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Joint Commission report shows America’s hospitals continue to improve patient care
America’s hospitals continue to make strides toward improving patient safety and quality for common
conditions for which people enter the hospital, according to The Joint Commission's 2016 Annual Report:
“America’s Hospitals: Improving Quality and Safety.”

The report, released Monday, Nov. 7, presents information on how more
than 3,300 Joint Commission-accredited hospitals performed on
individual measures of patient care during 2015. Measures covered in
the report relate to:

- Children’s asthma
- Inpatient psychiatric services
- Venous thromboembolism (VTE) care
- Stroke care
- Perinatal care
- Immunization
- Tobacco use treatment
- Substance use care

The Joint Commission chose the measures for reporting because they provide concrete data about the
types of treatment or practices for common conditions for which people enter the hospital and seek care.
Reporting the data is a requirement of Joint Commission accreditation for most hospitals.

In conjunction with the report, The Joint Commission recognized 39 Pioneers in Quality™ hospitals at the
forefront of a new era in health care quality reporting — one in which hospitals collect information on the
quality of patient care through electronic health records (EHRs), and report the data to The Joint
Commission and the Centers for Medicare & Medicaid Services (CMS). To be recognized as a 2016
Pioneers in Quality™ organization, a hospital was required to meet criteria in at least one of three
categories of participation with The Joint Commission:

- Expert Contributor: Advancing the evolution and utilization of electronic clinical quality measures
  (eCQMs) through contributions such as presenting at a Pioneers in Quality™ webinar or
  participating in eCQM development during 2016.
- Solution Contributor: Submitting an eCQM solution or implementation story to The Joint
  Commission's Core Measure Solution Exchange®, a quality improvement tool that promotes the
  sharing of performance measurement successes among accredited hospitals.
- Data Contributor: Voluntarily transmitting 2015 eCQM data during 2016.

“The results featured in The Joint Commission’s 2016 Annual Report are important because they show
that accredited hospitals have continued to improve the quality of the care they provide, and the data that
hospitals collect help them identify opportunities for further improvement,” said Mark R. Chassin, MD,
FACP, MPP, MPH, president and CEO, The Joint Commission. “The results also show it’s important to
note that where a patient receives care makes a difference. Some hospitals perform better than others in
treating particular conditions.”
Patient safety

**JQPS features studies on effectiveness of Virtual Breakthrough Series to reduce infections, falls**

Articles on the effectiveness of the Veterans Health Administration’s (VHA) use of the Virtual Breakthrough Series (VBTS) model to reduce infections and patient fall injuries are featured in the November 2016 issue of *The Joint Commission Journal on Quality and Patient Safety*.

The Part 1 article “Preventing Catheter-Associated Urinary Tract Infections and Hospital-Acquired Pressure Ulcers in the VA” was written by Lisa Zubkoff, PhD, White River Junction Department of Veterans Affairs (VA) Medical Center, Vermont, and National Center for Patient Safety (NCPS) affiliated co-authors. For the 18 participating teams focused on CAUTI prevention, the mean aggregated CAUTI rate decreased from 2.37 to 1.06 per 1,000 catheter-days. For the 21 participating teams focused on HAPU prevention, the mean aggregated HAPU rate decreased from 1.80 to 0.99 from prework to continuous improvement.

In Part 2, “Improving Fall Prevention Practices in the Veterans Health Administration,” the authors implemented a VBTS collaborative that enabled 59 teams to expand program infrastructure, redesign improvement strategies and enhance program evaluation. Of the 53 teams for which data was available, the mean aggregated fall-related injury rate decreased from 6.8 to 4.8 per 100,000 bed-days of care, or five major injuries avoided per month. Read more by accessing JQPS.

Resources

**Keep your organization’s Connect site secure: don’t share user names, passwords**

Some users of The Joint Commission’s Connect™ extranet site may be sharing their user IDs and passwords, putting their organization’s confidential information at risk.

Each health care organization designates a primary contact person and additional security administrators to receive access to the Connect extranet site. To fully protect the integrity of the site’s information, each user must be provided with his or her own unique user ID, password, and specific site permission — all of which must be deactivated as soon as a user is no longer employed by the organization.

According to a global software company specializing in identity and credential management, approximately 52 percent of business customers surveyed indicate that information security is a top priority. However, 51 percent of respondents admitted to sharing user names and passwords for websites. This can have consequences, such as:

- Increasing risk of exposing confidential data, reports, correspondence and other information
- Allowing malicious software from unauthorized users to enter the system
- Investigating and tracking potential compromises becomes more difficult
- Enabling employees to access each other’s potential applications within the health care system

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