NEWS RELEASE

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The Joint Commission Urges Health Care Organizations to Focus on Achieving High Reliability
Health Affairs article provides framework to drastically reduce preventable harm

(OAKBROOK TERRACE, Ill. – April 7, 2011) Health care may be able to transform itself from an industry in which islands of excellence are surrounded by a sea of serious and preventable adverse events into one that rarely fails by learning from other industries, according to “The Ongoing Quality Improvement Journey: Next Stop, High Reliability,” published today in Health Affairs. The article, written by Mark R. Chassin, M.D., FACP, M.P.P., M.P.H., president, and Jerod M. Loeb, Ph.D., executive vice president, Health Care Quality Evaluation, both of The Joint Commission, concludes that the U.S. health care industry has the ability to achieve and sustain consistent excellence in safety and quality. It can do so by focusing on the three components that are necessary to achieve high reliability in health care -- leadership, safety culture and Robust Process Improvement™.

Preventable harm affects millions of Americans each year and may be on the rise in hospitals because patients are sicker and care is increasingly complex. Achieving and maintaining consistently high levels of safety and quality over time and across all health care services and settings must be the goal.

Specifically, the Health Affairs article contends that:

• Health care leadership must make it clear that high reliability is the priority, right now and as long as it takes to achieve desired results
• Health care organizations must create a culture of safety that emphasizes trust, reporting of unsafe conditions, and improvement
• Organizations must use proven quality improvement methods—Lean, Six Sigma and change management (known together as Robust Process Improvement)—to systematically improve processes and avoid common, crucial failures
“Our aim for health care must be higher. Although we know of no health care organization that has been able to achieve a consistent state of high reliability, we must commit ourselves to reaching this goal,” says Dr. Chassin. “We must strive for high reliability. It is our obligation to patients because it offers the best hope for health care to achieve and sustain the elusive goal of consistent excellence in safety and quality. It is paramount to achieving our vision that all people always receive the safest and highest quality health care.”

The article by Chassin and Loeb urges health care organizations to make major strides toward unprecedented levels of safety and quality. Health care organizations are at different stages of maturity on the path to high reliability. The first step is to conduct a self-assessment of the current state of leadership, safety culture, and capacity to execute Robust Process Improvement. By performing an assessment, health care organizations can gain an overall understanding on where to focus their improvement efforts. The authors note that although there are costs in training staff on and implementing Robust Process Improvement tools, savings can be achieved by reducing the waste associated with unsafe care.

The Joint Commission is committed to taking a leadership role in this effort and using its reach across nearly 19,000 diverse accredited health care organizations. For example, The Joint Commission is developing a self-assessment tool to allow health care organizations to analyze their adoption of the various practices that are thought to lead to improved operational efficiency, consistent excellence in patient care, and therefore, high reliability. In addition, Joint Commission standards (Leadership, National Patient Safety Goals, Performance Improvement) emphasize the need to create a culture of safety and to continuously improve performance. The Joint Commission Center for Transforming Healthcare is also working with health care organizations to use Robust Process Improvement tools to create customized solutions to quality and safety issues such as hand hygiene, hand-off communications, and wrong site surgery.

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Founded in 1951, The Joint Commission seeks to continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value. The Joint Commission evaluates and accredits more than 18,000 health care organizations and programs in the United States, including more than 9,700 hospitals and home care organizations, and more than 6,800 other health care organizations that provide long term care, behavioral health care, laboratory and ambulatory care services. In addition, The Joint Commission also provides certification of more than 1,700 disease-specific care programs, primary stroke centers, and health care staffing services. An independent, not-for-profit organization, The Joint Commission is the nation’s oldest and largest standards-setting and accrediting body in health care. Learn more about The Joint Commission at www.jointcommission.org.