specific documents that are crucial to continuity of care, including the following:

- Informed consent documents
- Patient rights documents
- Discharge instructions
- Discharge summaries

Patients and families may not understand the hospital's approved abbreviations. With discharge summaries, there is a patient safety risk in using abbreviations if a provider from a different organization does not use the same list. Abbreviations are typically used on reports of laboratory and diagnostic imaging test results.

The hospital's use of standardized codes and uniform use of approved symbols and abbreviations is consistent with standards of professional practice and complies with local laws and regulations as applicable. Staff are educated and trained on the principles of the standardization and uniform use of the hospital's codes, symbols, and abbreviations.

When a hospital uses abbreviations, the hospital implements a process for the uniform use of approved abbreviations, such as a reference list. This uniform use includes each abbreviation having only one meaning. When abbreviations have more than one meaning, confusion as to what the author meant may result in medical errors. For example, the abbreviation *MS* could mean mitral stenosis in cardiology; however, in neurology, the abbreviation *MS* may be used for multiple sclerosis. In addition, confusion may arise when two abbreviations have the same letters but different letter cases. For example, *Pt* for patient and *PT* for physiotherapy. Even though the use of uppercase and lowercase letters differs between the two examples, they are essentially the same abbreviation with more than one meaning. It is important that abbreviation use is uniform and consistent across the hospital without differences in meanings between different departments or services.

When a hospital uses abbreviations, the hospital develops and/or adopts a do-not-use list of abbreviations and symbols. For example, the Institute for Safe Medication Practices (ISMP) maintains a list of abbreviations, symbols, and dose designations that "should never be used when communicating medical information." The items in the list were reported to ISMP as being frequently misinterpreted and involved in harmful medication errors.

If abbreviations are necessary, the first occurrence of the term should be completely spelled out, with the abbreviation listed in parentheses.

Measurable Elements of MOI.02.02

1. Ⓛ The hospital uses standardized diagnosis codes and procedure codes.
2. Ⓛ The hospital implements the uniform use of approved symbols and identifies those not to be used.
3. If the hospital allows abbreviations, it meets the following criteria:
 - The hospital implements a uniform use of approved abbreviations with only one meaning.
 - The hospital implements a do-not-use list of abbreviations.
 - The hospital does not use abbreviations on informed consents, patient rights documents, discharge instructions, or discharge summaries. (*See also* PCC.01.01, ME 1)
 - When an abbreviation is first used in documentation, the term must first be spelled out in complete form, with the abbreviation in parentheses.
 - The hospital monitors use of abbreviations and takes action to improve processes as needed.

Standard MOI.02.03

The hospital retrieves, disseminates, and transmits health information on a timely basis in a format that meets user expectations, and with the desired frequency.

Intent of MOI.02.03

The dissemination of data and information to meet the needs of those within and outside the hospital is an important aspect of information management.

Internally, health care practitioners, hospital leaders, department/service leaders, and other staff require specific data and information in a timely manner to allow them to carry out their responsibilities effectively and efficiently. For example, health care practitioners caring for a patient, including physicians, nurses, dietitians, pharmacists, and others, need access to up-to-date information and all applicable sections of the patient's medical record to provide safe and effective patient care.

Externally, the hospital may provide data and information to regulatory agencies (such as the Ministry of Health), health care practitioners (such as a patient's primary care physician in the community), health care services and programs (such as an outside laboratory or an organization for patient referral), and individuals (such as patients who request their medical record after discharge from the hospital).

The format and time frame for disseminating data and information are tailored to meet the user's expectations of the individual, service, or program. When data and information are needed for the care of a patient, it is provided in a timely manner that supports continuity of care and patient safety.

Examples of dissemination strategies to meet user expectations include the following:

- Providing the specific data and information requested/required
- Providing reports with the frequency needed by the individual or program
- Providing data and information in a format that facilitates its use
- Linking sources of data and information
- Providing interpretation or clarification of data

Measurable Elements of MOI.02.03

1. Data and information dissemination meets the needs of individuals and programs within and outside the hospital that provide patient care, treatment, and services.
2. The hospital disseminates data and information in useful formats within time frames that are defined by the hospital and consistent with laws and regulations.
3. Staff providing patient care have access to the data and information needed to carry out their job responsibilities and provide patient care safely and effectively.