



NEWS RELEASE

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Journal Highlights 2015 John M. Eisenberg Patient Safety and Quality Award Recipients

The Joint Commission Journal on Quality and Patient Safety Details Achievements in June 2016 Issue

(OAK BROOK, Illinois – May 31, 2016) The June 2016 issue of [The Joint Commission Journal on Quality and Patient Safety](#) (JQPS) highlights the recipients of the 2015 John M. Eisenberg Patient Safety and Quality Award, presented by the National Quality Forum (NQF) and The Joint Commission. Three honorees were recognized for their efforts to advance the field of patient safety and quality improvement.

- **Individual Achievement** – Pascale Carayon, PhD, Proctor & Gamble Bascom Professor in Total Quality, Department of Industrial and Systems Engineering, University of Wisconsin-Madison
- **Innovation in Patient Safety and Quality at the National Level** – Premier, Inc., Charlotte, North Carolina
- **Innovation in Patient Safety and Quality at the Local Level** – Mayo Clinic Hospital-Rochester, Minnesota

Carayon was honored for her contributions to patient safety and quality through her advocacy of the use of human factors engineering (HFE) concepts and methods, as well as the Systems Engineering Initiative for Patient Safety (SEIPS) model that grew out of HFE. In an interview with colleagues Peter Hoonakker and Ann Hundt, Carayon reflects on her efforts and what still needs to be accomplished.

Premier's national quality improvement initiative, called QUEST[®] (Quality, Efficiency, Safety and Transparency), was established in 2008 to help acute health care

organizations improve quality and reduce harm. QUEST enabled approximately 350 volunteer health systems to transparently share data and define a common framework with consistent measures of top performance. Since its inception, QUEST participants have prevented more than 176,000 deaths and reduced health care spending by more than \$15 billion.

Mayo Clinic Hospital-Rochester used rigorous quality improvement methods to identify a bundle of interventions to reduce catheter-associated urinary tract infections (CAUTIs). The bundle—which consisted of six easy-to-remember elements, the “6 Cs” of CAUTI reduction—was piloted on one ICU with excellent results and subsequently diffused throughout the health care facility using an innovative multimedia approach. As a result of the initiative, CAUTI rates decreased by 70 percent from the 2013 baseline of 2.0/1,000 catheter-days to 0.6/1,000 catheter-days in 2015.

The awards were presented at NQF’s Annual Conference in Washington, D.C. on April 7, 2016.

The remaining articles from the June 2016 issue are:

Infection Prevention and Control

Assessment of Endoscope Reprocessing Using Peer-to-Peer Assessment Through a Clinical Community

Jonathan Teter, MS, CIC; Michael E. Zenilman, MD; Patricia Wachter, MA; for the Johns Hopkins Medicine Cleaning, Disinfection and Sterilization Clinical Community

At the Johns Hopkins Health System (Baltimore), the Cleaning, Disinfection, and Sterilization Clinical Community created an endoscopy tracer tool for use in peer-to-peer assessments at five major gastrointestinal endoscopy sites. Because the assessments were non-punitive, horizontal communication enabled feedback on process improvements, alternate methods to achieve outcomes and solutions to common issues.

Ongoing Discovery of High-Level Disinfection of Endoscope Practices and the Use of Performance Improvement Methodologies to Improve Processes

Donna Armellino, RN, DNP, CIC

In an editorial accompanying the preceding article, the author concludes, “Patient safety improvements focused on high-level disinfection (HLD) do not necessarily require large investments; reallocation of organizational resources, accountability, and ongoing assessment to ensure process reliability should continue to evolve HLD processes to optimize patient safety.”

Timeliness and Efficiency

Implementation of a Front-End Split-Flow Model to Promote Performance in an Urban Academic Emergency Department

Jennifer L. Wiler MD, MBA; Mustafa Ozkaynak, PhD; Kelly Bookman, MD; April Koehler, RN; Robert Leeret, RN; Jenny Chua-Tuan, MD, MBA; Adit A. Ginde, MD, MPH; Richard Zane, MD

Implementation of a front-end split-flow model, which entailed attending physician intake, at a large academic urban hospital had a clinically positive impact on emergency department (ED) flow despite a 59 percent increase in walk-in encounters and a 35 percent increase in overall ED patient census. Validation of this model should be conducted in other practice settings.

Patient-Centered Care

The Ask Me to Explain Campaign: A 90-Day Intervention to Promote Patient and Family Involvement in Care in a Pediatric Emergency Department

Alison S. Tothy, MD; Heather M. Limper, MPH; James Driscoll, PhD; Nicholas Bittick, RN; Michael D. Howell, MD, MPH

At the University of Chicago Medicine Comer Children’s Hospital Pediatric Emergency Department, the Ask Me to Explain campaign included visual signage to remind clinicians and staff to focus on addressing patients’ concerns. “Top Box” scores on a patient satisfaction survey increased for all questions during the 90-day intervention period and at follow-up.

Forum

Patient-Centered Care: Just Ask a Thoughtful Question and Listen

Michael Buist, MB, ChB, MD, FRACP, FCICM

It took two very personal events for this practicing clinician in internal medicine and critical care to truly appreciate the need to listen much better to patients—and to recognize “that patient-centered care is not innate but needs to be taught and learned.”

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