

QUALITY COLLABORATIVE

Joint Commission Q&A

Question: Can an uninterruptible power system (UPS) be used to meet Medicare's requirement that a surgery center using general anesthesia have a Type I essential electrical system (EES)?

Joint Commission: No. A Type I system is required to have a prime mover (emergency generator) per National Fire Protection Association Health Care Facilities (NFPA 99-1999) sections

- 3-4.1 Sources Type I
- 3-4.1.1 On-site Generator Set
- 3-4.1.1.2 Essential electrical systems shall have a minimum of two independent sources of power: a normal source generally supplying the entire electrical system and one or more alternate sources for use when the normal power source is interrupted.
- 3-4.1.1.3 The alternate source of power shall be a generator driven by some form of prime movers and located on the premises.

AHRQ Contract to Develop Criteria to Assess the Evidence Base for Patient Safety Practices

On January 8 the Agency for Healthcare Research and Quality (AHRQ) awarded a contract to develop a set of criteria to be used for assessing the evidence base for the effectiveness and safety of patient safety practices in future evidence reviews and for use by implementers of patient safety practices. The \$1 million contract, "Assessing the Evidence for Context-Sensitive Effectiveness and Safety of Patient Safety Practices: Developing Criteria," was awarded to RAND, Johns Hopkins University, and the University of California-San Francisco, working in partnership with the Karolinska Institute in Sweden and a technical expert panel. AHRQ recognizes the need for a suitable set of criteria to assess which patient safety practices will work and are safe in specific settings. All across the country, providers, hospitals, health systems, and policy makers are attempting to improve the safety of patient care and looking for guidance on what works. This 1-year initiative will be the first to take into account the complexity of patient safety interventions in the real world and to tie those components to research and evaluation considerations. Those considerations include assessment of theoretical models for designing patient safety practices and the usefulness of innovative methods for evaluating intervention results.

For more information, contact Denise Dougherty, AHRQ project officer, at Denise.Dougherty@ahrq.hhs.gov or 301/427-1868.

NQF Endorses Practices to Reduce Disparities in Healthcare

The National Quality Forum (NQF) has endorsed 45 practices to guide healthcare systems in providing care that is culturally appropriate and patient-centered. The practices cover issues like communication, community engagement, and workforce training and provide healthcare systems with practices that they can implement to help reduce persistent disparities in healthcare and create higher-quality patient-centered care.

Racial and ethnic minorities continue to face disproportionately higher rates of disease, disability, and mortality. African Americans have higher death rates from heart disease, diabetes, AIDS, and cancer; American Indians and Alaskan Natives have lower life expectancies and higher rates of infant mortality.

“Truly high-quality care is also culturally competent care,” said Janet Corrigan, NQF president and CEO. “Providing culturally appropriate healthcare services not only has the potential to improve outcomes, but also increases efficiency and creates greater satisfaction among patients.”

The new NQF cultural competency practices suggest patient-centered and culturally appropriate approaches for healthcare systems in leadership, care delivery, workforce training, management systems, communication, data collection and quality improvement, and community engagement.

NQF Implementation Conference on Waste in the Healthcare System

The National Quality Forum’s upcoming 2009 implementation conference, “Waste Not, Want Not: The Right Care for *Every* Patient,” will bring together experts, innovators, and stakeholders for a 3-day discussion on the potential of a healthcare system that is free of waste, and on the latest evidence on how such a system might be achieved. The conference will be held March 25–27 in Cleveland, OH, and will feature presentations from several dynamic keynote speakers, including Denis A. Cortese of the Mayo Clinic, Wendy Everett of the New England Healthcare Institute, and James Weinstein of the Dartmouth Institute for Health Policy and Clinical Practice. You can learn more about the conference, access the agenda, and register for the conference on the NQF Web site at www.qualityforum.org/conference.