New Targeted Solutions Tool® aims to prevent inpatient falls

The Joint Commission Center for Transforming Healthcare today released its Targeted Solutions Tool® (TST®) for preventing hospital inpatient falls and falls with injury. The Preventing Falls TST® is an online resource that provides a step-by-step process to assist hospitals in measuring fall and fall with injury rates, identifying and measuring barriers to fall prevention, and implementing the Center’s proven solutions for falls prevention that are customized to address specific barriers.

Using the solutions included in the TST®, a typical 200-bed hospital could potentially reduce the number of patients injured from a fall from 117 to 45 and avoid approximately $1 million in costs annually through fall prevention efforts.

“Hundreds of thousands of patients fall in health care facilities every year, and many of these falls result in moderate to severe injuries that can prolong hospital stays and require the patient to undergo additional treatment,” said Erin DuPree, MD, vice president and chief medical officer, the Joint Commission Center for Transforming Healthcare. “These outcomes for patients are unacceptable. We are encouraging hospitals to use the TST® to improve patient safety and reduce patient falls.”

The Center addressed the issue of patient falls because it is a persistent issue in health care, and falls have been identified by the Centers for Medicare & Medicaid Services (CMS) as an event that is preventable and should never occur. CMS also has identified “falls and trauma” on its list of Hospital Acquired Conditions for which reimbursement may be impacted, specifically for falls that result in fractures, dislocations and intracranial injuries. Serious injuries, on average, add 6.3 days to a patient’s hospital stay and cost about $14,056.

The TST® was developed with the initial assistance of seven collaborating hospitals. Working with the Center, the original participating hospitals were able to reduce the rate of falls by 35 percent and falls with injury by 62 percent. The Center used Robust Process Improvement® (RPI®) to identify the causes of patient falls and develop solutions to prevent them. RPI is a systematic, data-driven, problem-solving methodology that incorporates tools and concepts from Lean, Six Sigma and change management.

The Preventing Falls TST® is complimentary to Joint Commission-accredited organizations and can be accessed through the Center’s website or on an organization’s secure Joint Commission Connect extranet.

Listen to a podcast about the Preventing Falls TST®: Anne Kilpatrick, RN, BSN, CSSBB, lead Black Belt for the Center for Transforming Healthcare’s Preventing Falls project, talks about the project, its results and the benefits of using the Preventing Falls TST®. [4:42]
Joint Commission leader writes it is time to address racial bias in health care

In the Aug. 11 issue of the Journal of the American Medical Association (JAMA), a Viewpoint co-authored by The Joint Commission’s medical director, Ronald Wyatt, MD, MHA, called for immediate action to address racial bias throughout the U.S. health care system.

“Racial Bias in Health Care and Health Challenges and Opportunities” was written by Dr. Wyatt and David R. Williams, PhD, MPH, the Florence Sprague Norman and Laura Smart Norman professor of public health at the Harvard T. H. Chan School of Public Health and professor of African and African American studies and of sociology at Harvard University.

They write that bias by clinicians — even when they don’t recognize that it’s there — has been linked with biased treatment recommendations, poorer quality patient-physician communications and lower ratings from patients on the quality of the medical encounter. In turn, black people in the United States have earlier onset of some illnesses, greater severity and more rapid progression of diseases, higher levels of comorbidity and impairment throughout life, and increased mortality rates. The authors note that similar patterns are evident for other racial groups, such as U.S.-born Latinos, Pacific Islanders and low-socioeconomic Asians.

“Medical schools, health care organizations, and credentialing bodies should pay greater attention to disparities in health and health care as a national priority,” the authors wrote. “These organizations should redouble their efforts to increase awareness of disparities, enhance diversity in the health professions, and work toward eliminating discrimination and its adverse effects on health and health care. Considerable evidence is available to guide the implementation of interventions to reduce racial/ethnic differences in health and health care.”

Drs. Wyatt and Williams write that racial bias and the resulting unhealthy consequences affects all of society, not just one particular group. For example, black-white differences in mortality are believed to account for the premature death of 260 black people every day, many during their most productive years of life. They advise that addressing the issue begins with an examination of racial bias across society, not just in health care. Health professionals should collaborate with other sectors of society to demonstrate the impact of policies that on the surface seem to have little to do with health and medicine.

For more, read the JAMA article.

New, updated resources released for Preventing Surgical Fires Initiative

An estimated 200 to 650 surgical fires — fires that occur in, on or around a patient who is undergoing a medical or surgical procedure — occur in the U.S. annually (ECRI 2009, 2012). These fires can cause serious injuries and can even be fatal.

To combat this issue, The Joint Commission has partnered with the U.S. Food and Drug Administration, the Council for Surgical & Perioperative Safety (CSPS) and dozens of other stakeholders in the Preventing Surgical Fires Initiative (PSFI), which aims to:

- Increase awareness of surgical fires
- Provide prevention tools
- Encourage risk reduction practices

For more information about PSFI, visit the Initiative’s website, which is hosted by CSPS. Among the resources available are a presentation on “Preventing Surgical Fires and Burns in Healthcare Facilities” suitable for Grand Rounds presentations, as well as an online educational program on prevention and management of surgical fires by the Society of American Gastrointestinal and Endoscopic Surgeons. Its Fundamental Use of Surgical Energy (FUSE) program deals with operating room safety. (Contact: Gerry Castro, gcastro@jointcommission.org)
Pennsylvania Patient Safety Authority reports on wrong-site surgery events
Approximately one-quarter of wrong-site surgery events reported to the Pennsylvania Patient Safety Authority since July 2004 have involved wrong-site anesthesia blocks administered by an anesthesia provider, the agency recently reported. More than 600 wrong-site surgery events have been reported in total.

Based on these analyses, PPSA has developed evidence-based best practices for preventing wrong-site surgery and wrong-site anesthesia blocks that serve to complement The Joint Commission’s Universal Protocol. To assist Pennsylvania hospitals and ambulatory surgery centers in their efforts to prevent these events, the Authority’s Wrong-Site Surgery Program provides education, tools and resources, and onsite consultation — including observation of operating suites, followed by a leadership and staff debrief session.

View the full suite of tools.

ONC hosting health information technology (IT) safety webinar
The Office of the National Coordinator for Health Information Technology (ONC), which is funding a 10-part series on health information technology (IT) that is being conducted under contract by RTI International, is to release its ninth health IT safety webinar from 1-2:30 p.m. ET Aug. 20.

The free webinar presents perspectives on information transparency and health IT safety from the viewpoints of the patient, the practitioner, leaders of health systems and policymakers. Register.

New on the Web
- Hospital Executive Briefings — Los Angeles, Sept. 10; Rosemont, Illinois on Sept. 24; and New York, Oct. 5. For those who are guiding their organization’s 2016 accreditation efforts, this event can help attendees prepare for a compliant, successful 2016. The event includes reviews of the most challenging standards, any changes coming in 2016, information about the new Physical Environment Portal, a session devoted to discovering the link between infection prevention and control standards, and a question and answer panel with leaders from The Joint Commission. Register: Los Angeles; Rosemont; New York. Extend your knowledge on the same trip by attending a CMS update and a CJCP® Essentials Prep seminar.
- Home Care Executive Briefings — 8 a.m.-4 p.m. CT Sept. 2, DoubleTree Oak Brook, 1909 Spring Road. An one-day introduction for home care professionals responsible for their organization’s accreditation, this event can provide a framework to help stop the readmission cycle, including information like factors leading up to readmissions and reducing all-cause readmissions. Register.

Learn more about Joint Commission Resources’ offerings online or call 877-223-6866.