

Update on the Joint Commission's Perinatal Care (PC) Core Measure Set

Celeste Milton, MPH, BSN, RN
Associate Project Director
Department of Quality Measurement
December 2, 2011

The Joint Commission Disclaimer

- These slides are current as of **(12/2/2011)**. The Joint Commission reserves the right to change the content of the information, as appropriate.

Agenda



- ▶ PC Measures Overview

- ▶ PC Measures

 - PC-01

 - PC-02

 - PC-03

 - PC-04

 - PC-05

- ▶ FAQs & Resources

- ▶ Next Steps in the Timeline



PC Measures Overview

- ▶ In November 2007, the Joint Commission's Board of Commissioners recommended retiring the Pregnancy and Related Conditions Core Measure Set
- ▶ Recommendation to replace with an expanded set of measures based on current scientific evidence.
- ▶ National PC measures endorsed by NQF October 2008
- ▶ PC Technical Advisory Panel (TAP) appointed December 2008
- ▶ TAP meeting held February 2009
- ▶ Measure specifications work Feb-Oct 2009

PC Measures Overview (Cont.)

- ▶ Specifications Manual Version 2010A posted October 2009
- ▶ Data collection: began with April 1, 2010 discharges
- ▶ Specifications Manual Version 2010B2 posted September 2010
- ▶ Specifications Manual Version 2011A posted December 2010
- ▶ Specifications Manual Version 2012A posted August 2011

Current Joint Commission ORYX Requirements

Data collection required on 4 measures sets since 2008, some exceptions for small and specialty hospitals

- ▶ Current standardized core measure sets
 - Acute myocardial infarction
 - Heart failure
 - Pneumonia
 - Surgical Care Improvement Project
 - Perinatal care
 - Children's asthma care
 - Hospital outpatient
 - Hospital-based inpatient psychiatric services
 - Venous thromboembolism
 - Stroke
- ▶ **New Measure Sets for 2012**
 - Immunization
 - Emergency department
 - Tobacco treatment
 - Substance abuse

PC ORYX Requirements

- ▶ Women's Specialty Hospitals
 - Required if needed to meet ORYX requirement as a core set
- ▶ Acute-Care Hospitals serving this population
 - One of four sets of core measures

PC Core Measures

- ▶ PC-01 Elective Delivery
- ▶ PC-02 Cesarean Section
- ▶ PC-03 Antenatal Steroids
- ▶ PC-04 Health Care-Associated Bloodstream Infections in Newborns
- ▶ PC-05 Exclusive Breast Milk Feeding


PC Core Measure Set

Two Distinct Populations:

- Mothers
- Newborns

Consists of Five Measures Representing the Following Domains of Care:

- Assessment/Screening
- Prematurity Care
- Infant Feeding



PC-01

Elective Delivery



Original Performance Measure/Source

Developer: Hospital Corporation of America-
Women's and Children's Clinical Services

Rationale

- ▶ 39 completed weeks is the American College of Obstetricians and Gynecologists (ACOG) and American Academy of Pediatrics (AAP) standard
- ▶ Significant short-term morbidity for the newborn
- ▶ Elective inductions result in more cesarean sections

Numerator and Denominator

Patients with elective deliveries

Patients delivering newborns with
 ≥ 37 and < 39 weeks of gestation
completed

Denominator Populations

▶ Included Populations: NA

▶ Excluded Populations:

- *ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes for Conditions Possibly Justifying Elective Delivery Prior to 39 Weeks Gestation as defined in Appendix A, Table 11.07*
- Less than 8 years of age
- Greater than or equal to 65 years of age
- Length of Stay >120 days
- Enrolled in clinical trials

Denominator Data Elements

- ▶ *Admission Date*
- ▶ *Birthdate*
- ▶ *Clinical Trial*
- ▶ *Discharge Date*
- ▶ *Gestational Age*
- ▶ *ICD-9-CM Other Diagnosis Codes*
- ▶ *ICD-9-CM Principal Diagnosis Code*

Numerator Populations

- ▶ Included Populations: *ICD-9-CM Principal Procedure Code* or *ICD-9-CM Other Procedure Codes* for one or more of the following:
 - Medical induction of labor as defined in Appendix A, Table 11.05
 - Cesarean section as defined in Appendix A, Table 11.06 while not in *Active Labor* or experiencing *Spontaneous Rupture of Membranes*
- ▶ Excluded Populations: None

Numerator Data Elements

- ▶ *Active Labor*
- ▶ *ICD-9-CM Other Procedure Codes*
- ▶ *ICD-9-CM Principal Procedure Code*
- ▶ *Spontaneous Rupture of Membranes*

PC-02

Cesarean Section



Original Performance Measure/Source

Developer: California Maternal Quality Care Collaborative

Rationale

- ▶ Skyrocketing increase in cesarean section (CS) rates
- ▶ Nulliparous women with term singleton baby in vertex position (NTSV) most variable portion of CS rate
- ▶ NTSV CS rates can be addressed through performance improvement activities

Numerator and Denominator

Patients with cesarean sections

Nulliparous patients delivered of a live term singleton newborn in vertex presentation

Denominator Populations

- **Included Populations:** Nulliparous patients with *ICD-9-CM Principal Diagnosis Code* or *ICD-9-CM Other Diagnosis Codes* for outcome of delivery as defined in Appendix A, Table 11.08 and with a delivery of a newborn with 37 weeks or more of gestation completed

Denominator Populations (Cont.)

- **Excluded Populations:** *ICD-9-CM Principal Diagnosis Code* or *ICD-9-CM Other Diagnosis Codes*, for contraindications to vaginal delivery as defined in Appendix A, Table 11.09
 - Less than 8 years of age
 - Greater than or equal to 65 years of age
 - Length of Stay >120 days
 - Enrolled in clinical trials

Denominator Data Elements

- ▶ *Admission Date*
- ▶ *Birth Date*
- ▶ *Clinical Trial*
- ▶ *Discharge Date*
- ▶ *Gestational Age*
- ▶ *ICD-9-CM Other Diagnosis Codes*
- ▶ *ICD-9-CM Other Procedure Codes*
- ▶ *ICD-9-CM Principal Diagnosis Code*
- ▶ *ICD-9-CM Principal Procedure Code*
- ▶ *Parity*

Numerator Populations

- ▶ **Included Populations:** *ICD-9-CM Principal Procedure Code* or *ICD-9-CM Other Procedure Codes* for cesarean section as defined in Appendix A, Table 11.06
- ▶ **Excluded Populations:** None

Numerator Data Elements

- ▶ *ICD-9-CM Other Procedure Codes*
- ▶ *ICD-9-CM Principal Procedure Code*



Risk Adjustment

Maternal Age



Stratification by Ages

- ▶ PC-02a Cesarean Section - Overall Rate
- ▶ PC-02b Cesarean Section - 8 through 14 years
- ▶ PC-02c Cesarean Section - 15 through 19 years
- ▶ PC-02d Cesarean Section - 20 through 24 years
- ▶ PC-02e Cesarean Section - 25 through 29 years
- ▶ PC-02f Cesarean Section - 30 through 34 years
- ▶ PC-02g Cesarean Section - 35 through 39 years
- ▶ PC-02h Cesarean Section - 40 through 44 years
- ▶ PC-02i Cesarean Section - 45 through 64 years

PC-03

Antenatal Steroids



Original Performance Measure/Source Developer: Providence St Vincent's Hospital/Council of Women and Infant's Specialty Hospitals

Rationale

- ▶ National Institutes of Health 1994 recommendation
- ▶ Reduces the risks of respiratory distress syndrome, prenatal mortality, and other morbidities

Numerator and Denominator

Patients with a full course of antenatal steroids completed prior to delivering preterm newborns

Patients delivering live preterm newborns with 24 0/7-32 0/7 weeks gestation completed



Denominator Populations

▶ **Included Populations: NA**

Denominator Populations (Cont.)

Excluded Populations:

- Less than 8 years of age
- Greater than or equal to 65 years of age
- Length of Stay >120 days
- Enrolled in clinical trials
- Documented *Reason for Not Administering Antenatal Steroid*
- *ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes* for fetal demise as defined in Appendix A, Table 11.09.1

Denominator Data Elements

- ▶ *Admission Date*
- ▶ *Birthdate*
- ▶ *Clinical Trial*
- ▶ *Discharge Date*

Denominator Data Elements (Cont.)

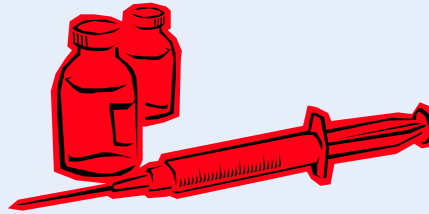
- ▶ *ICD-9-CM Other Diagnosis Codes*
- ▶ *ICD-9-CM Principal Diagnosis Code*
- ▶ *Gestational Age*
- ▶ *Reason for Not Administering Antenatal Steroid*

Numerator Populations

- ▶ **Included Populations:** Full course of antenatal steroids (refer to Appendix B, Table 11.0, antenatal steroid medications)
- ▶ **Excluded Populations:** None

Numerator Data Elements

Antenatal Steroid Administered



PC-04

Health Care-Associated Bloodstream Infections in Newborns



Original Performance Measure/Source

Developer: Agency for Healthcare Research
and Quality

Rationale

- ▶ Rates range from 6% to 33%
- ▶ Infections result in increased mortality, length of stay & hospital costs
- ▶ Effective preventive measures can be used to reduce infections

Numerator and Denominator

Newborns with septicemia or bacteremia

Liveborn newborns

Denominator Populations

- ▶ **Included Populations:** *ICD-9-CM Other Diagnosis Codes* for birth weight between 500 and 1499g as defined in Appendix A, Table 11.12, 11.13 or 11.14 OR *Birth Weight* between 500 and 1499g

OR

Denominator Populations (Cont.)

- ▶ *ICD-9-CM Other Diagnosis Codes* for birth weight $\geq 1500\text{g}$ as defined in Appendix A, Table 11.15, 11.16 or 11.17 OR *Birth Weight* $\geq 1500\text{g}$ who experienced one or more of the following:
 - Experienced death
 - *ICD-9-CM Principal Procedure Code* or *ICD-9-CM Other Procedure Codes* for major surgery as defined in Appendix A, Table 11.18
 - *ICD-9-CM Principal Procedure Code* or *ICD-9-CM Other Procedure Codes* for mechanical ventilation as defined in Appendix A, Table 11.19
 - Transferred in from another acute care hospital within 2 days of birth

Denominator Populations (Cont.)

Excluded Populations:

- *ICD-9-CM Principal Diagnosis Code* for sepsis as defined in Appendix A, Table 11.10.2
- *ICD-9-CM Principal Diagnosis Code* for liveborn newborn as defined in Appendix A, Table 11.10.3 AND *ICD-9-CM Other Diagnosis Codes* for newborn septicemia or bacteremia as defined in Appendix A, Table 11.10
- *ICD-9-CM Other Diagnosis Codes* for birth weight < 500g as defined in Appendix A, Table 11.20 OR *Birth Weight < 500g*
- Length of Stay < 2 days OR > 120 days
- Enrolled in clinical trials

Denominator Data Elements

- ▶ *Admission Date*
- ▶ *Admission Type*
- ▶ *Birthdate*
- ▶ *Birth Weight*
- ▶ *Clinical Trial*
- ▶ *Discharge Date*

Denominator Data Elements (Cont.)

- ▶ *Discharge Status*
- ▶ *ICD-9-CM Other Diagnosis Codes*
- ▶ *ICD-9-CM Other Procedure Codes*
- ▶ *ICD-9-CM Principal Diagnosis Code*
- ▶ *ICD-9-CM Principal Procedure Code*
- ▶ *Point of Origin for Admission or Visit*

Numerator Populations

Included Populations:

- *ICD-9-CM Other Diagnosis Codes* for septicemias as defined in Appendix A, Table 11.10.1

OR

- *ICD-9-CM Other Diagnosis Codes* for newborn septicemia or bacteremia as defined in Appendix A, Table 11.10 and one diagnosis code from Table 11.11

Excluded Populations: None

Numerator Data Elements

▀ *ICD-9-CM Other Diagnosis Codes*



Risk Adjustment

- ▶ Birth Weight: 3 birth weight categories (500-999, 1000-1249, 1250-2499 grams)
- ▶ Congenital Anomalies: 3 different types (gastrointestinal, cardiovascular, other specified) identified through ICD-9 codes
- ▶ Out-born birth
- ▶ Death or transfer out

PC-05

Exclusive Breast Milk Feeding



Original Performance Measure/Source

Developer: California Maternal Quality Care Collaborative

Rationale

- ▶ Goal of World Health Organization (WHO), Department of Health and Human Services (DHHS), American Academy of Pediatrics (AAP) and American College of Obstetricians and Gynecologists (ACOG)
- ▶ Numerous benefits for the newborn

Numerator and Denominator

Newborns that were fed breast milk only
since birth

Single term newborns discharged from
the hospital

Denominator Populations

- ▶ **Included Populations:** Liveborn newborns with *ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes* for single liveborn newborn as defined in Appendix A, Table 11.20.1

Denominator Populations (Cont.)

Excluded Populations:

- Admitted to the Neonatal Intensive Care Unit (NICU) at this hospital during the hospitalization
- *ICD-9-CM Principal Diagnosis Code* or *ICD-9-CM Other Diagnosis Codes* for galactosemia as defined in Appendix A, Table 11.21
- *ICD-9-CM Principal Procedure Code* or *ICD-9-CM Other Procedure Codes* for parenteral infusion as defined in Appendix A, Table 11.22
- Experienced death

Denominator Populations (Cont.)

Excluded Populations (Cont.)

- Length of Stay >120 days
- Enrolled in clinical trials
- Documented *Reason for Not Exclusively Feeding Breast Milk*
- Patients transferred to another hospital
- *ICD-9-CM Principal Diagnosis Code or ICD-9-CM Other Diagnosis Codes* for premature newborns as defined in Appendix A, Table 11.23



Denominator Data Elements

- ▶ *Admission Date*
- ▶ *Admission to NICU*
- ▶ *Admission Type*
- ▶ *Birthdate*
- ▶ *Clinical Trial*
- ▶ *Discharge Date*
- ▶ *Discharge Status*

Denominator Data Elements (Cont.)

- ▶ *ICD-9-CM Other Diagnosis Codes*
- ▶ *ICD-9-CM Other Procedure Codes*
- ▶ *ICD-9-CM Principal Diagnosis Code*
- ▶ *ICD-9-CM Principal Procedure Code*
- ▶ *Point of Origin for Admission or Visit*
- ▶ *Reason for Not Exclusively Feeding Breast Milk*

Numerator Populations

- ▶ **Included Populations: NA**
- ▶ **Excluded Populations: None**



Numerator Data Elements

▀ *Exclusive Breast Milk Feeding*



Reason for Not Exclusively Feeding Breast Milk

- ▶ Suggested Data Sources Change:
 - **PHYSICIAN/APN/CNM/LACTATION CONSULTANT DOCUMENTATION ONLY**
- ▶ Inclusion:
 - Maternal admission to Intensive Care Unit (ICU) post-partum



Appendix A


Table 11.23 Premature Newborns



FAQs


PC-01 Elective Delivery





How come some of ACOG's approved justifications are not considered?

- ▶ Purpose is to enable hospitals to establish a baseline for performance to determine whether improvement efforts are effective over time
- ▶ Not every conceivable exclusion for the measure included in Table 11.07




How come some of ACOG's approved justifications are not considered? (Cont.)

- ▶ Weighing the burden of data collection versus the frequency with which these conditions occur
- ▶ The value of including every conceivable justification outweighed by the additional time required to identify those cases via medical record review

FAQs

PC-02 Cesarean Section





Why are no other contraindications to vaginal deliveries considered such as maternal cardiac conditions or fetal distress?

- ▶ The measure is designed to measure complications that largely arise in labor and not exclude them.
- ▶ There are certainly good reasons to do a cesarean section that are captured in the measure.
- ▶ The premise is that medical practices during labor lead to the development of indications that were potentially avoidable.

FAQs

PC-05 Exclusive Breast Milk Feeding



How is exclusive breast milk feeding defined?

- ▶ A newborn receiving only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines
- ▶ If the newborn receives any other liquids including water during the entire hospitalization, select allowable value 'No'
- ▶ Exclusive breast milk feeding includes the newborn receiving breast milk via a bottle or other means beside the breast

Why was Exclusive Breast Milk Feeding selected as a measure?

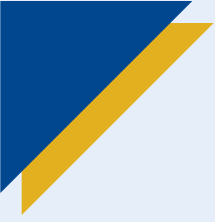
- ▶ The overall goal to improve **exclusive** breast milk feeding rates (estimated as low as 30% in some parts of the country)
- ▶ Supported by World Health Organization (WHO), Department of Health and Human Services (DHHS), American Academy of Pediatrics (AAP), American College of Obstetricians and Gynecologists (ACOG) & Healthy People 2010
- ▶ A number of evidence-based studies support the numerous benefits of exclusive breast milk feeding for both the mother and newborn

Why aren't more newborn medical conditions excluded?

- ▶ Not all medical indications for formula supplementation in the first days of life are excluded from this measure
- ▶ Many of these indications have a large variation in the definitions, thresholds and application of supplementation utilization
- ▶ Rate of these complications should not vary greatly from hospital to hospital, though their severity can be driven by obstetric care

Why is a mother's choice not to breast feed not considered?

- ▶ The Joint Commission recognizes and supports the right of a woman to refuse breast milk feeding
- ▶ A mother's choice to breastfeed is a decision to be respected
- ▶ A number of educational programs based on scientific evidence have been successfully implemented by hospitals to increase the number of mothers that exclusively breast milk feed their newborns
- ▶ Cultural beliefs and values may influence the decision whether to exclusively breast milk feed or not
- ▶ Health care providers encouraged to integrate culturally sensitive information when promoting exclusive breast milk feeding as an option



Resources



March of Dimes Perinatal Care Resource

➤ **Toward Improving the Outcome of Pregnancy III (TIOP III)**

➤ **Available at:**

http://www.marchofdimes.com/professionals/medicalresources_tiop.html



Resource for Elective Delivery

- ▶ March Of Dimes (MOD)/California Maternal Quality Care Collaborative (CMQCC) <39wk Toolkit
- ▶ Available at: marchofdimes.com or CMQCC.org to download your **free copy of the toolkit.**

Resources for Breast Milk Feeding Promotion

- ▶ The Centers for Disease Control and Prevention (CDC) has an excellent guide available at:
<http://www.cdc.gov/breastfeeding/resources/guide.htm>.
- ▶ The Academy of Breastfeeding Medicine (ABM) has protocols available at:
<http://www.bfmed.org/Resources/Protocols.aspx>.
- ▶ The United States Breastfeeding Committee has a toolkit available at:
<http://www.usbreastfeeding.org/>
- ▶ The Joint Commission's Speak Up™ Campaign




The CDC Guide To Breastfeeding Interventions

- Released in 2005
- Provides Guidance in Selecting Promising Breastfeeding Promotion and Support Activities
- Two Categories of Interventions

Evidence-Based Interventions

- 
- ▶ Maternity Care Practices
 - ▶ Support for Breastfeeding in the Workplace
 - ▶ Peer Support
 - ▶ Educating Mothers
 - ▶ Professional Support
 - ▶ Media and Social Marketing



Interventions Whose Effectiveness Has Not Been Established

- ▶ Countermarketing and the World Health Organization (WHO) *International Code*
- ▶ Professional Education
- ▶ Public Acceptance
- ▶ Hotlines and Other Information Resources

ABM Clinical Protocols

- ▶ **Hypoglycemia**
- ▶ **Going Home/Discharge**
- ▶ **Supplementation**
- ▶ **Mastitis**
- ▶ **Peripartum BF Management**
- ▶ **Cosleeping and Breastfeeding**

ABM Clinical Protocols (Cont.)

- ▶ **Model Hospital Policy**
- ▶ **Human Milk Storage**
- ▶ **Galactogogues**
- ▶ **Breastfeeding the Near-term Infant**
- ▶ **Neonatal Ankyloglossia**
- ▶ **NICU Graduate Going Home**

ABM Clinical Protocols (Cont.)

- ▶ **Contraception and Breastfeeding**
- ▶ **The Breastfeeding-Friendly Physicians' Office Part 1: Optimizing Care for Infants and Children**
- ▶ **Analgesia and Anesthesia for the Breastfeeding Mother**
- ▶ **Breastfeeding the Hypotonic Infant**

ABM Clinical Protocols (Cont.)

- ▶ **Guidelines for Breastfeeding Infants with Cleft Lip, Cleft Palate, or Cleft Lip and Palate**
- ▶ **Use of Antidepressants in Nursing Mothers**
- ▶ **Breastfeeding Promotion in the Prenatal Setting**

ABM Clinical Protocols (Cont.)


- ▶ **Engorgement**
- ▶ **Breastfeeding and the Drug-Dependant Woman**
- ▶ **Jaundice**

The United States Breastfeeding Committee (USBC)

"All U.S. mothers should have the opportunity to breastfeed their infants and all infants should have the opportunity to be breastfed."

[➔ Read More](#)





USBC Toolkit for PC-05: *Implementing The Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding*

- ▶ Part 1 January 2010: *The Guidelines for Data Collection*
- ▶ Part 2 December 2010: *Implementing Practices That Improve Exclusive Breast Milk Feeding*


Citation: United States Breastfeeding Committee. *Implementing The Joint Commission Perinatal Care core measure on exclusive breast milk feeding*. Rev ed. Washington, DC: United States Breastfeeding Committee; 2010.



The Joint Commission's Speak Up™ Campaign

August 2011






Speak Up™ Campaign

- ▶ The Joint Commission launched the Speak Up campaign on March 14, 2002
- ▶ Increase patient awareness and involvement
- ▶ Acknowledges that doctors, health care executives, nurses, and many health care technicians are already working to make health care safe



Joint Commission Standards

- ▶ Patient Rights – involve patients, inform them of outcomes, communicate, and inform them of rights and responsibilities
- ▶ Education – provide education for assessed needs, and educate patients to report perceived risk
- ▶ Leadership – give high priority to patient safety issues
- ▶ Performance Improvement – collect data on perceptions of risk and suggestions for improving safety



New Speak Up About Breastfeeding Campaign

- ▶ Released – August 1, 2011
- ▶ Coincided with World Breastfeeding Week
- ▶ Publicized through a national media campaign

Speak Up About Breastfeeding

- ▶ Groups collaborating with The Joint Commission on the campaign:
 - Academy of Breastfeeding Medicine
 - American Academy of Pediatrics
 - Association of Women's Health, Obstetric and Neonatal Nurses
 - Baby-Friendly USA, Inc.
 - Centers for Disease Control and Prevention
 - March of Dimes
 - United States Breastfeeding Committee



SpeakUP™

**Help Prevent
Errors in
Your Care**

Brochures include a blank panel to allow for information about the organization, its commitment to patient safety, and the organization logo. Posters are available for some campaigns.



**To prevent health care errors,
patients are urged to...**

SpeakUP™

Everyone has a role in making health care safe. That includes doctors, health care executives, nurses and many health care technicians. Health care organizations all across the country are working to make health care safe. As a patient, you can make your care safer by being an active, involved and informed member of your health care team.



Speak up if you have questions or concerns. If you still don't understand, ask again. It's your body and you have a right to know.

Pay attention to the care you get. Always make sure you're getting the right treatments and medicines by the right health care professionals. Don't assume anything.

Educate yourself about your illness. Learn about the medical tests you get, and your treatment plan.

Ask a trusted family member or friend to be your advocate (advisor or supporter).

Know what medicines you take and why you take them. Medicine errors are the most common health care mistakes.

Use a hospital, clinic, surgery center, or other type of health care organization that has been carefully checked out. For example, The Joint Commission visits hospitals to see if they are meeting The Joint Commission's quality standards.

Participate in all decisions about your treatment. You are the center of the health care team.


Speak Up Brochures

- ▶ All accredited health care organizations receive information about every new Speak Up campaign
- ▶ Organizations may order brochures, posters and buttons
- ▶ Church groups, advocacy groups and pharmaceutical companies print and distribute brochures
- ▶ Any group that wishes to use any of the campaigns are welcome to do so



Speak Up Brochures

- ▶ Written at a fifth grade reading level
- ▶ Available in English and Spanish
- ▶ Provide questions to ask and advice about what to expect in health care settings
- ▶ Brochures have a blank panel allowing health care organizations to add their own patient safety messages



Implementation of Speak Up in Field

HCOs are being very creative with the information

- ▶ Pamphlets included in staff orientation, patient admission packets, patient education materials, distributed at health and education fairs, and public information booths
- ▶ Posters hung in public areas, patient rooms and waiting rooms
- ▶ Staff wearing Speak Up buttons
- ▶ Adapted into public service announcements
- ▶ Closed circuit television patient education programs

Implementation of Speak Up in Field (Cont.)

- ▶ Sent press releases which aired on local television and radio networks, and were printed in community magazines and newspapers
- ▶ Information included in newsletters to health care staff and the public
- ▶ Plaques created with Speak Up information
- ▶ Speak Up campaigns held
- ▶ Used as a kickoff for hospital week
- ▶ Established Speak Up Task Force

For more information



▶ **The Joint Commission website:**

www.jointcommission.org/GeneralPublic/Speak+Up/

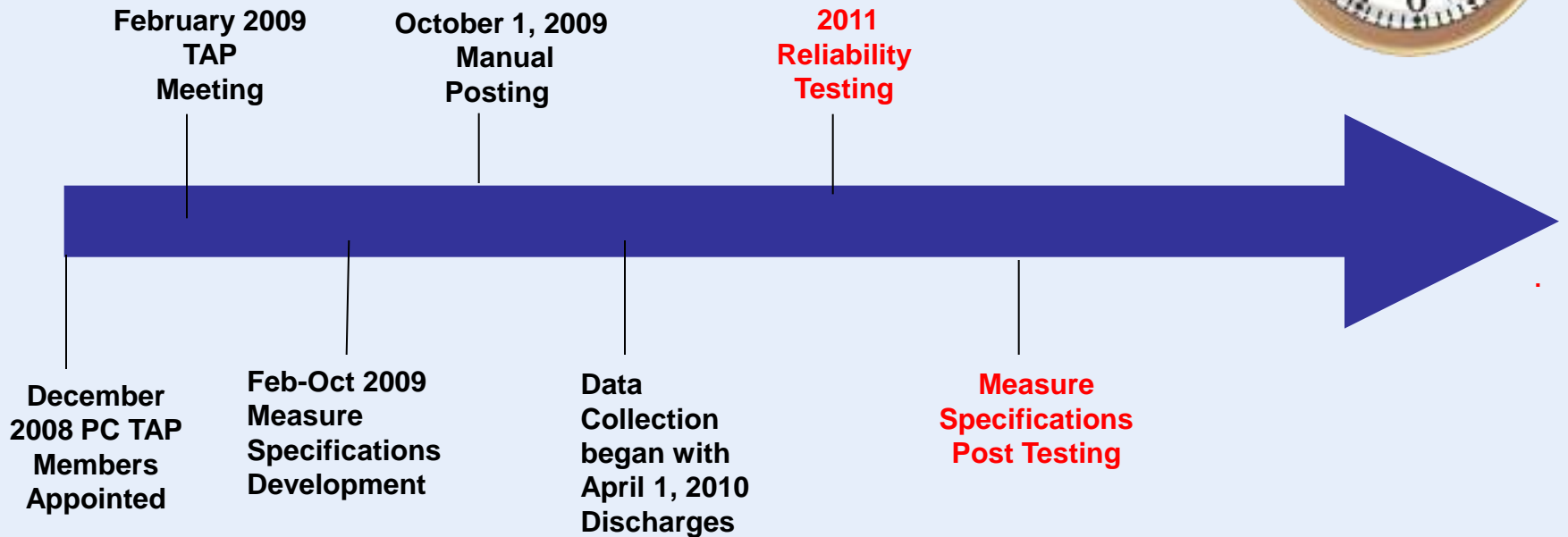
▶ **Joint Commission Resources:**

www.jcrinc.com or 877.223.6866 (brochures and posters available for purchase)

▶ **YouTube:**

<http://www.youtube.com/user/TheJointCommission>

Next Steps in the Timeline





**View the manual and post
questions at:**

<http://manual.jointcommission.org>

Questions

