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Safety culture and high reliability

Finken co-authors Viewpoint on psychiatry leaders' role in improving safety culture in health care
Is now the time for the field of psychiatry to take note of and help establish a culture of safety in health care settings? Julia S. Finken, RN, BSN, MBA, The Joint Commission's executive director of the behavioral health care accreditation program, thinks it is.

In late April, a Viewpoint article on this topic — "Psychiatric Leadership and Collaboration Toward a Culture of Safety" — was published in Psychiatric News, the newspaper of the American Psychiatric Association, written by Finken and Yad M. Jabbarpour, MD, chief medical officer of Catawba Hospital in Catawba, Virginia.

In the Viewpoint, the authors assert that “psychiatrists are positioned not only to be a part of this transformation but also to be at the forefront in establishing, improving and maintaining a culture of safety.”

In response to The Joint Commission's recently released Sentinel Event Alert on the essential role of leadership in developing a safety culture, Finken and Jabbarpour argue that the field of psychiatry should be aware of the need for improving safety culture in health care for several reasons.

"Psychiatrists are essential leaders in instilling a culture of safety in health care," they wrote. "We are positioned to transform care through a collaborative approach that will catalyze and strengthen cultural change, collaborating with colleagues in health care, as well as policymakers, family members and patients."

The Viewpoint article states that clinicians, leaders and policymakers have a responsibility to support safety culture.

Read the Viewpoint.
Webinar replay: Joint Commission president on safety culture and leadership

Guidance on how to build a safety culture in an organization was recently offered to hospital CEOs and other health care leaders during a webinar featuring Mark R. Chassin, MD, FACP, MPP, MPH, president and chief executive officer of The Joint Commission. A replay of the webinar — Building Your Safety Culture: A Job for Leaders — is available on The Joint Commission’s website, with the presentation slides.

Leadership commitment is the first and most essential requirement for attaining a safety culture. It is up to leadership to ensure that all employees feel safe in bringing up and addressing patient safety concerns. Without this environment of trust and respect, patients are significantly more likely to experience adverse outcomes of varying degrees of severity. Therefore, leaders must embed this culture throughout their hospital, health care system or health care organization.

This webinar is a complement to Sentinel Event Alert, Issue 57: The essential role of leadership in developing a safety culture.

You may also be interested in a new Take 5 podcast with Anne Marie Benedicto, MPP, MPH, vice president for the Joint Commission Center for Transforming Healthcare, discussing the important role that health care leaders play in attaining and maintaining a safety culture — which is one of the Center’s ongoing targeted initiatives. Listen to the podcast. [5:19]

Accreditation and certification

EP Review Project Phase 3 yields EP deletions

Effective July 1, the behavioral health care (BHC) accreditation program will see a slimmer set of standards, as part of Phase 3 of the EP Review Project. The EP Review Project is a multiphase component that is part of Project REFRESH, a process improvement initiative being conducted throughout 2016 and 2017. Phase 1 resulted in the deletion of 225 hospital elements of performance (EPs). Phase 2 resulted in 51 additional EP deletions for hospitals.

The Phase 3 project involved applying relevant EP deletions from the hospital program to the other accreditation programs, with some exceptions, such as:

- The EP is a Centers for Medicare & Medicaid Services’ (CMS) requirement for a specific nonhospital program.
- Unique program concerns required retention of an EP that was deleted for hospitals.

A total of 63 EPs were removed from the BHC accreditation program as part of Phase 3 deletions. For the most part, the deletions fall into one or more of the categories established during Phase I of the EP Review Project:

- EPs are similar to, implicit in or duplicative of other existing EPs.
- Have been covered by standards for many years and are now a routine part of operations or clinical care processes.
- No longer address contemporary quality and safety concerns, and how they are managed can be left to the discretion of the organization.
- EPs are adequately addressed by law and regulation or other external requirements.

View the prepublication standards. (Contact: Maureen Carr, mcarr@jointcommission.org)

Influx of BHC surveyors will meet growing demand for BHC accreditation

In order to better meet the demand and growth in the behavioral health care field for accreditation services, The Joint Commission recently increased its surveyor force by approximately 30 percent. This is expected to reduce survey wait times for initial behavioral health care surveys, as well as re-surveys, moving into the second half of 2017 and beyond.
In order to respond to the escalating growth in demand for Behavioral Health Care (BHC) accreditation and to maintain the quality services that The Joint Commission provides to health care organizations, The Joint Commission has been uncompromising in continuing its practice of hiring and training highly competent and capable professionals to conduct accreditation surveys. Our BHC surveyors are experienced and knowledgeable regarding the services we accredit and are known for providing — not only a comprehensive evaluation of standards compliance but also a highly educational and consultative on-site survey.

The Joint Commission will continue to strive to improve upon the services it offers in order to meet the needs and requirements of the providers we serve.

**New SAFER™ Matrix Resources portal: Gateway to understanding scoring methodology**

The Joint Commission has created a one-stop shop for information and resources on the Survey Analysis for Evaluating Risk™ (SAFER™) Matrix, the scoring methodology that went into effect for all Joint Commission accreditation and certification programs on Jan. 1.

The SAFER™ Matrix Resources web portal features:

- A SAFER™ webinar replay and slide deck that discusses the conception of the SAFER™ Matrix and includes examples to illustrate key concepts
- A Take 5 podcast that provides a foundational understanding of the SAFER™ Matrix and related information
- An interactive demo video that gives a walkthrough of the new SAFER™ Matrix tool located on an organization’s secure Joint Commission Connect® website
- A Frequently Asked Questions video that covers some of the most commonly asked questions on this topic

These resources will help organizations:

- Understand the overall concept of the SAFER™ Matrix and identify key elements of the SAFER™ Matrix process
- Learn how the SAFER™ Matrix is scored in the field
- Access details surrounding the new Evidence of Standards Compliance (ESC) fields
- Take advantage of ongoing free educational opportunities on this topic from The Joint Commission

The SAFER™ Matrix’s primary benefit is that it helps organizations prioritize areas of risk, what to address and where to focus resources following a survey. It provides a single, comprehensive visual representation of survey findings, in which all Requirements for Improvement (RFIs) are plotted according to the likelihood of potential harm to patients, staff or visitors, and pervasiveness of the problem — based on surveyor observations. This allows surveyors to perform real-time, on-site evaluations of deficiencies. Placement of RFIs within the matrix determine the level of detail required within each RFI’s Evidence of Standards Compliance follow-up.

View the SAFER™ Matrix Resources web portal. (Contact: safer@jointcommission.org)

**Patient safety**

**New study: Lean tools positively affect safety, throughput of behavioral health care programs**

A new competency study in the June issue of *The Joint Commission Journal on Quality and Patient Safety* highlights using lean tools and principles to quickly transform a behavioral health crisis program.

The study, “Using Lean to Rapidly and Sustainably Transform a Behavioral Health Crisis Program: Impact on Throughput and Safety,” shows significant decreases in median door-to-door dwell time, calls to security for behavioral emergencies and staff injuries.
As a result of the study, the authors — Margaret E. Balfour, MD, PhD; Kathleen Tanner, MA, LSSBB; Paul J. Jurica, PhD; Dawn Llewellyn, BA; Robert G. Williamson, MD; and Chris A. Carson, MD, MBA — assert the study shows lean methods can positively affect safety and throughput, and are complementary to patient-centered clinical goals in a behavioral health setting.

For the study, ConnectionsAZ performed interventions at its Crisis Response Center, a freestanding behavioral health facility that provides crisis services and emergency psychiatric care in Pima County, Arizona. The implementation phases were:

- Phase 1 involved a redesign of flow, space utilization and clinical protocols.
- Phase 2 improved the provider staffing model.

After Phase 1, the authors state ConnectionsAZ saw significant decreases (pre vs. post, and one-year post) in median door-to-door dwell time (343 minutes vs 118 and 99), calls to security for behavioral emergencies (13.5 per month vs. 4.3 and 4.8) and staff injuries (3.3 per month vs. 1.2 and 1.2).

After Phase 2, there were deceases in median door-to-doctor time (8.2 hours vs. 1.6 and 1.4) and hours on diversion (90 percent vs. 17 percent and 34 percent).

Access JQPS to view the study.

## Resources

### Learn about available resources for workplace violence prevention

Health care workers are five times more likely to be victims of violence than workers in other occupations, according to a Bureau of Labor Statistics report. Another report, from the Occupational Safety and Health Administration (OSHA), states that 21 percent of registered nurses and nursing students have reported being physically assaulted — while more than 50 percent reported being verbally abused during a 12-month period.

The Joint Commission provides a number of resources that promote prevention practices, such as the Workplace Violence Prevention and Emergency Management Resources portals. Some resources contributed to the Workplace Violence Prevention portal from the field include:

- A presentation by Aria-Jefferson Health in Philadelphia on "Operation Safe Workplace: A multidisciplinary approach to hospital violence."
- Sample policies related to armed intruder/active shooter situations, workplace violence and assault, bomb threats and more, provided by Western Connecticut Health Network.
- A presentation from Loma Linda University Health discussing its response to the 2015 San Bernardino mass shooting, and lessons learned as a result.

Organizations are invited to submit their workplace violence prevention materials to The Joint Commission for consideration for placement on the portal. Send your contributions to wpv_info@jointcommission.org.

The Joint Commission's outreach on this issue is part of its mission and vision to continuously improve the quality and safety of health care for the public, in collaboration with other stakeholders, across all settings. It also supports the ongoing alliance with OSHA to provide health care workers and others in the health care industry with information, guidance and access to training resources to help them protect employees' health and safety.