The Joint Commission Center for Transforming Healthcare

Established in 2009, the Joint Commission Center for Transforming Healthcare aims to solve health care’s most critical safety and quality problems. The Center’s participants – the nation’s leading hospitals and health systems – use a systematic approach to analyze specific breakdowns in care and discover their underlying causes to develop solutions targeted to solve these problems.

In keeping with its objective to transform health care into a high reliability industry, The Joint Commission shares these proven effective solutions with the more than 18,000 health care organizations it accredits and certifies. Hospitals have made significant advances in quality – even better results are now achievable. Hospitals and The Joint Commission are working together to improve systems and processes of care. The Center for Transforming Healthcare is a 501(c)(3) not-for-profit affiliate of The Joint Commission. For more about the Center, visit www.centerfortransforminghealthcare.org.

The Center is grateful for the generous leadership and support of:

- American Hospital Association
- BD
- Blue Cross and Blue Shield Association
- Cardinal Health
- Ecolab
- GE Healthcare
- GlaxoSmithKline (GSK)
- Johnson & Johnson
- Medline Industries

As well as the support of:

- Federation of American Hospitals
- GOJO Industries, Inc.

For more information:

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The Joint Commission’s Targeted Solutions Tool™

TST: A unique online application

Developed by the Joint Commission Center for Transforming Healthcare, the Targeted Solutions Tool™ (TST) is a unique online application that helps Joint Commission accredited organizations solve some of the most persistent health care quality and safety problems.

Through a step-by-step process, the TST guides organizations in accurately measuring their actual performance, identifying their barriers to excellent performance, and then directing them to proven solutions that are customized to address their particular barriers.

While the TST initially contains information on hand hygiene compliance, it will be expanded in the future to include contributing factors, root causes and solutions to other Center projects, such as increasing the effectiveness of hand-off communications, reducing the risk of wrong site surgery, and addressing surgical site infections.

The TST also provides tips and guidance for sustaining a comprehensive process improvement process.

The TST ...

- is easy to use
- is confidential
- has instructive implementation guides
- saves time and resources
- provides instantaneous data analysis
- allows organizations to work at their own pace
- is accessible via Joint Commission Connect™, accredited health care organizations’ secure extranet
Solution: Improving hand hygiene

Using the TST will help an organization improve its hand hygiene compliance and contribute substantially to its efforts in reducing the frequency of health care-associated infections.

The first set of targeted solutions was created by eight of the country’s leading hospitals, which worked closely with the Center’s team to tackle hand hygiene using systematic process improvement methods to identify the targeted solutions. These eight leading hospitals have achieved and continue to show major and sustained gains in hand hygiene. At the start of the project in April 2009, they were surprised to learn that their rate of hand hygiene compliance averaged 48 percent. By June 2010 they had reached an average rate of 82 percent that had been sustained for eight months. In addition, small, medium and large hospitals across the country have pilot tested the work of these hospitals and, similarly, they are experiencing like gains.

Hand hygiene participating hospitals
- Cedars-Sinai Health System, California
- Exempla Lutheran Medical Center, Colorado
- Froedtert Hospital, Wisconsin
- Johns Hopkins Hospital and Health System, Maryland
- Memorial Hermann Healthcare System, Texas
- Trinity Health, Michigan
- Virtua, New Jersey
- Wake Forest Baptist Health, North Carolina

Hand hygiene pilot organizations
- Adventist La Grange Memorial Hospital, Illinois
- Forest Hills Hospital, New York
- Good Shepherd Rehabilitation Network, Pennsylvania
- Higgins General Hospital, Georgia
- Jackson Purchase Medical Center, Kentucky
- Kings County Hospital Center, New York
- Memorial Hermann – Texas Medical Center, Texas
- Memorial Hermann Northeast Hospital, Texas
- Metropolitan Hospital Center, New York
- Montefiore Medical Center, New York
- North Shore-LIJ Health System, New York
- Northwest Medical Center, Alabama
- Overlake Hospital Medical Center, Washington
- Plainview Hospital, New York
- Southside Hospital, New York
- Stanford Hospital & Clinics, California
- Syosset Hospital, New York
- The Charlotte Hungerford Hospital, Connecticut
- UAB Highlands, Alabama

The tool: How it works
- An organization sets up one or more hand hygiene projects for each unit or area of care.
- Staff are selected to be observers – to secretly observe peers and to record hand hygiene performance.
- Data from the observers are typed into the TST to measure and track actual staff performance.
- After just 10 days of data collection, staff can start to see how they are doing.
- The TST uses three types of charts to track progress and target problem areas.

• After about two weeks, the organization begins to implement solutions that are targeted to the barriers they have identified through data collection and measurement.
• Observers continue to observe and collect data and just-in-time coaches begin coaching and supporting staff as they begin to change behaviors and improve hand hygiene.
• The entire process takes between six to 12 weeks, depending on the organization’s resources and experience.
• Continuous improvement is measured and tracked through the TST.

This is a statistical process control chart, also called a proportion chart or P chart, which shows hand hygiene compliance rates on a typical unit.

LCL – Lower control limits. The control limits reflect variations in the compliance rates over time. Typically, 95 percent of the data falls within the control limits.

UCL – Upper control limits

Each point on the blue line represents the day’s compliance. The points on the line that fall outside of the control limit lines are represented by a red dot, signifying that the process has changed.

In this sample chart, the average compliance and point-to-point lines have shifted up in the direction of improved performance.

Mean – Represents the proportion or overall average compliance rate. The mean may be recalculated every time data are entered into the database.

Notice: Enter minimum of 15 days of data collected from a representative sample of all shifts, all HCP types, and all days of the week from the baseline period throughout data collection to get the most accurate data analysis.