

Joint Commission Online

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Quality and safety

Center for Transforming Healthcare launches new Reducing Sepsis Mortality TST®



The Joint Commission Center for Transforming Healthcare has unveiled a Reducing Sepsis Mortality Targeted Solutions Tool® (TST®), a web-based application to help providers reduce sepsis mortality and increase sepsis protocol compliance in pursuit of zero harm.

Sepsis — a severe reaction in response to an infection — is a top cause of death in hospitalized patients that costs the health care system at least \$41 billion each year. It typically affects 1.7 million U.S. patients yearly, with about 270,000 of those cases resulting in death.

Early recognition and effective treatment of sepsis not only saves lives but also frees up scarce resources and dollars that hospitals need for staff or to rebuild services and infrastructure.

Additionally, the Global Sepsis Alliance has confirmed that COVID-19 can cause sepsis, and that signs of multi-organ injury typical in sepsis cases occur in approximately 2% to 5% of COVID-19 cases. While it is still early in the pandemic — and data are continuously being collected and analyzed — some studies indicate sepsis may be the second leading cause of death among COVID-19 patients.

The Center's release of the Reducing Sepsis Mortality TST® follows a comprehensive quality improvement project that decreased mortality among the cohort by nearly 25% and a subsequent multi-hospital pilot that reduced mortality from nearly 20% to over 50%.

"The methods embedded in the sepsis TST® are based on our robust quality improvement projects and informed by the experience of those participants to ensure it is a pragmatic and actionable tool for all health care providers," said Anne Marie Benedicto, vice president and head of the Joint Commission Center for Transforming Healthcare. "Once introduced and implemented into a health care organization, hospital or health system, the TST® will help the organization identify customized interventions to increase identification of sepsis patients and reduce sepsis mortality."

The Reducing Sepsis Mortality TST® is the latest solution the Center has developed since it began in 2010. To date, more than 1,300 organizations have used the TSTs® to prevent harm and save lives. The Center also offers TSTs® to help reduce injuries from falls, hand hygiene, handoff communication failures and errors within the surgical process.

[Learn more](#) about the Center and TSTs®.

TakeCHARGE resources now available on Joint Commission's website

The Joint Commission has partnered with the Pulse Center for Patient Safety Education & Advocacy to raise awareness of the TakeCHARGE Campaign, which is dedicated to empowering people to take charge of their health care decisions with informed decision-making and effective advocacy.



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To help in this effort, The Joint Commission has dedicated a portion of its website to showcase information, tools and resources that are part of the TakeCHARGE campaign. Located under the “Resources” section of the website, users can find the information by clicking on the “For Consumers” link, followed by the “TakeCHARGE” link.

TakeCHARGE is unique in its approach to directly engage patients and their families to take charge of their health care decisions with the 5 Steps to Safer Health Care:

- Step 1: Understand and complete your advance directives
- Step 2: Keep a record of your medical history and current medications
- Step 3: Prepare for doctors’ visits/Make a list of questions
- Step 4: Prevent infections/Ask caregivers to wash their hands
- Step 5: Use an advocate/Be an advocate for others

[Learn more](#) about the TakeCHARGE campaign.

Sept. Journal: Palliative care for seriously ill surgical patients reduces hospital LOS

Palliative care provides specialized medical care for people living with a serious illness. There is growing recognition of the importance of expanding palliative care beyond only patients at the end of life to surgical patients with serious illness.

A new study in the September issue of *The Joint Commission Journal on Quality and Patient Safety* — “[Impact of Palliative Care Utilization for Surgical Patients Receiving Prolonged Mechanical Ventilation: National Trends \(2009-2013\)](#)” — analyzed data from the National Inpatient Sample (NIS) to determine if palliative care utilization for surgical patients is associated with hospital length of stay (LOS).

The researchers from the University of Arkansas for Medical Sciences, Little Rock, reviewed NIS data from 2009-2013 to identify adults who had a surgical procedure and required prolonged mechanical ventilation (MV) for 96 consecutive hours or longer, as well as patients who also had a palliative care encounter.

Findings showed:

- The utilization of palliative care among surgical patients with prolonged MV increased yearly from 5.7% in 2009 to 11% in 2013.
- For prolonged MV surgical patients who died, palliative care increased from 15.8% in 2009 to 33.2% in 2013.
- The median hospital LOS for patients with and without palliative care was 16 and 18 days, respectively.

In addition, patients discharged to either short- or long-term care facilities had a shorter LOS if palliative care was provided (20 vs. 24 days). Factors associated with palliative care utilization included older age, malignancy and teaching hospitals. Non-Caucasian race was associated with less palliative care utilization.

“Palliative care may have an important role, apart from end-of-life discussions, for those patients discharged to either short- or long-term facilities,” the study authors concluded. “Future studies are needed to prospectively determine the appropriate utilization of palliative care in the surgical population and the impact of palliative care on the clinical outcomes.”

Also featured in the September issue are:

- Determining the Need for Thrombectomy-Capable Stroke Centers Based on Travel Time to the Nearest Comprehensive Stroke Center (A study of 44 Joint Commission certified Thrombectomy-Capable Stroke Centers)
- The Association Between Hospital Occupancy and Mortality Among Medicare Patients (A study of 383 hospitals using data from the California Office of Statewide Health Planning and Development)
- Early Extended Neonatal Screening for Congenital Cytomegalovirus Infection: A Quality Improvement Initiative (Montefiore Medical Center, New York City)
- Poor Cost Awareness Among Anesthesia Providers for Medications, Supplies, and Blood Products (Johns Hopkins Medicine, Baltimore)

- Referrals of Infection Control Breaches to Public Health Authorities: Ambulatory Care Settings Experience, 2017 (A study of 845 Joint Commission accredited ambulatory health care organizations)
- Lessons from Walking the Medical Distancing Tightrope (University of California, San Diego Health)

[Access](#) the *Journal*.

Coronavirus updates

Joint Commission supports family presence in health care during adverse conditions

Prompted by the COVID-19 outbreak, health care organizations across the globe have instituted health and safety restrictions to slow the spread of the infection and its threat to those who are most susceptible to the virus.

Health care and other essential staff continue to work around the clock — many risking their own health in adverse conditions — to care for people affected by the coronavirus. However, many of the stringent safety measures established to mitigate the risks of contagion have unintentionally caused patients, staff, and care partners to suffer isolation, hardship, and emotional vulnerability when compassionate care is most needed.

The Joint Commission was one of many organizations that contributed to the development and endorsed the [Person-Centered Guidelines for Preserving Family Presence in Challenging Times](#), issued on May 28 and updated Aug. 13. These guidelines to preserve family presence across the continuum of health care during challenging times — such as the current pandemic — were recommended by the Planetree International Coalition.

On June 18, 2020, The Joint Commission met virtually with its Patient and Family Advisory Council (PFAC) to share these critical recommendations with stakeholders, express its full support of the initiative and identify opportunities to collaborate with the coalition.

Without downplaying the crucial need for safety and risk mitigation, the Planetree International Coalition — composed of patients, residents, families, health care leadership, and clinicians, among others — developed guidelines to preserve family presence in health care settings. The purpose of the guidelines is to ensure that those most affected by the virus will receive the highest possible compassionate care and affirmation through sustainable contact with their care partners.

Here are the eight guidelines developed by the coalition for health care organizations:

1. Assess need for restrictions to family presence. Reassess and adjust policies as conditions change.
2. Minimize risk of physical presence. Follow infection control guidelines issued by the World Health Organization (WHO), the U.S. Centers for Disease Control and Prevention (CDC), and local and regional health authorities.
3. Communicate with compassion any facility restrictions in advance of family visits.
4. Establish and communicate compassionate exceptions to family presence restrictions, such as end-of-life situations.
5. Minimize isolation when family cannot be physically present, using virtual or other means.
6. Share decision-making with family. Inform and educate them on the risks and benefits of in-person visits with their loved one.
7. Enlist family as members of the care team who abide by established safety protocols.
8. Enhance discharge education and post discharge follow-up so families may support successful transitions of care.

'Real Voices. Real Stories.': Pollak shares frontline experience in New York during COVID-19

Joint Commission staff are on the front lines of COVID-19 care, and we're sharing their experiences in *'Real Voices. Real Stories.'*

Ed Pollak, MD, former medical director and patient safety officer at The Joint Commission, discussed how being on the frontlines during the pandemic in New York City was an experience like no other.

“Among the many things that really impacted me was the fact that because there were no families there in person, they would ask us to be sure that we provided the support that the family couldn't,” Pollak said. “So, many times they would ask, ‘Can you be sure that a meaningful prayer or song is playing for them? Can you be sure that a picture of a family member that we left is there in the room for them?’ It was just really difficult to hear.

“Before COVID-19, it was not incredibly unusual in an ICU setting that somebody who is very, very sick has a family that decides at the end of life to withdraw care. What's really hard is to feel that you're meant to be their entire emotional support and the connection for that patient as they pass away, because there's no one else there. That's a lot for anybody to process.

“As attending physicians, we would often FaceTime the families or call them at night to give an update. I remember one person in particular that couldn't come because she had chemotherapy within the last six months. Unfortunately, her loved one, despite heroic measures, was not going to survive. At that point, the request was to be sure that she didn't die alone. So, the extraordinary thing was that the nurse and I were in the room, and we made sure that we played a song that was meaningful to her and held her hand as she passed away, which was hard to watch.

“To see an ICU full of patients, where it's likely they won't survive, and not have families there, really impacted the providers. We had a young nurse that came in crying at shift change. She said, ‘She just couldn't. This is too much. Everybody here is dying, and it's a really serious environment.’ Then, she said, ‘I'm sorry. I can't handle it.’ And everybody said, ‘That's fine. You're the one who's responding to this how we all should be.’ We needed to be sure that we were really taking advantage of all the support we could.

“Everybody responds to it differently. And, as an organization, you need to provide the support for those providers. Where I was, that was the case, and I think it was really good, but, nonetheless, it's still overwhelming. It will be an ongoing thing. The support will be something that people will need going forward.

“The commitment of everybody, from the people who cleaned the facility, who are essential to preventing the health care workers from getting further infected and stopping it from spreading further, to the radiology techs, to the pharmacy techs filling medications — the demands and how strained everyone was really impacted everybody. Again, from anesthesiology, attending physicians, cardiac surgeons, to the people who cleaned the floors, it was really just amazing to see them all pull together. I think just the incredible teamwork is what stood out, and I felt like the whole city of New York was really rallying during this crisis.

“Every night the fire department, police department and the people of New York came and cheered the health care workers, and you could feel an incredible sense of teamwork and purpose and commitment. Commitment to mission is too bureaucratic a word for this. It's really just an underlying desire to do anything you can to stem the tide in this pandemic and to do what you've been trained to do.”

[Read](#) ‘Real Voices. Real Stories.’

Joint Commission Resources

Now available: *PolicySource*TM for Behavioral Health Care and Human Services
*PolicySource*TM — an easy-to-navigate, web-based portal offering standardized, downloadable and adaptable policies, procedures and plans organized by and correlated to Joint Commission standards — is now available for the Behavioral Health Care and Human Services (BHC) accreditation program.

An annual subscription to *PolicySource* (\$399) will provide access to dozens of sample policies and procedures (P&Ps) for BHC organizations. Some of the key features include:



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- An introduction that details how to develop and manage P&Ps, including standardized templates for writing and evaluating the effectiveness of P&Ps.
- A policy or procedure for nearly every Joint Commission standard that requires written documentation.
- Trusted content reviewed by subject matter experts from The Joint Commission.
- Updates twice a year that sync with Joint Commission standards updates.
- A downloadable applicability matrix that shows how each policy applies to specific BHC settings and services.

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