Coronavirus updates

Sentinel Event Alert shares concerns from health care workers during COVID-19

The latest issue of Sentinel Event Alert — the first in a new special-edition series — addresses concerns received from health care workers during the COVID-19 pandemic and provides learnings and examples that may be helpful as health care organizations continue to respond and prepare for future challenges that will require safe, healthy and engaged health care workers.

In “Voices from the pandemic: Health care workers in the midst of crisis,” Sentinel Event Alert examines how the continuing onslaught of COVID-19 is pushing health care organizations to their limits and workers beyond physical exhaustion. These kinds of traumatic experiences underscore the critical importance of supporting health care workers who bear the burden of crisis situations along with patients and families.

As a sounding board and source of information to America’s health care organizations, The Joint Commission is in a unique position to understand and shed light on their collective experience during the pandemic, which is expected to continue with high rates of infection and mortality through the winter despite the rollout of vaccines that started in December, according to public health experts.

Read Sentinel Event Alert.

Quality and safety

February Journal: Correlation between physician task load and risk of burnout

The complexity of health care is increasing at a rapid pace and directly affects the day-to-day work of physicians as they care for patients. In addition to mounting complexity, the administrative and cognitive burdens on physicians may contribute to an increased risk of physician burnout.


Task load was measured by the National Aeronautics and Space Administration (NASA) Task Load Index (TLX). The NASA-TLX was chosen to evaluate physician task load (PTL) due to its robust validation and use across many industries, including health care, over the past 30 years. The domains in the PTL were mental, physical and temporal demands, and perception of effort. Burnout was measured using the Emotional Exhaustion and Depersonalization scales of the Maslach Burnout Inventory, and a high score on either scale was considered a manifestation of professional burnout.

Findings showed the mean PTL score, varying by specialty, was 260.9/400. Specialties with the highest PTL scores were emergency medicine, urology, anesthesiology, general surgery subspecialties, radiology and internal medicine subspecialties. Researchers also found the most common reported symptoms of burnout included high emotional exhaustion (38.8%) and depersonalization (27.4%). At least one symptom of burnout was reported in 44% of respondents.
A significant association was found between PTL and burnout. For every 40-point (10%) decrease in PTL, there was 33% lower odds of experiencing burnout. The researchers conclude that the strong association between PTL and burnout may provide a framework to approach the practice environment and reduce burnout.

“Cognitive load was rapidly increasing in health care prior to the COVID-19 pandemic, which has accelerated strain on an already overloaded system,” said Elizabeth Harry, MD, the study’s corresponding author and senior director of clinical affairs at University of Colorado Hospital, as well as associate professor of internal medicine at University of Colorado School of Medicine. “Attention to the risk of burnout associated with task load is more critical today than ever before and offers health care systems a measurable target for systemic improvement initiatives.”

Also featured in the February issue:

- A Program to Provide Clinicians with Feedback on Their Diagnostic Performance in a Learning Health System (Geisinger, Danville, Pennsylvania)
- Feedback on Missed and Delayed Diagnosis: Differential Diagnosis of Communication Dilemmas (editorial)
- Virtual Urgent Care Quality and Safety in the Time of Coronavirus (NYU Langone Health, New York City)
- A Multi-Modal Intervention to Improve the Quality and Safety of Inter-Hospital Care Transitions for Nontraumatic Intracerebral and Subarachnoid Hemorrhage (Yale School of Medicine, New Haven, Connecticut)
- Diabetes to Go–Inpatient: Pragmatic Lessons Learned from Implementation of Technology-Enabled Diabetes Survival Skills Education Within Nursing Unit Workflow in an Urban, Tertiary Care Hospital (MedStar Health, Washington, D.C.)
- Communication Tools to Support Advance Care Planning and Hospital Care During the COVID-19 Pandemic: A Design Process (Ariadne Labs, Boston)
- Resident-Driven Procedure Team and Speed of Obtaining Diagnostic Paracentesis (University of Rochester, Rochester, New York)

Access the Journal.

Performance measurement

Now on Quality Check: Public reporting for hospital Perinatal Care measures

The Joint Commission is now publicly reporting two Perinatal Care performance measures on Quality Check®. The two measures are:
- PC-02 — Cesarean Birth
- PC-06 — Unexpected Complications in Term Newborns

Including this data on Quality Check® is consistent with The Joint Commission’s longstanding commitment to provide meaningful information about the performance of accredited organizations to the public.

Learn more about the public reporting of these two measures.

Resources

Up in the blogosphere with The Joint Commission

- **Leading Hospital Improvement** — [Recent Law Impacting Rural Health Care Organizations](https://www.jointcommission.org/blog/leading-hospital-improvement-recent-law-impacting-rural-health-care-organizations/): In late 2020, the Consolidated Appropriations Act 2021 was signed into law providing the federal government with funding for the rest of its fiscal year, adding economic relief related to COVID-19 and enacting other health-related provisions. Some of these provisions impact rural health care organizations, writes Timothy Jones, Associate Director, Federal Relations, and Chad Larson, MBA, Executive Director, Hospital Business Development.
- **Improvement Insights** — [Role of Psychological Safety in Near Misses Reporting](https://www.jointcommission.org/blog/improvement-insights-role-of-psychological-safety-in-near-misses-reporting/): In “Resilience vs. Vulnerability: Psychological Safety and Reporting of Near Misses with Varying Proximity to Harm in
Radiation Oncology," published in the January 2021 issue of *The Joint Commission Journal on Quality and Patient Safety*, the co-authors discussed a spectrum of near misses with increasing proximity to failure and examined how this variation affected health care workers’ willingness to report, given their perceived psychological safety, writes Olivia S. Jung, PhD candidate, Harvard University.

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