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Patient safety

Joint Commission Center for Transforming Healthcare takes aim at patient safety failures

Teaming up with top hospitals and health systems across the country to use new methods to find the causes of and put a stop to dangerous and potentially deadly breakdowns in patient care, The Joint Commission launched the [Center for Transforming Healthcare](#). The Center is using a new approach to systematically measure the magnitude of serious quality and safety problems, pinpoint their underlying causes, and develop and test targeted, long-lasting solutions. The Center's first initiative is tackling hand washing failures that contribute to health care-associated infections that kill nearly 100,000 Americans each year and cost U.S. hospitals \$4 billion to \$29 billion annually to combat. Eight leading hospitals and health systems volunteered to address hand washing failures as a critical patient safety problem – one that requires fixes far more complex than just putting up signs urging caregivers to wash their hands. Participants in the Center's first project to make care safer by being more reliable are:

- Cedars-Sinai Health System, Los Angeles, California
- Exempla Lutheran Medical Center, Wheat Ridge, Colorado
- Froedtert Hospital, Milwaukee, Wisconsin
- The Johns Hopkins Hospital and Health System, Baltimore, Maryland
- Memorial Hermann Health Care System, Houston, Texas
- Trinity Health, Novi, Michigan
- Virtua, Marlton, New Jersey
- Wake Forest University Baptist Medical Center, Winston-Salem, North Carolina

Recognizing that there is no quick fix, the participating hospitals set out to solve the problems – soap or alcohol-based hand rubs that are not convenient for caregivers to use, faulty data that lull facilities into thinking hand washing is occurring more frequently than it is, and lack of individual accountability – by using Robust Process Improvement™ tools. The front-line work of the hospitals shows that random observation is not enough. In fact, the eight hospitals, using the Center's measurement methods consistently, found on average that caregivers washed their hands less than 50 percent of the time. The targeted solutions from the Center now being tested include holding everyone accountable and responsible – doctors, nurses, food service staff, housekeepers, chaplains, technicians, therapists; using a reliable method to measure performance; communicate frequently and use real time performance feedback; and tailor education in proper hand hygiene for specific disciplines.

The Center's aim is to transform American health care into a high-reliability industry that ensures patients receive the safest, highest quality care they expect and deserve. The next projects will target breakdowns in hand-off communications and safeguards to prevent wrong site surgery. Future projects will focus on improving other aspects of infection control, mix-ups in patient identification, and medication errors. The Joint Commission will share information about the proven solutions with its more than 16,000 accredited health care organizations nationwide. The Center is grateful for the generous leadership and support of the American Hospital Association, BD, Ecolab, GE Healthcare and Johnson & Johnson, as well as the support of the Federation of American Hospitals and Hospira. (Contact: Rick Morrow, morrow@jointcommission.org)

Accreditation

Staffing effectiveness requirements available for second field review

The Joint Commission is conducting a second field [review](#) of revised staffing effectiveness requirements for the hospital and long term care programs. This round of revisions includes further refinements made in response to comments from the first field engagement, which was conducted in spring 2009.

Comments will be gathered through October 7, 2009. For the background on this field review, see the August 5, 2009 issue of [Joint Commission Online](#). (Contact: Laura Smith, lsmith@jointcommission.org)

Performance measurement

Comment sought on candidate measures for tobacco, alcohol and other drug use and dependence

The Joint Commission seeks your [comments](#) on candidate measures for assessing and treating tobacco, alcohol, and other drug use and dependence. Specifically, these eight measures address screening and assessment; treatment, including brief interventions and if applicable, medication; and follow-up after hospital discharge. Comments will be gathered through September 30. The Joint Commission received funding from The Substance Abuse and Mental Health Services Administration and its Center for Substance Abuse Treatment in the Department of Health and Human Services to develop a set of performance measures focused on assessing and treating tobacco, alcohol, and other drug use and dependence for hospitalized patients. A Technical Advisory Panel, which convened in late June, sought to:

- strengthen the currently endorsed smoking cessation and counseling measures
- expand the population to all applicable patients
- broaden the scope of the measure set to include alcohol and other drug use and dependence

(Contact: Nancy Lawler, nlawler@jointcommission.org)

Public information

Joint Commission collaborates on report on arts in health care

The Joint Commission is one of the sponsors of the recently released "[State of the field report: arts in healthcare 2009](#)," which details the use of the arts in health care programs in the United States. Data provided in the report come from two surveys that were administered by The Joint Commission to accredited health care institutions throughout the U.S. The results of both surveys – one conducted in 2004 and one in 2007 – show a significant presence of art programs in American health care institutions, and provide useful insight into the nature of the professional and service populations involved. Nearly half of the health care institutions in the United States report having arts in health care programming. The majority of these programs are in hospitals, with smaller percentages reported in long term care and hospice or palliative care organizations. The three most common types of arts programming are permanent display of art, performances in public spaces, and bedside activities. Other survey findings include:

- "Benefits to patients" is the most commonly cited reason for investment in the arts in health care.
- Music, the visual arts, and crafts are the most commonly represented disciplines in arts in health care programs in the U.S.
- Very few programs are measuring the economic benefits of their work.

The incorporation of the arts into the health care experience has a positive impact on patient health outcomes. The arts benefit patients by aiding in their physical, mental and emotional recovery, including relieving anxiety and decreasing the perception of pain. In an atmosphere where the patient often feels out of control, the arts can serve as a therapeutic and healing tool, reducing stress and loneliness and providing opportunities for self-expression. Sponsors of the State of the field report are: The Joint Commission, Society for the Arts in Healthcare, Americans for the Arts, and University of Florida Center for the Arts in Healthcare. (Contact: Sarah Kemp Newton, sarah@thesah.org)

Joint Commission Resources

Hospital Executive Briefings

In these tough economic times, health care leaders want to know how health care reform and accreditation will mesh to improve their patient outcomes in a cost-effective manner. This year's Hospital Executive Briefing will provide practical information, solutions and tools that can be implemented immediately to address the ever-changing health care environment. The briefing will help you:

- Identify one Joint Commission initiative that can help your organization provide safe, high quality care.
- Analyze the process redesigns that directly impact your organization's survey process.
- Develop effective plans for dealing with the most challenging National Patient Safety Goals.
- Select solutions to the challenging standards that were scored non-compliant that can be adapted and integrated at your health care organization.
- Communicate to your board and management group the Joint Commission's strategic plan and its impact on accreditation.

Featured presenter is Ann Scott Blouin, Ph.D., R.N., executive vice president, Division of Accreditation and Certification Operations, The Joint Commission. Attendees will receive a hand hygiene monograph CD that will broaden your understanding of the issues and provide practical solutions for strengthening your measurement and improvement activities.

[September 18, 2009 – Sheraton Dallas, Dallas, Texas](#)

[September 25, 2009 – Sheraton Gateway Hotel, Los Angeles, Calif.](#)

(Contact: Alma Harrell, aharrell@jcrinc.com)

Call for presentations

The Joint Commission and JCR are now accepting proposals for presentations for the 2010 Annual Conference on Quality and Patient Safety. Presentations should focus on practitioner-based, solutions-oriented and sustained improvements. They should also include new processes, technologies, techniques or tools, and creative and innovative ideas within a health care setting. Presentation proposals should be submitted by October 1, 2009, via an [online registration form](#). Questions may be e-mailed to annualconf2010@jcrinc.com. (Contact Susan Murray, smurray@jcrinc.com)

Free briefings on HCSS Certification in New York and Florida

Not-yet-certified health care staffing firms are invited to attend a [free briefing](#) on The Joint Commission's Health Care Staffing Services Certification Program. Attendees will learn about the benefits of Joint Commission certification and the process of becoming certified. The briefings include an opportunity to talk directly with Joint Commission staff about the application process, standards, on-site review and pricing. Attendees will receive free copies of the Health Care Staffing Certification Manual (a \$100 value), the Certification Handbook, and Review Process Guide. The briefings will be held:

- October 1, 9:30-11 a.m., Long Island Jewish Health System, Great Neck, N.Y.
- October 20, 9-noon, Florida Hospital, Winter Park, Fla.

(Contact: Dave Eickemeyer, deickemeyer@jointcommission.org)

Home Care Executive Briefings: Attend in person or via video

This year's Home Care Executive Briefing, to be held November 4, 2009, at The Joint Commission Central Office in Oakbrook Terrace, Ill., allows attendance in person or virtually through live or archived streaming video. The briefing will provide new information that leaders need to stay up-to-date as well as an opportunity to discuss the critical issues surrounding quality and safety for home care providers. The briefing will help you:

- Understand how accreditation can be a valuable resource in effectively addressing changing industry trends and patient expectations.
- Learn about changes to the Periodic Performance Review (PPR) and survey process.
- Determine how the enhanced survey process will affect your organization.

- Use resources related to the National Patient Safety Goals to determine areas of potential patient risk or organizational risk, and liability.
- Identify effective strategies for complying with challenging standards.
- Explain how Lean and Six Sigma tools can be implemented at your organization to achieve and sustain improvement and enhance return on investment.

Expand your learning experience by attending the Home Care Accreditation Primer and Home Care Accreditation Essentials seminars to be held November 1-3. For more information or to register, click on the seminars referenced below or call Joint Commission Resources Customer Service toll free at (877) 223-6866. The Home Care Essentials seminar is also available via live or archived streaming video. When ordering, use the registration code indicated.

[November 1, 2009 – Home Care Accreditation: A Primer for Beginners](#): Learn basic information about the accreditation process as Joint Commission faculty take you through the process step-by-step. (Note: No video option is provided for the primer seminar.)

[November 2-3, 2009 – Home Care Accreditation Essentials](#): Understand the survey process and learn how to make your supervisory visits more robust using tracer activity techniques. The most challenging standards, National Patient Safety Goals, and select Centers for Medicare & Medicaid Services requirements will be reviewed with practical tips on how to avoid common mistakes. Live streaming video: Product code 09087V. Archived streaming video: VA09087.

[November 4 – Home Care Executive Briefing](#)

Live streaming video: Product code 09088V. Archived streaming video: VA09088.
(Contact: Alma Harrell, aharrell@jcrinc.com)

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