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Hospital System Initiative Improves Sepsis Care and Reduces Mortality

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Sepsis is a leading cause of death in the United States. To address this critical patient safety issue, the Centers for Medicare & Medicaid Services (CMS) now requires hospitals to report their performance on a composite process of care measure for severe sepsis and septic shock in 2016. To help meet the requirements, the site-specific implementation incorporated four key elements of SERRI:

1. Leadership
2. Education of bedside nurses and second responders
3. Incorporation of a five-item bedside systemic inflammatory response system/sepsis screening tool into electronic health record systems
4. Audit and feedback of process and outcome data

The elements were modified to accommodate differences in mission, staffing, clinical processes and medical record systems among the facilities. By January 2015, except for two new sites that joined in mid-2014, all acute care SERRI sites were screening more than 80 percent of inpatients whose stay was sepsis-associated. In
addition, screening by site had reached 89 to 98 percent of sepsis-associated stays in the post-acute care sites.

The remaining articles from the March 2016 issue are:

**Performance Improvement**

**Engaging Pediatric Resident Physicians in Quality Improvement Through Resident-Led Morbidity and Mortality Conferences**

*Lauren A. Destino, MD; Madelyn Kahana, MD; Shilpa J. Patel, MD*

A pediatric resident physician–led morbidity and mortality conference (MMC) was created at the Stanford University School of Medicine, Stanford, California, to engage resident physicians in quality improvement/patient safety endeavors in their clinical learning environments. The systems-based MMC discussions resulted in projects to improve care delivery.

**Teamwork and Communication**

**Using the Targeted Solutions Tool® to Improve Emergency Department Handoffs in a Community Hospital**

*Mignon F. Benjamin, MD; Sarah Hargrave, RN, BSN, MS, CPHQ; Klaus Nether, MT (ASCP) SV, MMI, CSSMBB*

The Joint Commission Center for Transforming Healthcare’s Targeted Solutions Tool® (TST®) was used to improve the handoff communication process between the emergency department and the four private physician groups admitting and delivering care to patients of a 73-bed community hospital. After targeted solutions were implemented for the identified contributing factors, the defective rate decreased by 58.2 percent from 29.9 percent (32 defective handoffs/107 handoff opportunities) during baseline to 12.5 percent (13 defective handoffs/104 handoff opportunities) in the improve phase (p = 0.002). The number of adverse events related to handoff communications declined as the handoff communications defective rate improved.

**Hospital Readmissions**
Understanding Patient, Provider, and System Factors Related to Medicaid Readmissions
H. Joanna Jiang, PhD; Amy E. Boutwell, MD, MPP; James Maxwell, PhD; Angel Bourgoin, PhD; Marsha Regenstein, PhD; Ellie Andres, DrPH, MPH

A study was conducted to understand the complexity of readmission issues at the patient, provider and system levels. The intertwining of behavioral, socioeconomic and health factors; the difficulty of accessing appropriate care in the outpatient setting; the lack of clear financial incentives for health care providers to reduce readmissions; and the fragmentation of the current health care system warrant greater attention in stakeholder efforts to reduce Medicaid readmissions.

Forum
Time for Quality Measures to Get Personal
John N. Mafi, MD, MPH; Michael B. Rothberg, MD, MPH; Karen R. Sepucha, PhD; Michael J. Barry, MD

Although there is no inherent conflict between effective care and patient-centered care ("personalized care"), clinical practice guidelines and quality metrics often emphasize effectiveness over personalized care. Three fundamental approaches can serve to personalize quality measurement—patient-reported measures, patients' and clinicians' cogeneration of medical records, and decision quality measures—and thereby help ensure that the health care system serves the patient's voice.

The Impact of the Affordable Care Act on Health Care Alliances’ Quality Improvement Efforts in Targeted Communities: Perceptions of Health Care Alliance Leaders
Megan McHugh, PhD; Jillian Harvey, MPH, PhD; Jaime Hamil, MPH, CHES; Nina I. Verevkina, MPH; Jeffrey Alexander, PhD; Dennis P. Scanlon, PhD

Many communities have established health care alliances—coalitions of payers, purchasers, providers and consumers—that identify local quality improvement (QI) goals and subsequent activities. In interviews, leaders of 14 health care alliances...
described the Affordable Care Act’s impact on the alliances’ partnerships, resources, external environment and QI work.

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