

Joint Commission Perspectives[®]

THE OFFICIAL NEWSLETTER OF THE JOINT COMMISSION

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The Joint Commission and NQF Honor 2024 Eisenberg Award Recipients

The Joint Commission and National Quality Forum (NQF) recently announced the recipients of the 2024 John M. Eisenberg Patient Safety and Quality Awards. This patient safety awards program—launched in 2002 by The Joint Commission and NQF—honors the late John M. Eisenberg, MD, MBA, former administrator of the Agency for Healthcare Research and Quality (AHRQ), a founding member of NQF's board of directors, and an advocate for health care quality improvements.

Each year the Eisenberg Awards are presented in three categories—Individual Achievement, Innovation in Patient Safety and Quality at a National Level, and Innovation in Patient Safety and Quality at the Local Level. The achievements of each honoree will be featured in an issue of [*The Joint Commission Journal on Quality and Patient Safety*](#) later this year.

“These three outstanding Eisenberg Awards recipients have demonstrated innovative thinking and commitment to continuous improvement of care and patient safety worthy of Dr. Eisenberg’s legacy. Each has leveraged data, quality metrics, technology, and clinical expertise in different and novel ways to achieve remarkable measurable improvements to complex health care challenges.”

Dana Gelb Safran, ScD, President and CEO, National Quality Forum

This year’s award recipients made advancements in maternal health; mortality rates, heart failure mortality, and disparities in care; and improved imaging finding follow-up rates.

Individual Achievement

Elliott K. Main, MD

Clinical Professor, Obstetrics and Gynecology, Stanford University School of Medicine, Stanford, California

Main is recognized for his leadership in maternal quality and safety, directing programs at the hospital, health system, state, and national levels. Among his accomplishments, he founded state- and national-level quality improvement collaboratives for maternal health, including the California Maternal Quality Care Collaborative that became the model for large-scale maternal quality improvement learning collaboratives. Nationally, he co-founded the Alliance for Innovation on Maternal Health, which facilitated the development of state perinatal quality collaboratives across 49 states. At the state level, he helped develop the Maternal Data Center, which provides timely outcome data and analysis to hospitals across California, Oregon, and Washington. In addition, Main led research to establish four national perinatal care metrics used in Joint Commission and US Centers for Medicare & Medicaid Services programs and developed widely adopted obstetric quality improvement toolkits and national safety bundles.



Innovation in Patient Safety and Quality at the National Level

CommonSpirit Health, Chicago, Illinois

Innovative Approach to Achieving and Sustaining Clinical Excellence



CommonSpirit Health is honored for its innovative approach to achieving and sustaining clinical excellence. By using quality and patient safety measures to identify improvement opportunities, CommonSpirit prioritized the following three key areas:

1. Heart failure
2. Maternal hypertension
3. Catheter-associated urinary tract infections

After implementing an eight-step quality improvement model and an advanced technology suite, CommonSpirit significantly improved hospital mortality rates, heart failure mortality, and disparities in care. Its virtually integrated care model embeds virtual nurses into hospital care teams at many of its locations to mentor new staff, reduce workload, manage care transitions, and cultivate collaborative patient care. These efforts improved care for more than 409,130 patients over three years and prevented more than 2,700 harm events across 99 acute care hospitals.

Innovation in Patient Safety and Quality at the Local Level

Parkland Health, Dallas, Texas

Identifying and Preventing Missed Opportunities for Diagnosis




Parkland

Parkland Health is honored for its comprehensive surveillance program that addresses missed opportunities for diagnosis. Initially focused on tracking delayed imaging findings, the program evolved to manage six high-risk diagnostic scenarios through a centralized digital health center. Key innovations include an artificial intelligence (AI) language model that identified delayed imaging findings with 97.2% accuracy, a population health management tool, bilingual staff trained in motivational interviewing, and integrating social workers. Parkland's efforts resulted in the following:

- 91% of patients with abnormal imaging studies completed recommended follow-up studies.
- Delays in overdue imaging surveillance findings decreased from 17% to 9%.
- Follow-up rates for abnormal mammograms improved from 83% to 87%.
- Abnormal tumor marker follow-up gaps decreased by 27%.

"Dr. Elliott K. Main, CommonSpirit Health, and Parkland Health are proving what's possible when a commitment to patient safety and quality is applied to new, innovative ways of approaching challenges that are facing our industry. By working toward a future where patients and staff everywhere experience the safest, highest-quality care across all health care settings, the recipients of the 2024 Eisenberg Awards are setting new benchmarks and inspiring future leaders to advance innovation in safety and quality."

Jonathan B. Perlin, MD, PhD, President and CEO, The Joint Commission and Joint Commission International

Additional information about the Eisenberg Award program is available on The Joint Commission's [John M. Eisenberg Patient Safety and Quality Awards](https://www.jointcommission.org) page. The 2025 John M. Eisenberg Patient Safety and Quality Awards and Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity recipients will be announced at The Joint Commission's [UNIFY 2025](https://www.jointcommission.org) conference in Washington, DC, September 16–17. The achievements of the 2024 awardees also will be celebrated at UNIFY 2025. 



Advanced Survey Notification Available for Laboratories


Laboratories are now eligible for advance survey notice for scheduled events **starting June 2, 2025**, or later. The Joint Commission revised its survey notification for laboratories to align with survey guidance issued by the US Centers for Medicare & Medicaid Services (CMS) for laboratories seeking to enroll or maintain Medicare program enrollment. In addition, this change represents the Joint Commission's continued commitment to responding to feedback from accredited organizations, including program improvements aimed at reducing burden.

Advance notification will be made up to 14 calendar days before scheduled laboratory survey activity, except for the following events:

- Complaint surveys
- Follow-up surveys because of previously identified noncompliance
- Laboratory surveys occurring simultaneously with another accreditation program's unannounced survey activity (for example, hospital surveys) because these types of events must remain unannounced

An e-mail notification will be sent via the organization's secure *Joint Commission Connect*® extranet site to the chief executive officer, primary accreditation contact, and (if applicable) corporate contact with the scheduled survey activity. In addition, it will appear in the "Event Notification" section of the *Joint Commission Connect* extranet site to provide details about the survey and scheduled surveyor(s).

The revised survey notification information will be updated in "The Accreditation Process" (ACC) chapter of the *Comprehensive Accreditation Manual for Laboratories and Point-of-Care Testing (CAMLAB)* that will publish online in the fall 2025 E-dition® update to *CAMLAB*. For those customers who purchase it, the 2026 hard-copy and PDF versions of *CAMLAB* will have the revised information.

Contact your organization's laboratory account executive with any questions. 

UNIFY™ 2025 UPDATE: The Joint Commission Announces First Keynote Speaker

The Joint Commission recently announced that Marc Siegel, MD, will present one of the keynote addresses at the *UNIFY™ 2025: Convening for Quality* conference in Washington, DC, in September. Siegel, a Clinical Professor of Medicine and practicing internist at NYU Langone Medical Center, is also known for his role as the Senior Medical Analyst for Fox News and the Medical Director of Doctor Radio on SiriusXM. His medical and media careers positioned him as a forefront expert during the COVID-19 pandemic and provided the opportunity to interview presidents, Health and Human Services secretaries, US senators, and others on myriad health care–related topics.



Siegel's keynote address—Maintaining Safe Health Care Now and into the Future—will be followed by a question-and-answer session led by Jonathan B. Perlin, MD, PhD, President and CEO, The Joint Commission and Joint Commission International.

To learn more or to register, visit the [UNIFY 2025](#) page on The Joint Commission's website. 

The Joint Commission Journal on Quality and Patient Safety®

IMPROVEMENT FROM FRONT OFFICE TO FRONT LINE

This issue of *Perspectives* presents the **May 2025** Table of Contents for *The Joint Commission Journal on Quality and Patient Safety (JQPS)*. The Joint Commission works closely with JQPS (published by Elsevier) to make it a key component in helping health care organizations improve patient safety and quality of care.

To purchase a subscription or site license to JQPS, please visit [The Joint Commission Journal on Quality and Patient Safety](https://www.jointcommission-jqps.com) website.

Tell your performance improvement story! Consider submitting an article to *The Joint Commission Journal on Quality and Patient Safety*. See website for [author guidelines](#).

Did you know? Select JQPS articles are available free for you to read. Look for the “Open Access” sunburst and link to the article.

Process Improvement

313 Use of the Model for Improvement to Reduce Hyperglycemia in Adult Patients Admitted to a Public Tertiary Care Hospital

G. Berlanda; L.D. de Souza; J. da Silva Lima; C. Tortato; S.S. Pasin; E. Rotta; M. Hemesath; T.O. Hammes; F.R.I. Perdomini; C.C. Schnorr; H.B. dos Santos; C.B. Leitão; B.D. Schaan

Inpatient hyperglycemia is a frequent complication associated with increased risk of adverse events, which can result in greater resource utilization, prolonged hospital stay, and higher care-related costs. In this study, Berlanda and colleagues used the Model for Improvement to improve prescription practices, insulin administration, and blood glucose control, with a goal of reducing the rate of hyperglycemia in hospitalized patients.

321 Reducing Hospital Length of Stay: A Multimodal Prospective Quality Improvement Intervention

J.W. Keach; M. Prandi-Abrams; A.S. Sabel; R. Hasnain-Wynia; J.M. Mroch; T.D. MacKenzie

Reducing length of stay (LOS) without compromising patient outcomes is a national priority for hospitals. To improve LOS at a 550-bed hospital, Keach and colleagues conducted a multifaceted quality improvement project that included institutional investment in an LOS reduction program, development of rigorous internal LOS data analytics, and multiple Diagnosis Related Group–focused LOS reduction initiatives.

Care Transitions

331 Mixed Methods Study of the Interfacility Transfer System Utilizing Both Patient-Reported Experiences and Direct Observation of the Transfer Consent Process

L.K. Stewart; D. Bille; B. Fields; L. Kemper; C. Pappa; E.S. Orman; M.A. Boustani; E. Ramly; A. Hybarger; A.K. Watters; N.K. Guber

There are no commonly agreed-upon standards for patient engagement and shared decision-making in interfacility transfer, and little is known about patient experience during these care transitions. Stewart and colleagues used interviews and direct observation to better understand the patient and care partner experience with interfacility emergency department (ED)-to-ED transfer.



Adverse Events

342 [Evaluating the Prevalence of Suicide Risk Screening Practices in Accredited Hospitals](#)

S.O. Chitavi; S.C. Williams; J. Patrianakos; S.P. Schmaltz; E.D. Boudreaux; B.K. Ahmedani; K. Roaten; K.A. Comtois; F. Akkas; G.K. Brown

The Joint Commission's National Patient Safety Goal (NPSG) on suicide prevention (NPSG.15.01.01) requires accredited hospitals to screen all patients aged 12 years and older who are being evaluated or treated for behavioral health conditions as their primary reason for care for suicidal ideation using a validated screening tool, but some hospitals have expanded this screening beyond behavioral health care. In this cross-sectional observational study, Chitavi and colleagues explored the prevalence and challenges of suicide risk screening practices among Joint Commission-accredited hospitals.

Review Article

350 **Patient Safety Culture Among Nurses in Hospital Settings Worldwide: A Systematic Review and Meta-analysis**

G. Kyriakeli; A. Georgiadou; A. Symeonidou; Z. Tsimtsiou; T. Dardavesis; V. Kotsis

Assessment of patient safety culture (PSC) is critical for health care organizations to recognize areas that require urgent attention, promote patient safety, and improve quality of care. Kyriakeli and colleagues conducted this systematic review to determine the overall PSC score among nurses worldwide, identify the dimensions of PSC that score the highest and the lowest, and identify any geographical differentiations.

Innovation Report

361 **Developing a Standardized Process to Visualize, Analyze, and Communicate NSQIP Data Using an Advanced Visual Data Analytics Tool**

L.C. Alongi; B. Alsaker; D.J. Willis; W.A. Burns; C.R. Watts

The American College of Surgeons National Surgical Quality Improvement Program (NSQIP) Semiannual Reports and Interim Semiannual Reports provide high-level views of 30-day morbidity and mortality rates to help surgeons improve quality. After surgeons at their organization requested the ability to visualize data with interactive navigation and analysis of comorbidities monthly, Alongi and colleagues used advanced visual data analytics to construct a surgical scorecard to provide the desired feedback.

Tool Tutorial

368 **Utilizing Recorded Resuscitations for Neonatal Team Process Improvement**

A. Moore; L.P. Halamek; J.H. Fuerch; R.B. Galindo; N.K. Yamada

Newborn resuscitation requires health care professionals to quickly assemble into a high-functioning integrated team. To improve newborn resuscitation at their institution, Moore and colleagues identified key areas that would support better team performance and developed two tools to address the issues that were identified.

Research Letters

378 **Change in U.S. Hospital Practice After the Joint Commission Requirement to Use Distinct Methods of Newborn Identification: A Cross-Sectional 10-Year Follow-Up Survey**

J.S. Adelman; J.R. Applebaum; N. Krenitsky; D. Goffman; S. Khan; B.S. Fertel; J.L. Aschner

In 2019 The Joint Commission required hospitals to use distinct methods of newborn identification as part of its National Patient Safety Goals. In this article, Adelman and colleagues report results of a 2023 survey to assess change in practice after the requirement was implemented.

381 **Demographic Profile and Oversight Duties of Today's Health Care Quality Leaders**

K.J. Kobayashi; A.C. Lu; C.S. Kim; B. Patel; J. Wiler; M. Ikezuagu; J.L. Eisenberg; D.M. Safley

With the increasing focus on accountability for high-quality care delivery, many organizations have designated a Chief Quality Executive (CQE) responsible for guiding and executing on the organization's quality and safety goals. In this exploratory survey study, Kobayashi and colleagues aimed to gain greater understanding of the demographic profile of individuals currently filling quality leadership roles.

From the National Quality Forum

386 Advancing Measurement of Diagnostic Excellence for Better Health Care

J. Williams-Bader; K.M. McDonald; E.E. Drye

The National Quality Forum (NQF) is currently engaged in a project to break through barriers to measuring diagnostic excellence in ways that improve patient care. In November NQF convened its Diagnostic Excellence Committee to identify and discuss those barriers and the path forward. Williams-Bader and colleagues present an overview of the findings of the meeting in this executive summary.

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