Facts about the Joint Commission Center for Transforming Healthcare

The Joint Commission Center for Transforming Healthcare aims to solve health care’s most critical safety and quality problems. The Center’s participants – some of the nation’s leading hospitals and health systems – use a systematic approach to analyze specific breakdowns in care and discover their underlying causes. The Center then uses the collected data to develop targeted solutions that solve these complex 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 nearly 21,000 health care organizations it accredits and certifies. The Center for Transforming Healthcare presents a new approach to achieve the magnitude and breadth of improvement sought by The Joint Commission, health care organizations, patients and their families, physicians and other clinicians, and other public and private stakeholders.

The Targeted Solutions Tool®
The TST® is an application that guides health care organizations through a step-by-step process to accurately measure their organization’s actual performance, identify their barriers to excellent performance and direct them to proven solutions that are customized to address each organization’s particular barriers. This resource was developed by the Joint Commission Center for Transforming Healthcare to enhance the efforts that Joint Commission accredited organizations are already making to tackle health care’s most difficult and pressing problems.

Proven effective solutions
The Center is developing solutions through the application of the same Robust Process Improvement® (RPI®) tools and concepts that other industries have long relied on to improve quality, safety and efficiency. The leading hospitals and health systems in the Center’s network have a great deal of experience using RPI® concepts and tools, such as Lean Six Sigma, in the health care environment. Lean Six Sigma projects are driven by reliable measurement and provide an ideal source of data on the ultimate impact of the solutions that emanate from them.

Leadership Advisory Council
The Center’s progress is guided by a Leadership Advisory Council, which was formed in July 2010. The Council comprises leaders from among the Center’s major donors and CEOs representing the participating hospitals. The CEOs serve on a rotating basis to allow new membership each year. The Council is chaired by Mark Chassin, M.D., FACP, MPP, MPH, president and chief executive officer of The Joint Commission, and the members are: Joel T. Allison, FACHE (Baylor Scott & White Health), Jack Bailey, MBA (GlaxoSmithKline), Steven J. Corwin, MD (New York-Presbyterian Hospital), Trent T. Haywood, MD, JD (Blue Cross and Blue Shield Association), J. Michael Henderson, MD (Cleveland Clinic), Andrew Gaillard (Ecolab), Sue MacInnes (Medline Industries), Amy Adome, MD (Sharp HealthCare), Mark Rosenbaum (Cardinal Health), Amir Rubin (Stanford Hospital & Clinics), Charles Sorenson, MD (Intermountain Healthcare), Joe Shrawder (GE Healthcare), Richard J. Umbdenstock, FACHE (American Hospital Association), and Gregory Walker, FACHE (Wentworth-Douglass Hospital).

What are the Center for Transforming Healthcare’s projects?
In the following projects, the Center partnered with leaders in the health care industry to focus on improving critical breakdowns in care and providing health care organizations with proven effective solutions:

The Hand Hygiene Project: Together, the eight hospitals and health care systems that developed the hand hygiene solutions have achieved, and continue to show, major and sustained gains in hand
hygiene. In another study, nine Joint Commission International accredited health organizations implemented the TST® in adult and pediatric care units and experienced a dramatic improvement in hand hygiene practices. The TST® for this project is now available.

The Hand-off Communications Project: By using solutions targeted to the specific causes of an inadequate hand-off, participating and pilot organizations that had fully implemented solutions achieved an average of over 50 percent reduction in defective hand-offs. Using the tool and the solutions from the Center’s Hand-off Communications project, health care organizations reported an increase in patient and family satisfaction, staff satisfaction and successful transfers of patients (reduced bounce backs). The TST® for this project is now available.

The Preventing Avoidable Heart Failure Hospitalizations Project*: The hospitals and health systems participating in this project, which was launched in collaboration with the American College of Physicians, investigated how hospitals and community-based physician practices can work together more effectively to prevent avoidable hospitalizations for people with heart failure. The project is currently in progress and seeks to identify the specific causes of such deteriorations, which will permit participating hospitals to design and implement focused interventions targeted to each important cause.

The Preventing Falls Project: New measurement systems and solutions from the Joint Commission Center for Transforming Healthcare Preventing Falls project were able to reduce the rate of patient falls by 35 percent and the rate of patients injured in a fall by 62 percent. If the approach is translated to a typical 200-bed hospital, the number of patients injured in a fall could be reduced from 117 to 45 and avoid approximately $1 million in costs annually through falls prevention efforts. The TST® for this project is now available.

The Reducing Clostridium difficile Infections Project: The hospitals and health systems participating in this project, launched in collaboration with the Centers for Disease Control and Prevention, aim to identify the factors that create barriers to reducing the frequency of Clostridium difficile (C. difficile) related infections.

The Reducing Sepsis Mortality Project: Hospitals and health centers participating in this project are working with the Center to identify the root causes of barriers to identifying and treating sepsis, and find solutions that are unique to each organization’s specific causes.

The Safe and Effective Use of Insulin Project: Five hospitals and health systems participating in this project are working with the Center to identify the root causes for out of control blood glucose levels related to the use of insulin. The Center and participants are also working to find solutions that are unique to each organization’s specific causes.

The Safety Culture Project: This project empowers staff to speak up about risks to patients, and report errors and near misses, all of which drive improvement by optimizing health care provider’s behaviors and practices.

The Safe Surgery Project: Over the course of the project, the original participating organizations were able to reduce the number of cases with risks by 46 percent in the scheduling area, by 63 percent in pre-op, and by 51 percent in the operating room. The TST® for this project is now available.

The Surgical Site Infections Project**: Working together, the participating hospitals reduced superficial incisional colorectal SSIs by 45 percent and all types of colorectal SSIs by 32 percent. They attained an estimated cost savings of more than $3.7 million for the 135 estimated colorectal SSIs that were avoided. They also decreased the average length of stay for hospital patients with any type of colorectal SSI from 15 days to 13 days. In comparison, patients with no colorectal SSI had an average length of stay of eight days.

*The Preventing Avoidable Heart Failure Hospitalizations Project is in collaboration with the American College of Physicians
**The Surgical Site Infections Project is in collaboration with the American College of Surgeons

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