Patient and Worker Safety and The Joint Commission

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The Joint Commission

The Joint Commission

- Founded 1951
- 501(c)(3) not-for-profit – oldest and largest
- Accredits and certifies > 20,000 organizations
- 76% of U.S. hospitals
- Mission: evaluate and inspire organizations to excel in providing safe and effective care of the highest quality and value

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Approach to Quality and Safety

- Systems approach
- Emphasize processes, rather than
  – Individual performance
  – Structures
- Recognize different causes of same adverse result
- Look for cause-specific solution
  – "One size does not fit all"

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High Reliability

- Leadership
- Culture
- Effective process improvement

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Leadership Requirements

- **Leadership in hospitals**
  - Governing body
  - CEO, other senior managers (C-Suite)
  - Leaders of medical staff

- **Must collaborate for quality and safety**

- **Responsible for:**
  - Culture of safety and quality
  - Performance improvement
  - Patient safety program

Culture of Safety and Quality Requirements

- Evaluate culture
- Code of conduct and its management
  - Behaviors that undermine a culture of safety
- Education
- Foster teamwork
- Encourage reporting
- Data-driven decision making
- Foster communication
- Manage change

Effective Performance Improvement Requirements

- Leaders set priorities
- Focus on processes
- Design new or modified process well
  - Use evidence-based information
  - Proactive (FMEA)
  - Retrospective (Root cause analysis)
- *Use effective tools*

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Patient Safety Program Requirements

- Hospital wide
- Person(s) or group manages
- Encompasses:
  - Hazardous conditions
  - Close calls
  - Sentinel events (harm or death)
- Reporting
- Responding
- Support for staff
- Disseminate to staff, governing body

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Environment of Care Requirements

- Staff familiar with roles
  - Eliminating physical risks
  - Actions in event of incident
  - Reporting incidents
- Hospital collects data
  - Injuries to patients or others
  - Occupational illnesses and staff injuries

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Environment of Care Requirements

- Tour every 6 months in patient care areas
- Tour every 12 months in non-patient areas
- Evaluate each EC management plan every 12 months
- Analyze identified EC issues
  - Multidisciplinary group
  - Recommends priorities
- Actions to improve EC
- Communicate results

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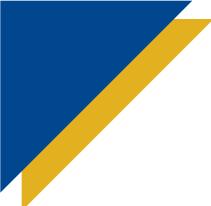
Free Services to Hospitals

- *Improving Patient and Worker Safety: Opportunities for Synergy, Collaboration, and Innovation* (Joint Commission, NIOSH, NORA) 2012.
- Standards Interpretation Group
- Office of Quality Monitoring Sentinel Event Analysis Group
- *Sentinel Event Alert*
- Center for Transforming Healthcare Targeted Solutions Tool™

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More Information

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