(OAK BROOK, Illinois – April 26, 2016) A new article in the May 2016 issue of The Joint Commission Journal on Quality and Patient Safety finds that reporting of quality improvement (QI) studies relating to surgery is suboptimal. In their article, “How Well Is Quality Improvement Described in the Perioperative Care Literature? A Systematic Review,” Emma L. Jones, MSc, and colleagues, describe a systematic review of literature to assess the completeness of reporting QI interventions and techniques in the field of perioperative care.

The authors identified 16,103 abstracts from databases and 19 from other sources. Following review, full-text was obtained for 223 articles, 100 of which met the inclusion criteria. Two authors independently scored the articles in terms of the Template for Intervention Description and Replication (TIDieR) checklist, as well as a small number of additional criteria relevant to QI.

Completeness of QI reporting was highly variable. Only one article was judged fully complete against the 11 of the 12 TIDieR items used. The mean TIDieR score across the 100 included articles was 6.3 (of a maximum 11). Thirty-five percent of articles scored 5 or lower. Particularly problematic was the reporting of whether interventions were implemented as planned (i.e., the fidelity), which was not reported in 74 percent of articles.
In an accompanying editorial, Suparna Dutta, MD, MPH, and Amir K. Jaffer, MD, MBA, point out that adverse events associated with surgery might be reduced if the many reported successful QI interventions were implemented more accurately. But this cannot happen unless QI interventions are fully described in published articles. They offer recommendations for a more rigorous approach to reporting for authors, journal editors, and grant reviewers and administrators—not only for perioperative care but for all health care.

The remaining articles from the May 2016 issue are:

**Performance Measures**

**Two Years in the Life of a University Hospital Tobacco Cessation Service:**

**Recommendations for Improving the Quality of Referrals**

Wendy G. Bjornson, MPH; David H. Gonzales, PhD; Catherine J. Markin, MD; Noal Clemons, BA; Frances Favela, MPH; Trisha M. Coleman, MA; Caroline Koudelka, MPH; Jodi A. Lapidus, PhD

This study reported two years of data from a hospital Tobacco Cessation Consult Service. Of the 5,827 smokers discharged, only one third were referred to the consult service, and of these 81 percent had an inpatient consultation completed. After consultation, only 36 percent had a follow-up appointment arranged and completed. Because of the low follow-up rate, a more strategic approach may be warranted, starting with provision of information about quitting, followed by an assessment of motivation to quit to identify those most likely to complete follow-up.

**Improving Quality of Care for Hospitalized Smokers with HIV: Tobacco Dependence Treatment Referral and Utilization**

Sharon A. Fitzgerald, MPH; Kimber P. Richter, PhD, MPH; Laura Mussulman, MA, MPH; Eric Howser; Shadi Nahvi, MD, MS; Kathy Goggin, PhD; Nina A. Cooperman, PsyD; Babalola Faseru, MD, MPH

Among the 422 persons with HIV admitted to an academic medical center in a five-year period, 54.5 percent smoked and 21.7 percent were referred to inpatient tobacco treatment services. Substance abuse and tobacco-related diagnoses were predictive of
referral to inpatient tobacco treatment specialists. Smokers with HIV were less likely to be referred to and treated by tobacco treatment services than all smokers admitted during the same time frame. Tobacco is a major cause of mortality, yet few smokers with HIV are offered treatment during hospitalization.

**Will Hospitals Finally “Do the Right Thing”? Providing Evidence-Based Tobacco Dependence Treatments to Hospitalized Patients Who Smoke**

*Michael C. Fiore, MD, MPH, MBA; Robert Adsit, MEd*

In an editorial accompanying the preceding two articles, the authors state that the reported experience in treating smokers who are hospitalized can help hospitals identify and implement the most efficient and effective ways to treat patients who smoke.

**Methods, Tools and Strategies**

**Anatomy of Inpatient Falls: Examining Fall Events Captured by Depth-Sensor Technology**

*Patricia Potter, RN, PhD, FAAN; Kelly Allen, BSN, RN, BA; Eileen Costantinou, MSN, RN-BC; Dean Klinkenberg, PhD; Jill Malen, APRN, BC, MS, NS, ANP; Traci Norris, PT, DPT, GCS; Elizabeth O’Connor RN, MSN, CDE; Wilhelmina Roney, BSN, RN, OCN; Heidi Hahn Tymkew, PT, DPT, MHS, CCS*

In a six-month performance improvement pilot, a depth-sensor system captured a total of 16 falls involving 13 of 53 patients on two units with high fall rates. Fall-detection sensor systems offer valuable data for analyzing the nature of patient falls, with the potential promise of prescribing specific fall interventions for patients and to identify staff development opportunities.

**Tool Tutorial**

**Development and Implementation of an Early-Onset Sepsis Calculator to Guide Antibiotic Management in Late Preterm and Term Neonates**

*Micahel W. Kuzniewicz, MD, MPH; Eileen M. Walsh, RN, MPH; Sherian Li, MS; Allen Fischer, MD; Gabriel J. Escobar, MD*

Early-onset sepsis (EOS) in well-appearing infants presents a difficult management
decision for pediatricians because unnecessary evaluations and antibiotic treatment are not risk free. A Web-based EOS calculator was developed that provides individualized risk estimates in conjunction with recommendations.

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