Model Differentiates Hospitals’ High Reliability Maturity Levels
*Article Featured in September 2016 Issue of The Joint Commission Journal on Quality and Patient Safety*


The HRHCM model, developed by Mark R. Chassin, MD, FACP, MPP, MPH, president and chief executive officer, The Joint Commission, and the late Jerod M. Loeb, PhD, former executive vice president, Division of Healthcare Quality Evaluation, The Joint Commission, incorporates three major domains critical for promoting high reliability organizations (HROs)—Leadership, Safety Culture and Robust Process Improvement® (RPI)—which together represent 14 individual components.

The authors interviewed a total of 138 employees, such as patient safety leaders, senior leaders and staff with a special interest in patient safety at the six VA hospitals. Twelve of the 14 components were detected in the data, and two additional characteristics emerged that are present in HRO literature but are not represented in the model—teamwork culture and system-focused tools for learning and improvement.
Each hospital’s level of organizational maturity was characterized along the “beginning” to “approaching” continuum for nine of the 14 components.

The findings suggest the HRHCM model has good content validity and that hospitals could be differentiated in terms of their components.

In an accompanying editorial, “Building the Road to High Reliability,” Erin DuPree, MD, FACOG, chief medical officer and vice president, The Joint Commission Center for Transforming Healthcare, and David W. Baker, MD, MPH, FACP, executive vice president, Division of Health Care Quality Evaluation, The Joint Commission, and the Journal’s Editor-in-Chief, state that the article “helps provide guidance to leaders on the nature of the components that are likely to contribute to their organization’s progress from low to high reliability” and look forward to the shared learning from organizations’ self-assessment and subsequent progress toward high reliability.

The remaining articles from the September 2016 issue are:

**Teamwork and Communication**

**Operating Room–to-ICU Patient Handovers: A Multidisciplinary Human-Centered Design Approach**

*Noa Segall, PhD; Alberto S. Bonifacio, BSN, MHA; Atilio Barbeito, MD, MPH; Rebecca A. Schroeder, MD, MMCi; Sharon R. Perfect, BSN; Melanie C. Wright, PhD; James D. Emery, PhD; B. Zane Atkins, MD; Jeffrey M. Taekman, MD; Jonathan B. Mark, MD; on behalf of the Durham Veterans Affairs Patient Safety Center of Inquiry*

Patient handovers (also known as handoffs) following surgery can often be characterized by poor teamwork, unclear procedures, unstructured processes and distractions. A human-centered approach was used in redesigning operating room–to-ICU patient handovers in a surgical ICU population at the Durham [North Carolina] Veterans Affairs Medical Center.

**Performance Measures**

**Is the Meaningful Use Venous Thromboembolism VTE-6 Measure Meaningful? A Retrospective Analysis of One Hospital’s VTE-6 Cases**
The validity of the Centers for Medicare & Medicaid Services (CMS) Meaningful Use VTE-6 measure was assessed. In a retrospective chart review, 15 patients were identified by VTE-6 as having sustained potentially preventable venous thromboembolism (VTE). These findings indicate that the CMS Meaningful Use VTE-6 algorithm has low positive-predictive value, so that it should be interpreted cautiously and, hopefully, improved.

**Challenges to Meeting Access and Continuity Performance Measures in a Large Hospital-Based Primary Care Clinic Implementing the Patient-Centered Medical Home: A Qualitative Study**

*Claire H. Robinson, MPH; Molly Harrod, PhD; Eve A. Kerr, MD, MPH; Jane H. Forman, ScD; Adam Tremblay, MD; Ann-Marie Rosland, MD, MS*

Patient-centered medical home (PCMH) performance measures are used to gauge progress towards improving timely access to care and patient-provider continuity. Starting in 2010, the Veterans Health Administration’s PCMH initiative focused on clinics’ performance in accommodating urgent access requests from established patients to their usual primary care providers. Interviews and observations conducted at a large primary care clinic revealed many unanticipated challenges in meeting the urgent access performance measure.

**Departments**

**Improving Transitions of Care for Hospitalized Patients on Warfarin**

*Margaret Day, MD, MSPH; Molly Malone, BSN; Alyson Burkeybile, PA-C; Kristen Deane, MD*

To address transitions in care challenges in warfarin management, the University of Missouri-Columbia introduced a modification to the electronic health record which
prompts physicians to enter five key elements when ordering warfarin management at patient discharge. Inclusion of all elements increased from 42 percent (268/633 patients) at baseline to 78 percent (297/382) for the first postintervention period, decreasing to 61 percent (574/943) for the second postintervention period.

**In Search of Water: South Carolina Hospitals Apply High Reliability Thinking to Protect Patients in the Midst of Flooding**

*J. Thornton Kirby*

Hospitals in the South Carolina Hospital Association applied Weick and Sutcliffe’s five principles of HROs to disaster management and recovery in the aftermath of the historic flooding in the state in October 2015.

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