

Discussion Brief
Audio Conference on Strategic Surveillance System
August 16, 2007
11 a.m. P.T./Noon M.T./1 p.m. C.T./2 p.m. E.T.

Discussion Topic: The Strategic Surveillance System

On July 30, 2007, The Joint Commission officially launched its Strategic Surveillance System for the Hospital Accreditation Program. The goal of this initiative has been to help organizations improve their care processes by focusing their efforts on strategic objectives. S3 provides a series of risk assessment and comparative performance measure reports that can help organizations identify and prioritize areas for improvement, thereby further enriching the value of Joint Commission accreditation. S3 is provided at no additional cost, and its use is purely voluntary.

Background:

1. As performance expectations increase, so does the need to know how to use data to drive improvement. S3 can be used to help hospitals improve quality—a demand that has become particularly pressing in recent years as a result of various public and private initiatives, such as expanded public reporting of hospital performance measurement data and the infusion of a variety of private-sector pay-for-performance programs.
2. The Joint Commission has unique resources and capabilities to assist hospitals and hospital systems in their ability to view performance measurement from a macro and micro perspective, with the goals of improving patient safety and the quality of patient care.
3. The Joint Commission worked with eight hospital systems, representing more than 100 hospitals to help develop and pilot test the first tool in S3—the Performance Risk Assessment tool. Ensuring that the PRA tool would meet the needs of hospital users guided The Joint Commission during the development and implementation of the tool.
4. S3 PRA uses internal Joint Commission data including past survey findings, ORYX Core Measure data, information from the Office of Quality Monitoring (complaints and non-self reported sentinel events), and data from an organization's electronic application for accreditation, as well as external CMS MedPAR data. This data is turned into information that is updated every quarter and posted to an organization's secure Joint Commission Connect extranet site. The information includes:
 - Performance measurement reports that can help support quality and safety improvement efforts.
 - Comparative performance data at the state and national levels.
 - Comparative reports that allow an organization to set performance levels based on industry benchmarks.

5. Implementation:
 - S3 PRA was launched on July 30, 2007.
 - In the first week, almost 2,000 users accessed the tool.
 - In that same week, the responses to the online survey showed an overall positive response:
 - i. Users agreed that the S3-PRA tool will benefit their organization by allowing them to be proactive in terms of performance improvement.
 - ii. Users agreed that the S3-PRA tool provides them with data and information they can use in their performance improvement and/or strategic planning efforts.
 - iii. Users felt the tool was easy to navigate.
6. To ensure that all hospitals can use the tool, various online education and training resources are available and include:
 - An online instructional training module and detailed User Guide
 - A slide presentation that includes background and sample screen shots of the various reports within the tool
 - Various *Perspectives* articles and other papers in which S3 has been mentioned
 - A survey to collect feedback
 - Telephone support
7. The Joint Commission is committed to continually enhancing and improving S3. Enhancements will be made to the PRA tool on an ongoing basis, directed by feedback gathered from both the pilot test and online survey, as well as customer feedback to account representatives. Additionally, The Joint Commission is exploring plans to extend the PRA tool into other accreditation programs, such as Home Care, Long Term Care, Laboratories, etc.
8. Research is in progress for a new S3 tool—the Performance Measure Compare tool. PMC would allow hospitals to customize comparative analyses on current care performance measures. For example, hospital executives may want to see how their facility compares with other hospitals in a given state and/or of a given bed size relative to acute myocardial infarction performance measures. This tool would enable such comparisons based on user-friendly parameters. Although other tools might provide comparative data, PMC would be one of the only tools that allow comparisons against national data. PMC would also eventually incorporate a database of strategies known to be effective in improving performance.

Questions

The Joint Commission welcomes questions about the Strategic Surveillance System, and is eager to engage in dialog with hospitals and health systems as to how these new reports can be used to meet their needs.