Quality and safety

Celebrate Patient Safety Awareness Week March 8-14
Patient Safety Awareness Week is scheduled for March 8-14, and The Joint Commission and the National Patient Safety Collaborative — a group that includes AAMI, ECRI Institute, Institute for Healthcare Improvement (IHI), and the Institute for Safe Medication Practices — are ready to celebrate.

IHI, which hosts the annual campaign, has a website dedicated to the week and its events, such as a free virtual learning hour on principles for improving patient safety measurement. You can follow along with IHI and join in on the discussion by following the hashtag #PSAW20.

In addition, The Joint Commission has several patient safety resources, including:

- **Speak Up™ patient safety initiatives**
- **Patient safety topics**

Also, follow along with The Joint Commission's Twitter, Facebook and LinkedIn accounts to “meet” our staff and learn how work in the field of patient safety helps improve care and save lives.

Accreditation and certification

Revisions made to align with CMS final rules on burden reduction, discharge planning
In response to the final rules on burden reduction and discharge planning issued by the U.S. Centers for Medicare and Medicaid Services (CMS) late last year, The Joint Commission has updated several of its standards to align with revised regulations for accreditation programs with deemed status and federally qualified health centers.

Requirements that have been finalized will go into effect March 15 for ambulatory surgery centers, critical access hospitals, home health and hospice organizations, and hospitals. Revisions to Medication Management (MM) standard MM.09.01.01, elements of performance 9 and 10, will go into effect on March 30.

View the prepublication standards. (Contact: Laura Smith, lsmith@jointcommission.org)
Performance measurement

Submissions now being accepted for Pioneers in Quality recognition program

The Joint Commission is now accepting submissions for the 2020 Pioneers in Quality™: Proven Practices program, which recognizes hospitals and health systems that have successfully leveraged electronic clinical quality measures (eCQMs) and health information technology to advance quality improvement. The submission deadline is April 1.

Proven Practices provides organizations an opportunity to share their eCQM stories, tips and strategies. Organizations can be recognized in the Proven Practices Collection in one or more of the following categories:

- **Expert Contributor** – A hospital or health system that submits an eCQM Proven Practice that is determined by the Pioneers in Quality™ Advisory Panel to have exceptionally strong applicability and specific, concrete recommendations for other organizations to improve their own eCQM use. These contributors are featured in the Proven Practices Collection and present during a national webinar.

- **Solution Contributor** – A hospital or health system that submits an eCQM Proven Practice that is used to help inform Pioneers in Quality™ program activities and determine trends to include within the Collection. These organizations contribute to the body of knowledge about the current eCQM environment, including barriers and challenges to eCQM data collection and quality improvement.

To be considered, hospitals and health systems must:

- Be accredited by The Joint Commission.
- Submit eCQM data to The Joint Commission or the Centers for Medicare and Medicaid Services.
- Share their solution in the Proven Practices Collection and/or present (if invited) during a Pioneers in Quality™ webinar.

Submit a Proven Practice and check out this short new video previewing the submission process.

Resources

**March Journal: 3-step fall prevention program increases patient activation, engagement**

Hundreds of thousands of patients fall each year, and 30 to 50% of those patients sustain an injury. While falls are a major problem in health care settings, the risk of falling is even greater for hospitalized patients due to an unfamiliar environment, new medications and symptoms of acute illness. However, the number of patient falls and falls with injury can be reduced substantially with preventive measures.

A new study in the March 2020 issue of The Joint Commission Journal on Quality and Patient Safety – “Patient Activation Related to Fall Prevention: A Multisite Study” – examines the role that patient activation played in the Fall Tailoring Interventions for Patient Safety (TIPS) program with patients and their families. The three-step fall prevention process includes:

1. Conducting a fall risk assessment
2. Developing a personalized fall prevention plan
3. Consistently following the plan, along with the use of universal fall precautions

Researchers surveyed a random sample of adult patients before and after implementation of Fall TIPS at three health care systems: Brigham and Women’s Hospital, Boston; Montefiore Medical Center, New York; and New York-Presbyterian Hospital, New York. The short-form Patient Activation Measure (PAM-13) was adapted for fall prevention. The 13-item survey assessed a patient’s knowledge, skill and confidence in managing his or her own fall prevention, also known as “patient activation.”

Findings showed patient activation improved from preintervention to postintervention at all sites. Overall, the mean PAM score improved from 63.82 to 80.88, as patients with access to the Fall TIPS program were more activated and engaged in their fall prevention plan.
“Formalizing strategies to facilitate and document hospital patient engagement in their own fall prevention approach has been a missing link in current evidence translation efforts to date,” noted Terry P. Haines, PhD, and Anne-Marie Hill, PhD, in an accompanying editorial. “It will be fascinating to see results of future research along this path, and how broadly concepts related to patient activation can be applied to fall prevention both in hospitals and beyond.”

The March issue also includes:

- “Designing Quality Improvement Collaboratives for Dissemination: Lessons from a Multiple Case Study of the Implementation of Obstetric Emergency Safety Bundles” (A study based on three quality improvement collaboratives, representing more than 300 hospitals)
- “A Process Approach to Decreasing Hospital Onset *Clostridium difficile* Infections” (Stony Brook University Hospital, New York)
- “A Multifaceted, Student-Led Approach to Improving the Opioid Prescribing Practices of Hospital Medicine Clinicians” (Mount Sinai Hospital, New York)
- “Targeted Moments of Environmental Disinfection” (Diversey, Inc., Fort Mill, South Carolina)
- “Reduce the Likelihood of Patient Harm Associated with the Use of Anticoagulant Therapy”: Commentary from the Anticoagulation Forum on the Updated Joint Commission NPSG.03.05.01 Elements of Performance” (A commentary by eight national experts)

Access the Journal.

Up in the blogosphere with The Joint Commission

- **Leading Hospital Improvement** – [New Dashboard Report Launches for Hospitals]: A new performance improvement dashboard report – Accelerate PI™ – is now available for Joint Commission-accredited hospitals, writes Tricia Elliott MBA, CPHQ, director, Quality Measurement; and Brigette DeMarzo, MPH, CIC, CPHQ, CPPS, project director, Quality Measurement.
- **Dateline @ TJC – Health for Health Care Workers**: Every February for American Heart Month, The Joint Commission comes across morning news segments on heart-healthy foods, Jump Rope for Heart fundraiser packets and Wear Red days. Many health care workers find it easier to push these reminders to care for our heart health aside as another double shift comes along, placing the health of our patients, families and friends before our own, writes Zach George, MBA, CPA, associate director of business development for hospital certification; Antigone Kokalias, MBA, MSN, RN, project director-clinical; Angela Murray, MSN, RN, project director-clinical; and Robin S. Voss, RN, MHA, TNCC-I, surveyor and field director, Disease-Specific Care.

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