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Accreditation

Joint Commission to improve top four challenging requirements

The Joint Commission is currently conducting an extensive review of its National Patient Safety Goals, as reported in the December 2008 issue of *This Month*. The purpose of the review is to identify how to increase the value of the requirements in helping organizations provide safe, quality care. According to recent field input on the NPSGs and the standards, the four most challenging requirements are:

1) NPSG 8 (medication reconciliation)
2) The Universal Protocol, in particular, the site marking requirement
3) NPSG.02.03.01 (reporting of critical tests, results and values)
4) Standard PI.04.01.01 (staffing effectiveness)

Initial suggestions from the field for improving these requirements include making them less prescriptive and using clearer language. Specific feedback on the critical test results requirement included suggestions for a more limited scope. Feedback on the staffing effectiveness standard revealed that implementation is difficult and costly for organizations while yielding little value. The Joint Commission will engage focus groups on these issues and will invite field comment on proposed revised requirements via Web-based surveys. Currently, The Joint Commission is taking the following steps:

- While surveyors continue to evaluate compliance with NPSG 8, findings will not generate Requirements for Improvement (RFIs) and will not impact an organization's accreditation decision in 2009. Refinements are expected during 2010.
- Field review of proposed revisions to the Universal Protocol is targeted for spring 2009. Depending on the results of the field review, some changes to the Universal Protocol could be expected to occur during 2009, while more extensive changes, primarily surrounding site marking, are targeted during 2010.
- NPSG.02.03.01 is being reviewed as part of the Standards Improvement Initiative (SII), which is currently being used to review all NPSGs. Field review is targeted for spring 2009 with potential modification expected during 2010.
- Field review related to the staffing effectiveness standard is targeted for summer 2009; most of the review work should conclude by December 2009.

(Contact: Carol Gilhooley, cgilhooley@jointcommission.org)

Updated hospital COP-related requirements now include scoring information

Scoring category information and Direct Impact Requirement designations have been added to the updated documents related to hospital Conditions of Participation and are now posted on The Joint Commission Web site. These documents reflect the changes to The Joint Commission requirements as of March 26, 2009, which resulted from discussions between The Joint Commission and the Centers for Medicare & Medicaid Services (CMS). The following timeline highlights scheduled updates to Joint Commission information and Joint Commission Resources products related to the updated hospital COP requirements posted in the March 26 documents.

July 1

- Update 1 to the *Comprehensive Accreditation Manual for Hospitals* (CAMH) will be released.
- The Periodic Performance Review (PPR) and the Accreditation Manager Plus (AMP) product will be updated.
- The E-dition technology will be updated; the current version includes a PDF of the updates.

September 30

- The 2010 *Comprehensive Accreditation Manual for Hospitals* (CAMH) will be released.

The Joint Commission will continue to work with CMS in the coming months through the deeming application process and expects a favorable CMS decision by year end. (Contact: Patricia Kurtz, pkurtz@jointcommission.org and Kevin Hickey, khickey@jointcommission.org)

Summary of policy changes activated in January 2009 to facilitate accreditation

In addition to no fee increase for 2009, The Joint Commission activated the following policy changes to facilitate accreditation this year:

- **No direct impact on accreditation decisions of tailored components.** The accreditation decisions of tailored components (for example, laboratory or home care services) no longer directly impact the parent organization's (for example, hospitals) accreditation decision. All components that are owned and operated by an applicant organization for accreditation are required to be surveyed, but there is no organization-wide accreditation decision generated as a result of the survey of all of the required components. Each component receives its own accreditation decision, and each component's decision does not impact another component's decision. If one of the components is denied accreditation, the organization has six months to obtain accreditation again for the particular components. Failure to obtain accreditation for the particular components results in the organization receiving a Requirement for Improvement (RFI). The organization is required to resolve the RFI through the regular Evidence of Standards Compliance (ESC) process.
- **Laboratory accreditation decisions no longer immediately impact hospital accreditation decisions.** Adverse laboratory accreditation decisions—whether the result of a Joint Commission, CAP (College of American Pathologists) or COLA survey—no longer impact the hospital with which the laboratory is affiliated. Since laboratory services are critical to the delivery of hospital care, a "related impact requirement" is designated for the laboratory and the hospital. This means that any adverse laboratory accreditation decision is integrated into the Priority Focus Process (PFP). It serves as an information point, along with other data, to prioritize and customize the hospital's next survey, which, as a result, could occur earlier in the 18-39 month survey window.

(Contact: Gail Weinberger, gweinberger@jointcommission.org)

Patient safety

Joint Commission, partners release "Measuring Hand Hygiene Adherence" monograph

Preventing infections is critical to patient safety. Effective hand hygiene practices have long been recognized as the most important way to reduce the transmission of potentially deadly germs in health care settings. To help health care organizations target their efforts in measuring hygiene performance, The Joint Commission released "Measuring Hand Hygiene Adherence: Overcoming the Challenges." The monograph is the result of a two-year collaboration with major infection prevention and control leadership organizations in the United States and abroad to identify effective approaches for measuring adherence to hand hygiene guidelines in health care organizations. In addition to The Joint Commission, participating organizations include the Association for Professionals in Infection Control and Epidemiology, Inc. (APIC), the Centers for Disease Control and Prevention (CDC), the Society for Healthcare Epidemiology of America (SHEA), the World Health Organization (WHO) World Alliance for Patient Safety, the Institute for Healthcare Improvement (IHI) and the National Foundation for Infectious Diseases (NFID).

The monograph provides a framework to help health care workers make necessary decisions about when, why and how to measure compliance with hand hygiene. The monograph systematically reviews the strengths and weaknesses of commonly used approaches. Examples of measurement methods and tools in the monograph, which also includes references to evidence-based guidelines and published literature, were submitted by organizations through the Consensus Measurement in Hand Hygiene project. The project was supported by an unrestricted educational grant from GOJO Industries, Akron, Ohio. The monograph is available on The Joint Commission's Web site, by single hard copies are available by calling (630) 792-5800 (option 5), or sending an e-mail to customerservice@jointcommission.org. (Contact: Barbara Braun, bbraun@jointcommission.org)

The Joint Commission participates in P5S, public-private alliance to improve patient safety

A public-private alliance of safety officials and technical experts known as the Commercial Aviation Safety Team has significantly improved aviation safety since its creation in 1997. Today, CAST is working to create a similar alliance among health care stakeholders that could reduce medication and device errors and wrong site surgeries, according to Peter Pronovost and co-authors of an article published this month on the *Health Affairs* Web site. Pronovost and his colleagues are working to establish a health care counterpart to CAST, which they call Public Private Partnership to Promote Patient Safety, or P5S. The Joint Commission is one of the stakeholders that has agreed to participate on P5S. Other stakeholders

include the Agency for Health Care Research and Quality, the Food and Drug Administration, U.S. Pharmacopeia, the ECRI Institute, insurers, and more than 15 large health systems. Initial planning is underway with a grant from the Robert Wood Johnson Foundation and another grant has been submitted to AHRQ. The planning group is co-chaired by: Jerod Loeb, Ph.D., executive vice president of Quality Measurement and Research, The Joint Commission; Eric Campbell, Ph.D., associate professor of Medicine, Harvard Medical School; Peter Pronovost, M.D., Ph.D., professor in the Department of Anesthesiology and Critical Care Medicine, Johns Hopkins University School of Medicine; Sara Singer, Ph.D., assistant professor of Health Care Management and Policy, Harvard School of Public Health.

"Because it involves all the major stakeholders, CAST provides the resources to do in-depth investigations of accidents and near-misses, to develop and implement strong interventions that can prevent the problem from recurring, and to evaluate the effectiveness of those interventions," said Pronovost. "In contrast, the individual institutions that typically investigate medical errors often lack resources to conduct frequent and intensive investigations, and they lack the ability to implement strong interventions such as redesigning widely used medical equipment in ways that would make error impossible." CAST has helped the aviation industry improve an already admirable record or safety. Between 1994 and 2006, the average rate of fatal accidents decreased from 0.05 to 0.022 per 100,000 departures. In the health care system, by contrast, preventable patient deaths and injuries continue, despite hospital root-cause analyses and interventions to mitigate risks, and despite the Institute of Medicine's call in 2000 for a 50 percent reduction in preventable harm within five years. (Contact: Jerod Loeb, jloeb@jointcommission.org)

Advice to patients often misses target

A study published in the April 2009 issue of *The Joint Commission Journal on Quality and Patient Safety* reports that many patient safety advisories are of limited value. The study evaluated 160 patient safety recommendations that investigators identified from literature and online materials published by 26 U.S. health care organizations including The Joint Commission, the National Patient Safety Foundation and the Institute for Safe Medication Practices. Each recommendation was rated by an expert panel of investigators and, for a consumer perspective, by 22 mothers who are relatives of the investigators. According to the study, patients are exposed to so many different patient safety recommendations that they may be confused by the advice. The authors argue that further research is needed to identify those recommendations with the most potential for improving patient safety. The investigators recommend that organizations that offer recommendations consider the scientific merit of the advisory, whether consumers will follow the advice, and select recommendations that provide the greatest impact. According to the investigators, the top five recommendations are:

- If you think you have taken an overdose, or a child has taken medication by accident, call your local poison control center or your health care provider at once.
- If you develop itching or swelling, or have trouble breathing after taking a new medicine, get medical help immediately.
- Make sure care providers verify your identity before any procedure or taking any medication.
- Ask about risks and potential complications of surgery, expected outcomes, and alternatives to surgery.
- Review your medications with the doctor, nurse or pharmacist before you go home from the hospital. Change your medication list accordingly.

The Joint Commission Journal on Quality and Patient Safety is published monthly by Joint Commission Resources, a not-for-profit affiliate of The Joint Commission. To subscribe, call (800) 746-6578 or visit www.jcrinc.com . (Steve Berman, sberman@jcrinc.com)

In the news

Carolinas Medical Center earns Franklin Award from ACMA, The Joint Commission

The Joint Commission and the American Case Management Association (ACMA) announced that Carolinas Medical Center (CMC) in Charlotte, North Carolina, is the winner of the 2009 Franklin Award of Distinction. CMC is distinctive in their investment in staff through formalized mentoring programs, education and training, including online access to support materials. CMC's 24-hour on-site care management services of both social work and clinical staff demonstrate further evidence of a strong commitment to patient care. A panel of national experts, including nurses, social workers and other health

care professionals identified by ACMA and The Joint Commission, reviewed the nominations and selected CMC for the award. The organization was evaluated on its ability to demonstrate their commitment to a collaborative philosophy and an interdisciplinary process for case management. An on-site evaluation of CMC's case management service model validated that the services met or exceeded the award's criteria for excellence, including using case management as the catalyst for stronger relationships to achieve the best care for patients and families.

The award is named for Benjamin Franklin, the co-founder of the first organized hospital in the United States. His personal character, integrity and credibility, as well as his reputation as an entrepreneur and inventor, represent the type of leadership and forward thinking that distinguish the hospitals or health systems recognized as Franklin Award recipients. The ACMA and The Joint Commission formally presented the Franklin Award to Carolinas Medical Center on April 20 at the 16th annual National Institute for Case Management (NICM) Clinical Case Management Conference and 10th annual ACMA meeting in Boston, Massachusetts. Read the entire news release. (Jean Range, jrange@jointcommission.org)