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EDITORIAL
1  The Time for Opioid Stewardship Is Now
F. Sandbrink, R. Uppal

Weiner and colleagues describe the rapid implementation of an ongoing opioid stewardship program at their organization that has achieved a reduction in opioid prescriptions from 8,941 in July 2015 to 6,148 in April 2018. In this editorial, Sandbrink and Uppal examine the organizational factors and the resources and efforts already in place that contributed to the project’s success and compare this project to the opioid stewardship program implemented at the Veterans Health Administration.

ORIGINAL ARTICLES

Opioid Prescribing Practices
3  A Health System-Wide Initiative to Decrease Opioid-Related Morbidity and Mortality

Coordinating hospital and health system resources to address the opioid overdose crisis remains a challenge. In this article, Weiner and colleagues describe the implementation of an efficient, comprehensive, multidisciplinary approach to reduce opioid-related morbidity and mortality at a large health system that has resulted in substantial reductions in opioid prescriptions and improvements in related outcomes.

Care Processes
14  Variations in the Delivery of Emergency General Surgery Care in the Era of Acute Care Surgery

More than a decade after leading surgical societies proposed the acute care surgery (ACS) model to improve emergency general surgery care, and despite the multiple documented benefits of the ACS model, its prevalence in U.S. hospitals remains low. Daniel and colleagues report results from their 2015 survey on emergency general surgery and ACS practices at acute care hospitals and describe factors associated with ACS use nationwide.

A. Roy, A. Peaceman, M. Son, J. Feinglass

The incidence of severe maternal morbidity, the most commonly used measure of childbirth outcomes, has been increasing nationally, with higher rates reported in Illinois. This retrospective cohort study was conducted to determine whether childbirth safety has declined in Illinois and to enhance our understanding about how to best measure trends in quality and safety for maternal care.

Performance Improvement
31  Not Missing the Opportunity: Improving Depression Screening and Follow-Up in a Multicultural Community
A.M. Schaeffer, D. Jolles

Depression is the leading cause of disability worldwide. Evidence-based guidelines recommend screening for depression when systems exist for adequate diagnosis, treatment, and follow-up, yet it often goes unaddressed. In this article, Schaeffer and Jolles report on a quality improvement project to increase the efficacy of screening, intervention, and treatment referral for depression at a multicultural community health center.

40  Building the Driver Diagram: A Mixed-Methods Approach to Identify Causes of Unplanned Extubations in a Large Neonatal ICU

Successful implementation of a key driver diagram in patient safety and quality improvement initiatives depends heavily on local contextual factors that define clinical microsystems, but understanding the microsystem-specific context can be difficult. Hatch and colleagues describe the process used in a neonatal ICU to build a key driver diagram to decrease unplanned extubations in chronically ventilated infants.

47  A Comprehensive Approach to Eliciting, Documenting, and Honoring Patient Wishes for Care Near the End of Life: The Veterans Health Administration’s Life-Sustaining Treatment Decisions Initiative
M.B. Foglia, J. Lowery, V.A. Sharpe, P. Tompkins, E. Fox

Consensus is growing that clinicians should initiate a proactive goals of care conversation with patients for whom decisions about life-sustaining treatments will likely be needed, but this is not yet the standard of care. Foglia and colleagues describe the Veterans Health Administration’s Life-Sustaining Treatment Decisions Initiative, which was designed to ensure that patients’ goals, values, and preferences for life-sustaining treatments are elicited, documented, and honored across the continuum of care.
Impact of Real-Time Clinical Decision Support on Blood Utilization and Outcomes in Hospitalized Patients with Solid Tumor Cancer


Cancer patients have traditionally been transfused liberally for anemia. Recent studies on noncancer patient populations have suggested that restrictive transfusion practices improve blood utilization, are cost-effective, and result in similar or improved patient outcomes. Wachsberg and colleagues hypothesized that an educational intervention with real-time clinical decision support would reduce blood utilization among hospitalized solid tumor cancer patients without adversely affecting outcomes. This article describes a retrospective, historical control analysis comparing transfusion utilization before and after implementation of the program.

Reporting Systems

How Well Do Incident Reporting Systems Work on Inpatient Psychiatric Units?


Although it has been shown that one in five patients in inpatient psychiatric units will experience a patient safety event, little research has been conducted regarding the efficacy of incident reporting systems in these care environments. Reilly and colleagues conducted a chart review study to investigate the nature, cause, and outcome of adverse events at 40 psychiatric units and whether they were reported to the institution’s incident reporting system.