Superheroes, assemble: National Time Out Day set for June 14

Dust off your cape and tights. National Time Out Day is set for Wednesday, June 14, and we need some superheroes.

National Time Out Day is an annual awareness campaign through the Association of periOperative Registered Nurses (AORN) and supported by The Joint Commission to increase awareness of safe practices that lead to optimal outcomes for patients undergoing surgery and other invasive procedures. The time out is a powerful tool that supports a culture of safety and the surgical teams’ ability to speak up for safe practices in the operating room.

The 2017 theme is, “Be a Time Out SUPERHERO for patient safety.” The acronym SUPERHERO stands for:

- Support a safety culture
- Use The Joint Commission’s Universal Protocol and AORN Surgical Checklist
- Proactively reduce risk in the OR
- Effect change in your organization
- Reduce harm to patients
- Have frank discussions about hazardous situations
- Empower others to speak up when a patient is at-risk
- Respect others on the surgical team
- Openly seek opportunities for improving patient safety

The Joint Commission has several tools and resources available to help organizations implement and conduct quality time outs:

- Universal Protocol resources
- Universal Protocol poster
- Patient Safety Systems Chapter of the Comprehensive Accreditation Manual for Hospitals
- The Joint Commission Center for Transforming Healthcare’s Safe Surgery Project
- Speak Up™: Preparing for Surgery
- Podcast: The Importance of a Safe and Effective Time Out

For more on the importance of time outs, read our column in the latest Bulletin of the American College of Surgeons or visit the National Time Out Day topic page, which includes videos, more articles and additional resources.
June Vital Signs details Legionnaires' disease, resources to prevent spread in health facilities

A study by the Centers for Disease Control and Prevention (CDC) on the prevalence of Legionnaires’ disease in health care facilities was released yesterday in the June 2017 Vital Signs. This new CDC analysis finds that among 21 U.S. jurisdictions studied, 76 percent reported health care-associated cases of Legionnaires’ disease, a concerning finding since Legionnaires’ disease acquired from health care facilities can be particularly severe. The findings highlight a possibly deadly risk to patients from exposure to Legionella in health care facilities, according to the report.

Legionnaires’ disease is a serious lung infection (pneumonia) that people can get by breathing in small droplets of water containing Legionella bacteria. While most cases of Legionnaires’ disease are not associated with health care facilities, 1 in 4 people who get the infection from a health care facility will die. This death rate is higher than for people who get the infection elsewhere.

A total of 2,809 confirmed Legionnaires’ disease cases were reported from the 21 jurisdictions (20 states and one large metropolitan area), including 85 (3 percent) definite and 468 (17 percent) possible health care-associated cases. Among definite health care-associated cases, the majority (75, 88 percent) occurred in persons aged ≥60 years, and exposures occurred at 72 facilities (15 hospitals and 57 long-term care facilities). The case fatality rate was 25 percent for definite and 10 percent for possible health care-associated Legionnaires’ disease.

As concluded by the CDC in Vital Signs, the investigation shows most problems leading to U.S. health care-associated Legionnaires’ disease outbreaks could be prevented with effective water management. Suggested actions for health care providers are to:

- Build a team focused on keeping their facility’s water safe
- Create and use a water management program to limit Legionella and other waterborne germs from growing and spreading
- Work with health care providers to identify Legionnaires’ disease cases early and to determine if the cases may be associated with a health care facility
- Report cases to local public health authorities quickly and work with them to investigate and prevent additional cases

In addition to the Vital Signs report, the CDC has updated its toolkit — Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings — which features a checklist to help identify if a water management program is needed, as well as examples on where and how Legionella can grow and spread in a facility. It also details ways to reduce contamination.

The Joint Commission has a section dedicated to Legionnaires’ disease on its Infection Prevention and HAI web portal.

For more information, visit the Vital Signs webpage for a fact sheet and other materials on Legionnaires’ disease. A townhall teleconference also will be held at 2 p.m. ET on Tuesday, June 13, to provide more information.
June JQPS: Lean methodology improves throughput, safety in behavioral health care

A new competency study in the June issue of The Joint Commission Journal on Quality and Patient Safety (JQPS) 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 decreases 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).

Also featured in the June 2017 issue are:

- “Closing the Gap and Raising the Bar: Assessing Board Competency in Quality and Safety”
- “Knowing, and Doing: Closing the Gaps in Board Leadership for Improvement of Quality and Safety”
- “Introductions During Time-outs: Do Surgical Team Members Know One Another’s Names?”
- “Organizational Perspectives of Nurse Executives in 15 Hospitals on the Impact and Effectiveness of Rapid Response Teams”
- “Root Cause Analysis of Adverse Events in an Outpatient Anticoagulation Management Consortium”
- “An Organizational Framework to Reduce Professional Burnout and Bring Back Joy in Practice”

Accreditation

Feedback wanted: Transitioning measurement of pediatric patients’ weight to kilograms

Has your hospital or critical access hospital effectively transitioned measurement of pediatric weights from pounds to kilograms?

After two stakeholder calls were conducted in March, it was recommended that The Joint Commission consider developing a standard that would require all pediatric weights be measured in kilograms. The Joint Commission is interested in learning about effective methods used to implement weighing pediatric patients in kilograms and recording this weight in the patient’s medical record. Feedback is being requested through June 21.

Comment on this environmental assessment.
Joint Commission Air Force Military Fellow Barbara Cain promoted to colonel

On April 28, the promotion ceremony for Barbara Cain, MSN, RN-BC, PMHNP-BC, to the rank of colonel took place at The Joint Commission’s central office in Oakbrook Terrace, Illinois. Col. Cain was selected for promotion by a panel of superior Air Force officers and approved by Congress.

Less than 1 percent of those eligible for promotion to colonel are selected.

A career-long proponent of patient safety practices, Col. Cain also is The Joint Commission’s current Air Force Military fellow. As a critical care nurse, Col. Cain spent her first deployment caring for American soldiers, allies and enemies. To her, all were patients in need of care. She also treated children who were injured by conditions unrelated to the war. She remembers one child in particular, who came in with burns on more than 80 percent of his body due to the unsafe storage of propane tanks in his home. She worked with a team to send this child to Shriners Hospitals for Children in the United States, where he received quality care.

When she returned to the U.S., Col. Cain recognized a growing need in the military community related to mental health.

“When soldiers came home, after the celebrations and parades, some wouldn’t feel like themselves,” she said.

Already a certified medical-surgical nurse, Col. Cain applied herself to the study of mental health, and she became certified in family psychiatric mental health. This drive to treat the “whole individual” is a large part of what drove Col. Cain to pursue The Joint Commission’s Air Force military fellowship.

She learned about the fellowship in 2002 from her mentor, an Air Force physician. Originally, she held off on applying, because she wanted to focus on hands-on clinical work. Her interest in patient safety processes, however, inspired her to volunteer on teams that prepared military facilities for inspection.

After years of learning in the clinical environment, Col. Cain applied to be The Joint Commission’s Air Force military fellow in 2016. In the Air Force, this fellowship is seen as a great honor. As such, the process is highly selective. Among other requirements, applicants must describe their experiences, credentials, and goals. After a rigorous selection process, Col. Cain was awarded the fellowship.

She threw herself into her work, inspired by the wealth of patient safety and quality resources afforded to her through the fellowship. She learned about the “why” behind Joint Commission standards from staff in the Standards Interpretation Group and shadowed surveyors during numerous Joint Commission surveys.

Once she received news of her next assignment – chief nurse at an Air Force ambulatory facility – she focused on ambulatory standards and compliance strategies. Many of The Joint Commission’s values ring true for Col. Cain.

“I strive to put patient safety first in my career, and I have intervened for patient safety even when it was not the popular choice,” she said. “I like that The Joint Commission shares my commitment to putting patients first.”
Resources

Resources, references added to Sentinel Event Alert on radiation risks in diagnostic imaging
Updates in resources and references have been posted to Sentinel Event Alert, Issue 47: “Radiation risks of diagnostic imaging,” which published in August 2011.

Diagnostic radiation is an effective tool that can save lives. The higher the dose of radiation delivered at any one time, however, the greater the risk for long-term damage. If a patient receives repeated doses, harm also can occur as the cumulative effect of those multiple doses over time. Conversely, using insufficient radiation may increase the risk of misdiagnosis, delayed treatment, or, if the initial test is inadequate, repeat testing with the attendant exposure to even more radiation.

Read Sentinel Event Alert, Issue 47.

Up in the blogosphere with The Joint Commission

- Quality, Reliability & Leadership — What’s Your Board’s Competency in Quality and Safety?: Board members play a vital role in ensuring high-quality care and patient safety in health care organizations. However, a new study suggests problematic gaps between what board members think they know and what they do in regards to quality and safety, as well as board members’ capability in quality and safety, as assessed by safety and quality leaders at their own health care organizations. Learn more in a blog post by Steve Berman, executive editor of The Joint Commission Journal on Quality and Patient Safety.
- Dateline @ TJC — Thrombectomy Stroke Certification Offered Next Year: Learn more about the new thrombectomy certification for stroke, which will be offered in January 2018, in a blog post written by Patrick Phelan, MBA, executive director, Hospital Accreditation program.
- Ambulatory Buzz — New & Improved: Redesigned Post-Survey Process Form: As part of The Joint Commission’s Project REFRESH multiphase process improvement project, customers will see a redesigned Evidence of Standards Compliance (ESC) form this July. Find out more in a blog post by Caroline Heskett, project manager in the department of Business Transformation.
- Dateline @ TJC — Top Four Life Safety Code Requirements Debunked: Read a blog post on safety code requirements, written by Director of Engineering George Mills, MBA, FASHE, CEM, CHFM, CHSP.

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