Quality and safety

Learn more about safe prescribing of opioids during Oct. 10 webinar

What can hospitals do to help address the opioid overdose epidemic? How have other health care systems implemented their own opioid stewardship programs?

On Oct. 10, The Joint Commission will host a webinar — “Establishing an Opioid Stewardship Program in Your Health System” — that will feature speakers Dr. Jeanmarie Perrone, of the University of Pennsylvania Medical Center, and Dr. Scott Weiner, of Brigham and Women’s Hospital. They will share their experiences with setting up programs to encourage safe prescribing of opioids and reducing opioid-related deaths.

The webinar will be held from 9-10 a.m. (PT)/10-11 a.m. (MT)/11 a.m.-noon (CT)/noon-1 p.m. (ET). Register.

Sentinel event statistics released for first half of 2018

The Joint Commission reviewed a total of 398 sentinel events during the first six months of 2018. The majority of these — 90 percent — were voluntarily self-reported to The Joint Commission by an accredited or certified entity. The patient safety specialists in the Joint Commission’s Office of Quality and Patient Safety work with organizations reporting sentinel events to identify contributing factors and actions the organization can take to reduce risk.

Sentinel events must be reviewed by the organization and are subject to review by The Joint Commission. The table to the right shows the 10 most frequently reported types of sentinel events for the first half of 2018. Data from the 14,086 incidents reported from 2005 through the first six months of 2018 show that these events have affected a total of 11,612 patients (as multiple patients may be impacted by a single event).

“The trend for the most frequently reported sentinel events remains generally unchanged,” said Gerard M. Castro, PhD, MPH, project director, Patient Safety Initiatives, The Joint Commission. “Organizations should continue their work toward minimizing risks associated with these types of events, but also strengthen systems and processes that keep patients safe, such as reporting and learning from close calls, teamwork, and improving safety culture.”

Less than an estimated 2 percent of all sentinel events are reported to The Joint Commission. Of these, 60 percent (8,017 of 14,086 events) have been self-reported since 2005. Therefore, these data are not an epidemiologic data set, and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.

Learn more about sentinel events or call the Office of Quality and Patient Safety at 630-792-3700.

| Top 10 most frequently reported Sentinel Events (from Jan. 1-June 30, 2018) |
|---------------------------------|-------------------|
| **Type of Sentinel Event**      | **Events Reported** |
| Fall                            | 65                |
| Unintended retention of a foreign body | 61                |
| Unassigned*                     | 55                |
| Wrong-site surgery              | 45                |
| Other unanticipated event**     | 29                |
| Suicide                         | 26                |
| Delay in treatment              | 25                |
| Medication error                | 17                |
| Criminal event                  | 16                |
| Perinatal death/injury          | 11                |

*This category was unassigned at the time of the report. **Includes asphyxiation, burns, choking on food, drowning, and being found unresponsive.
Accreditation and Certification

Collaboration aims to improve care, quality of hip and knee replacement surgeries

A collaboration between The Joint Commission and the American Academy of Orthopaedic Surgeons (AAOS) will incorporate AAOS’ clinical expertise into the standards development and performance measurement requirements for the Total Hip and Knee Replacement (THKR) Certification. The Joint Commission established the THKR Certification, a voluntary advanced certification program, in 2016 for accredited hospitals, critical access hospitals and ambulatory surgery centers (ASCs) seeking to elevate the quality, consistency and safety of their services and patient care.

Through the new collaboration, the AAOS and The Joint Commission will jointly oversee scientific issues, performance measurement, quality improvement activities, education, data sharing and research related to the certification — with continued commitment to constantly assessing and evaluating quality for the safety and benefit of orthopaedic patients.

This includes — effective Jan. 1, 2019 — implementation of a new THKR certification requirement for hospitals and ASCs to participate in a national registry, like the American Joint Replacement Registry (AJRR), to further help standardize care and quality improvement in hip and knee replacements.

The AAOS is the world’s largest medical association of musculoskeletal specialists. The AJRR is the Academy’s hip and knee replacement registry, and the cornerstone of its larger Registry Program. As the world’s largest national registry of hip and knee joint replacement data based on annual procedure counts, with more than 1.4 million procedures contained within its database, the AJRR is a leading source of quality improvement information.

“The Academy continues to make great strides in serving our profession, and reaffirming its strategic commitment to provide the highest quality in musculoskeletal care,” said AAOS President David A. Halsey, MD. “Last fall, we pledged to create a national family of clinical data registries for a broad range of orthopaedic conditions and procedures. We started with the reintegration of the AJRR into the AAOS as we continue to grow the family of registries. This collaboration with The Joint Commission, and the THKR program, is a practical way for us to even better equip orthopaedic surgeons to continue to advance the quality of musculoskeletal care.”

“Organizations that achieve The Joint Commission’s already rigorous Total Hip and Total Knee Replacement Certification will gain an even stronger foundation for ensuring highly reliable high-quality care and outcomes for their patients through the Academy’s collaboration with our program,” said David Baker, MD, executive vice president, Division of Healthcare Quality Evaluation, The Joint Commission. “[AAOS] is the world’s preeminent provider of musculoskeletal education, and the close working relationship we will maintain with the AJRR offers powerful opportunities to strengthen our quality measurement and quality improvement activities. Formalizing The Joint Commission’s work with AAOS ensures that our combined expertise will positively affect orthopaedic care for years to come.”

Learn more about THKR Certification.

Revisions to TSC and CSC eligibility

The Joint Commission and the American Heart Association/American Stroke Association have made revisions to the eligibility requirements for the Thrombectomy-Capable Stroke Centers (TSC) and Comprehensive Stroke Centers (CSC) Certification programs. The updates to eligibility are effective immediately for TSCs and Jan. 1, 2019, for CSCs. Learn more about the revisions. (Contact: Mary Brockway, mbrockway@jointcommission.org)

Resources

Up in the blogosphere with The Joint Commission

- Dateline @ TJC – The Strategy Behind Increased Organizational Findings: We all understand when there is concern for increased number of request for improvement (RFI) and immediate threat to health and safety findings during surveys. But this could be a good thing, as it means that we’re catching
problems before they can cause harm. It underscores The Joint Commission’s evolving role from that of simply an accreditor to an improvement organization — one that improves health care through the accreditation and certification process, writes Mark Pelletier, MS, RN, chief operating officer and chief nursing officer, Accreditation and Certification Operations.

- **High Reliability Healthcare** — **Hospital-Wide Sepsis Project Reduces Mortality by Nearly 25 Percent**: Five leading hospitals partnered with the Joint Commission Center for Transforming Healthcare to reduce sepsis mortality. The Center’s sepsis project was unique in that it looked at sepsis from a hospital-wide perspective, rather than focusing only on emergency departments or intensive care units. These organizations worked with us to identify the root causes for lack of early detection and treatment for sepsis and implemented solutions that were unique to their organization’s specific root causes, writes Kelly Barnes, of the Center.

- **Ambulatory Buzz** — **Advanced Total Hip and Total Knee Replacement Certification Recognized by BCBS**: The Joint Commission’s Total Hip and Total Knee Replacement Certification was recently named as one of the programs that is a mandatory element for ambulatory surgery centers seeking to earn the status of a Blue Cross & Blue Shield Association’s Blue Distinction program center of excellence, writes Alisha Morrison, manager, business development, Ambulatory Care Services.

- **Quality in Nursing Center Care** — **Five Most Problematic Emergency Management Standards in Nursing Homes**: Given the wide variety of circumstances our emergency management standards cover — from tornadoes to sewer issues to active shooters — these raise a lot of questions from the public. Here’s an outline of what we’ve identified as the most challenging standards for nursing homes, and our best advice for succeeding in these areas, writes Joseph V. Bellino, MS, CHPA, CHEM, engineering.

### Joint Commission Resources

**Now available: Easy-to-understand NPSG posters, badge buddies**

Incorporate safety into your everyday activities with posters and badge buddies that highlight the 2019 National Patient Safety Goals (NPSGs). For the first time, these quick-reference materials are written in plain English for easy comprehension by staff or patients. Choose from the following designs:

- 18-by-24 inch posters
- 8.5-by-11 inch, two-sided laminated posters
- 3.5-by-2.5 inch, two-sided laminated badge buddies

The key topics covered by the 2019 NPSG posters and badge buddies are:

- Patient identification
- Staff communication
- Medication safety
- Alarm safety
- Infection prevention
- Patient safety risks
- Safe surgery

[Learn more](#).