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Quality and safety

National Fire Prevention Week perfect time to learn ways to stop surgical fires
This week, The Joint Commission is recognizing National Fire Prevention Week, Oct. 8-14. The observance provides an opportune time to remind health care professionals about the factors that contribute to surgical fires and to ensure plans are in place to reduce the risk of surgical fires.

The Joint Commission encourages health care organizations to help prevent surgical fires by:

- Informing staff members, including surgeons and anesthesiologists, about the importance of controlling heat sources by following laser and electrosurgery unit safety practices.
- Managing fuels by allowing sufficient time for patient prep.
- Establishing guidelines for minimizing oxygen concentration under the drapes.
- Developing, implementing and testing procedures to ensure appropriate response by all members of the surgical team to fires in the OR.
- Reporting any instances of surgical fires to The Joint Commission, ECRI Institute, U.S. Food and Drug Administration and state agencies, among others as a means of raising awareness and ultimately preventing the occurrence of future fires.

For more information and resources to prevent surgical fires, visit the Council on Surgical and Perioperative Safety website.

Also see The Joint Commission’s Physical Environment web portal dedicated to fire protection and Environment of Care (EC) standard EC.02.03.05 — The organization maintains fire safety equipment and fire safety building features.

Joint Commission EVP to speak at November NQF workshop on antibiotic stewardship
David W. Baker, MD, MPH, FACP, executive vice president, Healthcare Quality Evaluation, The Joint Commission, will be among the speakers presenting at a National Quality Forum (NQF) fully accredited workshop Nov. 15, in Washington, D.C.

Creating a Culture of Safety and Quality through Antibiotic Stewardship is designed for quality improvement professionals in acute care settings to learn about the importance of implementing successful antibiotic stewardship programs. The workshop builds on NQF’s National Quality Partners Playbook™: Antibiotic Stewardship in Acute Care, which is based on CDC’s Core Elements of Hospital Antibiotic Stewardship Programs. It will offer participants practical strategies for implementing high-quality antibiotic stewardship programs.

Register.
Still time for your hospital to join AHRQ’s national project to improve antibiotic use

The Joint Commission encourages hospitals to join the Agency for Healthcare Research and Quality’s (AHRQ) Safety Program for Improving Antibiotic Use: A National Program for Antibiotic Stewardship by completing an online application by Friday, Nov. 17.

The goal of the 12-month project, beginning December 2017, is to improve antibiotic prescribing practices and assist facilities with implementing effective antibiotic stewardship programs. There is no fee to participate. Benefits of participation include:

- Antibiotic stewardship experts available for coaching and troubleshooting.
- Continuing Medical Education (CME) credits by participating in 15 educational webinars held over the course of the project.
- Monthly interactive webinars, covering the technical and behavioral approaches to improving antibiotic prescribing.
- Access to resources, including fact sheets, learning modules and educational materials to implement an effective antibiotic stewardship program, as well as to help comply with The Joint Commission’s new Antimicrobial Stewardship standard.

Interested in learning more? Attend one of the free informational webinars:

- Tuesday, Oct. 17, at 3 p.m. ET
- Thursday, Nov. 9, at 3 p.m. ET

Resources

New CANDOR toolkit from AHRQ helps with immediate response to patient safety events

A new Communication and Optimal Resolution (CANDOR) toolkit, available from the Agency for Healthcare Research and Quality, provides methods and tools that allow health systems and hospitals to respond immediately when patients are harmed by the care they are receiving. Despite the best efforts of doctors, nurses, and other health care professionals, research shows about 1 in 10 patients is harmed by medical care. By using CANDOR, MedStar Health — a health system in the Baltimore and Washington, D.C. area — reported reductions in serious patient safety events by about 65 percent, as well as reductions in the cost of care associated with serious safety events (including medical liability payments) by more than $70 million since 2012.

It achieved these results by implementing a comprehensive patient safety program that included objectives such as high reliability, human factors, and patient and family partnerships, as well as principles and strategies from the CANDOR toolkit. The process for CANDOR involves emphasizing the importance of reporting unanticipated patient harm events as soon as they happen. By learning from these events, hospitals can provide a timely resolution for patients and families and make changes in the care models to prevent similar events from happening again.

David Mayer, MD, vice president of quality and safety at MedStar Health, said when a safety event occurs, the staff uses a “Go Team” approach, which is similar to the process the National Transportation Safety Board uses. He said three teams are activated:

- A discovery and learning team
- A care for the caregiver team
- A patient and family communication team

Dr. Mayer said the CANDOR program also has led to greater transparency at MedStar Health because more employees through the years have been willing to report patient safety events without fear of retribution. Read more.

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