Creating Change at a National Level

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Agenda

Introduction to The Joint Commission
Joint Commission Levers to Improve Care
What does The Joint Commission do and doesn’t do
Accreditation vs Certification
How New Standards get developed
Dissemination of Best Practices
Closed Loop Communication

The Joint Commission
An independent, not-for-profit organization founded in 1951.
Evaluates and accredits nearly 21,000 health care organizations
in the United States and 1,100 in 69 countries worldwide
Accredits organizations across the spectrum of health care,
including hospitals, SNFs, home care, and ambulatory care.
Advanced Certification programs for special areas: Stroke,
Cardiac, Joint Replacement, Perinatal Care, etc.
Our Mission and Vision

**Mission:** 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.

**Vision:** All people always experience the safest, highest quality, best-value health care across all settings.

Our Levers to Improve Care

- **Standards:**
  - Assess during on-site survey

- **Performance Measures**

- **Share Leading Practices**
  - Webinars
  - Leading practice library
  - Education during survey
  - Publications: Quick Safety, Sentinel Event Alert, TJC Journal on Quality and Patient Safety

The Joint Commission’s Domains

- [ ] Yes
- [ ] Yes
- [ ] No
- [ ] Yes
Accreditation vs. Certification

Accreditation

Does this hospital have structures and processes in place to minimize patient harm?

STANDARDS

Does this hospital have very low rates of patient harm?

PERFORMANCE MEASURES

Accreditation – Ideal State, v1
Certification

I know the (health care organization) is safe because it is accredited, but:

- How well does this doctor/center care for people with my condition? (measures)
- How well does this doctor/center perform the surgery/procedure I need? (measures)
- Do they have all the essential resources to care for me in any eventuality? (standards)

Certification (e.g., Stroke)

Use of Thrombolytics
Time to Successful Endovascular Thrombectomy
Anticoagulation for Atrial Fibrillation and Stroke
Risk-Adjusted Mortality for Aneurysm Repair
Patient Functional Status at 30 days

Staffing requirements
Imaging equipment
Transfer agreements
Performance measurement
Performance improvement
Accreditation and Certification Are Complementary

- Certification
- Stroke
- Perinatal
- Total Joint Replacement
- Comprehensive Cardiac
- Blood Management
- Palliative Care

Standards

- Radiation Safety – Rate of Wrong Dose, Wrong Procedure
- Communication – Coordination of Care (CAHPS)
- Medication Management – Medication Error Rate (e-CQM?)
- Blood Management – Transfusion Error Rate (NHSN)
- Infection Control – HAIs (NHSN)

How an idea becomes a Standard

Development Process

- Concept
- Research
- Expert Panel
- Develop
- Engage Field
- Testing
- Final Standards
- Launch
- Post Launch

Topics Under Consideration

Is this an important quality/safety issue?
Are there effective interventions to reduce risk?
  - Evidence from clinical studies
  - Best practices
What is the cost-to-benefit ratio of interventions?
Can we develop valid and reliable measures?
Can we validly assess this on survey?
The Concept Arrives
Draft Standard

**NPSG.03.05.01**
Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

**EP 1**
- Use approved protocols and evidence-based practice guidelines for the initiation and maintenance of anticoagulant therapy that address medication selection; dosing, including adjustments for age and renal or liver function; drug–drug and drug–food interactions; and other risk factor as applicable.

**Draft Standard**

**NPSG.03.05.01**
Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

**EP 2**
- Use approved protocols and evidence-based practice guidelines for reversal of anticoagulation and management of bleeding events related to each anticoagulant medication, including the use of reversal agents and bleeding management modalities.
Draft Standard

**NPSG.03.05.01**
Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

**EP 2**
- Use approved protocols and evidence-based practice guidelines for reversal of anticoagulation and management of bleeding events related to each anticoagulant medication, including the use of reversal agents and bleeding management modalities.

**Draft Standard**

**NPSG.03.05.01**
Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

**EP 3**
- Use approved protocols and evidence-based practice guidelines for perioperative management of all patients on oral anticoagulants.

**Draft Standard**

**NPSG.03.05.01**
Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

**EP 4**
- Uses a written policy addressing the need for baseline and ongoing laboratory tests to monitor and adjust anticoagulant therapy.
Draft Standard

NPSG.03.05.01
Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

- EP 5
  - Addresses anticoagulation safety practices through the following:
    - Establishes a process to identify, respond to and report Adverse Drug Events
    - Evaluating anticoagulation safety practices and measuring effectiveness of those actions

Draft Standard

NPSG.03.05.01
Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

- EP 6
  - Provides education to patients and families specific to the anticoagulant prescribed:
    - Adherence to dose and schedule
    - Importance of followup
    - Drug-drug and food-drug interactions
    - Adverse drug reactions

Draft Standard

NPSG.03.05.01
Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

- No changes to Eps 7 & 8
  - Uses only oral dose products, prefilled syringes or premixed infusion bags
  - Uses programmable pumps for heparin administration
Engage Field

- Field Review
- Final Standards
- Review Comments
- R3
- Educate Field

Anticoagulation Forum


Speakers:
William Dager, PharmD, BCPS (AQ-Cardiology)
Scott Kaetz, DO, MSc, FACP, SFHM

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Jack Ansell, MD
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Post Launch