Quality and safety

New case study details wrong-site surgery safety strategies
A new, free educational tool from The Joint Commission details ways to identify risk factors and possibly improve processes related to wrong-site surgery.

Case Example #2: Patient Undergoes Additional Procedure After Wrong Lung Biopsy is a fictionalized study of conditions all too commonly implicated as contributing factors in safety events reported to The Joint Commission's Office of Quality and Patient Safety.

It lays out a situation in which a patient was scheduled for a trans-bronchial biopsy of the right upper lung to obtain specimens for determining if a lung mass was malignant.

The case example aims to ask readers:
- What are our own risk points?
- How could this error have been prevented?
- How could this error have been mitigated?
- Where can we improve in our own system?

Case Example #2 is available as a downloadable PDF, as is Case Example #1 — which focused on a patient death resulting from failure to rescue.

View Case Example #2.

December Journal: Study shows it is possible to decrease unnecessary health care tests
Overuse of low-value services has been estimated to cost the U.S. health care system more than $200 billion per year. A new study in the December 2018 issue of The Joint Commission Journal on Quality and Patient Safety details the work of a Choosing Wisely® campaign initiated in 2013 and intended to reduce unnecessary care, while also raising awareness among clinicians and the public to issues of health care overuse.

“Choosing Wisely in Georgia: A Quality Improvement Initiative” — by Scott Pugel, MD, physician program director, Resource Stewardship, The Southeast Permanente Medical Group (TSPMG), Atlanta, Georgia, and co-authors — details an initiative implemented across 25 Kaiser Permanente Georgia medical clinics serving approximately 300,000 members during a three-year period.

The goals for the initiative were to:
- Increase the medical office’s capability to provide the best evidence-based care to its members.
- Improve quality by delivering value-added care.
- Promote meaningful care discussions between patients and clinicians in examination rooms.
- Add meaningful discussions among clinicians about practice variation.

The multifaceted intervention specifically targeted:
- Decreasing unnecessary routine blood tests.
- Osteoporosis screening for women who did not have an indication.
- Imaging for uncomplicated headaches.
The study demonstrated impressive reductions in all of these unnecessary tests, and results were sustained even after monthly reports to physicians about their use of these tests ended.

Also featured in the issue:

- **Frequency of Testing for Prostate Cancer Using Prostate-Specific Antigen Among Older Men in a Large Health System** (Wentworth-Douglass Hospital, Dover, N.H.)
- **Developing Standardized “Receiver-Driven” Handoffs Between Referring Providers and the Emergency Department: Results of a Multidisciplinary Needs Assessment** (Harvard Medical School, Boston, Mass.)

Access the Journal.

Resources

Up in the blogosphere with The Joint Commission

- **Leading Hospital Improvement** — **Right-Sizing Pediatric ED Equipment—Your Opinion Needed**: According to the National Pediatric Readiness Project, medication charts and mobile pediatric crash carts are often not accessible in the emergency department. Feedback last year was almost unanimous that it would be burdensome and costly to add all the new equipment. The Joint Commission's new proposed revised element of performance (EP) will require that the organization itself determines the needed pediatric equipment and supplies, writes Laura Smith, project director, Department of Standards and Survey Methods.

- **On Infection Prevention & Control** — **There Are More Flu Prevention Options Than the Shot**: Last year’s flu season was the deadliest in more than 40 years. Most of the deaths were among individuals who had not been vaccinated. The Centers for Disease Control and Prevention (CDC) noted that 80 percent of the pediatric deaths due to flu last year occurred in children who had not received a flu vaccine. Some people refuse to get a flu shot, and some seasons the vaccine is not as effective as in others. Luckily, there are more ways to prevent flu, writes Sylvia Garcia-Houchins, MSN, RN, CIC, Infection Prevention and Control Director.

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