

Regulations Schmegulations

FUNsulting, etc.'s Newsletter

A newsletter for people who want to add more humor into healthcare.

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WELCOME TO FUNsulting, etc.'s Newsletter

FUNsulting, etc.'s Newsletter is a somewhat regular newsletter from FUNsulting, etc. whose mission is to redefine excellence in healthcare through humor. Each edition includes fun, funny *and* practical articles and resources which will enhance the humor potential in healthcare without sacrificing the integrity of the care that is delivered. Remember, a laugh a day gathers no moss (or something like that). Enjoy!

FROM THE ADMINISTRATOR

Don't Get Your CAHO Out of Joint

"JCAHO" stands for the Joint Commission on Accreditation of Healthcare Organizations. In the past, it was "JCAH" which some felt stood for the Joint Commission on Annoying Hospitals. Prior to that, I assume they were just "JCA", the Joint Commission on Aneurisms, since everywhere they went, they left headaches. Of course that leads one to imagine that at some point, they were simply "JC" which explains their Savior Complex. And one would logically conclude that it all started with just "J" which stood for Joint – what they were smoking when they came up with the current complex system of regulatory requirements!

OK, I'm only kidding. I love JCAHO. Well, "love" may be too strong a word but I do respect the intent of their mission. In fact if you look into their history, you'll find that JCAHO grew out of the work of Ernest Codman, MD who noticed that patients were being discharged from the hospital with different outcomes even if treated for the same illness. In 1910, he proposed the "End Result System of Hospital Standardization" (Curious, there's not even a "J" in the whole name) through which hospitals would track every discharged patient to determine if the treatment was effective. If it wasn't, the hospital would investigate the reason so that similar cases would be treated successfully in the future.

To put this into the proper perspective, Dr. Codman attempted to insure consistent and effective treatment by comparing treatment results. The Joint Commission, on the other hand, is paid to “approve” organizations’ performance in some 17 billion types of care delivery and organizational effectiveness (perhaps a slight exaggeration).

I happen to have first-hand experience with this because I was responsible for the survey preparation at Hospice of Northern Virginia in 1996. JCAHO had not surveyed hospices for about 10 years so we had some catching up to do.

We quickly discovered that our “processes” were a mess. So, a small group of us began the arduous process of overhauling our policy and procedure manual. This was a huge pain in the _____ (insert your favorite acronym here) but we learned a lot about the ineffectiveness of our policies. Over many weeks, while our team ate pizza and listened to cool music we reviewed, discarded and rewrote almost all of them. While the process was cumbersome, it was also beneficial. The trick was making it not feel so cumbersome.

Since we know that humor forces our brains to see things from a different perspective, it makes sense that humor could also be an effective tool in helping us see the certification and accreditation processes differently. Perhaps there is even a way to make the accreditation process more fun.

As you approach your next survey, ask yourself the following questions:

1. How can I see each regulation differently so that it will make me a better clinician or staff member?
2. How can I make the process of meeting the regulations fun?
3. How can we create a fun environment for the survey preparation process?
4. How can we make the actual survey fun for us and the surveyor? (Note: Hanging them out the window by their feet does not count)
5. How can we celebrate after the survey is over?
6. Is there a way to implement JCAHO regulations at home so my spouse will be more effective? (OK, maybe that’s not a good idea)

If you have the ability to reframe the way you look at regulations, you will rise above the stress of preparing and get the most out of the survey experience. That way, the “Commission” will never have the power to get you out of Joint!

POSITIVE RESULTS

Miss Diagnosis

When I was pregnant with my first daughter, I had an attack of a debilitating pain in my shoulder. My family doctor sent me to the local hospital for an evaluation. The hospital doctor was German and had a very heavy accent. When he came to tell me the results of my tests, he said, "You have *birthitis*." Since I was pregnant, young, and very nervous, I accepted his diagnosis.

Needless to say, when I reported back to my family doctor, he burst out laughing. He said, "You have bursitis, not *birthitis*!"

It was the joke of the community for a long time!

– Submitted by Dorothy P. Culberson (Thanks mom!)

THE BEST MEDICINE

Stop Me if You've Heard This One

Some of my favorite (corny) healthcare jokes:

Nurse: "Doctor, the Invisible Man is in the waiting room."

Doctor: "Tell him I can't see him right now."

Nurse: "Doctor, a man in the waiting room thinks he's a curtain."

Doctor: "Tell him to pull himself together."

Patient: "Doctor, one day I feel like a wigwam and the next day I feel like a teepee."

Doctor: "It's obvious that you're too tents."

Psychiatrist passing another psychiatrist in the hallway: "Good morning."

Other psychiatrist: "Wonder what he meant by that?"

HUMOR REFERRALS

DEEP THOUGHTS

One of my favorite “bits” on Saturday Night Live was *Deep Thoughts* by Jack Handey. I had always assumed that Jack Handey was actually Phil Hartman, a Saturday Night Live regular, whose voice was used for the narration. However, someone recently informed me that there is a *real* Jack Handy. Whether it’s true or not, the funny stuff is here: www.jackhandey.com

DISCHARGE PLANS

Humoring the Regulators

If you asked clinicians what irritates them most about their work, they’re likely to tell you the documentation and other regulatory requirements that interfere with their ability to provide quality patient care. While I empathize with their frustration, the documentation, forms and regulatory procedures are part of the job. There is really no way around it short of Medicare fraud or some sort of anonymous Soprano’s style whack job involving a guy named Bubba who “takes care” of the accreditation surveyor (which I am most certainly *not* suggesting is the proper way to deal with the regulations *or* the regulators).

There are many things in life we *have* to do so that we can do the things we *want* to do. For instance, the speed limit definitely gets in the way of my getting from one place to another in the most time efficient manner. If I could go, say, 15-20 miles per hour faster, I could get to where I’m going quicker and could subsequently spend more time doing what I plan to do at that place where I’m going.

Coincidentally, my kids feel the same way about school. If it wasn’t for the classes and the homework, they’d love it. Instead, the work gets in the way of having fun with their friends. But if they ever want to enjoy the partying and goofing off in college, they have to do the work in high school. It’s that simple.

So, if I can’t change the speed limit and my kids can’t change their education requirements, our only option is to figure out a way to deal with the things we don’t like. The same is true with healthcare regulations.

Pretend the speed limit represents healthcare regulations. I have to adhere to speed limit and it takes longer to get to my destination thus preventing me from doing something fun (unless I’m going to the dentist for a root canal in which case I take secondary roads with speed limits no higher than 25) and you have to document everything you do and follow certain procedures which limit the time you can spend with patients.

To deal with the speed limit issue, I take things “to do” when I’m on a long trip. I listen to the comedy channel or NPR on satellite radio. I get Books on CD from the library. I take educational CD’s from conferences. I watch a movie on my laptop (OK, not any more since I once found myself driving on the median while engrossed in the suspenseful part of the movie).

I also look for funny things along the way. I once saw a sign that read, “End Highway Safety Zone.” I couldn’t help wondering if after I passed that sign, all hell would break loose. Another time, I saw a car with a bumper sticker that read, “Hang up and drive.” Ironically, the man driving that particular car was shaving!

So by taking things to do and looking for funny things, the process of a long trip is easier and more fun.

The same principle can work for regulations. Consider ways to make the regulatory process more enjoyable. When I have a writing deadline, I often go to coffee shops where I can draw energy from the lively atmosphere and inspiration from the caffeine. While you might not be able to document in a Starbucks, you could get a cup of coffee or listen to music to make the “charting” environment more pleasant. Or maybe you can schedule documentation with other people during which you could trade funny patient care experiences.

And while you’re documenting, pay attention to the records in the same way I look for funny signs when I’m driving. There are lots of funny medical records entries. A nurse told me that under “Religion,” one medical record had “Ass of God.” One simple omitted period made the notation a bit less reverent than intended! (Note: the proper unabbreviated religion should have been Assembly of God). Once you find these “funnies”, share them with colleagues for yet another laugh.

Even though you can’t change the regulations under which you work, you can change the way you deal with them. I encourage you to be creative, persistent and make sure you don’t let the regulators get the best of you.

QUOTE: Hell, there are no rules here – we’re trying to accomplish something. – Thomas A. Edison

BACK QUOTE: First, the doctor told me the good news: I was going to have a disease named after me. – Steve Martin.

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