Joint Commission Online

A complimentary publication of The Joint Commission

September 9, 2009

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Accreditation

Revised 2010 NPSGs; some changes are effective immediately

The Joint Commission has revised the 2010 National Patient Safety Goals and some changes are effective immediately. The changes were made partly in response to concerns from the field about the resources needed to comply with NPSGs that have become more specific and detailed over time. The revisions include clarifying and streamlining certain Elements of Performance, as well as deleting some requirements and moving others to the standards. For the remainder of 2009, during the on-site survey, surveyors will not evaluate compliance with the requirements that have been deleted. Other changes will be effective January 1, 2010. The changes to the NPSGs reflect The Joint Commission's continuing efforts to focus the NPSGs on those topics that are of highest priority to patient safety and quality care. Decreasing the number of NPSGs allows organizations to focus their efforts on the most important issues. Moving a requirement to the standards means that it is no longer necessary to "spotlight" the issue in the NPSGs. The improvements are similar to the Standards Improvement Initiative (SII), which the standards have undergone, and the goal of the improvements is to clarify language and ensure relevancy to the settings in which they apply.

The NPSG 8 on medication reconciliation is not included in these changes as additional work is being done to evaluate and refine the medication reconciliation expectations for accredited organizations. Early this year, The Joint Commission took action to reduce the burden of the NPSG on medication reconciliation for organizations. Effective January 1, 2009, NPSG 8 continues to be evaluated during the on-site survey, but survey findings are not factored into the organization's accreditation decision and Requirements for Improvement (RFIs) are not generated. The Joint Commission is conducting research on this NPSG this summer, including literature reviews, focus groups, and interviews with experts. A revised version of the NPSG is expected to be available for field review in early 2010, and for Standards and Survey Procedures Committee approval in the spring of 2010. In addition, based on the recent decision to limit Disease-Specific Care certification to programs in Joint Commission accredited organizations only, the parent organizations of DSC programs will be responsible for making sure that the DSC program meets applicable NPSGs. The DSC program will no longer have its own set of NPSGs.

Also, while no new NPSGs have been developed for 2010, on January 1, 2010, organizations will be expected to have fully implemented the requirements related to health care-associated infections (which were established with the 2009 NPSGs). Currently, The Joint Commission is reviewing the role of NPSGs and how they are developed. Below is an overview of the requirements that were deleted or moved to the standards. See the 2010 NPSGs on The Joint Commission Web site.

NPSG	Change and Program Applicability
01.01.01	EP 1 was deleted for all programs
01.02.01	The NPSG was deleted for the home care, laboratory and long term care programs
02.01.01	The NPSG moved to the standards for all programs
02.02.01	The NPSG moved to the standards for all programs
02.03.01	The NPSG was deleted for the ambulatory care, behavioral health care, home care, long term care, and office-based surgery programs
02.05.01	The NPSG moved to the standards for all programs
03.03.01	The NPSG moved to the standards for the ambulatory care, behavioral health care, critical access hospital, home care, hospital, long term care, and office-based surgery programs
03.04.01	EP 7 was deleted
03.05.01	The NPSG was deleted for the home care program
07.02.01	The NPSG was deleted for all programs
07.04.01	The NPSG was deleted for the ambulatory care, home care, and office-based surgery programs
09.02.01	The NPSG moved to the standards for hospital and critical access hospital programs
10.01.01	The NPSG moved to the standards for the long term care program
11.01.01	The NPSG was deleted for the ambulatory care and office-based surgery programs
13.01.01	For the ambulatory care, behavioral health care, critical access hospital, home care, hospital, long term care and office-based surgery programs, EPs 1 and 2 moved to the standards and EPs 3 and 4 were deleted. For the laboratory program, EPs 1 and 4 were deleted.
16.01.01	The NPSG moved to the standards for applicable programs

(Contact: Maureen Carr, mcarr@jointcommission.org)

Revised Universal Protocol; some changes are effective immediately
Based on the feedback from the recent field review, The Joint Commission has revised the Universal Protocol and some changes are effective immediately. For the remainder of 2009, during the on-site survey, surveyors will not evaluate compliance with the following requirements that were eliminated or substantially modified: UP.01.01.01 EPs 1, 2; UP.01.02.01 EPs 1, 2, 3, 7; UP.01.03.01 EPs 1, 5, 6. Other changes will be effective January 1, 2010. The intent of the revisions is to address patient safety issues while allowing organizations flexibility in applying the requirements within existing work processes, given the diversity of organizations that need to follow the Universal Protocol. These organizations include hospitals, critical access hospitals, ambulatory care facilities and office-based surgical practices. The changes stem from concerns that The Joint Commission has received from accredited and professional organizations related to the practical implications of complying with modifications made to the Universal Protocol that became effective January 1, 2009. The concerns focused primarily on the specificity of the requirements. Below is an overview of the changes to the Universal Protocol. See the revised Universal Protocol on The Joint Commission Web site.

- **Applicability:** The Universal Protocol will apply to all surgical and non-surgical invasive procedures. This is a change from "all invasive procedures that put patients at more than minimal risk, regardless of the location within an organization."

- **Pre-procedure verification (UP.01.01.01):** References to the location (pre-procedure area) and timing of the verification will be removed. The term "checklist" will be replaced by a reference to a standardized list to be used in the verification process. The term "checklist" implied the need to document each step for each patient. A note will be added clarifying that documentation of the use of the standardized list on a per patient basis is not required.

- **Site marking (UP.01.02.01):** The revised Universal Protocol states: The procedure site is marked by a licensed independent practitioner who is ultimately accountable for the procedure and will be present when the procedure is performed. In limited circumstances, the licensed independent practitioner may delegate site marking to an individual who is permitted by the organization to participate in the procedure, is familiar with the patient, will be present when the procedure is performed, and is either qualified through a medical residency program or is a licensed individual who performs duties requiring collaboration or supervisory agreements with the licensed independent practitioner. These individuals include advanced practice registered nurses (APRNs) and physician

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assistants (PAs). However, the licensed independent practitioner who delegates responsibility is ultimately accountable for the procedure. This option takes into account the current position of The Joint Commission, National Quality Forum, World Health Organization, and American Academy of Orthopaedic Surgeons and the concern raised by the field that the current requirement is impractical under some circumstances. The Joint Commission will continue to gather input and data on this issue.

- **Alternative processes for site marking (UP.01.02.01):** The current Universal Protocol describes situations in which exceptions to site marking are allowed. The requirement was modified to allow organizations to develop alternative processes for site marking.

- **Time out (UP.01.03.01):** The time out will occur prior to incision or the start of the procedure. References in the current Universal Protocol to conducting the time out before the provision of anesthesia were removed. The rationale states that the organization may conduct the time out before providing anesthesia or may choose to do more than one time out. The list of issues to address in the time out was shortened to focus on the correct patient, procedure and site.

(Contact: Maureen Carr, mcarr@jointcommission.org)

Staffing effectiveness requirements available for second field review

The Joint Commission is conducting a second field review of revised staffing effectiveness requirements for the hospital and long term care programs. This round of revisions includes further refinements made in response to comments from the first field engagement, which was conducted in spring 2009. Comments will be gathered through October 7, 2009. For the background on this field review, see the August 5, 2009 issue of *Joint Commission Online*. (Contact: Laura Smith, lsmith@jointcommission.org)

Patient safety

***Sentinel Event Alert* clarification**

The recently released *Sentinel Event Alert*, Issue 43, "Leadership: committed to safety," created some confusion surrounding wording in the first paragraph of the section titled: Appropriate evaluation of adverse events and discipline. The Alert on the Web site has been revised to clarify this language.
(Contact: Caron Wong, cwong@jointcommission.org)

Performance measurement

Comment sought on candidate measures for tobacco, alcohol and other drug use and dependence

The Joint Commission seeks your comments on candidate measures for assessing and treating tobacco, alcohol, and other drug use and dependence. Specifically, these eight measures address screening and assessment; treatment, including brief interventions and if applicable, medication; and follow-up after hospital discharge. Comments will be gathered through September 30. The Joint Commission received funding from The Substance Abuse and Mental Health Services Administration and its Center for Substance Abuse Treatment in the Department of Health and Human Services to develop a set of performance measures focused on assessing and treating tobacco, alcohol, and other drug use and dependence for hospitalized patients. A Technical Advisory Panel, which convened in late June, sought to:

- strengthen the currently endorsed smoking cessation and counseling measures
- expand the population to all applicable patients
- broaden the scope of the measure set to include alcohol and other drug use and dependence

(Contact: Nancy Lawler, nlawler@jointcommission.org)

Volunteers needed to test blood management candidate measures

The Joint Commission is seeking 50 U.S. hospitals to volunteer for the first phase of testing for the Blood Management Performance Measures Project. This alpha testing requires review of the draft specifications and submission of a Likert scale evaluation and comments. No chart abstraction is required. Participation in the testing will not affect a hospital's accreditation status. This project is supported by unrestricted educational grants from the ITxM℠ Blood Science Foundation and ZymoGenetics, Inc. More information is available on the Joint Commission Web site. Interested organizations should volunteer by September 11, 2009. (Contact: Harriet Gammon, hgammon@jointcommission.org)

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Joint Commission Resources

Hospital Executive Briefings
In these tough economic times, health care leaders want to know how health care reform and accreditation will mesh to improve their patient outcomes in a cost-effective manner. This year's Hospital Executive Briefing will provide practical information, solutions and tools that can be implemented immediately to address the ever-changing health care environment. The briefing will help you:

- Identify one Joint Commission initiative that can help your organization provide safe, high quality care.
- Analyze the process redesigns that directly impact your organization's survey process.
- Develop effective plans for dealing with the most challenging National Patient Safety Goals.
- Select solutions to the challenging standards that were scored non-compliant that can be adapted and integrated at your health care organization.
- Communicate to your board and management group the Joint Commission's strategic plan and its impact on accreditation.

Featured presenters include Mark Chassin, M.D., M.P.P., M.P.H., president of The Joint Commission (September 11), and Ann Scott Blouin, Ph.D., R.N., executive vice president, Division of Accreditation and Certification Operations, The Joint Commission. Attendees will receive a hand hygiene monograph CD that will broaden your understanding of the issues and provide practical solutions for strengthening your measurement and improvement activities.

September 11, 2009 – Crowne Plaza Times Square Manhattan, New York, N.Y.

September 18, 2009 – Sheraton Dallas, Dallas, Texas

September 25, 2009 – Sheraton Gateway Hotel, Los Angeles, Calif.
(Contact: Alma Harrell, aharrell@jcrinc.com)

2009 Annual Conference on Quality and Patient Safety
The Joint Commission and Joint Commission Resources will host the 2009 Annual Conference on Quality and Patient Safety, "Explore, Enhance and Energize – Leadership for the Future," September 14 through 16 at the Donald E. Stephens Convention Center in Rosemont, Ill. Key note speaker Robert M. Wachter, M.D., professor and associate chairman, Department of Medicine, University of California, San Francisco, will speak on efforts to prevent medical mistakes, what is working and not working a decade after the Institute of Medicine's report on medical error, "To Err is Human: Building a Safer Health System." In addition:

- Jeffrey C. Bauer, Ph.D., partner, Management Consulting – Future Practice, ACS Healthcare Solutions, a medical economist and health futurist, will provide an overview of technology and explore how technology can be optimally used to produce desired levels of improvement in health care. Bauer will also introduce policy prescriptions for successful reform of health care delivery systems that are consistent with national goals.
- Mark R. Chassin, M.D., M.P.P., M.P.H., president, The Joint Commission, will speak on The Joint Commission's role in quality and safety, and Ann Scott Blouin, Ph.D., R.N., executive vice president, Division of Accreditation and Certification Operations, The Joint Commission, will moderate the conference.
- Jeanette Michalek, M.S.N., A.P.R.N., B.C., vice president, Planetree, will review how to design and practice patient-centered care.

The early bird rate of $849—a savings of $150—has been extended until September 14. A discounted rate of $829 per person is offered for teams of three or more. To register, call JCR Customer Service at (877) 223-6866 and use registration code 09065. More information is available at the JCR Web site.

Call for presentations for 2010 Annual Conference on Quality and Patient Safety
Proposals for presentations for next year's Annual Conference on Quality and Patient Safety are being accepted. Presentations should focus on practitioner-based, solutions-oriented improvements and success stories. They should also include new processes, technologies, techniques or tools, and creative and innovative ideas on quality and safety that have achieved sustained improvement. Presentation

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proposals should be submitted by October 1, 2009, via an online registration form. Questions may be e-mailed to annualconf2010@jcrinc.com. (Contact Susan Murray, smurray@jcrinc.com)

Home Care Executive Briefings: Attend in person or via video
This year's Home Care Executive Briefing, to be held November 4, 2009, at The Joint Commission Central Office in Oakbrook Terrace, Ill., allows attendance in person or virtually through live or archived streaming video. The briefing will provide new information that leaders need to stay up-to-date as well as an opportunity to discuss the critical issues surrounding quality and safety for home care providers. The briefing will help you:

- Understand how accreditation can be a valuable resource in effectively addressing changing industry trends and patient expectations.
- Learn about changes to the Periodic Performance Review (PPR) and survey process.
- Determine how the enhanced survey process will affect your organization.
- Use resources related to the National Patient Safety Goals to determine areas of potential patient risk or organizational risk, and liability.
- Identify effective strategies for complying with challenging standards.
- Explain how Lean and Six Sigma tools can be implemented at your organization to achieve and sustain improvement and enhance return on investment.

Expand your learning experience by attending the Home Care Accreditation Primer and Home Care Accreditation Essentials seminars to be held November 1-3. For more information or to register, click on the seminars referenced below or call Joint Commission Resources Customer Service toll free at (800) 223-6866. The Home Care Essentials seminar is also available via live or archived streaming video. When ordering, use the registration code indicated.

November 1, 2009 – Home Care Accreditation: A Primer for Beginners: Learn basic information about the accreditation process as Joint Commission faculty take you through the process step-by-step. (Note: No video option is provided for the primer seminar.)

November 2-3, 2009 – Home Care Accreditation Essentials: Understand the survey process and learn how to make your supervisory visits more robust using tracer activity techniques. The most challenging standards, National Patient Safety Goals, and select Centers for Medicare & Medicaid Services requirements will be reviewed with practical tips on how to avoid common mistakes. Live streaming video: Product code 09087V. Archived streaming video: VA09087.

November 4 – Home Care Executive Briefing
Live streaming video: Product code 09088V. Archived streaming video: VA09088.
(Contact: Alma Harrell, aharrell@jcrinc.com)

Free briefings on HCSS Certification in D.C., New York and Florida
Not-yet-certified health care staffing firms are invited to attend a free briefing on The Joint Commission's Health Care Staffing Services Certification Program. Attendees will learn about the benefits of Joint Commission certification and the process of becoming certified. The briefings include an opportunity to talk directly with Joint Commission staff about the application process, standards, on-site review and pricing. Attendees will receive free copies of the Health Care Staffing Certification Manual (a $100 value), the Certification Handbook, and Review Process Guide. The briefings will be held:

- September 14, 1-4 p.m., Wardman Park Marriott, Washington, D.C.
- October 1, 9:30-11 a.m., Long Island Jewish Health System, Great Neck, N.Y.
- October 20, 9-noon, Florida Hospital, Winter Park, Fla.

(Contact: Dave Eickemeyer, deickemeyer@jointcommission.org)

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