

## Joint Commission Designates Three Johns Hopkins Medicine Hospitals as ‘Top Performers’ in Quality And Safety

Recognition cites high-performance use of “best practices” 95 percent of the time

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The Joint Commission is honoring three Johns Hopkins Medicine hospitals in its 2012 *Top Performer on Key Quality Measures* program. The *Top Performer* designation is reserved for accredited hospitals that consistently and at a very high level follow best practices for treating people who require surgery or suffer heart attacks, heart failure, stroke, pneumonia or other serious conditions.

Recognition by the Joint Commission program, now in its third year, goes to The Johns Hopkins Hospital in Baltimore, Maryland; Sibley Memorial Hospital in Washington, D.C.; and All Children’s Hospital, a pediatric specialty hospital in St. Petersburg, Florida.

The Joint Commission, an organization that accredits and certifies U.S. health care organizations, formally recognizes the three institutions for top performances in its 2013 annual report, *Improving America’s Hospitals*, released on Wednesday, Oct. 30. Top-performing hospitals announced in this year’s report achieved at least 95 percent compliance with best practice processes of care, known as accountability measures, in one or more areas during the 2012 calendar year.

“This achievement reflects Johns Hopkins’ commitment to ensuring that our patients always receive evidence-based care that gives them the best chance of recovery,” says [Paul B. Rothman, M.D.](#), dean of the medical faculty and chief executive officer of Johns Hopkins Medicine.

“Delivering excellent care is part of our mission to improve the health of the community and the world,” says **Ronald R. Peterson**, president, The Johns Hopkins Hospital and Health System and executive vice president, Johns Hopkins Medicine.

Peterson notes the significance of the accomplishment for The Johns Hopkins Hospital, pointing out that large academic medical centers (AMCs) — including many that appear on other ranking lists such as the one published by *U.S. News & World Report* — are largely absent from the previous years’ lists, made up mostly of community hospitals.

The Johns Hopkins Hospital received *Top Performer* recognition in four areas: heart attack, heart failure, surgical care and pneumonia.

“Academic medical centers care for the country’s sickest patients,” says **Peter J. Pronovost, M.D., Ph.D., F.C.C.M.**, Johns Hopkins Medicine’s senior vice president for patient safety and quality. “The large volume of complex cases handled by these hospitals, which often have highly decentralized structures, makes implementing large-scale change especially challenging,” adds Pronovost, who also directs the Johns Hopkins Armstrong Institute for Patient Safety and Quality.

While the overall number of hospitals on the list soared this year, jumping to 1,099 hospitals — a 77 percent increase compared with the list released in 2012 — Pronovost says academic hospitals remain underrepresented.

An article that will be published in the December 2013 issue of *The Joint Commission Journal on Quality and Patient Safety*, yet is available online ahead of schedule, describes how Johns Hopkins Medicine implemented its high-performance goals. In that publication, Pronovost credited strong leadership at the top and “robust” improvement methods, measurements and a conceptual model. Pronovost says that 40 multidisciplinary workgroups were formed across the hospitals that make up the Johns Hopkins Health System. All six showed improvements, although only three earned the *Top Performer* designation this year.

Pronovost says the workgroup model fostered learning among teams, who included such diverse members as nurses, physicians, pharmacists and other patient care providers, as well as information technology specialists and quality improvement experts.

One workgroup at The Johns Hopkins Hospital, for example, reduced the time between arrival and treatment for heart attack patients requiring immediate care from around 90 minutes, the national benchmark, to an average of 66 minutes last year.

According to [Peter Hill, M.D., M.Sc.](#), vice chair of clinical affairs in the Johns Hopkins Department of Emergency Medicine, this outcome required close collaboration among emergency medicine and interventional cardiology physicians, nurses and support staff. By working closely with city and county emergency medicine services personnel, Hill says the Johns Hopkins team expedited the treatment of heart attack patients even further.

“Thanks to our partnership with our local emergency responders, we’re able to activate the Heart Attack Team before patients even reach the hospital,” Hill says. “Every minute counts. The sooner we’re able to treat patients suffering a heart attack, the greater their chance of making a full recovery.”

Sibley Memorial Hospital is recognized for achievements in pneumonia and surgical care. All Children’s Hospital is acknowledged in the category of children’s asthma care.

This summer, four hospitals in the Johns Hopkins Health System were honored with the 2013 Excellence Award for Quality Improvement in Hospitals from the Delmarva Foundation. The Johns Hopkins Hospital, Howard County General Hospital, Sibley Memorial Hospital and Suburban Hospital received the award, which is given to Maryland and Washington, D.C., hospitals that demonstrate improvement in the accountability measures, plus an additional measure that tracks how often heart failure patients receive discharge instructions.

Pronovost attributes Johns Hopkins’ success in improving adherence with the accountability measures to an approach developed by the Armstrong Institute for Patient Safety and Quality to address challenges that often accompany quality improvement efforts, such as unclear goals, limited capacity for staff to conduct the work and too little feedback on performance. The safety experts’ model promoted high reliability by focusing on evidence-based care treatments, better communications, identification of specific opportunities for improvement, clear goal-setting, the use of processes that have proven successful in other high-risk industries such as aviation, and establishment of a wide system of accountabilities.

Each workgroup was paired with a faculty member and quality improvement coach. Faculty members provided patient safety expertise in their fields while coaches trained in Lean Sigma — a business methodology designed to create more efficient processes — helped teams identify the causes of setbacks and barriers to improvement.

To support transparency and accountability, each clinical unit, department and hospital was responsible for reporting on its performance. A formal accountability plan was implemented with increased reviews when performance failed to meet goals. Hospital presidents were responsible for reporting performance to boards of trustees, ensuring accountability from the board room to the bedside.

Workgroups also developed sustainability plans, which were approved by a quality coach and faculty member and presented to the trustees.

“We hope this is an approach that other hospitals can adopt as a framework for their efforts to improve the quality and safety of patient care,” Pronovost says.

More details about Johns Hopkins’ approach to improving performance in the accountability measures are available in the December article authored by Pronovost and other Johns Hopkins Armstrong Institute experts in *The Joint Commission Journal on Quality and Patient Safety*.