Performance measurement

*Accelerate PI™* dashboard report launches for hospital accreditation program

A new performance improvement dashboard report – *Accelerate PI™* – is now available for Joint Commission-accredited hospitals. It is posted in the “Resources and Tools” section of an accredited hospital’s secure Joint Commission Connect® extranet site.

The dashboard is intended to be a springboard for conversations on data, performance measures and quality improvement during the on-site survey process. It uses the most recent and available external data from the Centers for Medicare & Medicaid Services (CMS) Hospital Compare website. It is representative of each organization’s relative performance on each of the selected measures and shows that organization’s performance compared to national, state and Joint Commission-accredited organization averages. The dashboard is not a scorable element on survey.

After thorough analysis and vetting with national experts from the field, the following subset of measures from the Hospital Compare website were included in the dashboard because they meet The Joint Commission’s accountability criteria:

- Central line-associated bloodstream infections
- Catheter-associated urinary tract infections
- Surgical site infection – colon surgery
- Surgical site infection – abdominal hysterectomy
- Clostridium difficile infection
- Methicillin-resistant Staphylococcus aureus (MRSA) bacteremia
- Hospital-acquired potentially preventable venous thromboembolism

Additional measures reflecting patient experience and readmissions data are included for informational purposes only, as they do not meet The Joint Commission’s accountability criteria. As a result, they will not be used to compare performance to other organizations and will not be used by surveyors in the accreditation process. The dashboard will display chart-based and electronic clinical quality measure (eCQM) quality measurement data reported by hospitals to The Joint Commission under the ORYX® program.

*Accelerate PI™* dashboards have already launched for nursing care centers, home health and hospice organizations, and ambulatory surgery centers. For more information or questions about these or the newly launched hospital dashboard, organizations can contact their account executive.

Quality and safety

*Journal: Professional development course improves unprofessional physician behaviors*

A new study published in the February 2020 issue of *The Joint Commission Journal on Quality and Patient Safety* showed the effectiveness of a professional development program on unprofessional physician behaviors.

Unprofessional physician behaviors can result in serious consequences, including decreased physician and staff productivity, increased staff turnover and adverse patient outcomes. In the study – “*A Professional Development Course Improves Unprofessional Physician Behavior*” – findings showed that the “Program for Distressed Physicians” (PDP) helped positively modify unprofessional behavior by physicians.
A pre-post study design was used to measure changes in physicians’ unprofessional behaviors using the B29™, a 35-item, web-based survey. The survey was a 360-degree assessment by peers, colleagues, administrators and staff, and a self-assessment from the physician. Between the pre- and post-survey, physicians completed the PDP. The three-day course, followed by three one-day sessions spread over six months, taught physicians how to:

- Replace unprofessional behavior with professional behavior.
- Promote peer accountability and support.
- Identify risk factors and prevention strategies.
- Practice new skills.
- Promote effective leadership skills.

Twenty-four of 28 physicians in the study experienced an improvement in professional behavior. The mean decrease of unprofessional behavior for all 28 physicians was 51.1% and the lowest-rated items improved an average of 53.5% overall.

Negative behaviors that declined after the PDP included egregious behaviors and passive-aggressive behaviors. Positive behaviors that increased after the PDP included teamwork, peer relations, and patient/family orientation and empathy.

Also featured in the February issue:

- "Do 30-Day Reoperation Rates Adequately Measure Quality in Orthopedic Surgery?" (University of Chicago Medicine, Chicago)
- “Improving and Maintaining On-Time Start Times for Nonelective Cases in a Major Academic Medical Center” (Massachusetts General Hospital, Boston)
- “What Are the Determinants of Health System Performance? Findings from the Literature and a Technical Expert Panel” (RAND Center of Excellence on Health System Performance, Santa Monica, California)
- “Persistent Barriers to Timely Catheter Removal Identified from Clinical Observations and Interviews” (University of Michigan Hospital, Ann Arbor, Michigan)
- “Effects of Accessible Health Technology and Caregiver Support Posthospitalization on 30-Day Readmission Risk: A Randomized Trial” (University of Michigan Hospital; Ann Arbor U.S. Department of Veterans Affairs, Ann Arbor, Michigan; and MidMichigan Health, Midland, Michigan)
- “The Use of Patient Digital Facial Images to Confirm Patient Identity in a Children’s Hospital's Anesthesia Information Management System” (Children’s Hospital Colorado, Aurora, Colorado)
- “Impact of an Initiative to Improve the Administration of Anticoagulation in High-Risk Patients” (Walter Reed National Military Medical Center, Bethesda, Maryland)

Access the Journal.

Resources

Up in the blogosphere with The Joint Commission

- **Leading Hospital Improvement** – Sterile Medication Compounding Update for Hospital Accreditation Program: The Joint Commission has developed a new resource to guide hospitals on what will be evaluated during survey with regard to USP 797 and USP 800 chapters on medication compounding, writes Robert Campbell, PharmD, director, Clinical Standards Interpretation Hospital/Ambulatory Programs, and director, Medication Management.
- **Quality Data Download** – The Consequences of Unchecked Disruptive Behaviors in Health Care: A recent study in The Joint Commission Journal on Quality and Patient Safety demonstrated the prevalence and impact of health care worker disruptive behaviors in a large U.S. health system. Over half of health care workers reported exposure to one of six specified disruptive behaviors, ranging from hanging up the phone before a conversation was over to physical aggression toward others. These behaviors were reported by staff in 98% of clinical and nonclinical work settings, writes Kyle J. Rehder, MD, medical director, Duke Center for Healthcare Safety and Quality.
- **High Reliability Healthcare** – Sexual Harassment Between Health Care Workers and Safety Culture: Twenty-five percent of nurses globally report experiencing sexual harassment, and it has been reported that 82% of women in an academic medical setting reported at least one incident of sexual harassment in
the past year. Sexual harassment is a violation of safety culture; the same applies to harassment based on racial, ethnic or religious differences. Regardless of the factors that drive harassment, the impact to the patient remains the same and is tremendously costly to health care organizations, writes: Esther Choo, MD, MPH, associate professor, Oregon Health & Science University; Ana Pujols McKee, MD, executive vice president and chief medical officer, The Joint Commission; and Darilyn V. Moyer, MD, FACP, FIDSA, FRCP, executive vice president and CEO, American College of Physicians.

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