



Creating Solutions for High Reliability Health Care

centerfortransforminghealthcare.org

Facts about the Targeted Solutions Tool[®] (TST[®])

Created in 2008, the Joint Commission Center for Transforming Healthcare aims to provide solutions to health care's critical safety and quality problems. As an integral part of this mission, the Center introduced the Targeted Solutions Tool[®] (TST[®]) in September 2010. It is an innovative application which 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. The TST[®] guides health care organizations through a step-by-step process to accurately measure their organization's performance, identify their barriers to excellent performance, and direct them to proven solutions that are customized to address each organization's particular barriers. The TST[®] currently provides targeted solutions for hand hygiene, safe surgery, and hand-off communications. Targeted solutions for surgical site infections, preventing falls, and others will be incorporated into the TST[®] as the Center completes these projects.

Why organizations should use the TST[®] for Hand Hygiene

The TST[®] for Hand Hygiene provides the foundation and framework of an improvement method that, if implemented well, will improve an organization's hand hygiene compliance and contribute substantially to its efforts to reduce the frequency of health care-associated infections. Together, the leading hospitals that developed the hand hygiene solutions have achieved and continue to show major and sustained gains in hand hygiene compliance. At the start of the project in April 2009, they were surprised to learn that their rate of hand hygiene compliance averaged 47.5 percent. By June 2010 they had reached an average rate of 81 percent that had been sustained for eleven months. Many other hospitals across the country – small, medium and large – collaborated with the Center to test the work of the original eight hospitals and provide guidance on the development of the TST[®]. These hospitals experienced the same gains as the first eight. Since its launch in September 2010, the TST[®] has collected over 1,000,000 hand hygiene observations. The TST[®] data collected demonstrate that health care organizations are significantly improving their hand hygiene compliance rates throughout the U.S. On average, organizations have improved 23 percent over their baseline measurements and are sustaining those results. In addition, some organizations have linked use of the TST[®] to a reduction in health care-associated infections.

Why organizations should use the TST[®] for Safe Surgery

Launched in February 2012, the TST[®] for Safe Surgery was created to help organizations identify, measure and reduce risks in key processes that can contribute to a wrong site surgery. These risks can be evaluated across the organization's surgical system, including scheduling, pre-operative and operating room areas. Since the occurrence of wrong site surgery is rare, with most organizations going years without an occurrence, it could take a long time to monitor the incidence of wrong site surgery for a project. However, it is possible to monitor surgical cases for weaknesses that might result in a wrong site surgery, and that is exactly what the TST[®] for Safe Surgery does. 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 OR. Many other hospitals and ambulatory surgery centers across the country collaborated with the Center to test the work of the original organizations that participated in the project and provide guidance on the development of the TST[®] for Safe Surgery. These organizations experienced the same gains as the original participating organizations.

Why organizations should use the TST[®] for Hand-off Communications

Launched in June 2012, the TST[®] for Hand-off Communications was created to measure the effectiveness of hand-offs within an organization or to another facility, and provide proven solutions.

Using the tool and the solutions from the Hand-off Communications project, health care organizations reported an increase in patient and family satisfaction; staff satisfaction; and successful transfers of patients. One health care organization reduced readmissions by 50 percent; another health care organization reduced the time it takes to move a patient from the emergency department to an inpatient unit by 33 percent. Health care organizations were able to complete their Hand-off Communications Project in approximately four months, using minimal resources. In fact, no staff was added and only minor changes were made to the roles and responsibilities of existing staff.

Why organizations should use the Preventing Falls TST®

Launched in August 2015, the Preventing Falls TST® was created to help organizations prevent falls that occur in health care facilities and result in injury to patients. Using new measurement systems and solutions from the Center, the project teams that helped develop the Preventing Falls TST® 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. Similarly, a 400-bed hospital could reduce falls with injury by 133 and expect to avoid \$1.9 million in costs annually. The hospitals that worked on this project ranged from a 178-bed community hospital to a 1,700-bed academic medical center.

How targeted solutions are identified

The original participating organizations used systematic process improvement methods – called Robust Process Improvement® (RPI®) – to identify the targeted solutions. RPI® is a fact-based, systematic, and data-driven problem-solving methodology. It incorporates tools and concepts from Lean Six Sigma and change management methodologies. Using RPI®, the project teams pinpoint the contributing causes, develop specific solutions that are targeted to each cause and thoroughly test the solutions in real life situations.

Who can use the TST®

The same process improvement processes used by the participating organizations are made available to all Joint Commission accredited organizations in a simplified form via the TST®. Organizations do not need statistical data analysis capabilities or any specialized performance improvement expertise to use the TST®. It is designed to be clearly understood and used by an organization's current staff so that no special training is required. The TST® is accessible via the Center for Transforming Healthcare website (using a login and password) – at no additional cost. Staff at a Joint Commission accredited organization who do not have an extranet login can request access from the Center website using the “Request Access” button on the [TST® page](#). Data entered into the TST® are confidential; they will not be shared with The Joint Commission. The TST® is not tied to accreditation; it is voluntary.

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