Executive Director

There's nothing like the start of the major league baseball season in Chicago. This time of year reminds me of a great quote credited to author Frederick Wilcox: ‘Progress always involves risk; you can't steal second base and keep your foot on first base.’

Progress, innovation, improvement – call it what you want – it all involves moving beyond established, accepted practices or processes to a new frontier of possibilities.

At The Joint Commission, we are striving to reach new heights in the quality and safety arena. In this issue you’ll read more about the latest offering from the Center for Transforming Healthcare – the Targeted Solutions Tool for Wrong Site Surgery. This tool offers a straightforward approach to identifying and eliminating risks of wrong site surgery in all phases of the surgery process, from scheduling to the operating room.

Over the past year we’ve also introduced a number of accreditation enhancements such as Primary Care Medical Home certification, the Leading Practice Library and the HAI Portal – with more good things on the horizon. Each of these enhancements requires you to take a risk and move beyond your current way of doing things.

Our staff is working tirelessly to help you get the most out of your accreditation experience. Let me know if we're getting to second base or striking out, won’t you? E-mail me at mkulczycki@jointcommission.org.

Michael Kulczycki, MBA, CAE

New tool targets wrong site surgery

Despite the best efforts of many health care experts, clinicians and surgeons, wrong site surgery events still occur. That’s why The Joint Commission Center for Transforming Healthcare has released the Targeted Solutions Tool™ (TST) for Wrong Site Surgery -- a new weapon in the fight to reduce the incidence of wrong site surgery. The TST guides health care organizations through a step-by-step process to identify, measure and reduce risks in key processes that can contribute to a wrong site surgery. All Joint Commission-accredited ambulatory care organizations have access to the TST via the Joint Commission Connect extranet.

The TST helps organizations evaluate risks across their surgical system, including scheduling, pre-operative and operating room areas. The TST helps an organization monitor its surgical cases for risks or weaknesses that might result in a wrong site surgery.

The wrong site surgery project began in July 2009. Eight ambulatory surgical centers (ASCs) and hospitals teamed up with the Center to address the problem and develop the solutions. The participants identified 29 main causes of wrong site surgeries. The TST was then pilot tested to improve its usability by six ASCs and hospitals.

According to Master Black Belt Melody Dickerson, of the Joint Commission Center for Transforming Healthcare, ASCs appreciated the step-by-step guidance that the TST offers. “This tool is designed simply enough to be used by an individual who has never led a process improvement project. Most of the ASC administrators have

Ambulatory program 2,000 strong!

Side by side, all 2,000 accredited ambulatory care organizations may not be long enough to go around the world twice, nonetheless, The Joint Commission ambulatory care team is happy to announce that Hopewell Ambulatory Surgery Center, LLC, located in Pennington, New Jersey, is the 2,000th ambulatory care organization to be accredited by The Joint Commission.
Ambulatory program 2,000 strong...from page 1

"Joint Commission accreditation is the gold standard. We recognize that there are other choices and other accreditation agencies, but if you want to run a quality organization, The Joint Commission is the way to go," says Michael Corsaro, M.A., CASC, administrator, Hopewell Surgery Center. Hopewell, a multi-specialty center, underwent an unannounced on-site survey and was evaluated for compliance with standards of care specific to the needs of patients, including infection prevention, leadership, and medication management.

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delegated this work to a nurse educator or manager. Engaging the staff members who do the work empowers them to own the project, which in turn enhances their change management efforts.”

One of the pilot sites was Algonquin Road Surgery Center, Algonquin, Ill. “By using the TST, we gained acceptance and buy-in from our surgeons, staff and anesthesiologists,” says Andrew Ward, M.D., medical director, Algonquin Road Surgery Center. “Previously, people were not always paying attention at the beginning of cases during timeouts. Now, everyone stops, listens and agrees.”

Over the course of the project, the original eight project organizations were able to reduce the number of surgical cases with risks by 46 percent in the scheduling area, by 63 percent in pre-op and by 51 percent in the operating room. ASCs and hospitals that piloted the TST experienced the same gains as the original participants. “Every organization that used the TST – regardless of its size or capability – has identified key areas of risk that could have resulted in a wrong site, wrong patient, or wrong procedure event,” Dickerson says.

“The TST helped us step back and measure the effectiveness of our policies,” says Lori Callahan, R.N., director, Algonquin Road Surgery Center. “It showed us areas we needed to improve. For example, we found that some abbreviations were being used that were not approved. We may not have caught this if we weren’t using the TST.”

The scope of this project included all procedures performed in the operating room and regional blocks performed by anesthesia either in the preoperative area or the operating room. Within the project scope, the timeframe begins at the time a procedure is scheduled for surgery and ends with incision.

More information about the TST for wrong site surgery

• Accredited organizations can find out more about the TST by going to the Quality Improvement Tools section of Joint Commission Connect and clicking on the Targeted Solutions Tool link.
• A video about the Wrong Site Surgery TST is available on the Center website.
• Questions about the TST should be directed to Customer Service, (630) 792-5800, or e-mailed to tst_support@tcthc.org. The e-mail should include the sender’s name, organization name and location.

According to Medical Director Melissa Madsen, M.D., “This was a team effort across all areas. Michael, Michele Gonnella, our director of nursing, and everyone on our staff was involved. The on-site survey really validated what we were doing with respect to clinical management and patient safety.”

For more information about ambulatory care accreditation, contact a member of the ambulatory team at (630) 792-5286, or by e-mail at AHCquality@jointcommission.org.

Standards changes for ASCs that use deemed status

The Joint Commission has revised three elements of performance (EP) relevant to deemed status ambulatory surgical centers (ASCs) in the Ambulatory Care Accreditation program. The changes align Joint Commission requirements with Centers for Medicare & Medicaid Services’ (CMS) revisions to several Medicare Conditions for Coverage for ASCs that published in October 2011. The changes modify language that required ASCs to provide patients’ rights information to patients “prior to the date of their surgical procedure.” See the revised requirements in the January 25 issue of Joint Commission Online.

Look for us
• Ambulatory Surgery Center Assn., Dallas, Texas, May 9-12, booth 902
• Virginia Community Health Assn., Roanoke, Va., May 10-11

Celebrate 10 years of Speak Up with free posters
Free posters featuring the characters from The Joint Commission’s Speak Up animated videos are available for free download from The Joint Commission website. Each poster features an animated character with a patient safety message and a smart phone QR code. Free downloadable files of all Speak Up brochures, posters and videos (including Spanish language versions) are available on The Joint Commission website.

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