ORIGINAl ARTICLES

Coordination of Care

431 Optimizing Care Transitions: Adapting Evidence-Informed Solutions to Local Contexts
L.P. Jeffs
In response to continued evidence of variation in transitional care approaches, the author suggests that “attention needs to be afforded to engaging those to whom care is provided to codesign transitional care interventions, regardless of where they are in the health care system.”

433 Understanding Facilitators and Barriers to Care Transitions: Insights from Project ACHIEVE Site Visits
In the first phase of Project ACHIEVE, 22 participating organizations identified facilitators of and barriers to implementation of transitional care services. Direct observation, document review, and semistructured interviews with 810 participants representing various stakeholder groups indicated that facilitators included collaborating within and beyond the organization, tailoring care to patients and caregivers, and generating staff buy-in. Barriers included poor integration of transitional care services, unmet patient or caregiver needs, underutilized services, and lack of physician buy-in.

Organizational Leadership

448 High-Performing Health Care Delivery Systems: High Performance Toward What Purpose?
P.J. Pronovost
In response to the findings of the systematic review on the definition of a high-performing health system, the author states, “A high-performing health system should be defined, simply, as one that is more likely to achieve its purpose. Until we are clear on the purpose, performance will suffer.”

450 What Defines a High-Performing Health Care Delivery System: A Systematic Review
S.C. Ahluwalia, C.L. Damberg, M. Silverman, A. Motala, P.G. Shekelle
A systematic review of the 2005–2015 literature, which yielded 57 articles, revealed that there is no commonly used, agreed-on definition of what constitutes a “high-performing” health care delivery system—or health care organization. The absence of a consistent definition of what constitutes high performance and how to measure it hinders the ability to compare and reward health care delivery systems on performance.

Adverse Events

460 A Multicomponent Fall Prevention Strategy Reduces Falls at an Academic Medical Center
An academic medical center pilot-tested a multicomponent strategy targeting a spectrum of risk factors for falls for six months in three high-risk units. The subsequent hospitalwide implementation of the program resulted in a 47% overall reduction in falls with harm from pre- to postintervention—from 0.78 falls (preintervention year) to 0.41 per 1,000 patient-days.

471 Do Hospitals Support Second Victims? Collective Insights From Patient Safety Leaders in Maryland
H.H. Edrees, L. Morlock, A.W. Wu
Second victims—health care providers who are emotionally traumatized after a patient adverse event—may not receive needed emotional support. A study was conducted to describe the extent to which organizational support for second victims is perceived as desirable by patient safety officers and to identify existing support programs. Semistructured interviews with 43 patient safety representatives from 38 of the 46 acute care hospitals in Maryland indicated that 37 hospitals offered employee assistance program (EAP) services, but there were important gaps in the services. Six hospitals had second victim support programs, which varied in structure, accessibility, and outcomes, while an additional 5 hospitals were developing such a program.

Methods, Tools, and Strategies

484 Using Simulation to Improve Systems-Based Practices
A.K. Gardner, M. Johnston, J.R. Korndorffer, Jr., I. Haque, J.T. Paige
Simulation can help improve systems-based aspects of the perioperative service line. Simulation-based techniques are being used in (1) testing new clinical workspaces and facilities to identify potential latent conditions; (2) practicing how to identify the deteriorating patient and escalate care in an effective manner; (3) performing prospective root cause analyses to address system weaknesses leading to sentinel events; and (4) evaluating the efficiency and effectiveness of the electronic health record in the perioperative setting.

EDITORIAL

492 Improving Pain Management and Safe Use of Opioids: A Call for Papers
D.W. Baker
The Joint Commission Journal on Quality and Patient Safety seeks papers on an ongoing basis on studies of strategies to improve pain management, particularly improving judicious prescribing and safe use of opioids.