NEWS RELEASE

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(Oak Brook Ill., March 5, 2013) Joint Commission Resources announces the March 2013 issue of the “The Joint Commission Journal on Quality and Patient Safety.” In the lead article of the March 2013 issue, “Applying Lean Methods to Improve Quality and Safety in Surgical Sterile Instrument Processing,” C. Craig Blackmore, M.D., M.P.H., and his co-authors at Virginia Mason Medical Center in Seattle, Wash. describe how their hospital reduced the occurrence of surgical instrument processing errors from three percent of their total surgical cases to 1.5 percent during a 37-month period. The article demonstrates how a health care organization that is committed to using Lean methodology can significantly reduce its surgical instrument processing errors, and as a result potentially create meaningful improvements in infection rates, surgical errors, and costs.

“The Joint Commission Journal on Quality and Patient Safety” published monthly by Joint Commission Resources, is a peer-reviewed journal, available by subscription, which serves as a forum for practical approaches to improving quality and safety in health care.

FEATURES:

Performance Improvement
Applying Lean Methods to Improve Quality and Safety in Surgical Sterile Instrument Processing
C. Craig Blackmore, M.D., M.P.H.; Robbi Bishop, M.S.; Samuel Luker, M.B.A., CRCST; Barbara L. Williams, Ph.D.
Lean methods were used to improve the quality of surgical instrument processing through redefining operator roles, alteration of the workspace, mistake-proofing, quality monitoring, staff training, and continuous feedback. In a 37-month time frame, instrument processing errors decreased from 3.0 percent of surgical cases at baseline to 1.5 percent in the final follow-up period ($p < .001$).

Performance Measures

Editorial: No “Black Swan”: Unintended but Not Unanticipated Consequences of Diabetes Performance Measurement

David C. Aron, M.D., M.S.

Points for Improvement: Performance Measurement for Glycemic Control in Diabetes Patients in a Safety-Net Population

Sanjiv Baxi, M.S., M.D.; Joshua Lakin, M.D.; Courtney R. Lyles, Ph.D.; Seth Berkowitz, M.D.; Claire Horton, M.D.; Urmimala Sarkar, M.D., M.P.H.

For 1,122 patients (mean glyclated hemoglobin [A1c], 7.9 percent) in a safety-net primary care clinic, during each of three years, the average A1c decreased modestly, and more than 19 percent of patients improved by more than 1 percent. Yet for patients with maximum A1c values greater than 10 percent, the reduction was significantly greater ($p < .01$), which was not reflected in the standard performance measure.

AHRQ Patient Safety Indicators: Time to Include Hemorrhage and Infection During Childbirth

Kimberly D. Gregory, M.D., M.P.H.; Lisa M. Korst, M.D., Ph.D.; Michael C. Lu, M.D., M.P.H.; Moshe Fridman, Ph.D.

Many Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators (PSIs), such as Postoperative Hemorrhage or Hematoma (PSI 9) and Postoperative Sepsis (PSI 13), partially or completely exclude pregnant women. In a 2009 state dataset of 508,842 deliveries, these two indicators, which required distinct definitions and coding enhancements, identified substantial morbidity that varied widely across hospitals, demonstrating considerable opportunity for improvement.

The Impact of Demographic Characteristics on Nonresponse in an Ambulatory Patient Satisfaction Survey

Christy K. Boscardin, Ph.D.; Ralph Gonzales, M.D., M.S.P.H.
Low response rates pose a significant threat to validity of patient satisfaction survey data. In data collected in October–December 2010 for outpatient facilities at a large academic medical center, nonresponse rates and satisfaction ratings differed by age, language, and insurance type. If it is assumed that nonrespondents within these demographic groups have similar satisfaction ratings as respondents, then nonresponse levels appear to have minimal effects on overall satisfaction ratings.

**Information Technology**

Enhancing Electronic Health Record Usability in Pediatric Patient Care: A Scenario-Based Approach

Emily S. Patterson, Ph.D.; Jiajie Zhang, Ph.D.; Patricia Abbott, Ph.D., RN, FAAN; Michael C. Gibbons, M.D., M.P.H.; Svetlana Z. Lowry, Ph.D.; Matthew T. Quinn, M.B.A.; Mala Ramaiah, M.D., M.S.; David Brick, M.D.

In a follow-up to a technical report with 54 detailed recommendations to improve usability of electronic health records (EHRs), the authors tailored six recommendations for each of three stakeholder groups – EHR vendors and developers, small-group pediatric medical practices, and children’s hospitals – to facilitate rapid translation into practice.

**Patient And Family Involvement**

Decision Dissonance: Evaluating an Approach to Measuring the Quality of Surgical Decision Making

Floyd J. Fowler Jr., Ph.D.; Patricia M. Gallagher, Ph.D.; Keith M. Drake, Ph.D.; Karen R. Sepucha, Ph.D.

Good decision making, including the patient’s involvement, is a core component of good medical care. A mail survey was sent to fee-for-service Medicare beneficiaries who had a coronary artery bypass graft, a lumpectomy or a mastectomy for breast cancer, or surgery for prostate cancer. Across all four procedures, patients with more knowledge and involvement reported significantly lower Decision Dissonance Scores.


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