Quality and safety

Refreshed Speak Up™ has ready-to-use patient safety resources

Speak Up™ – the Joint Commission’s award-winning patient safety program – is back with a new look following national market research that was conducted last year with patients and their family caregivers. The refreshed Speak Up™ program kicked off with Speak Up™ About Your Care, which describes different ways patients and their advocates can become active in their own health care decisions.

All future Speak Up™ campaigns will be comprised of four components:

- Animated video
- Infographics (in English and Spanish) in three sizes:
  - 8.5x11
  - 11x17
  - 24x36
- Podcast
- User’s guide on how and to whom organizations can distribute materials

Speak Up™ materials are available in simplified, easy-to-read format and are available at no cost to all health care organizations as downloadable, ready-to-use patient safety resources. Their use, however, does not indicate that an organization is accredited by The Joint Commission.

Since its launch in 2002, Speak Up™ has expanded to more than 70 countries, providing patient education materials used for public service announcements, websites, community newsletters, health fairs, closed circuit patient education television and more. While Speak Up™ is copyrighted, no reprinting permissions are required for Speak Up™ infographics, brochures or videos — the materials may be copied and distributed.

Download Speak Up™ About Your Care, or sign up for email delivery of future campaigns. (Contact: Caron Wong, cwong@jointcommission.org)

Quick Safety details need for continuity of operations planning in emergency management

Power failure, fire, flood, industrial accident, cyberattack — disasters such as these can put both health care organizations and their patients at risk. The critical need for continuity of operations planning (COOP) is most evident when an organization becomes the victim of an emergency. This is the focus of the latest issue of Quick Safety, Emergency management: Need for continuity of operations planning.

COOP provides health care organizations with the resilience needed to protect, respond, recover and restore essential patient care services. Following a disaster, an organization’s capability to provide care, treatment and services to patients can be disrupted for days, weeks, several months or longer.

Learn more by reading Quick Safety.

Joint Commission joins IHI, others to form National Steering Committee for Patient Safety

The Joint Commission joined with 23 other organizations Tuesday, May 22, to help relaunch the patient safety agenda in the U.S. with renewed energy and focus. The Institute for Healthcare Improvement (IHI) hosted the event in Boston, and the new National Steering Committee for Patient Safety began working on ways to reduce harm in the delivery of health care.
The steering committee’s members are from the health care, policy, regulatory and advocacy communities, and includes Ana Pujols McKee, MD, executive vice president and chief medical officer, The Joint Commission. The committee is charged with creating a National Action Plan to serve as a roadmap to accelerate progress, and it is co-chaired by Tejal K. Gandhi, MD, MPH, CPPS, IHI’s chief clinical and safety officer, and Jeffrey Brady, MD, MPH, director, Center for Quality Improvement and Patient Safety at the U.S. Agency for Healthcare Research and Quality.

This new effort stems from a 2017 Call to Action issued by the National Patient Safety Foundation (NPSF), which frames medical harm as an issue that affects all of society and demands a coordinated response by the health care and public health sectors.

“For decades, experts have called for increased coordination to improve patient safety, but such a strategy has not been fully instituted,” Gandhi said. “There is still so much work to be done in patient safety, in part because we’ve reached the limits of what a project-by-project approach can achieve. Instead of declaring ‘mission accomplished,’ we need to take steps to advance total systems safety — safety that is reliably and uniformly applied wherever care is provided.”

As outlined in a 2015 NPSF report, a total systems approach contains elements that have proven to be at the foundation of safety and are key to making sustainable progress in all health settings. They include:

- Safety culture
- Leadership
- Communication among team members
- Measurement
- Patient and family engagement

The public was first exposed to the term “patient safety” nearly 20 years ago with the release of To Err Is Human: Building a Safer Health System, a report estimating that as many as 98,000 deaths annually in the U.S. are the result of harm accidentally inflicted during a medical encounter. Recent studies claim that four times as many deaths can be attributed to medical harm, making it by some estimates the third-leading cause of death in the country and a source of long-term physical, emotional and psychological damage.

“We’ve seen success in targeted areas, such as reductions in health care-associated infections and hospital-acquired conditions,” Brady said. “Those gains have been supported by prominent national initiatives and efforts involving governmental agencies and public-private partnerships. This renewed, shared focus on keeping patients safe and the work of the National Steering Committee reflect the importance of effective coordination at all levels — from national organizations to individual clinicians. Teamwork will be necessary to achieve patient safety across the entire continuum of patient care.”

Learn more about the National Steering Committee.

Journal: Reducing health care provider stress, burnout to improve patient care
Reducing health care provider stress and burnout to improve satisfaction and patient care is the focus of two new articles in the May 2018 issue of The Joint Commission Journal on Quality and Patient Safety. The articles examine the use of medical scribes to improve provider work life and the development of a Resiliency Center to coordinate faculty and staff wellness initiatives.

Scribes appear to be an effective intervention for improving clinician work life, as described in “Developing a Medical Scribe Program at an Academic Hospital: The Hennepin County Medical Center Experience” — written by Marc L. Martel, MD, and co-authors.

A medical scribe program was deployed in nine clinics at the Hennepin County Medical Center, Minneapolis. The medical scribes, who had no clinical duties, supported both physicians and advanced practice clinicians (APCs) by charting physician-patient encounters.
After implementation of the program:

- The percentage of providers who reported documentation time at the office was poor or marginal declined from 75 percent before implementation to 24 percent.
- The percentage who rated time spent on the electronic health record (HER) at home as excessive or moderately high dropped from 64 percent before implementation to 32 percent.
- Providers reported greater satisfaction with their role in the clinic, as well as improvements in how much time they spent on documentation and their ability to listen to patients.

Meanwhile, a growing body of evidence highlights the need for wellness programs to support health care providers, according to the article, “Focus on the Quadruple Aim: Development of a Resiliency Center to Promote Faculty and Staff Wellness Initiatives,” by Ellen Morrow, MD, and co-authors,

The article reports how a Resiliency Center was created at the University of Utah Health, Salt Lake City. The effort began with the appointment of a chief wellness officer, followed by wellness initiatives, communication skills training, peer support, and an on-site employee assistance program. Future research will focus on measuring the Center’s impact.

These articles are available for free online.

Also featured in the issue:

- “Improving Maternal Safety with the Mentor Model of Collaborative Improvement” (California Maternal Quality Care Collaborative, Stanford University, Palo Alto, California)
- “1,300 Days and Counting: An Approach to Preventing Retained Foreign Objects” (Memorial Sloan Kettering Cancer Center, New York City)
- “A Call to Bridge Across Silos During Care Transitions” (Johns Hopkins University School of Medicine, Baltimore, Maryland)
- “Deriving a Framework for Systems-Based Approach to Agitated-Patient Care in the Emergency Department” (Yale School of Medicine, New Haven, Connecticut)
- “A Bedside Computerized Decision-Support Tool for Intravenous Insulin Infusion Management in Critically Ill Patients” (North Florida/South Georgia Veterans Health System, Gainesville, Florida)
- “The Association Between the Electronic Health Record and Patient-Reported Receipt of Tobacco Cessation Care in Hospitalized Veterans” (Department of Veterans Affairs (VA) Iowa City Health Care System)

Access the Journal.

**Resources**

**Webinar replay: First Pioneers in Quality webinar of 2018 now available online**

A webinar replay of the first Pioneers in Quality™ webinar in 2018 — “2018 Pioneers in Quality: Learnings from 2016 eCQM Results, Exceptions and Exclusions” — is now available online. In it, experts from The Joint Commission shared insights regarding the 2016 electronic clinical quality measure (eCQM) data received and analyzed.

Participants learned how to:

- Identify the most common reasons for exceptions and exclusions in the CY 2017 eCQM data submission.
- Apply lessons learned to understand your CY 2017 eCQM results and inform CY 2018 eCQM data preparation.

View the webinar replay.
Up in the blogosphere with The Joint Commission

- **Quality Data Download** — Development and Implementation of a Novel Medical Scribe Program: This blog post, written by Marc L. Martel, MD, emergency physician, Department of Emergency Medicine, co-director of the Medical Scribe program, Hennepin County Medical Center, Minneapolis, goes beyond the article “Developing a Medical Scribe Program at an Academic Hospital: The Hennepin County Medical Center Experience” from the May 2018 issue of The Joint Commission Journal on Quality and Patient Safety.

- **Ambulatory Buzz** — Heads-Up! Ambulatory Care Survey Coming to Your E-Mail In-Box: Keep your eyes open for the Ambulatory Care Accreditation program customer survey, because this online survey is an opportunity to provide direct feedback about what is of most value to your ambulatory center from your partnership with The Joint Commission.

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