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## Accreditation

### Most challenging requirements for first half of 2009

The Joint Commission collects data on organizations' compliance with standards, National Patient Safety Goals, the Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery™, and Accreditation and Certification Participation Requirements to identify trends and focus education on challenging requirements. The table below identifies the top five Joint Commission requirements that were most frequently identified as "not compliant" from January 1, 2009 through June 30, 2009 for accredited organizations and certification programs. Organizations can use this information to benchmark their performance against all accredited organizations or certified programs. For more information, see the [Frequently Asked Questions](#). (Contact: Standards Interpretation Group, (630) 792-5900 or [online question form](#))

Standards and NPSGs with highest non-compliance rates		
Ambulatory Care		
Standard or Goal	Summary of requirement	Non-compliance
HR.02.01.03	The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.	45 percent
MM.03.01.01	The organization safely stores medications.	27 percent
UP.01.03.01	A time-out is performed immediately prior to starting procedures.	24 percent
NPSG.02.03.01	The organization measures, assesses, and, if needed, takes action to improve the timeliness of reporting and the timeliness of receipt of critical tests and critical results and values by the responsible licensed caregiver.	21 percent
WT.05.01.01	The organization maintains records for waived testing.	21 percent
Behavioral Health Care		
Standard or Goal	Summary of requirement	Non-compliance
PC.4.40	The organization develops a plan for care, treatment, or services that reflects the assessed needs, strengths, and limitations.	38 percent
IM.6.10	The organization has a complete and accurate clinical/case record for clients assessed, cared for, treated, or served.	16 percent
NPSG.15.01.01	The behavioral health care organization identifies clients at risk for suicide.	16 percent
MM.2.20	Medications are properly and safely stored.	15 percent
EC.4.10	The organization addresses emergency management.	13 percent
Critical Access Hospital		
Standard or Goal	Summary of requirement	Non-compliance
EC.02.03.05	The critical access hospital maintains fire safety equipment and fire safety building features.	43 percent
EC.02.05.07	The critical access hospital inspects, tests, and maintains emergency power systems.	43 percent
LS.02.01.10	Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.	38 percent

LS.02.01.30	The critical access hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.	32 percent
LS.02.01.20	The critical access hospital maintains the integrity of the means of egress.	26 percent
MM.03.01.01	The critical access hospital safely stores medications.	26 percent
NPSG.02.03.01	The critical access hospital measures, assesses, and, if needed, takes action to improve the timeliness of reporting and the timeliness of receipt of critical tests and critical results and values by the responsible licensed caregiver.	26 percent

#### Disease-Specific Care

Standard or Goal	Summary of requirement	Non-compliance
DF.2	The program develops a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care.	39 percent
SE.3	The program addresses participants' education needs.	15 percent
CT.5	The program initiates, maintains, and makes accessible a health or medical record for every participant.	13 percent
DF.1	Practitioners are qualified and competent.	13 percent
PM.6	The program evaluates participant perception of quality of care.	12 percent

#### Health Care Staffing

Standard or Goal	Summary of requirement	Non-compliance
HR.1	The HCSS firm confirms that a person's qualifications are consistent with his or her assignment(s).	19 percent
LD.9	The HCSS firm addresses emergency management	19 percent
LD.5	The services contracted for by the HCSS firm are provided to customers.	16 percent
HR.6	The HCSS firm evaluates the performance of clinical staff	14 percent
CPR.6	The staffing firm provides notices to its publics that when an individual has any concerns about patient care and safety in the staffing firm that the firm has not addressed, he or she is encouraged to contact the staffing firm's management.	10 percent

#### Home Care

Standard or Goal	Summary of requirement	Non-compliance
LS.02.01.10	Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat. (Inpatient hospice only)	37 percent
PC.02.01.03	The organization provides care, treatment, or services in accordance with orders or prescriptions, as required by law and regulation.	28 percent
NPSG.02.03.01	The organization measures, assesses, and, if needed, takes action to improve the timeliness of reporting and the timeliness of receipt of critical tests and critical results and values by the responsible licensed caregiver.	27 percent
NPSG.09.02.01	The organization implements a fall reduction program that includes an evaluation of the effectiveness of the program.	22 percent
HR.01.06.01	Staff are competent to perform their responsibilities.	21 percent

#### Hospital

Standard or Goal	Summary of requirement	Non-compliance
LS.02.01.20	The hospital maintains the integrity of the means of egress.	45 percent
LS.02.01.10	Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.	43 percent
RC.02.03.07	Qualified staff receive and record verbal orders.	40 percent
EC.02.03.05	The hospital maintains fire safety equipment and fire safety building features.	38 percent
NPSG.02.03.01	The hospital measures, assesses, and, if needed, takes action to improve the timeliness of reporting and the timeliness of receipt of critical tests and critical results and values by the responsible licensed caregiver.	38 percent

<b>Laboratory</b>		
<b>Standard or Goal</b>	<b>Summary of requirement</b>	<b>Non-compliance</b>
QC.1.20	Proficiency testing services used for specialty and subspecialty equal or exceed applicable laws and regulations with respect to variety and frequency of testing and satisfactory performance criteria.	40 percent
QC.1.75	The laboratory performs calibration verification and recalibration as required.	34 percent
QC.1.30	The laboratory maintains a cumulative record of participation in a proficiency testing program.	26 percent
EC.6.20	Laboratory equipment is maintained, tested and inspected.	24 percent
HR.3.10	Staff competence to perform job responsibilities is assessed, demonstrated and maintained.	21 percent
<b>Long Term Care</b>		
<b>Standard or Goal</b>	<b>Summary of requirement</b>	<b>Non-compliance</b>
NPSG.02.02.01	There is a standardized list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the long term care organization.	40 percent
NPSG.02.03.01	The organization measures, assesses, and, if needed, takes action to improve the timeliness of reporting and the timeliness of receipt of critical tests and critical results and values by the responsible licensed caregiver.	38 percent
HR.4.10	There is a process for ensuring the competence of all practitioners permitted by law and the organization to practice independently.	24 percent
HR.4.20	Individuals permitted by law and the organization to practice independently are granted clinical privileges.	20 percent
IC.2.10	The infection control program identifies risks for the acquisition and transmission of infectious agents on an ongoing basis.	20 percent
PC.6.10	The resident receives education and training specific to the resident's needs and as appropriate to the care, treatment, and services provided.	20 percent
<b>Medicare/Medicaid Certification-Based Long Term Care</b>		
<b>Standard or Goal</b>	<b>Summary of requirement</b>	<b>Non-compliance</b>
HR.4.20	Individuals permitted by law and the organization to practice independently are granted clinical privileges.	53 percent
NPSG.02.03.01	The organization measures, assesses, and, if needed, takes action to improve the timeliness of reporting and the timeliness of receipt of critical tests and critical results and values by the responsible licensed caregiver.	52 percent
HR.4.10	There is a process for ensuring the competence of all practitioners permitted by law and the organization to practice independently.	51 percent
HR.4.50	Clinical privileges and appointments/reappointments are reviewed and revised at least every two years.	39 percent
PI.1.10	The organization collects data to monitor its performance.	39 percent
<b>Office-Based Surgery</b>		
<b>Standard or Goal</b>	<b>Summary of requirement</b>	<b>Non-compliance</b>
HR.02.01.03	The practice grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.	37 percent
NPSG.03.04.01	Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.	20 percent
IC.01.03.01	The practice identifies risks for acquiring and transmitting infections.	18 percent
IC.02.02.01	The practice reduces the risk of infections associated with medical equipment, devices, and supplies.	18 percent
MM.03.01.01	The practice safely stores medications.	17 percent

## Certification

### Breakfast Briefings in California for Health Care Staffing Services

Health care staffing firms that are not yet certified by The Joint Commission can learn more about The Joint Commission's Health Care Staffing Services certification program at two upcoming breakfast briefings to be held in California. The briefings provide an overview of certification, how to prepare for it, and the benefits it provides to both a staffing firm and its clients. For more information and to register, go to The Joint Commission [Web site](#).

November 11, 9:30 a.m. – noon  
Los Angeles, Calif.  
Hilton Los Angeles Airport  
Co-sponsored by Cross Country Staffing

November 12, 8:30 – 11:00 a.m.  
Walnut Creek, Calif.  
John Muir Medical Center  
Co-sponsored by John Muir Medical Center  
and Cross Country Staffing

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

## In the news

### Call for entries for 2010 Franklin Award of Distinction

Entries are being accepted for the 2010 [Franklin Award of Distinction](#), which is presented annually by The Joint Commission and the American Case Management Association (ACMA) to an organization that exhibits excellence and distinction in hospital or health system case management. The deadline for [applications](#) is **November 30, 2009**. Pursuing this national award for excellence in hospital case management provides a unique opportunity to promote the advancement and recognition of case management within your organization. Both The Joint Commission and ACMA encourage all organizations with distinctive case management departments to apply. Read an [interview](#) with staff from the 2009 Franklin Award winner, Carolinas Medical Center, about what makes their case management department distinctive. (Contact: Jean Range, [jrange@jointcommission.org](mailto:jrange@jointcommission.org))

## Joint Commission Resources

### 2009 Annual Behavioral Health Care Conference: Hope in Uncertain Times

"Hope in Uncertain Times" is the theme of this year's Annual Behavioral Health Conference, which will be held November 17-18 in Chicago, Ill. The conference will provide behavioral health care professionals with new learning, direction, insight and inspiration. The conference covers diverse topics to help improve the health and welfare of behavioral health care clients. An information exchange forum offers participants an opportunity to learn and share experiences with others practicing in their area of specialization. Participants will receive materials including faculty presentations, tools, resources and references.

The conference is designed for psychologists, social workers, counselors, nurses, physicians, administrators, quality improvement and risk management professionals who provide care across all behavioral health care settings: community mental health centers; community- or facility-based behavioral health care organizations; agencies serving children, youth and their families; addiction treatment programs; opioid treatment programs; psychiatric hospitals and acute care hospitals with psychiatric or dependency programs and services. To register, visit the Joint Commission Resources [Web site](#) or call Customer Service at 877-223-6866. Participants can expand their learning experience by attending the pre-conference, [Behavioral Health Care Update](#).

**November 17-18, 2009, Chicago, Ill.**

**Program code: 09071**

**Program fee: \$729 per registrant; \$595 per registrant for teams of three or more registering at the same time**

**Early bird fee: \$629 per registrant (pay by November 13)**

(Contact: Diane Sosovec, [dsosovec@jcrinc.com](mailto:dsosovec@jcrinc.com))

### **Improve your hospital's accreditation performance**

In December, Joint Commission Resources is offering two programs to help hospitals improve their accreditation performance. Both face-to-face seminars will be held at The Joint Commission Central Office in Oakbrook Terrace, Ill.

[Joint Commission Resources Hospital Accreditation: A Primer for Beginners](#): Basic information about the accreditation process for hospitals is presented by JCR Consultant Norma Kay Sprayberry, R.N., M.S.N. Participants will learn about the accreditation process step-by-step, get answers to questions, find out how non-compliance with accreditation participation requirements can impact the survey outcome, and become knowledgeable about the wealth of information available to you instantly on The Joint Commission and JCR Web sites. To register for this program, call Customer Service at 877-223-6866 or go to the [JCR Web site](#).

December 2, 2009 Program code: 09054 Program fee: \$199 per registrant

[Joint Commission Resources Hospital Accreditation Essentials](#): This two-day program is led by JCR Consultants Norma Kay Sprayberry, R.N., M.S.N., and Shari L. Mantini, R.N., M.A. They will provide a comprehensive look at the accreditation process, standards, and National Patient Safety Goals for the hospital program. They will share experiences and successful implementation strategies observed during surveys and consultations. Find out how to meet the four elements of performance related to qualified staff receiving and recording verbal orders. Get ideas and tools to help your organization comply with the hospital standards. To register, call Customer Service at 877-223-6866 or go to the [JCR Web site](#).

December 3-4, 2009 Program code: 09055 Program fee: \$679 per registrant  
(Contact: Leslie LaBelle, [llabelle@jcrinc.com](mailto:llabelle@jcrinc.com))

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