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### Quality and safety

**New Sentinel Event Alert** focuses on physical, verbal workplace violence against health care staff

Health care workers can be subjected to many forms of violence in the workplace. Lisa Tenney, RN, of the Maryland Emergency Nurses Association, says she’s been bitten, kicked, punched, pushed, shoved, spat upon and scratched. But it doesn’t end there.

“I have been bullied and called very ugly names,” Tenney said. “I’ve had my life, the life of my unborn child, and of my other family members threatened, requiring security escort to my car.”

**Sentinel Event Alert Issue 59,** “Physical and Verbal Violence Against Health Care Workers,” focuses on the physical and verbal violence directed toward health care workers. This alert sets out to help organizations:

- Recognize and acknowledge workplace violence directed against health care workers from patients and visitors.
- Better prepare staff to handle violence.
- More effectively address the aftermath.

The alert includes an infographic — titled, “Take a stand: No more violence to health care workers” — that The Joint Commission urges organizations to share. Also, check out The Joint Commission’s Facebook and Twitter social media pages to see a series of memes previewing the alert, such as the above graphic.

### Performance measurement

**JAMA Viewpoint:** No perfect solution to setting achievable benchmarks for value-based payment

In a newly published JAMA Viewpoint, The Joint Commission’s David Baker, MD, MPH, and Susan Yendro, RN, MSN, call on payers and policymakers to account for the error inherent in clinical quality measures when setting payment rules for health care providers — and avoid value-based payments that rely on measure performance.

The Viewpoint — “Setting Achievable Benchmarks for Value-Based Payments: No Perfect Solution” — was penned by Baker and Yendro. Baker is executive vice president for Health Care Quality Evaluation, and a significant contributor to ongoing national quality measurement discourse. Yendro is project director Department of Quality Measurement, advising and managing projects associated with the identification, development and evaluation of performance measures for use by health care organizations and other entities in quality assessment and improvement.

The authors write that imperfect measurement makes it impossible for providers to attain perfect performance on clinical quality measures. The authors provide the example of focusing on performance on early elective delivery measures; they summarize obstetrics field input to The Joint Commission,
measure adjustments over the last several years and impact on federal payment to providers, in addition to citing research that illustrates the limits of quality measurement.

In addition, the authors write that The Joint Commission supports achieving zero patient harm, zero missed opportunities to deliver indicated clinical care, and zero unnecessary procedures but recognizes that may not always be possible. Baker and Yendro conclude that, “Although hospitals should continue to strive for 100 percent of early elective deliveries to have a valid clinical indication, performance on this measure should not be expected to reach zero percent, nor should hospital payments in value-based purchasing programs be based on this benchmark.”

Read the Viewpoint.

Register now: PIQ webinar on learnings from 2016 eCQM results, exceptions, exclusions
If organizations learn from the past, they can better prepare for the future. This message will be reinforced Wednesday, May 2, during The Joint Commission’s first webinar on the Pioneers in Quality™ program of 2018. The webinar will take place from 9-10 a.m. (PT)/10-11 a.m. (MT)/11 a.m.-noon (CT)/noon-1 p.m. (ET).

Attendees of “2018 Pioneers in Quality: Learnings from 2016 eCQM Results, Exceptions and Exclusions” will learn how to:

• Interpret results from the calendar year (CY) 2016 electronic clinical quality measure (eCQM) data submission.
• Identify most common reasons for exceptions and exclusions in the CY 2017 eCQM data submission.
• Apply lessons learned to CY 2017 eCQM results and CY2018 eCQM data preparation.

The webinar will be recorded and a replay with presentation slides will be available 5-7 days after the program. Continuing Education (CE) credit is available to attendees of the live webinar only (not for webinar replays).

Register for the webinar.

Resources

Up in the blogosphere with The Joint Commission

• **Quality Data Download — Pediatric Pain Control: After the Conversation:** As pediatric providers, we care for children who are in unexpected, anxiety-provoking situations that are often painful; and without starting a conversation about expectations around pain and pain control, it is impossible to know what patients and their families are experiencing, writes Thomas J. Caruso, MD, Med, clinical assistant professor, Department of Anesthesiology, Perioperative and Pain Medicine, Division of Pediatric Anesthesia, Stanford University School of Medicine.

• **High Reliability Healthcare — Is Patient Safety Culture Improving? Repeating Organizational Assessment at 18-24 Months:** This is the next in a series of posts examining the 11 tenets of safety culture discussed in Sentinel Event Alert 57 and its accompanying infographic. It examines how organizational assessments of safety culture should be repeated every 18 to 24 months to review progress and sustain improvement, writes Coleen Smith, MBA, RN, director of high reliability initiatives, Joint Commission Center for Transforming Healthcare.

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