Select Medical wins first Joint Commission Physician Leader Forum Challenge Award

Select Medical, based in Mechanicsburg, Pennsylvania, is the first recipient of The Joint Commission’s Physician Leader Forum Challenge Award, recognizing its leading practice for wound care and prevention of pressure ulcers in patients throughout its long-term acute care hospital system.

Prior to the improvement project, Select Medical’s hospitals were operating under a centralized wound care program, and had a system-wide HAPU rate of nearly 2.5 percent, and a new and worsened pressure ulcer rate of 1.7 percent. Moreover, the wound program lacked consistent oversight, standardized processes and prevention strategies.

After the improvement project, Select Medical’s Collaborative Skin Integrity Team attained a system-wide hospital-acquired pressure injury/ulcer (HAPU) rate of 1.35 percent, and a new and worsened pressure ulcer rate of 0.99 percent.

Other improvements included:

- Estimated monthly savings of more than $4,500 at each of the 113 hospitals, totaling more than $6 million per year across the Select Medical network. To date, system-wide savings total almost $20 million since program inception in the third quarter of 2013.
- Staff satisfaction improved, with 92 percent of the 111 wound nurses being “satisfied” or “very satisfied” with changes to communication (e.g., wound dialog calls, a newsletter, a wound help line and site mentoring), and 83 percent being “satisfied” or “very satisfied” with changes in the wound program overall.
- In addition, staff reported that no additional time was required in their work processes to incorporate the changes, despite the new program’s additional oversight, documentation and communication.

The team used failure modes and effects analysis (FMEA) to prioritize changes to the wound care program through the creation of a risk matrix for each type of PU-related failure. To aid in the early detection of PU failures, three-sigma process control charts for HAPU-related metrics were reviewed monthly by regional clinical leaders.
“Through the efforts of this team, we have created a culture of awareness and ownership of pressure ulcer prevention and wound healing,” said Samuel Hammerman, MD, MMM, FCCP, chief medical officer, LTAC Division, Select Medical.

The Physician Leader Forum Challenge Award program was developed based on input The Joint Commission received through its Physician Leader Forum evaluation surveys. A resounding theme in April 2016 forum survey feedback was interest in learning about leading practices from one another. With that in mind, The Joint Commission invited forum participants to submit a leading practice that demonstrated an important improvement in their organization.

Representatives of Select Medical’s winning team presented on its leading practice and received the award at the 2016 Annual Physician Leader Forum on April 4.

Patient safety

Joint Commission leaders to speak at Patient Experience Summit in May

The Joint Commission is once again partnering with Cleveland Clinic for the eighth annual Patient Experience Empathy + Innovation Summit, May 22-24, at the Cleveland Convention Center.

The summit brings together patient experience leaders, health care organization executives, innovators, nursing leaders, policy makers, major stakeholders and industry experts committed to not just the patient or caregiver experience but also the human experience. The theme of this year’s conference is “Empathy by Design.”

Be sure to check out these Joint Commission leaders presenting at the summit:

- **Plenary Session: Using High Reliability to Deliver a Better and Safer Patient Experience**
  - Who: Ana Pujols McKee, MD, executive vice president and chief medical officer, The Joint Commission
  - When: 8-8:30 a.m. May 23
  - What: This discussion will examine the inclusivity of patient’s rights, dignity and respect as being central to all patient safety efforts. Examples of organizational solutions and how to address the needs of diverse patient populations also will be considered.

- **Workshop Session: Improving Patient Care and Organizational Culture Through Robust Process Improvement**
  - Who: Dawn Allbee, MA, director of corporate Robust Process Improvement©, The Joint Commission, and William Choctaw, MD, JD, CSSBB, chief transformation officer, Citrus Valley Health Partners, of California
  - When: 9:40-11:10 a.m. May 23
  - What: Attendees will learn about The Joint Commission’s RPI© tools and methodologies, as well as how they helped Citrus Valley Health Partners transform its culture and improve processes — leading to better patient care and experiences. Attendees also will hear about how adopting and embracing RPI© tools created camaraderie among staff, positively impacted patients, and resulted in financial and clinical wins.

- **Breakout Session: How Collecting and Using Race, Ethnicity and Language Data Leads to Better Patient Experience and Engagement**
  - Who: Lynne Bergero, MHSA, project director, Department of Standards and Survey, Methods, Division of Healthcare Quality Evaluation, The Joint Commission, along with
speakers from America’s Essential Hospital, MetroHealth System and Henry Ford Health System

- When: 3-3:50 p.m. May 23
- What: Racial and ethnic minorities are a large and growing part of the population, but they still struggle to gain access to equitable care in the U.S. health care system. Collecting race, ethnicity, and language (REAL) data is the first step to identifying and resolving health disparities, leading to higher quality care and greater patient satisfaction. America’s Essential Hospitals and Multimedia in Healthcare collaborated to create the Ask Every Patient: REAL e-learning module, an on-demand training tool that empowers staff to collect REAL data in an easy, reliable, culturally sensitive and affordable way. These partners have allied with The Joint Commission to offer this module to health care providers nationwide. In this panel discussion, speakers from America’s Essential Hospitals and The Joint Commission will talk about the importance of this training, and leaders from Henry Ford Health System and The MetroHealth System will share lessons learned from their implementations of the module.

Register for the 2017 Patient Experience Summit. During the summit, follow along and join the conversation on Twitter with @TJCommission and @ClevelandClinic, using hashtags #PESummit and #empathybydesign.

Reminder: Free toolkit available to reduce UTIs in long-term care facilities
Take time today to examine the new, evidence-based toolkit recently released by the Agency for Healthcare Research and Quality (AHRQ) to help long-term care facilities reduce catheter-associated urinary tract infections (CAUTIs). The Health Research & Educational Trust (HRET) of the American Hospital Association led the project that later developed the toolkit.

The Joint Commission’s Health Services Research department served as a lead organization in a cohort of nursing homes participating in the national, three-year resident safety improvement initiative, which was designed to reduce CAUTIs and enhance patient safety culture and practices.

As a lead organization in the project, The Joint Commission:
- Recruited nursing homes for participation
- Facilitated coaching calls
- Provided learning sessions and support

AHRQ estimates between 1-3 million serious infections occur in long-term care facilities annually, with urinary tract infections (UTIs) being the most common hospital-acquired infection (HAI).

The toolkit — funded through AHRQ as part of the U.S. Department of Health & Human Services (HHS) National Action Plan to Prevent Health Care-Associated Infections — is based on experiences garnered from more than 450 long-term care facilities in the U.S. It supports involvement from leadership and promotes establishing safety culture. Participating facilities learned how to implement and effectively use CAUTI prevention practices and tools.

The Toolkit to Reduce CAUTI and Other HAIs in Long-Term Care Facilities is organized into three main sections (implementation, sustainability and resources). The toolkit has instructional materials for:
- Infection prevention best practices (including antimicrobial stewardship)
- Resident and family engagement
- Quality improvement
- Program sustainability

Each section contains guides, tools, slide sets and videos — and all of the education modules can be modified to fit local facility needs. Access the free toolkit.
Resources

New Quick Safety focuses on crash-cart preparedness
Are your organization’s crash carts ready for a life-threatening emergency? Many crash carts (also called emergency carts/bags/boxes) have hidden issues that could contribute to patient safety events.

The latest Quick Safety, released by The Joint Commission, focuses on ensuring crash carts are ready for the next life-threatening emergency — whether it is happening to a patient, staff member or visitor.

In a 12-month data review of 2008, the Pennsylvania Patient Safety Authority identified 56 reports that highlighted emergency or rapid response situations in which supplies or equipment were missing or outdated. Of the 56 reports, 35 referenced issues with crash carts and 21 referenced issues with missing supplies or malfunctioning equipment during an emergency situation.

Read Quick Safety.

Upcoming JCR conferences home in on Ambulatory Care Accreditation compliance
Joint Commission Resources is hosting two upcoming conferences geared toward Ambulatory Care Accreditation. Both will take place at the Joint Commission Conference Center, One Renaissance Blvd., Oakbrook Terrace, Illinois. They are:

- **Ambulatory Care Accreditation Essentials**: From May 9-10, participants will get details on top compliance issues with ambulatory care requirements, as well as solutions and key strategies.
- **Environment of Care and Life Safety Chapter for Ambulatory Care**: From May 11-12, participants will learn from experienced Joint Commission engineers on items related to the EC and LS chapters, as well as the Life Safety Code®.

ECRI Institute lists its top 10 patient safety concerns for 2017
The ECRI Institute has released its 2017 Top 10 Patient Safety Concerns for Healthcare Organizations. The executive brief is available to download for free.

This year’s list includes:
- Information management in EHRs
- Unrecognized patient deterioration
- Implementation and use of clinical decision support
- Test result reporting and follow-up
- Antimicrobial stewardship
- Patient identification
- Opioid administration and monitoring in acute care
- Behavioral health issues in non-behavioral-health settings
- Management of new oral anticoagulants
- Inadequate organization systems or processes to improve safety and quality

Learn more about Joint Commission Resources’ offerings online or call 877-223-6866.