Top Myths about The Joint Commission

1. The Joint Commission is a regulator
2. The Joint Commission is still called JCAHO ("Jay-co")
3. The Joint Commission is the government
4. The Joint Commission exists to create the 3 Ps: paperwork, policies and procedures
5. The Joint Commission just does surveys
6. Hospitals only
Expertise Spans the Continuum of Care
One Vision

All people always experience the safest, highest quality, best-value health care across all settings.
High Reliability: the Gold Standard in Health Care

High Reliability in Health Care:

- Improves organizational effectiveness
- Improves organizational efficiency
- Improves patient satisfaction
- Improves compliance
- Improves organizational culture
- Improves documentation

“...The road to high reliability is an ongoing journey. It’s a commitment to patient safety and the way we deliver quality health care.”

Mark Chassin, MD, FACP, MPP, MPH, President and Chief Executive Officer of The Joint Commission
Current State of Quality

- Routine safety processes fail routinely
  - Hand hygiene
  - Patient Falls
  - Medication administration
  - Patient identification
  - Communication in transitions of care

- Uncommon, preventable adverse events
  - Wrong site surgery, retained foreign objects
  - Fires in ORs
  - Infant abductions, inpatient suicides
How does the Joint Commission enterprise make a difference?
Accreditation and Certification

Accreditation

↑ Standardization

↓ Variation

↑ Quality/Safety

↓ Risk

↓ Excellence in Patient Care

↑ Quality/Safety

↓ Risk

↑ Variation

↓ Standardization

↓ Excellence in Patient Care
Joint Commission-Certified Stroke Centers vs. Non-Joint Commission Certified Facilities

Rate of Acute Ischemic Stroke Patients for whom IV Thrombolytic Therapy was Initiated within 3 hours of time last known well
Joint Commission Accredited Home Health Agencies vs. non-Joint Commission Accredited Agencies

- Fewer Unplanned Visits to the ER: non-TJC 12.3, TJC 10.54
- Fewer Unplanned Hospital Readmissions: non-TJC 15.34, TJC 14.33
- Improvement in Self-Reported Pain: non-TJC 64.01, TJC 72.69
- Improved Patient Mobility: non-TJC 59.73, TJC 62.25

Source: CMS Home Health Compare
Joint Commission Accredited Skilled Nursing Facilities vs. non-Joint Commission accredited SNF’s

- Fewer Falls with Major Injury:
  - Non-TJC: 3.23
  - TJC: 2.79

- Reduction in Moderate to Severe pain:
  - Non-TJC: 7.67
  - TJC: 5.89

- Fewer New or Worsened Pressure ulcers:
  - Non-TJC: .98
  - TJC: .84

Source: CMS Nursing Home Compare

Joint Commission Center for Transforming Healthcare
Solutions to Complex Problems

Guided Robust Process Improvement®
- Measure current state
- Analyze causes
- Select targeted solutions
- Sustain and spread improvements

Confidential: Separate from Accreditation
Complimentary to Joint Commission Accredited Organizations
## Center Projects

<table>
<thead>
<tr>
<th>Project</th>
<th>Results (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand hygiene</td>
<td>71↑</td>
</tr>
<tr>
<td>Hand-off communication failures</td>
<td>56↓</td>
</tr>
<tr>
<td>Wrong site surgery risks</td>
<td></td>
</tr>
<tr>
<td>Scheduling</td>
<td>46↓</td>
</tr>
<tr>
<td>Pre-op</td>
<td>63↓</td>
</tr>
<tr>
<td>Operating Room</td>
<td>51↓</td>
</tr>
<tr>
<td>Colorectal SSIs</td>
<td>32↓</td>
</tr>
<tr>
<td>Falls with injury rate</td>
<td>62↓</td>
</tr>
<tr>
<td>Falls rate</td>
<td>35↓</td>
</tr>
</tbody>
</table>

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Robust Process Improvement® = Proven Results

*Milbank Q 2013;91:459-90; J Nurs Care Qual 2014;29:99-102*
A web application available for accredited hospitals. It contains:

- **Organizational Assessment**
  - 49 questions with branching logic for senior leadership
  - Evaluates level of maturity in 14 components within Leadership Commitment, Safety Culture, Performance Improvement

- **Resource Library**
  - Educational references and tools
  - Includes Action Plan template
How payors and medical liability insurers collaborate with the Joint Commission enterprise
Insurers Engagement Program

Engagement Activities Include:

- **Medical Liability Insurers**
  - Co-marketing program
  - Educational webinar opportunity
  - Provide preferential underwriting to Joint Commission accredited clients, or those utilizing the Center’s tools

- **Health Plans**
  - Mandate accreditation, certification as a network participation requirement
  - Increase reimbursement to Joint Commission accredited organizations
  - Waive the insurer’s site visit if the organization is Joint Commission accredited
"Performance improvement tools can help make healthcare a high reliability industry," states Mike Midgley, Vice President, Healthcare Risk Engineering, Swiss Re Corporate Solutions.

"We applaud insureds who use applications like the Center's Targeted Solutions Tool® and Oro™ 2.0 High Reliability Organizational Assessment and Resource Library. These tools, which enable healthcare providers to determine how near they are to zero patient harm, could help insureds receive a premium credit."
Anthem offers incentives to providers certified for integrated care

By Elizabeth Whitman | August 31, 2016

Anthem Blue Cross and Blue Shield in Ohio and affiliated health plans in 13 other states became the first health plans Tuesday to reward providers that receive Integrated Care Certification from the Joint Commission.

The insurer said the certification would count toward its care coordination measure under Anthem's Quality-In-Sights: Hospital Incentive Program (PDF), its performance-based reimbursement program for hospitals. The program aims to improve patient outcomes by offering financial incentives for hospitals that use evidence-based medicine and deploy best practices.
How to Get Involved

- Stop by booth #717 at ASHRM 2016

- Contact Mark Crafton at mcraftern@jointcommission.org