New webinar series highlights Proven Practices from 5 Pioneers in Quality Expert Contributors

The Joint Commission has recognized five hospitals and health systems as 2017 Pioneers in Quality™ Expert Contributors for successful practices in electronic clinical quality measure (eCQM) adoption and utilization for quality improvement — offering models and learning for their peers across the country.

The organizations are:
- BayCare Health System (Florida)
- Memorial Hermann Healthcare System (Texas)
- St. Luke's Cornwall Hospital (New York)
- St. Mary Medical Center (Pennsylvania)
- Virginia Commonwealth University Health System

As 2017 Proven Practice Expert Contributors, the five will share their eCQM successes and lessons learned with hospitals and health systems across the country, as part of a special Joint Commission webinar series — “Pioneers in Quality™ Proven Practices” — which launches Aug. 15.

Jill (Bradford) Shuemaker, RN, CPHIMS, senior clinical informaticist; L. Dale Dunlow-Harvey, MS, RN, patient safety fellow; and Ralph R. (Ron) Clark, M.D., chief medical officer, Virginia Commonwealth University Health System, will present the first webinar, “Keys to eCQM Success,” on eight processes and practices they consider key to a comprehensive approach.

The live webinar takes place 9-10 a.m. (PT)/10-11 a.m. (MT)/11 a.m.-noon (CT)/noon-1 p.m. (ET). Learn more or register.

Additional series webinars this fall will focus on:
- “Establishing Your eCQM A-Team.” Memorial Hermann will discuss its development of a quality improvement informatics position and systematic approach to governance, while St. Mary Medical Center presents on its leadership scorecard, director reports on eCQM performance and strong physician engagement.
- “Ensuring eCQM Accuracy.” Focused on eCQM validation, St. Luke’s Cornwall will discuss its work with physicians, and BayCare will discuss the roles of chart abstractors and data analysts in reviewing and identifying variations in eCQM data.

A Pioneers in Quality™ advisory panel of clinical and technical experts selected the five organizations’ eCQM adoption practices for recognition.

“The Joint Commission recognizes these five health care providers for their eCQM Proven Practices that offer exceptionally strong applicability for other hospitals and health systems and specific, concrete

“Our appreciation goes to them for providing learning for the entire field in electronic clinical quality measure data transmission and adoption. Their entire teams involved with development and implementation are to be congratulated for their efforts, commitment and progress, and willingness to share expertise and lessons learned.”

Learn more about the Pioneers in Quality™ program, as well as the Proven Practices Collection.

**Patient safety**

**August JQPS: Clinical decision support, interventions decrease blood transfusions**

A new study in the August 2017 issue of *The Joint Commission Journal on Quality and Patient Safety* found that interventions to decrease the need for red blood cell (RBC) transfusions at an urban, academic medical center were associated with an annual cost savings of more than $1 million.

RBC transfusions are the most frequently performed hospital procedure in the United States, increasing 134 percent from 1997-2011. However, 50 percent or more of RBC transfusions may be unnecessary.

The study — “Transfusing Wisely: Clinical Decision Support Improves Blood Transfusion Practices,” by Ian Jenkins, MD, SFHM, clinical professor, Department of Medicine, and chair, Patient Safety Committee, Hospital Medicine, University of California San Diego Health, and co-authors — established a multidisciplinary team to review the transfusion literature on clinical trials, meta-analyses, guidelines and improvement efforts.

The team implemented several interventions at the medical center: educational tools; a BestPractice Advisory to reduce unnecessary blood products and costs by using real-time clinical decision support; a process for providing information at point of care to help inform decisions about a patient’s care; and enhancements to the health system’s computerized provider order entry system.

The data showed that for a subset of patients (those who were not within 12 hours of surgery and not admitted for gastrointestinal bleeding):

- The percentage of RBC transfusions in which two or more units were used decreased from 59.9 percent at baseline to 41.7 percent during the intervention period and to 19.7 percent post intervention.
- The percentage of RBC transfusion units administered for milder anemia (hemoglobin of 7 or higher) decreased from 72.3 to 57.8 percent during the intervention period to 38 percent post intervention.

The overall rate of RBC transfusions without exclusions per 1,000 patient-days decreased from 89.8 to 78.1 percent during the intervention period to 72.8 percent post intervention.

Also featured in the August issue are:

- “Copy-Forward in Electronic Health Records: Lipstick on a Pig”
- “Safe Practice Recommendations for the Use of Copy-Forward with Nursing Flow Sheets in Hospital Settings”
- “Intraoperative Handoffs Among Anesthesia Providers Increase the Incidence of Documentation Errors for Controlled Drugs”
- “Pilot Testing Falls TIPS (Tailoring Interventions for Patient Safety): A Patient-Centered Falls Prevention Toolkit”
- “Evaluation of Sensor Technology to Detect Fall Risk and Prevent Falls in Acute Care”
- “Use of Cascading A3s to Drive Systemwide Improvement”

Access JQPS.
AAMI creates workgroup to find solutions to stop medical cart fires

In light of a 2016 warning from the U.S. Food and Drug Administration (FDA) that certain mobile medical carts were overheating, catching fire or exploding, the Association for the Advancement of Medical Instrumentation (AAMI) has created a workgroup to explore solutions.

The issue stems from the carts’ lithium batteries. To combat this problem, the AAMI workgroup is focusing on three priorities:

- Conduct tests to collect data and determine reasons for battery failure.
- Determine if there are any new or revised design standards that can be made to the batteries to adhere with current best practices.
- Train appropriate staff on safe battery management procedures.

Learn more about this issue. To join the workgroup, email Joe Lewelling, AAMI’s vice president of emerging technologies and health IT, at jlewelling@aami.org.

Resources

AHRQ releases new health literacy tool for providers of medication therapy management

The Agency for Healthcare Research and Quality (AHRQ) has released a new medication therapy management (MTM) tool through its Pharmacy Health Literacy Center. MTM is a patient-centric and comprehensive approach to:

- Improve medication use
- Reduce the risk of adverse events
- Improve medication adherence

Up in the blogosphere with The Joint Commission

- **Quality, Reliability & Leadership** — Recognizing Those Who Contribute to Safety Culture: The Trust-Report-and-Improve Dynamic: This is the fifth in a series of posts examining the 11 tenets of safety culture discussed in the *Sentinel Event Alert* and accompanying infographic. This post examines the fifth tenet: Recognize and praise care team members who report adverse events and close calls, identify unsafe conditions, or present good suggestions for safety improvement.

- **Leading Hospital Improvement** — Zero Falls? It’s Possible. The health care community has long been committed to reducing and preventing patient falls. In fact, call lights, checklists and risk assessments are just a few types of fall-related interventions that organizations have become well accustomed to over the years. While these interventions have made strides toward improving patient safety, it’s time to start thinking differently about how to approach falls.

- **On Infection Prevention & Control** — Can The Joint Commission Help Eliminate Hepatitis B and C in the Next 13 Years? If you’ve been paying attention to health news, you’ve probably heard that everyone, especially Baby Boomers, should be screened for Hepatitis C.

- **Ambulatory Buzz** — Keys to Better Environment of Care Compliance with EC.02.06.01 – Part 2: Take a look at this important Environment of Care standard from the point-of-view of Joint Commission surveyors.

- **@ Home with The Joint Commission** — National Association for Home Care & Hospice Announces Death of Val J. Halamandaris: Margherita Labson, RN, MS, executive director of the Home Care Accreditation program, reflects on the passing of the National Association for Home Care & Hospice’s (NAHC) president, Val J. Halamandaris.

People

**Tirado reflects on journey to Joint Commission Army fellowship**

While serving on a military base in Hawaii, José E Tirado, MSN, AGPCNP-BC, CNOR, Major Army, Nurse Corps, witnessed a medical mistake that changed his life. A sentinel event involving the mix-up of two gasses resulted in a patient’s death. The loss of that patient inspired him to doggedly pursue high quality health care in the military, which led Maj. Tirado to apply for The Joint Commission’s Army fellowship. This program offers medical professionals from the Army, Navy, and Air Force, opportunities
to work in The Joint Commission’s central office and increase their knowledge of patient safety and quality care tools and techniques.

When describing the values he shares with The Joint Commission, Maj. Tirado remembers a moment of enlightenment while serving in Afghanistan. Due to a noncombat-related injury to his Achilles tendon, he was medivacked to a U.S. base in Germany to undergo treatment.

“You never know what patients go through until you’re a patient,” he said. "The young guys on the flight with me were really scared. They didn’t know what to expect, having no background in medicine.”

Seeing their concern made him think of how a patient must feel. With no knowledge of medicine, how could a patient possibly feel safe, unless they were well cared for by communicative, highly competent and empathetic medical professionals?

This shared perspective, having empathy for the patient experience and putting them first, underlined all of his experiences at The Joint Commission. He shadowed 19 Joint Commission accreditation and certification surveys and saw Joint Commission surveyors educating health care professionals, doing their best to find room for improvement in their reviews, but also recognizing and celebrating good work.

In his role with the Army after his fellowship ends, Maj. Tirado will be inspecting military organizations, and like Joint Commission surveyors, he will be seeking to educate and recognize success.

“A lot of the people that deserve to be recognized are working behind the scenes to take care of people. I want to shine a spotlight on their good practices,” he said. “I want to put a face to the names of our providers. I want the country to know about all of the work they do.”

With what he’s learned about health care education and recognition at The Joint Commission, he is excited to move forward — to continue serving his country and health care, with courage and dedication.

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