

Accreditation

Hospital deeming audio conference scheduled for March

The Joint Commission has submitted its application for hospital deeming authority to the Centers for Medicare & Medicaid Services (CMS) and continues to work with CMS to provide the supporting information they need to consider the application. CMS is currently reviewing the application and its final decision on the application is expected by the end of 2009. The Joint Commission fully expects to receive a positive decision from CMS for the continuation of its Medicare recognition referred to as "deeming authority." On March 26, The Joint Commission will hold a free one-hour audio conference to discuss its hospital deeming application and to address questions raised by conference call participants. The audio conference begins at 11 a.m. PT/noon MT/1 p.m. CT/2 p.m. ET. **Call-in instructions will be sent to accredited hospitals the week of March 16. Organizations interested in signing up to receive call-in information via e-mail can sign-up via their Joint Commission Connect extranet. The call is only available for Joint Commission accredited organizations.** For access to the extranet, talk to your organization's Joint Commission liaison. (Contact: Patricia Kurtz, pkurtz@jointcommission.org and Kevin Hickey, khickey@jointcommission.org)

Medication reconciliation NPSG to be reviewed, refined

Medication errors continue to be one of the most frequent causes of preventable harm in health care. The Joint Commission is committed to helping organizations prevent medication errors, as evidenced by our National Patient Safety Goal on medication reconciliation, which highlights a critical problem that poses significant risk to patients. However, since the Goal on medication reconciliation was instituted in 2005, many organizations have struggled to develop and implement effective and efficient processes to meet the intent of the Goal.

This month, The Joint Commission Accreditations Committee determined that effective January 1, 2009, survey findings on National Patient Safety Goal 8 (*Accurately and completely reconcile medications across the continuum of care*) will continue to be evaluated during the on-site survey. However, given the difficulties that many organizations are having in meeting the complex requirements of NPSG 8, survey findings from NPSG 8 will not be factored into the organization's accreditation decision and will not generate Requirements for Improvement (RFI). The Joint Commission will be evaluating and refining the expectations for accredited organizations pertaining to medication reconciliation.

Recognizing that medication reconciliation problems continue to put patients at risk, The Joint Commission expects organizations to continue to address medication reconciliation within their organizations. During the on-site survey, Joint Commission surveyors will evaluate the organization's medication reconciliation processes, discuss opportunities for improvement, and collect information on the progress organizations are making in meeting NPSG 8. In 2009, The Joint Commission will evaluate and further refine NPSG 8. As part of this process, The Joint Commission will consult with health care organizations, physicians, pharmacists, nurses, surveyors, and other stakeholders. Through these discussions, an improved NPSG 8 will be crafted that both supports quality and safety of care and can be more practically implemented by the field in 2010. (Contact: Ann Blouin, ablouin@jointcommission.org)

Clarification of Universal Protocol compliance

The Joint Commission would like to clarify compliance with the Universal Protocol in two areas:

- 1) In comparison with the World Health Organization (WHO) Surgical Safety Checklist
- 2) With recent modifications to the Universal Protocol

Compliance in comparison with the WHO Surgical Safety Checklist

Recently, the WHO released its Surgical Safety Checklist. There have been questions regarding whether this checklist can fulfill the requirements of The Joint Commission's Universal Protocol, which was updated based on feedback received at the Wrong Site Surgery Summit in 2007. The requirements of the Universal Protocol and the WHO Checklist do not conflict. However, they were created for different purposes, so there is not a one-to-one correspondence between the two documents.

- The intent of the Universal Protocol is to prevent wrong site, wrong procedure and wrong person surgeries, and it focuses on those issues in great detail.
- The intent of the WHO Surgical Safety Checklist is to promote safe surgery, and it addresses other aspects of surgery.
- Both the WHO Checklist and the Universal Protocol cover pre-procedure verification, marking the site, and conducting a time out before the procedure. However, the WHO Checklist includes unique issues such as post-procedure sign out while the Universal Protocol contains more details about the performance of the time out.

Therefore, while not in conflict, compliance with the WHO Surgical Safety Checklist does not ensure compliance with the Universal Protocol so accredited health care organizations are still required to meet the Universal Protocol requirements.

Compliance with recent modifications to the Universal Protocol

The Joint Commission has also received concerns from accredited organizations related to the practical implications of complying with the additional specificity of recent modifications to the Universal Protocol. In response to these comments, The Joint Commission is currently reviewing the Universal Protocol to determine if refinements are needed. During the first quarter of 2009, The Joint Commission is seeking input from professional organizations, health care providers and accredited organizations. Based on this input, modifications that are designed to protect patients and that are reasonable for health care organizations to achieve will be proposed and reviewed with the field. Until modifications are approved, Joint Commission accredited hospitals and ambulatory care facilities are still expected to comply with the requirements of the Universal Protocol in order to help protect patients from wrong site, wrong procedure and wrong person surgery. Please direct any questions to the Standards Interpretation Group at (630) 792-5900 or via the online form at <http://www.jointcommission.org/Standards/OnlineQuestionForm/>. (Contact: Carol Gilhooley, cgilhooley@jointcommission.org)

Field review of proposed standards changes for the laboratory program

The Joint Commission is asking for comment on proposed revisions to the following standards for the laboratory accreditation program:

- The Quality System Assessment for Non-Waived Testing (QSA) chapter, currently named the Quality Control (QC) chapter. Individuals responsible for implementing the quality system assessment for non-waived testing standards are invited to review and comment on the proposed revisions. Comments will be gathered through March 23, 2009.
- The document and process control requirements, currently located in the Information Management (IM) and Quality Control (QC) chapters. Individuals responsible for implementing the document and process control requirements are invited to review and comment on the proposed revisions. Comments will be gathered through April 7, 2009.

The reviews are available at

http://www.jointcommission.org/Standards/SII/sii_chapters_to_review.htm (Contact: Lauren Lentine, llentine@jointcommission.org)

Most challenging standards for first half of 2008

The Joint Commission collects data on accredited organizations' compliance with standards and National Patient Safety Goals (including the Universal Protocol) to identify trends and focus education on challenging requirements. The table below identifies the Joint Commission standards and NPSGs that were most frequently identified as "not compliant" from January 1, 2008 through June 20, 2008 for hospitals and critical access hospitals. Hospitals can use this information to benchmark their performance against all accredited hospitals. For more information, see the Frequently Asked Questions at <http://www.jointcommission.org/Standards/FAQs>.

Standards and NPSGs with Highest Non-Compliance Rates			
Standard or NPSG	Summary of requirement	Hospital	CAH
NPSG 2B	Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.	18 percent	--
NPSG 2C	Measure and assess, and if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical tests and critical results and values.	41 percent	41 percent
NPSG 3D	Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.	18 percent	12 percent
NPSG 8A	There is a process for comparing the patient's current medications with those ordered for the patient while under the care of the organization.	22 percent	--
UP 1C	Conduct a "time out" immediately before starting the procedure as described in the Universal Protocol.	20 percent	--
PC.2.120	The critical access hospital defines (in writing) the time frame(s) for conducting the initial patient assessment(s).	--	10 percent
PC.13.20	Operative or other procedures and/or the administration of moderate or deep sedation or anesthesia are planned.	17 percent	--
MM.2.20	Medications are properly and safely stored.	34 percent	29 percent
EC.4.11	The critical access hospital plans for managing the consequences of emergencies.	--	7 percent
EC.5.20	Newly constructed and existing environments are designed and maintained to comply with the Life Safety Code®.	46 percent	49 percent
EC.5.40	The hospital maintains fire-safety equipment and building features.	28 percent	34 percent
EC.7.40	The critical access hospital maintains, tests, and inspects its emergency power systems.	--	12 percent
EC.7.50	The critical access hospital maintains, tests, and inspects its medical gas and vacuum systems.	--	17 percent
HR.1.20	Staff qualifications are consistent with his or her job responsibilities.	20 percent	10 percent
IM.6.10	The hospital has a complete and accurate medical record for patients assessed, cared for, treated, or served.	30 percent	12 percent
IM.6.50	Designated qualified staff accept and transcribe verbal or telephone orders from authorized individuals.	40 percent	12 percent
MS.4.110	The organization may grant disaster privileges to volunteers eligible to be licensed independent practitioners.	--	10 percent

(Contact: Standards Interpretation Group, (630) 792-5900 or online question form at <http://www.jointcommission.org/Standards/OnlineQuestionForm/>)

Communications

Quality Report revisions for organizations with tailored components

Quality Reports for organizations with tailored components surveyed after January 1, 2009, will no longer display an organization level accreditation decision; instead, these Quality Reports will include program level decisions and effective dates, and any associated Requirements for Improvement at the program level. For example, under the new approach, the accreditation decision for a hospital with tailored home care and ambulatory components would all be reflected separately on Quality Check. This change reflects The Joint Commission's recent policy revision that unlinks accreditation decisions in a tailored survey (see January issue of [Joint Commission Online](#).) Quality Reports for organizations with tailored components surveyed prior to the new unlinking accreditation decision policy will continue to display an organization level accreditation decision and any associated Requirements for Improvement until their next on-site accreditation survey. (Dawn Allbee, dallbee@jointcommission.org)

Call for 2009 Eisenberg Awards applications

The Joint Commission and the National Quality Forum are accepting applications for the 2009 John M. Eisenberg Patient Safety and Quality Awards, which provide a unique opportunity to showcase important patient safety and quality work of individuals and health care organizations. This year, the award program includes international submissions. The awards honor the memory of Dr. Eisenberg, a nationally recognized leader in health care quality improvement who advocated for health care—based on a strong foundation of research—that meets the needs and perspectives of patients. The deadline for nominations is **April 20, 2009**. Nomination forms are available at www.jointcommission.org and www.qualityforum.org. (Contact: Linda Hanold, lhaneld@jointcommission.org)

Upcoming

Joint Commission Accreditation Summit

On April 28 and 29, The Joint Commission's Accreditation Summit will be held at the Donald E. Stephens Convention Center in Rosemont, Illinois. The Summit will provide accreditation-focused solutions designed to achieve and sustain safe, high quality care. Summit attendees will:

- Understand the new directions at The Joint Commission
- Prepare their organization to meet 2009 standards and other requirements
- Obtain new facts about the accreditation process re-design
- Anticipate the impact of the deeming application on Joint Commission standards, accreditation and survey processes
- Receive detailed compliance tips about challenging standards and the National Patient Safety Goals for 2009
- Share experiences, barriers and sustainable solutions unique to their organization's environment

Joint Commission President Mark Chassin, M.D., M.P.H., will give the opening address and Ann Scott Blouin, Executive Vice President, Director of Accreditation and Certification, will speak about "Meeting and Exceeding Customer Expectations." A pre-conference, "A Primer for Beginners: Designing and Managing Your Accreditation Program," will be held on April 27. For more information or to register, visit www.jcrinc.com or phone (877) 223-6866 (8 a.m. to 8 p.m. EST, Monday through Friday). (Contact: Leslie LaBelle, labeled@jcrinc.com)

Extras

[2009 Survey Activity Guide](#)