Performance measurement

9 U.S. hospitals recognized for eCQM evolution in new Proven Practices Collection

A new publication that recognizes hospitals and health care systems that have successfully leveraged electronic clinical quality measures (eCQMs) and health information technology (IT) to drive quality improvement was published earlier this week.

“Pioneers in Quality™ eCQM Proven Practices Collection: Recognizing Success 2017-2018” showcases the work of nine hospitals for their work in 2017 and 2018 in advancing eCQMs:

- BayCare Health System, Inc., Clearwater, Florida
- BJC HealthCare, St. Louis
- MedStar St. Mary’s Hospital, Leonardtown, Maryland
- Memorial Hermann Health System, Houston
- Texas Health Resources, Arlington, Texas
- St. Luke’s Cornwall Hospital, Newburgh, New York
- St. Mary Medical Center, Langhorne, Pennsylvania
- Vail Health Hospital, Vail, Colorado
- VCU Health, Richmond, Virginia

Trends among organizations that have achieved success with eCQMs also are summarized, including ensuring data quality and accuracy, governance and structure collaboration, and optimizing clinical workflow and education.

In addition to nine Expert Contributor organizations featured in the publication, The Joint Commission also recognized 25 hospitals and health systems as 2018 Pioneers in Quality™ Solution Contributors. These organizations provided additional practices, solutions and processes that demonstrated use of eCQMs and health IT for quality improvement, while also contributing to the body of eCQM adoption knowledge. Pioneers in Quality “Proven Practices” support peer-to-peer sharing of successes and strategies.

“We recognize these 2018 Pioneers in Quality™ health care organizations for their successful practice and innovation — as well as for their willingness to share their work through The Joint Commission and help inform peers on the journey to drive quality improvement through eCQMs,” said David W. Baker, MD, MPH, FACP, executive vice president, Division of Health Care Quality Evaluation, The Joint Commission.

All recognized 2018 Pioneers in Quality™ contributors are featured on the Pioneers in Quality web portal.

Accreditation and certification

Effective July 1, 2019: Revision requires THKR-certified organizations to join AJRR

Recently, The Joint Commission announced a new requirement for participation in a national joint replacement registry for its advanced Total Hip and Total Knee Replacement (THKR) certification. This requirement is scheduled to go into effect for hospitals and ambulatory surgery centers (ASCs) on Jan. 1, 2019.
Since this announcement, The Joint Commission received questions from organizations asking which registries would meet this requirement. After much discussion — including discussions with the American Academy of Orthopedic Surgeons — The Joint Commission has decided to revise Disease Specific Care Performance Measurement (DSPM) standard DSPM.4, element of performance (EP) 2 to require:

- THKR-certified programs to join the American Joint Replacement Registry (AJRR).
- Use of the data collected from the registry to analyze and improve processes.

This revision was made to improve the safety and quality of services for patients electing to undergo total joint arthroplasty. It will go into effect on July 1, 2019, for all new customers applying for advanced THKR certification after that date. Organizations that are certified in the advanced THKR program prior to July 1, 2019, and have entered into contracts with a registry other than AJRR will have until the end of their contract or Jan. 1, 2020, whichever comes first, to transition over to AJRR.

Learn more.

**Quality and safety**

**November Journal: Recommendations to reduce adverse drug events from anticoagulants**

Anticoagulants — medications that keep the blood from clotting — are heavily prescribed and effective, but they have been identified as major contributors to adverse drug events (ADEs). Because many serious ADEs are thought to be preventable through improvements in care delivery, proper anticoagulants management is important during the continuum of care across the entire health care system, including during care transitions.

A new article in the November 2018 issue of *The Joint Commission Journal on Quality and Patient Safety* details the work of an IPRO-convened task force of the New York State Anticoagulation Coalition to develop a list of requisite data elements (RDEs) to adequately manage the anticoagulants of patients new to care from a previous setting.

The article — *“Defining Minimum Necessary Anticoagulation-Related Communication at Discharge: Consensus of the Care Transitions Task Force of the New York State Anticoagulation Coalition,”* by Darren Triller, PharmD, president and CEO, WellScriptEd Consulting, Inc., Delmar, New York, and co-authors — outlines 15 RDEs on which the task force reached consensus for anticoagulation communication at discharge:

- Anticoagulant(s) currently used.
- Indication(s) for anticoagulation therapy.
- Documentation describing whether the patient is new to anticoagulation therapy or a previous user.
- If a patient is new to anticoagulation therapy, the start date of the anticoagulation.
- Documentation indicating whether treatment is intended to be acute (short term) or chronic (long term).
- If any acute indications, the intended duration of therapy.
- Date, time, route, dose and strength of last two doses given.
- Date, time and magnitude of next dose due.
- Most recent assessment of renal function (within past 30 days, with date and results).
- Documentation of the provision of patient education materials about the anticoagulant.
- Assessment of patient/caregiver understanding of their anticoagulant regimen.
- If transitioning to a non-institutionalized setting, expectations for who was responsible for ongoing anticoagulation management.
- If prescribed warfarin, the target International Normalized Ratio (INR) or INR range.
- If prescribed warfarin, a minimum of 2-3 consecutive INR lab results (with dates and results).
- If prescribed warfarin, the date the next INR is due.

Also featured in the November 2018 issue:

- “Incidence and Method of Suicide in Hospitals in the United States” (The Joint Commission, Oakbrook Terrace, Illinois)
• “Evaluating the Implementation of Project Re-Engineered Discharge (RED) in Five Veterans Health Administration (VHA) Hospitals” (Five VHA hospitals)

Access the Journal.

In the news

BMJ-published study on value of accreditation misses mark on methodology, patient focus
A recent study published in The BMJ questioning the benefit of Joint Commission accreditation for patients has methodological problems that bias the study against accredited hospitals.

In “Association between patient outcomes and accreditation in US hospitals: observational study,” the researchers examined risk-adjusted, 30-day mortality and readmission rates for selected medical and surgical conditions among Medicare inpatients using billing data. They compared two radically different groups of hospitals:

- State-surveyed hospitals — 93 percent with fewer than 100 beds
- Joint Commission-accredited hospitals — often larger, as 66 percent have more than 100 beds

Major teaching hospitals made up 216 of the Joint Commission-accredited hospitals examined in the study, but none in the state-surveyed group. Similarly, only four state-surveyed hospitals were 400 beds or larger, compared to 403 Joint Commission-accredited hospitals. It is not possible to make valid comparisons when the two groups are so radically different.

Additionally, in assessing outcomes, the study selected six “common and costly surgical procedures.” Four of the six — coronary artery bypass graft surgery, open repair of abdominal aortic aneurysm, endovascular repair of abdominal aortic aneurysm, and pulmonary lobectomy — are rarely performed in hospitals with fewer than 100 beds. Only one — hip replacement — is performed with any volume in small hospitals.

In studies of mortality risks following hospital admission, measuring the severity of the illness responsible for admission is consistently the strongest predictor of risk of death. This study did not include such measures of severity in its attempt to adjust for differences in risks of death or readmission.

However, despite the study’s methodology issues and conclusions, the data actually showed that for patients with the medical conditions cited:

- Joint Commission-accredited hospitals demonstrated lower mortality than state-surveyed hospitals at conventional levels of statistical significance.
- Patients with medical conditions admitted to Joint Commission-accredited hospitals had lower readmission rates.

While study authors considered these differences “modest,” applying them to the more than 3 million patients with medical conditions addressed in this study indicates that patients treated in Joint Commission-accredited hospitals experienced 12,000 fewer deaths and 24,000 fewer readmissions.

The Joint Commission believes that makes a difference to patients.

In the end, the data aligns with more than 100 studies demonstrating positive impact and improved health care through Joint Commission accreditation and certification. The overwhelming majority of scientific studies on the value of accreditation show benefits. A searchable database also is publicly available.

Resources

ISMP to host free webinar on top medication safety issues of 2018
The Institute for Safe Medication Practices is hosting a free webinar on the top medication safety issues from this year, as well as strategies to minimize risk. The webinar will take place on Nov. 15, from noon-1 p.m. (CT).
During the webinar, participants will learn:

- Five important medication safety issues reported to ISMP this year.
- How drug shortages contribute to medication errors and strategies to mitigate risk.
- Tools and resources available on ISMP’s website.

Speaking during the webinar will be Michael R. Cohen, RPh, MS, ScD (hon.), DPS (hon.), FASHP, president, ISMP. Register.

**IHO to host free webinar on optimizing outpatient service access, operations**

A free webinar on Nov. 14, from 11 a.m.-noon, features faculty from the Institute for Healthcare Optimization (IHO) discussing ways to optimize outpatient service access and operations. Just as patient flow failures in a hospital can lead to increased mortality risk, such failures in outpatient settings can put an entire organization at risk.

A recently published book from Joint Commission Resources — “Optimizing Patient Flow: Advanced Strategies for Managing Variability to Enhance Access, Quality and Safety” — describes practically proven approaches that have been implemented to optimize outpatient services. The book was edited by Eugene Litvak, PhD, president and CEO of IHO, and one of the featured speakers during the webinar. Additional speakers are:

- Ellis (Mac) Knight, MD, MBA, senior vice president and chief medical officer, Coker Group.
- Donald T. Erwin, MD, founder and CEO, St. Thomas Community Health Center in New Orleans
- Sandeep Green Vaswani, MBA, senior vice president, IHO

Register for the webinar.

**Up in the blogosphere with The Joint Commission**

**Quality Data Download** — First-Ever Data Driven Study on Hospital Suicides: After realizing that the most commonly cited estimate of inpatient suicides (1,500 per year) was not actually based upon real data, The Joint Commission took a step back to come up with a more realistic baseline, writes David Baker, MD, MPH, FACP, executive vice president, Health Care Quality Evaluation, and Scott Williams, PsyD, director, Health Services Research.

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