Dartmouth-Hitchcock Creates a Performance Improvement-Focused Workforce
Article Featured in October 2015 Issue of The Joint Commission Journal on Quality and Patient Safety


The VI initiative was chartered in early 2011, after a strategic planning effort highlighted a systemwide need for change management and performance improvement to achieve sustainability. Interviews with stakeholders from throughout the organization were used to further define the scope of work to focus on developing performance improvement competency and a support infrastructure for executing improvement projects. The project team benchmarked Corning, Inc. and a variety of health care organizations that had successfully applied a wide variety of improvement approaches, asking “If you could start your improvement journey over again, what would you do differently?”

Twenty months after the launch of the first VI classes, more than 10 percent of all employees were trained to the Yellow Belt level, and approximately 1.5 percent of all employees became advanced practitioners (Green Belts or Black Belts). The Six Sigma belts represent project levels to implement improvements that focus on both clinical and business process optimization, as well as regulatory and accreditation compliance and
patient safety. Project savings during the first two years of operation exceeded the investment of resources to establish VI by two and a half times.

“Initial outcomes, represented by organizational spread, project execution status, participants’ feedback scores and return on investment estimates, suggest that robust team-based learning combined with coaching provides sufficient depth and breadth of learning and effective opportunities to gain practical experience in continuous improvement,” noted the authors.

The remaining articles from the October 2015 issue are:

**Care Processes**

**Effective Implementation of Enhanced Recovery Pathway Programs: The Key to Disseminating Evidence into Practice**

*Thomas J. Hopkins, MD; Timothy E. Miller, MB, ChB, FRCA*

According to the authors, the real challenge with enhanced recovery pathway programs, as with other innovative and comprehensive initiatives, is the complex process of implementation, which requires a deliberate and iterative change management process.

**Initiating an Enhanced Recovery Pathway Program: An Anesthesiology Department’s Perspective**

*Christopher L. Wu, MD; Andrew R. Benson, CRNA; Deborah B. Hobson, RN, BSN; Claro Pio Roda, MHS; Renee Demski, RN, MSW, MBA; Daniel J. Galante, DO; Andrew Page, MD; Peter J. Pronovost, MD, PhD, FCCM; Elizabeth C. Wick, MD*

At The Johns Hopkins Hospital, Baltimore, Maryland, an integrated enhanced recovery pathway (ERP) was developed for colorectal surgery patients. To develop the technical components of the anesthesiology portion of the ERP, evidence on enhanced recovery was reviewed and the limitations of the hospital infrastructure and policies were considered. After six months of implementation, length of stay decreased by 45 percent.

**Case Studies in Brief**

**A Medical Resident–Pharmacist Collaboration Improves the Rate of Medication Reconciliation Verification at Discharge**
At the Hospital of the University of Pennsylvania, Philadelphia, the rate of pharmacist review of discharge medication lists was only 60–70 percent, potentially enabling medication errors to go unnoticed. In response, a new workflow was developed to include a pharmacists’ review of medical resident discharge medication lists. For 981 pre- and 1,207 post-intervention discharges, the rate of pharmacist reconciliation increased from 64 to 82.4 percent ($p < .0001$) and the average number of errors identified and corrected by pharmacists decreased from 0.979 to 0.862 per discharge ($p < .0001$).

Engaging Frontline Staff in Central Line–Associated Bloodstream Infection Prevention Practice in the Wake of Superstorm Sandy

Rebecca E. Rosenberg, MD, MPH; Lea Devins, RN, MSN; Gail Geraghty, RN, BSN, MA, CPN; Steven Bock, RN, CIC; Christina A. Dugan, MS, MPH, CPNP; Marjorie Transou, RN; Michael Phillips, MD; Jennifer Lighter-Fisher, MD

In response to variation in central line–associated bloodstream infection (CLABSI) rates in a 109-bed children’s service, a team began standardizing central venous catheter care across all pediatric units. After Superstorm Sandy shuttered the hospital, the decreased clinical load provided a “downtime” opportunity to address CLABSI prevention. For the subsequent 21 months after the facility reopened, the inpatient CLABSI rate for patients <18 years of age decreased from an annual rate of 2.7/1,000 line days (2012) to 0.6/1,000 line days (2013) to 0.5/1,000 line days as of August 2014.

Forum

Addressing Disease-Related Malnutrition in Hospitalized Patients: A Call for a National Goal

Peggi Guenter, PhD, RN, FAAN; Gordon Jensen, MD, PhD, FASPEN; Vihan Patel, MD, FACS, CNSC; Sarah Miller, PharmD, BCNSP; Kris M. Mogensen, MS, RD, LDN,
The American Society for Parenteral and Enteral Nutrition call for increased attention to disease-related malnutrition.

**SQUIRE 2.0 (Standards for QUality Improvement Reporting Excellence): Revised Publication Guidelines from a Detailed Consensus Process**

*Greg Ogrinc, MD, MS; Louise Davies, MD, MS; Daisy Goodman, DNP, MPH; Paul Batalden, MD; Frank Davidoff, MD; David Stevens, MD*

This article, which is also being published elsewhere, presents the revised SQUIRE 2.0 publication guidelines, along with a rationale for the changes made since the original guidelines’ release in 2008.

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