Quality and safety

Apply now for the Bernard J. Tyson National Award

The application period is now open for a new award program from The Joint Commission and Kaiser Permanente that recognizes health care organizations and their partners that led initiatives that achieved a measurable, sustained reduction in one or more health care disparities.

All types of health care organizations that directly deliver health care and have addressed disparities for any vulnerable population — including but not limited to race/ethnicity, gender, sexual orientation, or socioeconomic status — may apply for the Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity. There is no cost to apply, and the application period will close on July 8.

Applicants are encouraged to submit proposals describing the implementation of a well-defined intervention that resulted in a measurable, sustained reduction in disparities. Initiatives submitted for consideration must demonstrate measurable improvement.

The late Bernard J. Tyson was chairman and chief executive officer of Kaiser Permanente, and he worked tirelessly to address the disparities that plague the U.S. health care system. The Joint Commission and Kaiser Permanente hope that the award will recognize achievement, inspire organizations to launch projects to address health care disparities, and provide concrete examples for others to emulate.

Learn more about the Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity in a new episode of the Take 5 podcast, which features Ana McKee, MD, Executive Vice President, Chief Medical Officer, and Chief Diversity, Equity and Inclusion Officer, The Joint Commission. [7:08]

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Accreditation and Certification

New Take 5 podcast on SAFER® Dashboard

The need for seamless access to critical performance data and the ability to more efficiently visualize data to make informed decisions are things that The Joint Commission has often heard from the organizations it accredits and certifies. The Joint Commission hopes to provide those critical needs with the launch of the SAFER® Dashboard — a unique and powerful business intelligence tool available exclusively to Joint Commission accredited organizations.

In a new episode of Take 5 with The Joint Commission, Anita Hamid, Project Manager, Business Transformation, Accreditation and Certification Operations at The Joint Commission, gives insight into the development of the dashboard and how the tool can be used to help health care leaders work smarter and make timely, data-driven decisions for their organizations.

Listen to the podcast. [8:13]
Resources

Up in the blogosphere with The Joint Commission

- **Leading Hospital Improvement** — *Ventilator Sharing Acknowledged as Life-Saving Last Alternative by FDA*: Under normal circumstances, patients would not share ventilators. When the need for ventilators exceeds supply during a public health crisis, and in situations in which no alternatives for invasive ventilatory support are available, the FDA believes that ventilator splitting as a stopgap solution should be considered as a last resort and only if specific precautions are followed. In February 2021, the FDA issued new guidelines on ventilator splitting, writes Carolyn Schierhorn, MA, Executive Editor, Global Publications.

- **Improvement Insights** — *Working Together to Decrease Physician Task Load and Burnout*: To help physicians learn how to manage their extraneous cognitive load, Elizabeth Harry, MD, discussed her study from *The Joint Commission Journal on Quality and Patient Safety*, “Physician Task Load and the Risk of Burnout Among U.S. Physicians in a National Survey.” The study evaluated whether task load correlated with burnout scores in a large national survey of U.S. physicians between October 2017 and March 2018, writes David W. Baker, MD, MPH, FACP, Executive Vice President for Health Care Quality Evaluation, The Joint Commission, and Editor-in-Chief of the *Journal*.

- **Improvement Insights** — *Hot Off the Press: Perceptions of Institutional Support for “Second Victims” Associated with Safety Culture and Workforce Well-Being*: Though the term second victim is problematic because many feel like the family members of the patient are the “second” victims of patient harm, many researchers call health care workers who have been traumatized by an unanticipated clinical event the second victims of that patient harm. Our patient safety officers at Duke University Health System, Durham, North Carolina, wanted to know the rates of health care workers that have experienced this scenario, but more importantly, they wanted to know the extent to which our people were getting the support they needed from their health system, writes J. Bryan Sexton, PhD, and Kathryn C. Adair, PhD.

- **Dateline @ TJC** — *Utilizing Technology to Improve Consistency of Survey Findings*: Earlier this year, The Joint Commission launched new artificial intelligence (AI) technology called “Machine Learning for Survey Consistency.” Several internal groups at The Joint Commission — including Information Technology (IT), Surveyor Management and Development, and the Standards Interpretation Group (SIG) — developed this technology to provide organizations with more consistent and accurate survey/review findings, writes Kin Lee, MBA, MS, and Emily Wells, MSW, CSW.

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