Coronavirus updates

New Take 5 focuses on COVID-19 vaccines

A new episode of the Take 5 with The Joint Commission podcast is available focusing on the COVID-19 vaccines.

In the podcast, Joint Commission Infection Control and Prevention Director Sylvia Garcia-Houchins, MBA, RN, CIC, discusses the safe and reliable vaccine options to protect against COVID-19, as well as the importance of getting a vaccine. Garcia-Houchins has more than 30 years of experience in infection control in a variety of health care settings, including hospital, ambulatory, home care and long-term care.

Listen to the podcast. [14:58]

Joint Commission reiterates importance of removing barriers to mental health care for staff

We have passed the one-year mark of the COVID-19 public health emergency, and health care staff continue to deal with the serious toll this pandemic has taken on their mental health.

The Joint Commission believes it is critical to remind health care organizations to take steps to remove barriers preventing clinicians from seeking mental health care services. It was well-documented prior to the pandemic that clinicians fear seeking mental health treatment because of concerns related to professional repercussions, specifically because questions about their mental health history may be asked during the credentialing and licensing process. Recent polls taken during the pandemic reiterate that the concerns still exist.

The Joint Commission reaffirms its May 2020 statement that we do not require organizations to ask about a clinician’s history of mental health conditions or treatment. The Joint Commission strongly encourages organizations to not ask about past history of mental health conditions or treatment and supports recommendations to limit questions to conditions that currently impair the clinician’s ability to perform his or her job. Organizations should review questions and ensure these questions do not hinder clinicians from seeking mental health services. This is one small step we can take to support health care workers.

Over the last year, The Joint Commission has issued a Quick Safety newsletter on promoting psychosocial well-being of health care staff and a Sentinel Event Alert, along with many other publications addressing health care staff well-being. It is vital that health care workers feel supported in accessing needed mental health resources.

Quality and safety

Journal: Study identifies post-operative hip fracture repair complications in older patients

A new study in the April 2021 issue of The Joint Commission Journal on Quality and Patient Safety assessed which complications are associated with the highest mortality rates and resource utilization for older patients who undergo hip fracture repair.

The study — “The Relative Impact of Specific Postoperative Complications on Older Patients Undergoing Hip Fracture Repair” — details how researchers used data for patients aged 65 years and older from the 2016–2017 Hip Fracture Targeted American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP).
Population attributable fractions (PAFs) were used to quantify the anticipated reduction in the primary outcomes (30-day mortality and readmission) that would result from complete prevention of 10 postoperative complications. In 17,755 patients who underwent hip fracture repair across 117 hospitals, postoperative delirium and pneumonia were the highest-impact complications.

Postoperative delirium affected 29.8% of patients and was associated with:
- 30-day mortality (11.5%)
- Prolonged hospitalization (43%)
- 30-day hospital readmission (11.9%)

Pneumonia affected 4.1% of patients and was associated with:
- 30-day mortality (27.3%)
- Prolonged hospitalization (66%)
- 30-day hospital readmission (28.1%)

The impact of the other eight complications — bleeding, Clostridium difficile colitis, decubitus ulcer, myocardial infarction, stroke, surgical site infection, urinary tract infection and venous thromboembolism — was comparatively small.

Also featured in the April issue:
- Merging Implementation Practice and Science to Scale Up Promising Practices: The Veterans Health Administration (VHA) Diffusion of Excellence (DoE) Program (Durham Veterans Affairs Health Care System, Durham, North Carolina)
- Using a Modified Surprise Question as a Tool to Improve Primary Palliative Care in a Neurocritical Care Unit (Indiana University Health, Indianapolis)
- Improving Handoff by Deliberate Cognitive Processing: Results from a Randomized-Controlled Experimental Study (three pediatric hospitals in the Netherlands)
- Interprofessional Training and Communication Practices Among Clinicians in the Postoperative ICU Handoff (University of Pennsylvania, Philadelphia)
- Intermittent Education and Audit and Feedback Reduce Inappropriate Prescribing of Oral Third-Generation Cephalosporins for Pediatric Upper Respiratory Tract Infections (Texas Children’s Hospital, Houston)
- What’s in a Name? Enhancing Communication in the Operating Room with the Use of Names and Roles on Surgical Caps (Lucile Packard Children’s Hospital, Palo Alto, California)
- Health System Leaders’ Role in Addressing Racism: Time to Prioritize Eliminating Health Care Disparities (Johns Hopkins Armstrong Institute for Patient Safety and Quality, Baltimore)
- Open Notes: New Federal Rules Promoting Open and Transparent Communication (editorial)

Access the Journal.

Resources

Up in the blogosphere with The Joint Commission

Ambulatory Buzz — Lessons Learned During Texas’ Winter Storm: Texas surgery centers faced Winter Storm Uri in February. This blog post explores experiences from ambulatory surgery centers in Texas, writes Kimberly Persley, MD, President, Texas Ambulatory Surgery Center Society President.

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