

Joint Commission Benchmarking (& other upcoming innovations)

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Director, Enterprise Research

In This Presentation

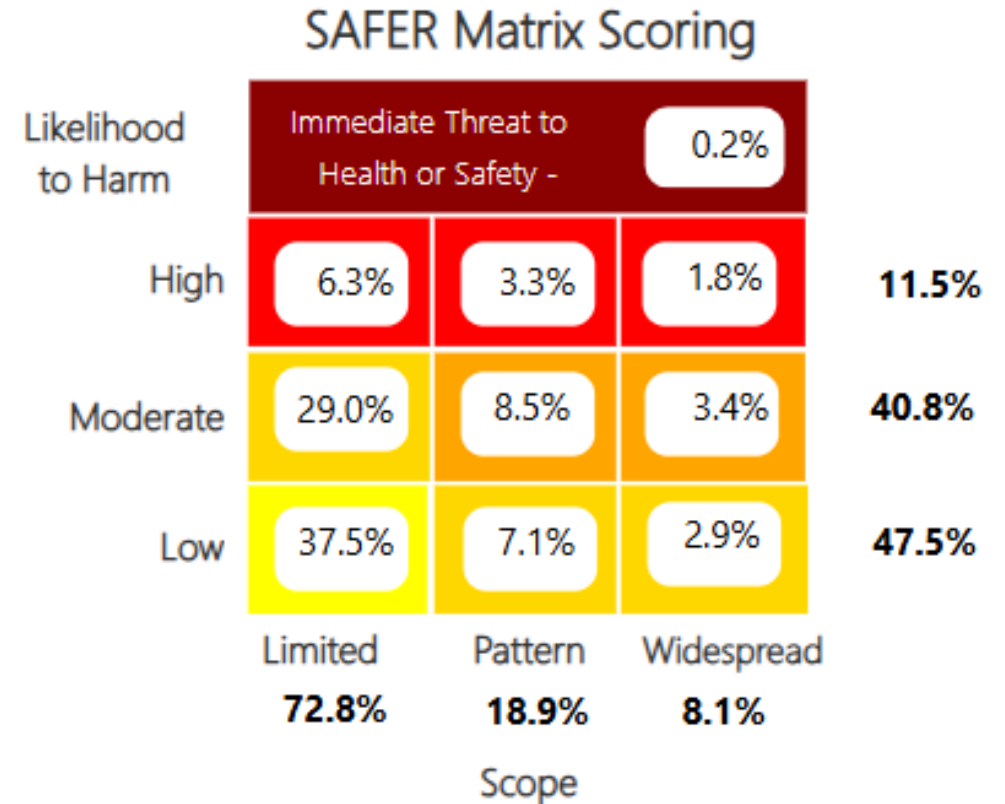
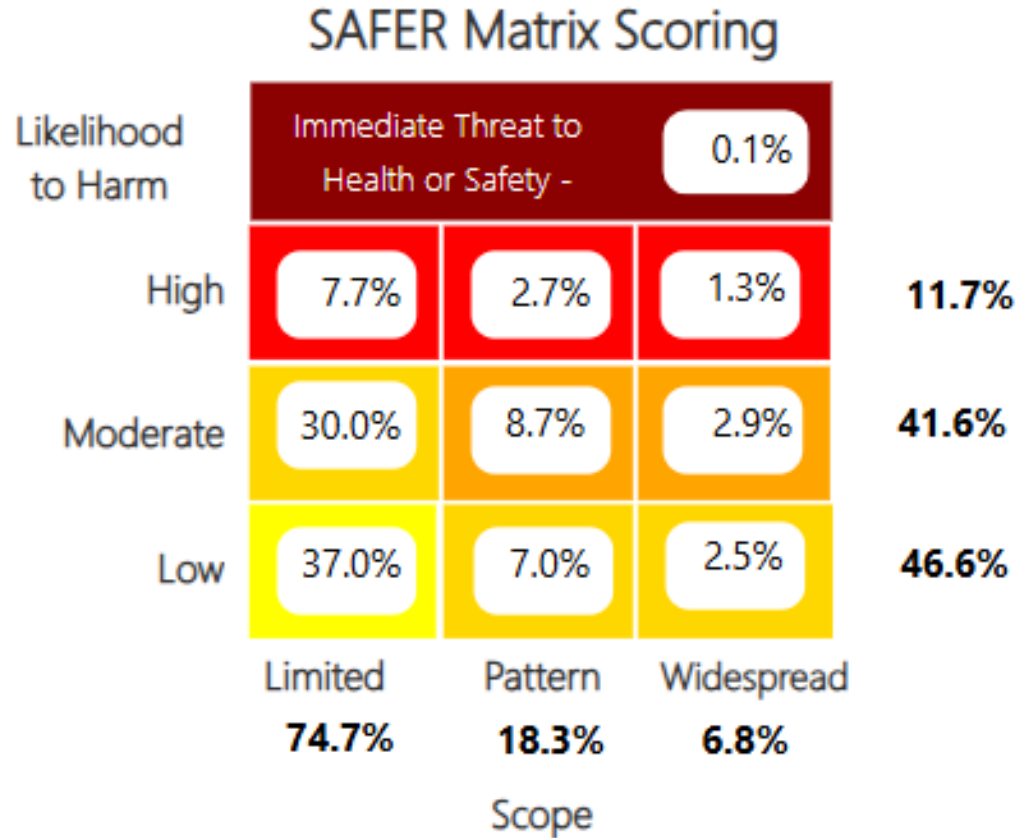
- Hospital Comparisons (National vs Ohio)
- Introduction to SAFER Peer Benchmarking
 - How it works
 - Key report features
 - Interpreting report data
- Other Upcoming Innovations

National vs Ohio Comparisons

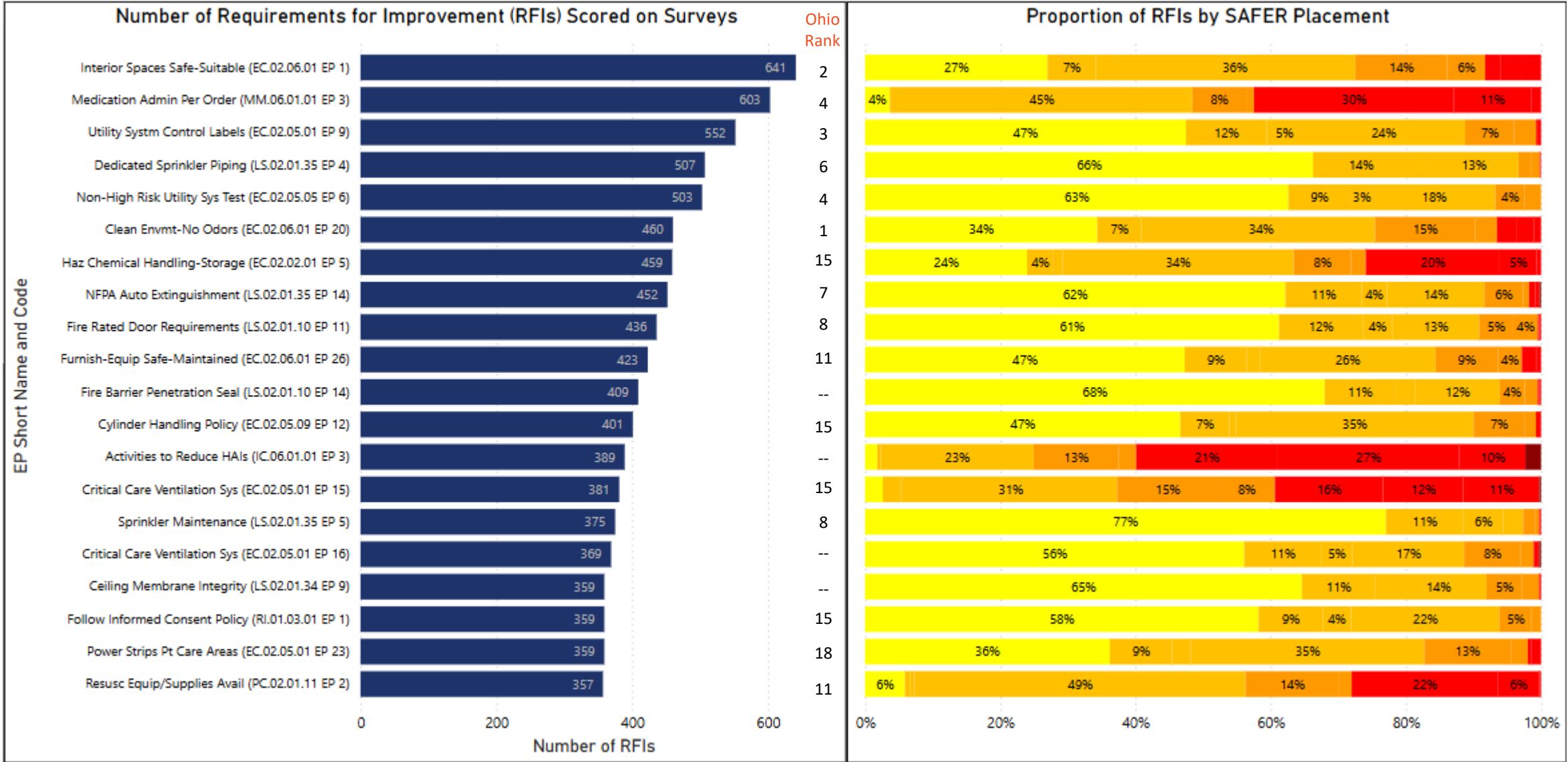
2024 Hospital Data – Distribution of Survey Findings

National - 905 Surveys (30,433 Requirements for Improvement)

Ohio - 39 Surveys (1,310 Requirements for Improvement)



2024 Hospital Data Top 20 Findings – National (905 Surveys) – Ohio (39 Surveys)



Hospital deemed program full surveys (no psychiatric) 1/1/2024 – 12/31/2024

2024 Hospital Data Top 10 Clinical Findings – National (905 Surveys)

– Ohio (39 Surveys)

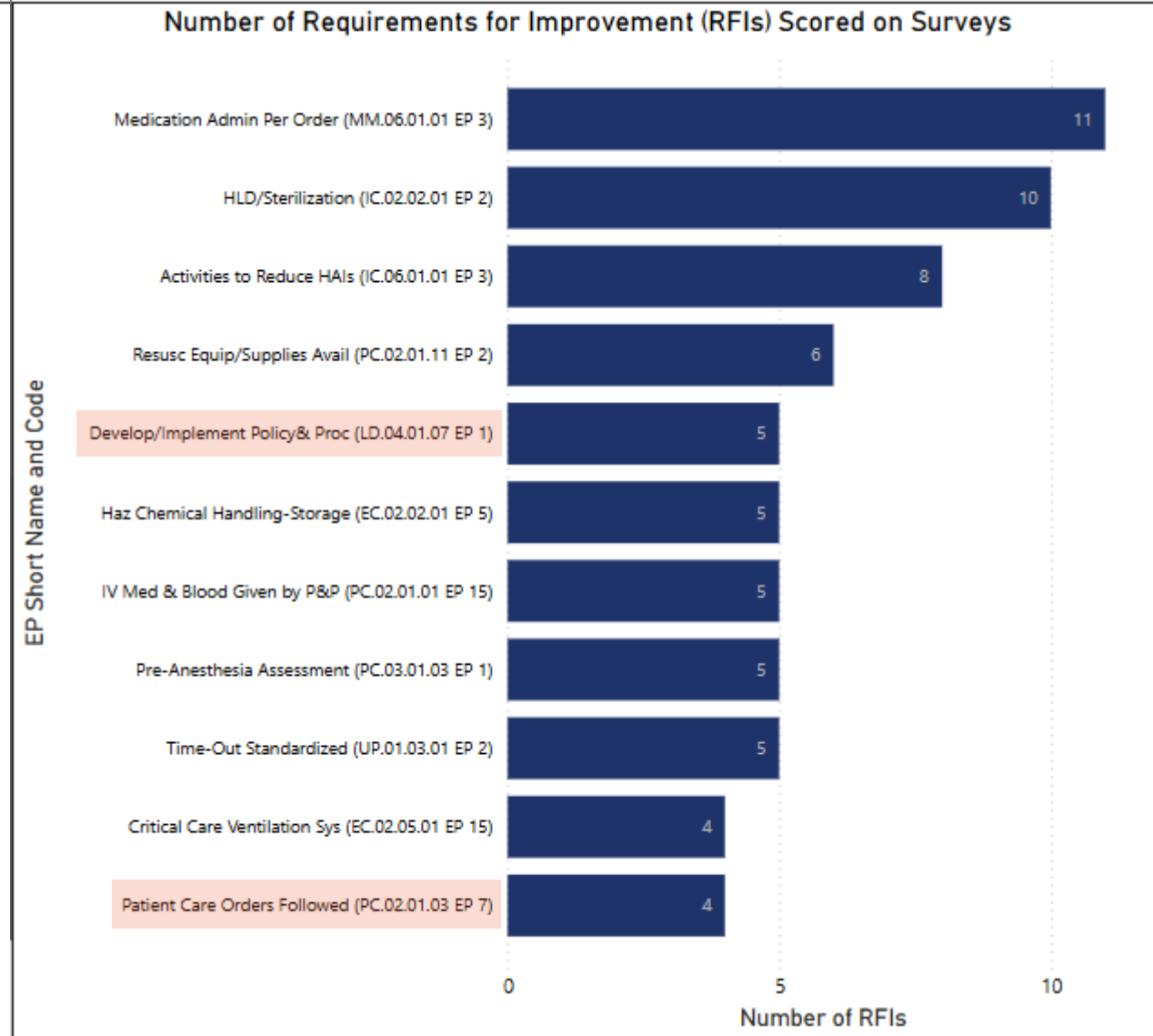
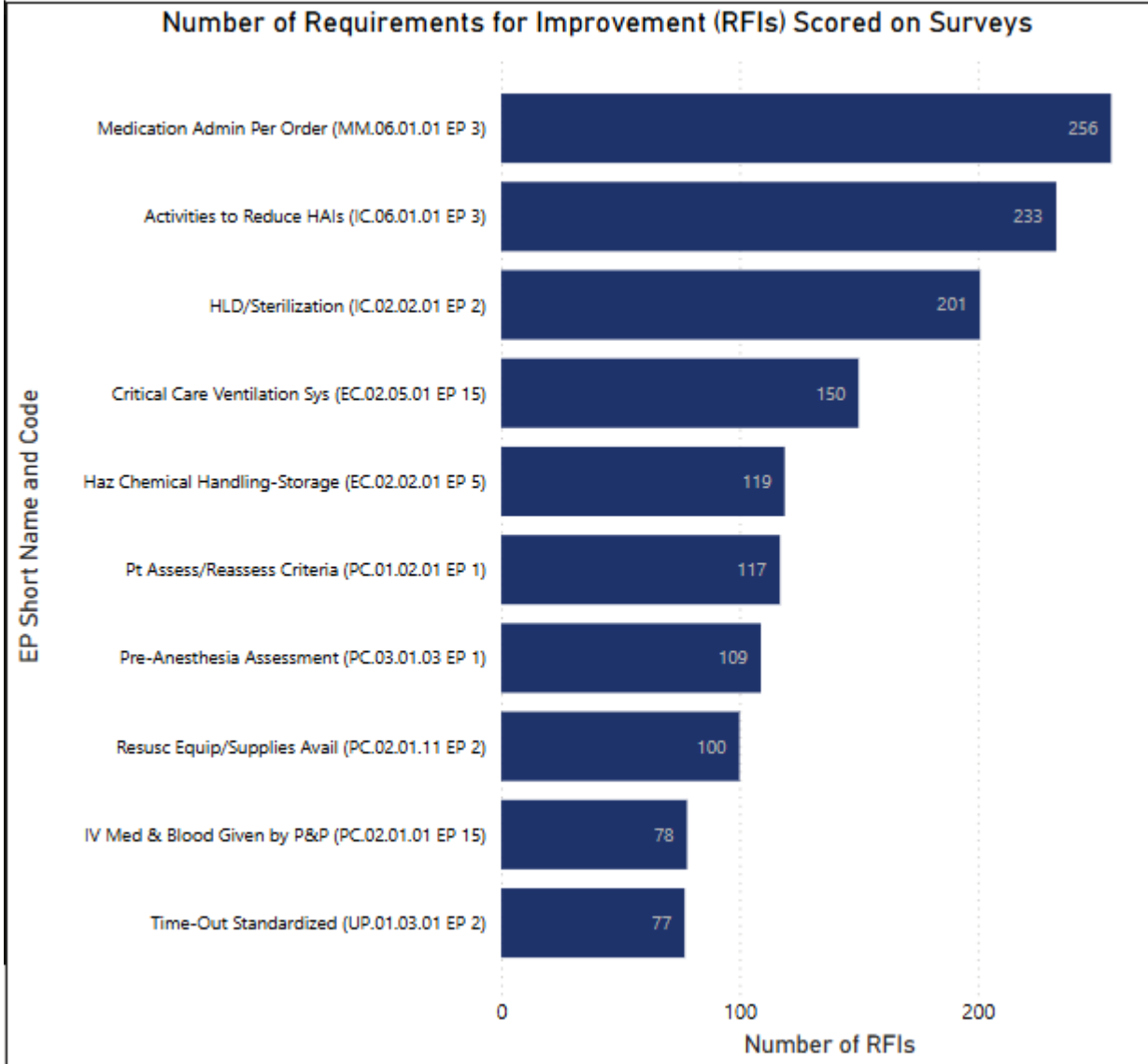


2024 Hospital Data Top 10 High Risk Findings

National - 761 Surveys (84%) of 905

Ohio - 33 Surveys (85%) of 39

Not in National Top 10



SAFER Peer Benchmarking

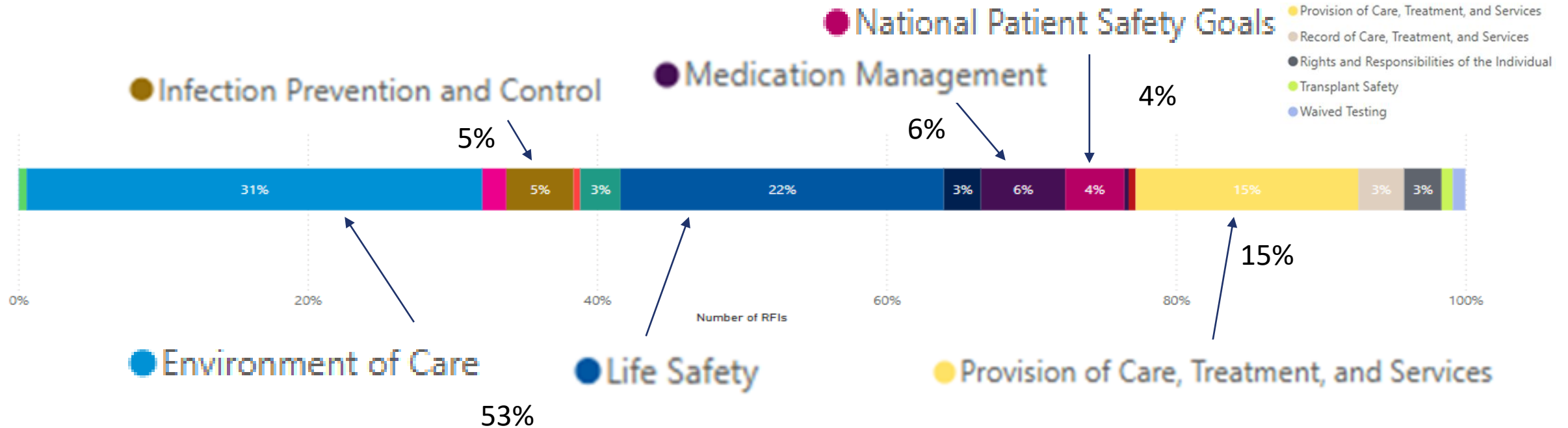
For the next two minutes, you are the CEO of a 250-bed, general med-surg, suburban hospital

What if I told you, on your next survey you will have...

- 33 Requirements for Improvement. Among them, you will have
 - 17 **Physical environment** findings
 - 5 **Provision of care, treatment and services** findings
 - 2 **Infection control** findings
 - 2 **Medication management** findings
 - 1 **National patient safety goal** finding
- 3 will be judged to have the potential to pose **high risk** to patients or staff
 - Another 15 will be considered **moderate risk**
- 3 will be described as **widespread** issues,
 - Another 6 will be assessed to be **patterns** of variation

Back to our example...

- 33 Requirements for Improvement.
 - 17 Physical environment findings - 52%
 - 5 Provision of care, treatment and services findings - 15%
 - 2 Infection control findings - 6%
 - 2 Medication management findings - 6%
 - 1 National patient safety goal finding - 3%



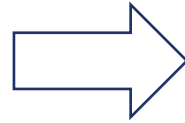
Purpose of SAFER Peer Benchmarking

- Simple: Help accredited organizations put the results of their survey events into a broader context.

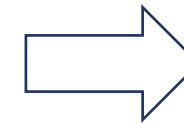
How It Works

SAFER Matrix Scoring (Most Recent Full Survey)

Likelihood to Harm	Immediate Threat to Health or Safety -	0		
	High	1	0	0
	Moderate	13	0	0
	Low	9	0	0
		Limited	Pattern	Widespread
		Scope		



Primary Peer Group
General, 100 to 299 Beds, Urban
Number of Organizations in Primary Peer Group
858



53%



Compare my survey results to the results of similar organizations

My survey event results were **as good as or better than 53%** of my peers

I had 23 requirements for improvement (RFIs) on my last survey event.

Is that good?
How does it compare to others?

How It Works

- Focuses on **Most Recent Full Survey**
- Comparison based upon **number of survey findings** and their **distribution in the SAFER Matrix** (i.e., risk and scope of findings)
- **Comparisons with “like” hospitals**
 - Same hospital type, size category and location type
 - Surveyed in the same year and two previous years
- Currently only available for hospitals
 - Other accreditation programs later in 2025.

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PAGES <<

Make Selection

Organization Overview

Domain Performance

Custom Peer Group

About this Report

[Resources/Help](#)

Select an Organization

All

Go to Organization Overview

Create Custom Peer Group

Filter By Organization Type	Bed Count Category	Location	State
All	All	All	All

Instructions:
 Select a specific organization from the slicer (above) and then use the blue buttons (or left menu links) to navigate the report, and explore how the selected organization's most recent full survey results compare to the results of similar organizations.

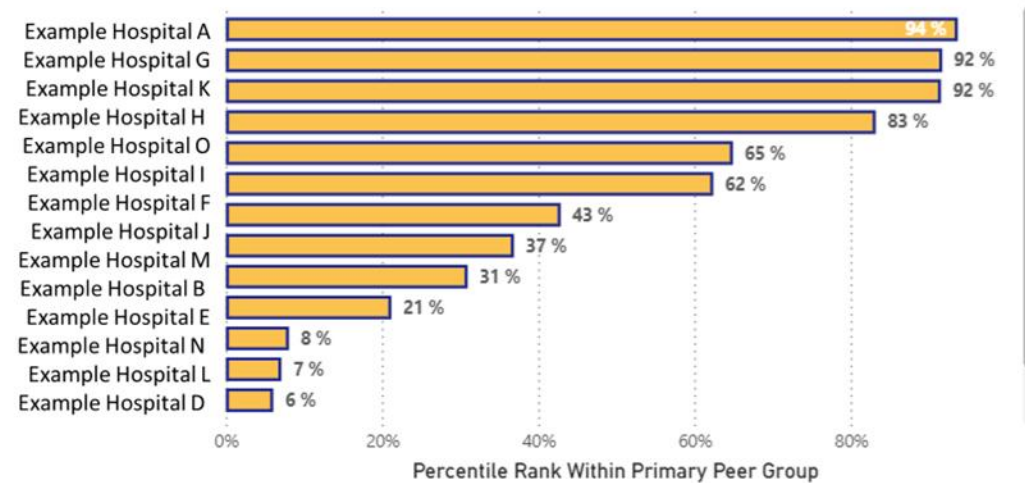
If you have access to view more than one organization, you may filter this page using the slicers in the upper left to create different

Summary of Organization's Most Recent Full Survey Performance (Percentile Rank within Primary Peer Group)

HCO ID - Organization Name	Survey End Year	Total Requirements for Improvement	Primary Peer Group	Number of Organizations in Primary Peer Group	Overall Percentile Rank
Example Hospital A	2024	17	General, 0 to 99 Beds, Rural	286	94 %
Example Hospital B	2024	21	General, 100 to 299 Beds, Urban	831	21 %
Example Hospital C	2024	76	General, 300 and above Beds, Urban	683	< 1%
Example Hospital D	2024	66	General, 300 and above Beds, Urban	683	2 %
Example Hospital E	2024	47	Teaching, 300 and above Beds, Urban	62	8 %

Individual Organization Rankings

(higher percentile ranks indicate better survey performance compared to peers)



Combined Percentile Rank of All Organizations Depicted in Bar Chart

(higher is better)



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PAGES <<

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< Back to report | SUMMARY OF ORGANIZATION'S MOST RECENT FULL SURVEY PERFORMANCE (PERCENTILE ...

Organization Overview

Domain Performance

Custom Peer Group

About this Report

HCO ID - Organization Name	Survey End Year	Total Requirements for Improvement	Primary Peer Group	Number of Organizations in Primary Peer Group	Overall Percentile Rank	NPSG Percentile Rank	Infection Control Percentile Rank	Leadership Percentile Rank	Medication Management Percentile Rank	Physical Environment Percentile Rank
Example Hospital A	2024	17	General, 0 to 99 Beds, Rural	286	94 %	100 %	77 %	100 %	62 %	74 %
Example Hospital B	2024	21	General, 100 to 299 Beds, Urban	831	21 %	100 %	11 %	1 %	13 %	77 %
Example Hospital C	2024	76	General, 300 and above Beds, Urban	683	< 1%	30 %	0 %	47 %	0 %	0 %
Example Hospital D	2024	66	General, 300 and above Beds, Urban	683	2 %	41 %	7 %	1 %	11 %	1 %
Example Hospital E	2024	47	Teaching, 300 and above Beds, Urban	62	8 %	76 %	79 %	100 %	58 %	5 %
Example Hospital F	2023	23	General, 0 to 99 Beds, Rural	308	43 %	100 %	72 %	100 %	43 %	12 %
Example Hospital G	2023	12	General, 0 to 99 Beds, Rural	308	92 %	100 %	100 %	100 %	11 %	84 %
Example Hospital H	2023	16	General, 0 to 99 Beds, Urban	351	83 %	100 %	64 %	100 %	100 %	50 %
Example Hospital I	2023	26	General, 0 to 99 Beds, Urban	351	62 %	54 %	72 %	17 %	23 %	67 %
Example Hospital J	2023	35	General, 100 to 299 Beds, Urban	857	37 %	32 %	19 %	100 %	62 %	61 %
Example Hospital K	2023	12	General, 100 to 299 Beds, Urban	857	92 %	100 %	100 %	25 %	50 %	70 %
Example Hospital L	2023	52	Teaching, 300 and above Beds, Urban	66	6 %	100 %	2 %	100 %	0 %	20 %
Example Hospital M	2022	15	General, 0 to 99 Beds, Urban	294	31 %	37 %	100 %	100 %	1 %	35 %
Example Hospital N	2022	60	General, 300 and above Beds, Urban	620	7 %	51 %	13 %	100 %	5 %	9 %
Example Hospital O	2022	21	Teaching, 300 and above Beds, Urban	57	65 %	100 %	39 %	46 %	11 %	96 %

Interpreting Benchmarking Data

Comparing two hospitals with low overall percentile ranks, we can use the Domain percentile rankings to identify the topic areas that drove the lower overall rankings

Example Hospital E (8th percentile) performed comparatively poorly on the **Physical Environment** Domain

Vs

Example Hospital L (6th percentile) performed comparatively poorly on the **Infection Control** and **Medication Management** Domains

HCO ID - Organization Name	Survey End Year	Total Requirements for Improvement	Primary Peer Group	Number of Organizations in Primary Peer Group	Overall Percentile Rank	NPSG Percentile Rank	Infection Control Percentile Rank	Leadership Percentile Rank	Medication Management Percentile Rank	Physical Environment Percentile Rank
Example Hospital E	2024	47	Teaching, 300 and above Beds, Urban	62	8 %	76 %	79 %	100 %	58 %	5 %
Example Hospital L	2023	52	Teaching, 300 and above Beds, Urban	66	6 %	100 %	2 %	100 %	0 %	20 %

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PAGES <<

Make Selection

Organization Overview

Domain Performance

Custom Peer Group

About this Report

[Go to Select Organization](#) [Create Custom Peer Group](#)

HCO ID - Organization Name
 Example hospital

Primary Peer Group	
General, 100 to 299 Beds, Urban	
Number of Organizations in Primary Peer Group	
858	

Overall Percentile

[Go to Survey Domain Performance](#)

53 %

CoP Percentile

[Go to Performance on CoPs](#)

43 %

Advanced Standards Percentile

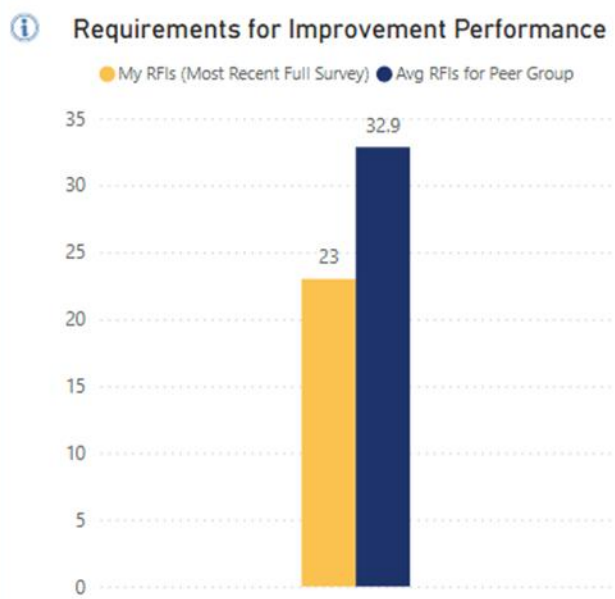
[Go to Performance on Advanced...](#)

70 %

SAFER Matrix Scoring (Most Recent Full Survey)

Likelihood to Harm	Immediate Threat to Health or Safety -		
	Limited	Pattern	Widespread
High	1	0	0
Moderate	13	0	0
Low	9	0	0

Scope



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PAGES <<

Make Selection

Organization Overview

Domain Performance

Custom Peer Group

About this Report

[Back to Organization Overview](#)

[Back to Select Organization](#)

[Go to Summary of All Findings](#)

Primary Peer Group	Number of Organizations in Primary Peer Group	Organization Name
General, 100 to 299 Beds, Urban	858	Example hospital

Information

The visual below shows your organization's percentile ranking within its primary peer group on the various domains scored during the survey process. Remember that a higher percentile indicates better performance compared to peers. Click on the buttons above each domain to focus on your organization's scoring within that domain.

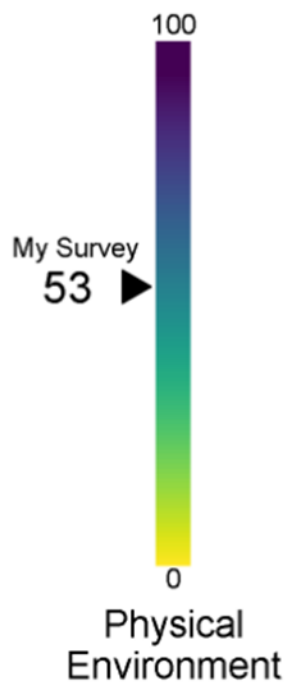
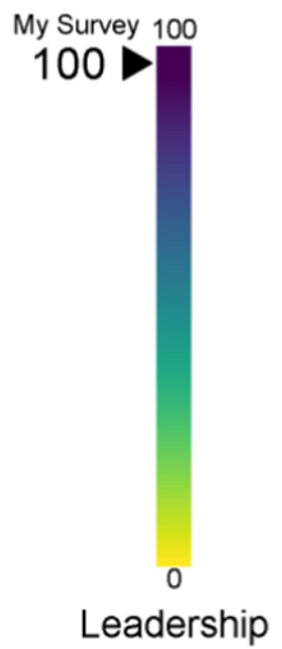
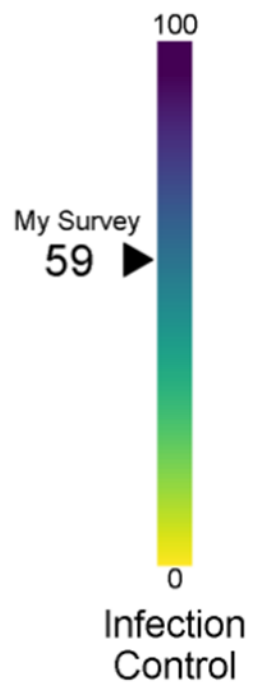
[Go to Performance on National Patient Safety Goals](#)

[Go to Performance on Infection Control](#)

[Go to Performance on Leadership](#)

[Go to Performance on Medication Management](#)

[Go to Performance on Physical Environment](#)



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PAGES <<

Make Selection

Organization Overview

Domain Performance

Custom Peer Group

About this Report

[Back to Organization Overview](#)

[Back to Domain Selection](#)

Number of Organizations in Primary Peer Group

858

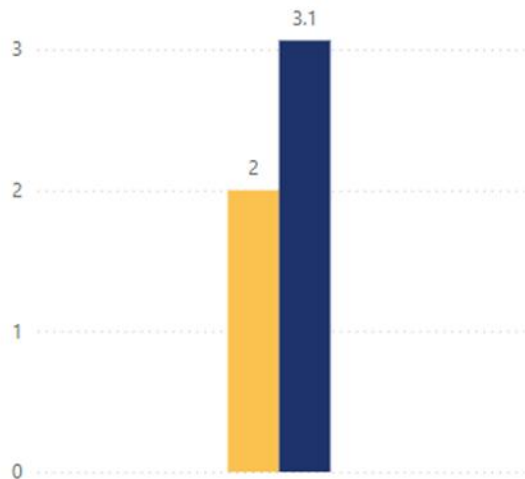
Domain Percentile Rank

Reminder: Higher is better

59 %

Number of Requirements for Improvement (within Domain)

● My Individual Findings ● Average Findings for Peer Group



Your Organization's Primary Peer Group | **Domain**

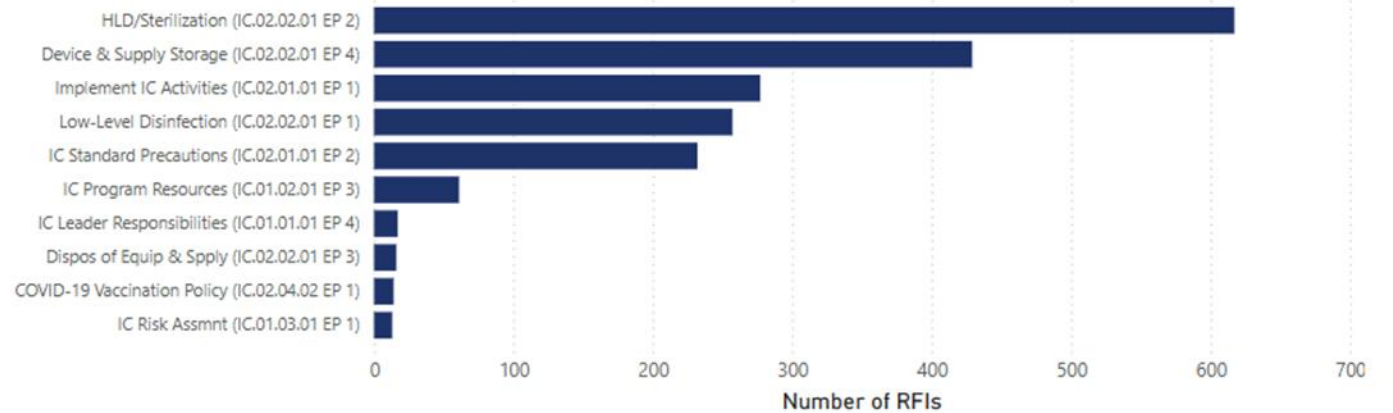
General, 100 to 299 Beds, Urban | **Infection Control and Prevention Performance**

Requirements for Improvement on Most Recent Full Survey Event (within Domain)

EP Short Name and Code	Observation Text
Device & Supply Storage (IC.02.02.01 EP 4)	[Blurred Observation Text]
Device & Supply Storage (IC.02.02.01 EP 4)	[Blurred Observation Text]

- Export data
- Show as a table
- Spotlight
- Get insights
- Sort descending
- Sort ascending
- Sort by

Top Scored Standards for Peer Group (within Domain)



Coming Soon...

“SAFEST” Project

Turning “Performance Strengths”
into “Leading Practices”

Examples of Performance Strengths

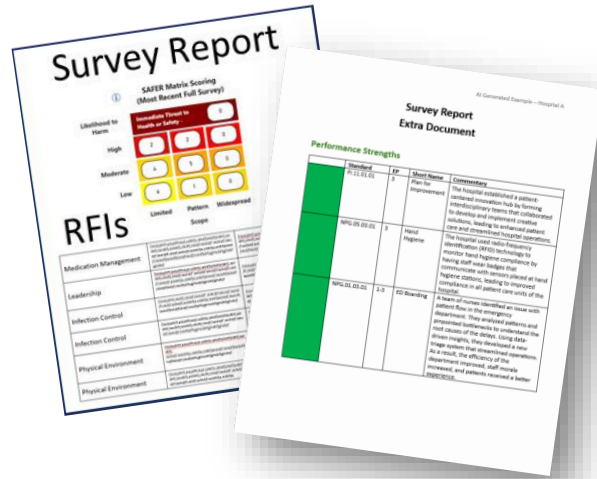
Hand Hygiene – The hospital used radio-frequency identification (RFID) technology to monitor hand hygiene compliance by having staff wear badges that communicate with sensors placed at hand hygiene stations, leading to improved compliance in all patient care units of the hospital.

ED Boarding - A team of nurses identified an issue with patient flow in the emergency department. They analyzed patterns and pinpointed bottlenecks to understand the root causes of the delays. Using data-driven insights, they developed a new triage system that streamlined operations. As a result, the efficiency of the department improved, staff morale increased, and patients received a better experience.

Early Warning Protocol – The hospital's medical team developed criteria to identify early warning signs of patient deterioration based on extensive research and collaboration among specialists, achieving 25% reduction in emergency interventions by allowing for timely and less invasive treatments.

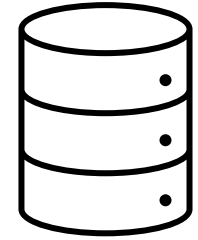
Performance Strengths Captured During Surveys

TJC/JCI Conducts Full Survey Event



Survey team Leaves HCO with RFIs and Performance Strengths (observations on things they are doing well)

Performance Strengths added to JCI and TJC Survey Findings Databases





Performance Strengths Report

ABC Hospital
 One Renaissance Blvd.
 Oakbrook Terrace, IL 60181
 Organization Identification Number: 12345

The information provided here is to highlight practices we observed at the time of survey which demonstrate a commitment to quality and safety. It is the responsibility of the organization to determine the continual operation and further implementation of these practices based on the organization's specific needs and circumstances.

Note: A member of the Joint Commission team may contact you for more information on these identified strengths.

Performance Strengths

	Standard	EP	Short Name	Commentary
	PI.11.01.01	3	Plan for Improvement	The hospital established a patient-centered innovation hub by forming interdisciplinary teams that collaborated to develop and implement creative solutions, leading to enhanced patient care and streamlined hospital operations.
	NPG.05.03.01	3	Hand Hygiene	The hospital used radio-frequency identification (RFID) technology to monitor hand hygiene compliance by having staff wear badges that communicate with sensors placed at hand hygiene stations, leading to improved compliance in all patient care units of the hospital.
	NPG.01.03.01	1-3	ED Boarding	A team of nurses identified an issue with patient flow in the emergency



Performance Strengths Report

Hospital International
 One Renaissance Blvd.
 Santander, Colombia
 International Organization Identification Number: 00012345

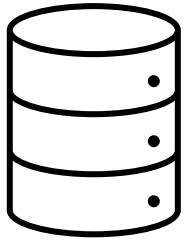
The information provided here is to highlight practices we observed at the time of survey which demonstrate a commitment to quality and safety. It is the responsibility of the organization to determine the continual operation and further implementation of these practices based on the organization's specific needs and circumstances.

Note: A member of the Joint Commission team may contact you for more information on these identified strengths.

Performance Strengths

	Standard	ME	Short Name	Commentary
	ASC.02.02	2	Procedural Sedation Monitoring	The hospital's medical team developed a comprehensive set of written criteria to effectively monitor patients during the period of sedation and incorporated a rigorous blind audit review for ongoing compliance.
	FMS.04.00	2	Security Risks	The organization effectively implemented an organization-wide security risk program which enables all staff members to report security risks immediately upon notice via an automated notification system. This system was developed by the hospital and incorporated into technology platforms used by all staff

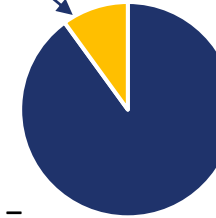
Central Office Review of Performance Strengths



Central Office Reviews
Performance Strengths*

**Follow up limited to organizations that
granted Central Office permission to
contact them (indicated in MST/STAR)*

10% of records =
have potential to be
“Leading Practice”
Investigate



90% of records =
“Positive Observations”
No further action



Leading Practice

Academic Teaching Hospital
Mid-Sized (100-299 Beds), Urban

Improving Health Care Equity by Addressing Food Insecurity

Related Standard/EP: NPG.04.01.01, EP 2

Introduction

University Health (UH),² a non-profit, 256-bed safety net hospital located in downtown Kansas City Missouri, has provided healthcare to the city's most vulnerable patients for over 150 years. As the area's only essential safety net hospital, the community has come to rely upon UH as a provider of safe high quality "care for all" regardless of ability to pay. UH serves an at-risk patient population facing a number of complex health-related social needs (HRSN) including homelessness, food insecurity, language barriers, limited access to transportation and job instability. UH is committed to meeting patients where they are, by providing personalized care for individualized needs. They recognize that health outcomes are driven not only by medical care, but by a complex interplay of social, emotional, and behavioral factors that must be carefully considered during the healthcare delivery process.

The influence of social needs on health outcomes and utilization has gained increased recognition over the last several years. In 2019, UH partnered with Health Leads as part of a national Collaborative to Advance Social Health Integration (CASHI).² This 18-month initiative funded by the Commonwealth Fund focused on the identification and diffusion of strategies to assist patients in addressing social impediments to health. The Collaborative shared approaches to building a business plan aimed to support and sustain medical care and social needs integration.

Taking Action

Start Small and Be Strategic. Prior to their involvement with CASHI, UH did not have a standardized process for assessing patients for health-related social needs. In 2019 the team set up a resource table by the pharmacy inside the hospital. The goal was to provide an opportunity for patients to stop by "organically" and be screened for social needs. To better understand the areas of greatest perceived need, conversational interviews were conducted with 100 patients. Findings from these interviews helped to provide direction and scope for the development of their health-related social needs (HRSN) screening tool.

ts visiting the resource table spoke of I prescreen revealed that nearly 2/3 of re enough food. Soon thereafter, a bowl of of patients stopped to get a snack, talk fied needs. The "Banana Table," as it was dress one of the most prevalent social

insecurity was a clear priority for UH. rially appropriate food. With the oration of regional food banks, the local unger in the Kansas City area – the team here patients who screen positive for The weekly "pop-up" food pantry was so cated in the hospital, now known as the or food insecurity, they are offered a 3-

RSN champions and involvement of ursoring, DE&I officer, coder, data

owed by capacity planning. m in 2019. The core function of the ents of the health care continuum. (spanish, 1 Arabic, 1 Somali). Awarded d the program to include Black and

is, did you ever skip medications to : less than you thought you should often have you missed a doctor's portation? In addition, CHNs screen and OBGYN screens for interpersonal

dy-Act) and process mapping to help red state.

needs can be difficult for staff and

re referral and linkage to y related to homelessness. s to include HRSN, there is a cost or UH, it took two years for the strategy implementation.

PT (procedure and service) codes reimbursement. Missed or

of a Natural Language Processor gs or phrases with multiple result in missed codes.

nal reimbursement, the ure.

pport and guide efforts. ionate about addressing HRSN

upport their work (e.g., local

creening and data collection

HRSN efforts have helped lations to share stories within

a formal board consisting of pital leadership and eas for improvement (e.g., serves on UH's Ethics

Champions also serve on the spectives with teams working volved in many activities, such Lounge, and COVID-19

ultivating a strong sense of inuous improvement, and address patient needs and g:

by process changes. people with varying roles in the

others will gain followership. a movement" will start where sion-based.

ccess changes as easy and

kit) that enable staff to isources. Begin training and

ative action at the community

uccess. Don't continue to do (ct) framework to implement

Non-profit organizations for Z coding. Because of this, eeking external funding is

cornerstone of this work. a minute to genuinely

ured, and tracked. It is to assess performance over

tructure for HRSN data to be

quires routine monitoring, placed on change strategy,

ring the hospital team, id key decision making.

and struggles are ral humility to the table

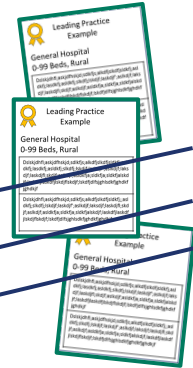
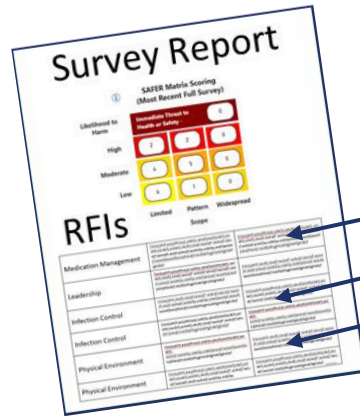
re constantly exposed a daily basis. It is mental and ts.

en re-told as a ped patients, families

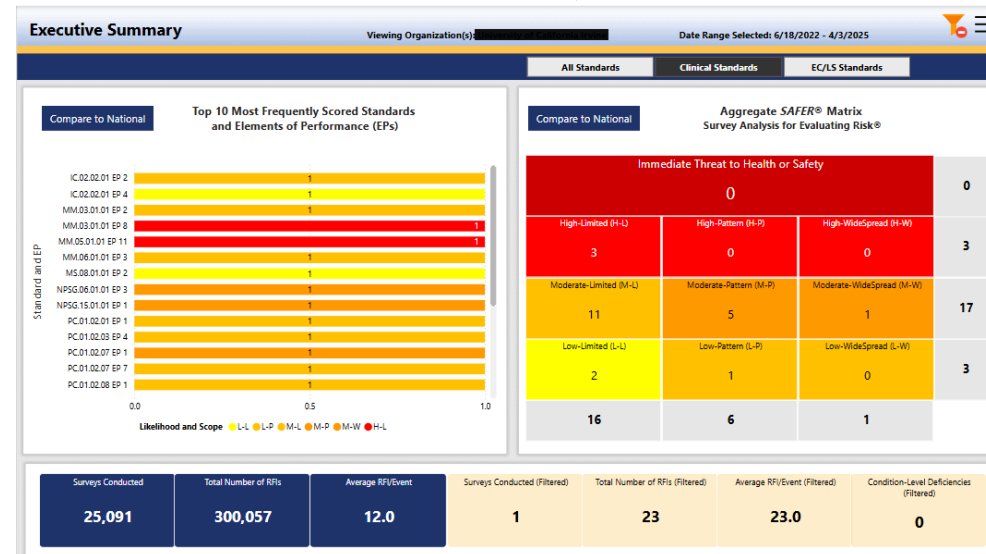
ah.Sisco@uhkc.org

Distribution of Leading Practices

TJC/JCI Conducts Full Survey Event



Resources now available to HCOs who need them after a survey



Questions