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Performance measurement

The Joint Commission develops strategy pending final IPPS rule from CMS
The Centers for Medicare & Medicaid Services (CMS) made its annual changes to the Hospital Inpatient Prospective Payment Systems (IPPS) proposed rule in April. The Joint Commission will carefully review the CMS final rule – anticipated for release later this summer – regarding the Hospital Inpatient Quality Reporting program and its impact on The Joint Commission’s flexible-reporting options for performance measures. We expect to provide details on any changes to the 2016 ORYX flexible-reporting options and measure-set selection in late August or early September.

The Joint Commission continues to make every effort to provide accredited hospitals and critical access hospitals with greater flexibility in selecting performance measures to meet ORYX core measure-reporting requirements. We also are sensitive to the dynamic environment that can be significantly impacted when CMS makes its annual changes to its multiple quality reporting programs. The Joint Commission is actively working to reduce the data collection and reporting burden, and, wherever possible, maintain alignment with CMS on hospital inpatient measures. At the same time, we want to maintain a performance measurement focus that continues to meet The Joint Commission’s mission of evaluating and inspiring organizations to excel in providing safe and effective care. Read more about CMS’ 2016 IPPS proposed rule. (Contact: Frank Zibrat, fzibrat@jointcommission.org, or 630-792-5992)

Accreditation

Revisions to outpatient record review requirements for critical access hospitals
The Joint Commission recently revised MS.03.01.03 element of performance (EP) 11 to clarify that a sample of outpatient records needs to be reviewed when required by state law. The note at EP 11 was also revised to delete the 25 percent sample requirement and to clarify that each critical access hospital determines by its own policy the size of the sample reviewed. These changes are based on revisions made on January 16, 2015 by the Centers for Medicare & Medicaid Services (CMS) to its interpretive guidelines related to the review of outpatient records (S&C: 15-19-CAH) for critical access hospitals. Effective July 1, 2015, the revision is identified in underlined text below, and will publish in the fall E-dition and print manual updates.

MS.03.01.03: The management and coordination of each patient’s care, treatment, and services is the responsibility of a practitioner with appropriate privileges.

EP 11: When state law requires outpatient record reviews, or co-signatures, or both, by a collaborating physician, a doctor of medicine or osteopathy periodically reviews and signs a sample of outpatient records of patients cared for by nurse practitioners, clinical nurse specialists, certified nurse midwives, or physician assistants. Note: When state law requires review of such outpatient records, the critical access hospital determines by policy the size of the sample reviewed and signed.

These revisions are in addition to some made to the same EP last year following publication of the May 12, 2014 Federal Register, in which CMS revised its conditions of participation (CoPs) for critical access hospitals. Those changes were part of CMS’s efforts to remove unnecessary, obsolete or excessively burdensome requirements. See the September 2014 issue of Joint Commission Perspectives for the previous changes to MS.03.01.03 EP 11. (Contact: Laura Smith, lsmith@jointcommission.org)

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Quality and safety

National Patient Safety Foundation releases guidelines on root cause analysis
The National Patient Safety Foundation released guidelines Tuesday, June 16, to help health care organizations investigate medical errors, adverse events and near misses. Millions of patients in the United States are harmed every year as a result of the health care they receive. In response, NPSF examined best practices around root cause analyses to create the guidelines — titled *RCA²: Improving Root Cause Analyses and Actions to Prevent Harm* — and determine why those errors occurred. The focus of the guidelines is to prioritize hazards based on the risk each poses to the patient.

“We’ve renamed the process RCA² — RCA squared — with the second A meaning action, because unless real actions are taken to improve things, the RCA effort is essentially a waste of everyone’s time,” said Dr. James P. Bagian, MD, PE, a member of the NPSF board of governors and director of the Center for Health Engineering and Patient Safety at the University of Michigan. “A big goal of this project is to help RCA teams learn to identify and implement sustainable, systems-based actions to improve the safety of care.”

A grant from the Doctors Company Foundation allowed NPSF to convene a panel of subject matter and stakeholders to examine best practices around RCAs, as well as design the guidelines to help health professionals standardize the process. Dr. Ronald M. Wyatt, MD, MHA, medical director in the division of health care improvement at The Joint Commission, was part of the panel’s expert advisory group. The guidelines are to be discussed during a free webcast Wednesday, July 15, at 10 a.m. PT | 11 a.m. MT | noon CT | 1 p.m. ET. [Register](#)

Resources

Ambulatory surgical facilities: New tracking tool from Pennsylvania Patient Safety Authority
The Pennsylvania Patient Safety Authority has a new, complimentary tracking tool for ambulatory surgical facilities (ASFs). The tool helps nurses assess the completion of a preoperative screening to identify any patient concerns or diseases, such as obstructive sleep apnea or cardiovascular disease, which could potentially cause intraoperative or postoperative problems. The tool can be used to track and trend day-of-surgery (DOS) cancellation and transfer rates, as well as event information and costs associated with DOS cancellations. Three versions of the tool are available – for general surgical ASFs, endoscopic ASFs and ophthalmologic ASFs. Visit the Pennsylvania Patient Safety Authority website for the resources: [ASF cancellation and transfer tracking tool](#) | [ASF tutorial](#) | [Related Advisory article](#)

New on the Web
- Blog post: Ambulatory Buzz - [Picture this - new diagnostic imaging requirements](#) — Check out details on the standards before they take effect July 1.

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