Course Learning Outcomes for Unit VI

Upon completion of this unit, students should be able to:

8. Evaluate ways to improve the quality and economy of patient care.
   8.1 Discuss the various types and levels of crises faced by healthcare organizations.
   8.2 Describe the crisis management triad as it relates to health care delivery.

10. Explain how an effective human resource system operates.
    10.1 Describe approaches to improving healthcare staff performance and how this improvement can improve patient care.

Reading Assignment

Chapter 11: Crisis Management
Chapter 12: Performance Improvement

Unit Lesson

The Joint Commission and Performance Improvement

Every healthcare administrator and manager needs a solid understanding of The Joint Commission and its role in accreditation and performance improvement in health care. Formerly known as JCAHO (Joint Commission on Accreditation of Healthcare Organizations), The Joint Commission is the leading professional accrediting agency in medicine today. They accredit hospitals, rehabilitation centers, home health companies, and durable medical equipment dealers. The impact of The Joint Commission on health care in the United States is hard to overestimate.

Mission

The mission of The Joint Commission is as follows: “To continuously improve health care for the public, in collaboration with other stakeholders, by evaluation health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value” (The Joint Commission, 2015a, para. 1). This is very much what they do as they work with healthcare facilities of all kinds around the nation. Approximately every three years, The Joint Commission sends its surveyors to each facility. The date is not announced in advance, so essentially the medical facility must stay on its toes and be continuously ready for inspection. The survey team consists of one physician, one nurse, and one healthcare administrator. Often they are very experienced healthcare professionals and may actually be recently retired. Since 1951, The Joint Commission has been performing this function for medical organizations (The Joint Commission, 2015a).
Why Accreditation?

Accreditation is tremendously expensive, and it requires a huge investment of time and effort to achieve and maintain. Hospitals typically have one entire department devoted to accreditation preparedness, and each of the 30+ hospital departments has its own preparedness staff and preparedness processes. The interesting thing is that accreditation of hospitals and medical services is not mandatory. Medical facilities are required to be licensed by the state, but that is a pretty simple and straightforward process. Accreditation takes far more time and effort than licensure, and it is completely voluntary. So why do hospitals subject themselves to it? Why do almost all American hospitals decide to be accredited by The Joint Commission?

One reason is that The Joint Commission accreditation sends a powerful message to the facility’s community about quality and safety of care provided there. Certainly, accredited hospitals have a competitive advantage over those that have only state licensure. It is also true that the processes which hospitals go through to get ready for The Joint Commission tend to improve risk management and reduce the risk of adverse events of all kinds in the facility. Physicians know what The Joint Commission accreditation means, and they are much more likely to begin practice or enter into contractual arrangements with hospitals that are accredited. Finally, many health insurance companies and managed care organizations are reluctant or completely unwilling to contract with unaccredited hospitals. For lots of reasons, although accreditation is voluntary, it is a huge disadvantage for a hospital or medical program to be without it. There are approximately 4055 Joint Commission accredited hospitals in America, and a total of over 21,000 accredited programs and services (The Joint Commission, 2015b).

Accreditation Review

When The Joint Commission comes to visit, they will be present in the facility for two to five days, depending upon the size and scope of the organization. When they leave, they issue an accreditation report that places the facility in one of these categories:

- Accreditation with Full Standards Compliance,
- Accreditation with Requirements for Improvement,
- Provisional Accreditation,
- Conditional Accreditation,
- Preliminary Denial of Accreditation, or
- Accreditation Denied (MidMichigan Health, n.d.)

Clearly, every healthcare facility wants to wind up and stay in the Accreditation with Full Standards compliance category. It is by no means automatic and not easy to sustain, but it is worth the effort invested.

The Joint Commission Standards and Performance Improvement

A key focus of The Joint Commission accreditation process is what it terms performance improvement (PI). This is what might commonly be known as quality improvement or continuous quality improvement. Typically, the hospital employs a quality improvement director to oversee the entire performance improvement process for the facility, and each department of the hospital designates someone to head up the department’s own processes.

Sentinel Events

Another very important focus for The Joint Commission today is reducing sentinel events in U.S. medical facilities. A sentinel event is any event that causes serious injury or death in a U.S. medical facility.

For example, a surgeon at University Community Hospital in Tampa, FL, amputated the wrong leg from a patient with severe diabetic vascular disease. The patient's better leg was amputated instead of the more diseased leg. When the mistake was realized, the patient still needed to have the bad leg amputated, and that left the patient without legs ("Doctor who Cut Off," 1995). This is a sentinel event by anyone’s definition.
When a sentinel event happens, the hospital is required to conduct a root cause analysis to determine what actually caused the mistake. Here are the most frequently identified root causes of sentinel events reviewed by The Joint Commission (2015c) in the second quarter of 2015 from most common to least common:

- human factors,
- leadership,
- communication,
- assessment,
- physical environment,
- health information technology-related,
- care planning,
- information management,
- medication use, and
- performance improvement.

The root cause of the amputation error that we described above was a communication error. A secretary simply typed “R” instead of “L” on the surgery schedule for the day. That mistake was transferred to the surgery schedule board in the operating room, to the staff who prepped the wrong leg, and to the surgeon himself who cut off the wrong leg. If any one person in that chain had simply stopped to double-check, the terrible error could have been prevented.

Looking at the specific types of sentinel events is also interesting. Here is a list of them from the most common to the least common ones that occurred through the second quarter of 2014:

- Unintended retention of a foreign object: 57;
- Fall-related: 44;
- Suicide: 39;
- Wrong patient, wrong site, wrong procedure: 35;
- Delay in treatment: 34;
- Perinatal: 17;
- Medication error: 12; and
- Fire-related: 7 (Rosin, 2014).

Conclusion

Performance improvement is a high priority for American hospitals. Naturally, we all want to make the hospital a safe place for patients, but we clearly have a lot of work to do in that regard. The Joint Commission has a key role in holding our feet to the fire and making sure that healthcare leaders keep our quality improvement efforts where they should be, which is at the top of our list.

Who knows? Perhaps you will find yourself interested in quality improvement as you study this unit. You might even wind up serving as quality director for a medical facility someday or managing the performance improvement efforts of your own department and making an important difference for the quality of medical care provided.

Notes

You should be well along the way to completing your management action plan (MAP) by now. Please speak up if you need support or if you are having any difficulties that could prevent you from completing the MAP on time. The MAP is a very important part of your learning in the course and a significant portion of your course grade.
References


