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Performance measurement

Changes to breast milk feeding performance measures PC-05a and PC-05

The Joint Commission is retiring the Perinatal Care (PC) core measure PC-05a: Exclusive breast milk feeding considering mother’s initial feeding plan, effective with October 1, 2015, discharges. Feedback from key stakeholders – including health care organizations, The Centers for Disease Control and Prevention (CDC), the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP), the Association of Women’s Health, Obstetric & Neonatal Nurses (AWHONN), and The Joint Commission’s Perinatal Care Technical Advisory Panel – indicates that capturing data on the mother’s preferences to not exclusively breast feed has been challenging. Also, some organizations may be concentrating on data collection as much or more than on strategies to increase exclusive breast milk feeding. The retirement of PC-05a allows hospitals to focus their resources on improving rates for PC-05: Exclusive breast milk feeding. Performance on this measure continues to be below 50 percent at approximately half of Joint Commission accredited hospitals.

In addition, The Joint Commission revised PC-05 so that maternal medical conditions are no longer excluded. This change was made because these conditions are unusual (affecting approximately 2 percent of patients), and they cannot be modeled in the electronically specified version of PC-05. The removal of measure exclusions will also significantly reduce the burden of data abstraction. The revised measure is similar to PC-02: Cesarean birth, which reports the cesarean birth rate with no exclusions.

PC-05 will continue to be an accountability measure that is publicly reported on The Joint Commission’s Quality Check® website. However, because some women do not want to exclusively breast feed despite recommendations, and since The Joint Commission is not accounting for these preferences, The Joint Commission expects that performance on PC-05 will remain well below 100 percent. Therefore, PC-05 will not be included in the Top Performer on Key Quality Measures® recognition program (as reported in the March 18, 2015 issue of Joint Commission Online), nor will it be included in the composite rate for the performance improvement accreditation standard, PI.02.01.03, element of performance 1). [Note: This standard is temporarily suspended; when it is reinstated, PC-05 will not be included in the composite rate.] Available evidence suggests that a performance rate of 70 percent on PC-05 is an achievable target for hospitals to strive to achieve.

The Joint Commission has compiled a list of resources to help educate staff and patients on the importance of exclusive breast milk feeding and strategies to help hospitals improve their exclusive breast milk feeding rates. For more information, see the Core Measure Sets Web page.

Breast milk feeding resources:
CDC breastfeeding resources
AWHONN position statement on breastfeeding:
The AAP breastfeeding resources: HealthyChildren.org and Breastfeeding Initiatives website
(Contact: Celeste Milton, cmilton@jointcommission.org)
Accreditation

Effective immediately: Revised SAMHSA guidelines for opioid treatment programs

In March 2015, the Substance Abuse and Mental Health Services Administration (SAMHSA) released updated guidelines for opioid treatment programs (OTPs) that are effective immediately. OTPs are organizations that are certified by SAMHSA to provide medication-assisted treatment for individuals diagnosed with an opioid substance use disorder. The Joint Commission, which has deemed status for surveying and accrediting OTPs, will be revising its behavioral health care accreditation standards to meet the new federal requirements. SAMHSA expects OTPs to begin addressing the guidelines immediately. The changes are summarized below.

Updates to the 2015 OTP guidelines:
- New ways to assess and counsel patients
- Treatment of pregnant patients
- Patient withdrawal from medication-assisted treatment
- Management of patients with multiple problems, including chronic pain

New areas in the 2015 OTP guidelines:
- Telemedicine
- Electronic health records
- Prescription drug monitoring programs
- Recovery
- The role of physicians, nurses, and other program staff
- The full range of FDA-approved medications, including methadone, buprenorphine and injectable naltrexone

For more Joint Commission information, see Facts about about Opioid Treatment Program accreditation. (Contact: Megan Marx, mmarx@jointcommission.org)

Resources

New Standards BoosterPak™ on Home Oxygen Safety

A new Standards BoosterPak™ on Home Oxygen Safety is available for Joint Commission accredited home care organizations. This new resource provides tips for understanding and complying with National Patient Safety Goal 15.02.01, Human Resources standard HR.01.06.01, and Leadership standard LD.04.03.09. It includes several ready-to-use tools and links to other resources. Although the BoosterPak is applicable to the home care standards, it contains valuable patient safety information that could be helpful to other programs as well. BoosterPaks are available on a number of topics that have a high volume of inquiries or noncompliance scores. Joint Commission customers can find all Standards BoosterPaks on the “Resources & Tools” tab of The Joint Commission Connect™ extranet, and the “Resources & Measures” tab of the Intracycle Monitoring (ICM) profile. It is also available to others via Guest Access to the Connect extranet. (Contact: Barbara Buturusis, bbuturusis@jointcommission.org)

Joint Commission to present at Patient Experience Summit, May 17-20

The Joint Commission’s, medical director, Ron Wyatt, M.D., M.H.A., DMS (Hon), and director of patient safety, Gerry Castro, Ph.D., will present at the 6th Annual Patient Experience: Empathy + Innovation Summit, to be held May 17-20 in Cleveland, Ohio. The Joint Commission is a partner in the event. Wyatt and Castro will host the Safer Patient Experience: The Joint Commission Approach. In addition, Wyatt will speak on the Culture of Silence. Other topics include patient experience as a key differentiator in health care delivery, patient and physician engagement, patient experience metrics and data, and how to make tactical improvements in the patient experience. Register here. (Contact: Jamie Belkin, jamie@jamiebelkin.com)
Free AHRQ webinar on medication reconciliation supported by pharmacists on May 20
The Agency for Healthcare Research and Quality’s (AHRQ) Effective Health Care program is hosting a complimentary webinar that will explore how medication reconciliation can help prevent medication errors during transitions in care. Some evidence shows that pharmacist-led processes could prevent medication discrepancies and potential adverse drug events after discharge. The webinar is based on a portion of the evidence report, *Making Health Care Safer II* (see Chapter 25). The webinar is May 20, 1-2 p.m. ET, and continuing education (CE) credit is available. Register.

AHRQ releases video on improving medication adherence, CE credit available
Clinicians can earn continuing education (CE) credit by watching the free video – *Medication Adherence: Interventions: Comparative Effectiveness*. Developed by the Agency for Healthcare Research and Quality’s (AHRQ) Effective Health Care (EHC) program, the video shows that diverse interventions – such as reducing co-payments or improving coverage for prescription drugs, providing education, and offering case management – helps improve medication adherence. To learn more, visit the AHRQ website. (Contact: Kaylie Wallace, Kaylie.Wallace@ahrq.hhs.gov)

New on the Web
*Webinar Replay: Overview of the Perinatal Care Certification Program* – Covers the new Perinatal Care Certification standards, application process, review process, and Q&A session.

Learn more about Joint Commission Resources’ offerings online or call 877-223-6866.