Quality and safety

Reminder: Submit application for John M. Eisenberg Patient Safety and Quality Awards

The Joint Commission and National Quality Forum (NQF) are now accepting applications for the 20th John M. Eisenberg Patient Safety and Quality Awards through Sept. 30.

The annual awards program recognizes extraordinary efforts to improve patient safety and health care quality at the national, local and individual levels. Launched in 2002, the awards honor the late John M. Eisenberg, MD, MBA, former administrator of the Agency for Healthcare Research and Quality.

The accomplishments of award nominees/applicants should be clearly linked to the principles Dr. Eisenberg promoted throughout his career, including:

- Dedication to improving the quality of health care and patient safety.
- Leadership in advancing methods for measuring and reporting health care quality.
- Expanding the public’s capacity to evaluate the quality and safety of health care.
- Promoting health care choices based upon information about safety and quality.
- Patient safety and quality challenges affecting public health.

Visit the Eisenberg Awards webpage for more information about past recipients, application requirements, and to access the application. The $400 application fee is due Sept. 30, and applicants will be prompted to the payment site following submission. (Contact: eisenbergawards@qualityforum.org)

Journal: Financial incentives enhance participation of resident physicians in QI projects

Residents and fellow physicians need to learn how to improve health care systems by recognizing patient safety events and collaborating with interprofessional teams on performance improvement efforts. Trainees also need to be prepared to work in complex hospital systems, to understand their institution’s metrics and to be evaluated on their performance using those metrics.

A new study in the September issue of The Joint Commission Journal on Quality and Patient Safety shows how Zuckerberg San Francisco General Hospital and Trauma Center implemented a project to study the effects of a trainee pay-for-performance program and quality improvement (QI) education.

In the study — “Financial Incentives to Enhance Participation of Resident Physicians in Hospital-Based Quality Improvement projects” — trainees worked with QI faculty at University of California, San Francisco, participated in projects aligned with the hospital’s priorities, and designed their own program-specific projects. Each trainee who worked at least 88 days at the institution was eligible to earn $400 for every target achieved for at least six months (maximum of $1,200).

Results showed improvement among hospital-wide goals that were achieved by 11 of 14 programs:

- Needlestick injuries per quarter decreased from an average of 18 to 12.
- Excellent provider communication improved from 76.8 to 80.5%.
- Mean length of stay for discharged emergency department patients requiring specialist consultation decreased from 523 to 461 minutes.
Results also showed improvement among resident-initiated projects, which met all goals:

- Family Medicine patients undergoing colorectal screening increased from 65.1 to 67.7%.
- At-risk patients receiving naloxone at hospital discharge increased from 9 to 63%.
- Adolescents screened for chlamydia increased from 34 to 55.8%.
- High-dose opioid prescriptions following cesarean section decreased from 28 to 1.7%.

The authors concluded that “a pay-for-performance improvement program that aligns educational and hospital priorities can provide meaningful experiential learning for trainees and improve patient care.”

Also featured in the September issue are:

- Is Developing a Policy Enough for Preventing Unintended Retained Foreign Objects? (editorial)
- Prevalence and Characteristics of Interruptions and Distractions During Surgical Counts (Alberta Health Services, Calgary, Alberta)
- Reducing Surgical Specimen Errors Through Multidisciplinary Quality Improvement (Nationwide Children’s Hospital, Columbus, Ohio)
- Safety Checklists for Emergency Response Driving and Patient Transport: Experiences from Emergency Medical Services (South-Eastern Finland University of Applied Sciences, Kotka, Finland)
- Results from the National Taskforce for Humanity in Health Care’s Integrated, Organizational Pilot Program to Improve Well-Being (five health system and physician practice sites)
- Patient and Family Engagement in Catheter-Associated Urinary Tract Infection (CAUTI) Prevention: A Systematic Review (peer-reviewed literature search)
- Quality and Safety in Surgery: Challenges and Opportunities (commentary)

Access the Journal.

Accreditation and Certification

Comment now on proposed new emergency management requirements
The Joint Commission is seeking feedback on new and revised Emergency Management (EM) requirements for the Hospital (HAP) and Critical Access Hospital (CAH) accreditation programs. These standards aim to help health care organizations develop and improve their actions and responses to emergencies or disasters.

The EM chapter revisions were vetted through a distinct group of qualified professionals who helped facilitate the review and revision for the newly proposed requirements. The EM chapter and the revised changes are anticipated to launch in July 2022.

The revised EM chapter continues to address:

- Preparedness, mitigation, response and recovery.
- The six critical areas.
- Training and testing requirements.

Additional focus has been placed on:

- Leadership roles and responsibilities.
- Sustainability.
- Continuity of operations.

Comment now. Feedback will be accepted through Sept. 29. (Contact: Mamello Tekateka, mtekateka@jointcommission.org)
Resources

Free webinar: Learn about new Maternal Levels of Care Verification Program
A free webinar on The Joint Commission's new Maternal Levels of Care Verification Program is scheduled for Sept. 30.

The webinar — which will take place from 10-11 a.m. PT / 11 a.m.-noon MT / noon-1 p.m. CT / 1-2 p.m. ET — will show how the new program can help organizations ensure their patients receive the best care for their condition.

The goal of Maternal Level of Care Verification Program is to reduce maternal morbidity and mortality by encouraging the growth and evolution of systems to standardize perinatal regionalization and risk-appropriate maternal care.

Register.

Up in the blogosphere with The Joint Commission

- Dateline @ TJC — Unimaginable Health Care Worker Burnout in the 4th COVID-19 Wave: Health care workers are doing their very best to continue their passion of delivering excellent patient care. That calling has never felt more impossible, nor has it ever felt more important, writes Elizabeth Even, MSN, RN, CEN, Associate Director, Clinical Standards Interpretation Group.
- Ambulatory Buzz — Only YOU Can Prevent ASC Fires: The awareness of the risk of fires in operating suites has increased drastically over the years. However, fires still occur much too often. Fires also occur regardless of where patients are treated — in ambulatory surgery centers (ASCs), hospitals or inpatient settings. As more procedures shift to ASCs, it is important to mitigate the risk of fires in these settings, writes Laura Gayton, Associate Director, Standards Interpretation.

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