Executive Director

The Center for Transforming Healthcare is gaining momentum and participating organizations are working hard to achieve their shared goal of solving critical safety and quality problems.

Three ambulatory surgery centers participated in the wrong site surgery project, and several others volunteered as wrong site surgery pilot sites to test the Targeted Solutions Tool™ (TST). You’ll read more about the pilot sites in Issue 1, 2012 of Ambulatory Advisor. The solutions for the wrong site surgery project are expected to be up and running in the TST during the first quarter of 2012.

To learn more about using the TST, and how one organization improved its hand hygiene compliance and decreased infection rates, watch the video on the Center website. While the case study in the video involves a hospital, it is clear that the work being done transcends any specific health care setting.

Also, the Center recently launched the Healing Healthcare Partnership™ campaign to bring together accredited organizations and industry to improve patient safety. Any Joint Commission accredited organization can join the Partnership via its Connect extranet. Your participation is both complimentary and voluntary. If you join, you will be recognized on the Center’s website.

Join us and receive recognition beyond accreditation as a leader in the provision of safe, high quality care!

Michael Kulczycki, MBA, CAE

Seeking pilot organizations for new intracycle monitoring process

The Joint Commission will begin pilot testing a new intracycle monitoring process from February through May 2012, and ambulatory organizations and office-based surgery practices are invited to volunteer to be pilot sites. The new process involves touch points, or contacts with customers, that occur twice during an organization’s accreditation cycle, at approximately 12 and 24 months after a survey.

“With two touch points instead of just one between surveys, we can provide ambulatory organizations and office-based surgery practices more resources and solutions for addressing their safety and quality problems,” says Dana McGrath, R.N., M.S.N., field director, Ambulatory Care. “One of the exciting changes is that account executives and either ambulatory surveyors or members of the Standards Interpretation Group will be part of the new process. They will work with customers on a more frequent basis, and therefore, improve the value and efficiency of the accreditation process.”

The touch points are a way to engage the organization in a performance status update and may include a review of:

- Requirements for Improvement (RFIs) cited during the previous survey
- Program-specific risk areas and related standards and elements of performance
- Focused Standards Assessment tool (replaces the Periodic Performance Review tool in January 2013)
- Selected documents
- Other topics of interest to the organization

To volunteer as a pilot organization, contact Michael Kulczycki, (630) 792-5290. The intracycle monitoring process is planned for implementation in January 2013. For more information about the process, send an e-mail to intracycle@jointcommission.org.

Enhanced E-App to launch December 28


The enhanced E-App underwent customer usability testing and improvements were based on their feedback. Enhancements to the E-App include:

- Easy-to-use, more intuitive and user-friendly
- More specificity by accreditation program and care setting
- New read-only option
- Improved printing functionality

Questions about the enhanced E-App can be directed to e-app@jointcommission.org. After the December 28 launch, account executives will be able to provide assistance related to the E-App process.
New standard IC.02.04.01 on influenza vaccination for staff

The Joint Commission’s Standard IC.02.04.01, on influenza vaccination for staff, is being expanded to include ambulatory care organizations and office-based surgery practices. These requirements reflect scientific evidence and the national initiatives on influenza vaccination for licensed independent practitioners and staff. The standard will be implemented in a phased approach beginning July 1, 2012. This will provide more time for organizations to determine their influenza vaccination goals, learn how to measure an influenza vaccination rate and make improvements to the rate.

“Influenza vaccination for health care personnel is a major safety issue in the United States,” says Kelly Podgorny, D.N.P., project director, Standards and Survey Methods Department. “One way patient safety can be improved is by decreasing exposure to the influenza virus while patients are receiving care.”

Standard IC.02.04.01 requires organizations to:
• establish an annual influenza vaccination program
• educate licensed independent practitioners and staff about the influenza vaccine; non-vaccine control and prevention measures; and the diagnosis, transmission and impact of influenza
• offer vaccination against influenza to licensed independent practitioners and staff and provide the vaccination at accessible sites and times
• include in its infection control plan the goal of improving influenza vaccination rates
• evaluate (at least annually) the reasons given for declining the influenza vaccination
• provide influenza vaccination rate data to key stakeholders at least annually

Other requirements take effect July 1, 2013:
• set incremental influenza vaccination goals, consistent with achieving the 90 percent rate established in the national influenza initiatives for 2020
• have a written description of the methodology used to determine influenza vaccination rates
• improve its vaccination rates according to its established goals at least annually

Please note: Standard IC.02.04.01 does not mandate influenza vaccination for licensed independent practitioners and staff as a condition of Joint Commission accreditation, nor does it require accredited organizations to pay for the influenza vaccination for licensed independent practitioners and staff.

The pre-publication version of the standards and other resources are available on the website.

Take Note

Readiness tool for Primary Care Medical Home option
To help ambulatory care organizations interested in the new Primary Care Medical Home option, The Joint Commission has developed a self-assessment tool to help them prepare. Organizations pursuing the PCMH option during their survey should complete the self-assessment in advance and present it to the surveyor(s) at the beginning of the survey. This will streamline the on-site survey process. For more information about the tool, contact Lon Berkeley, project director, Community Health Center accreditation, lberkeley@jointcommission.org.

New FAQ
A new Standards Frequently Asked Question about texting orders for ambulatory care organizations and office-based surgery practices has been posted on The Joint Commission website.

FDA launches new website to help prevent surgical fires
The Food and Drug Administration (FDA) and its partners, including The Joint Commission, have launched an initiative and website to increase awareness of factors that contribute to surgical fires, share surgical fire prevention tools, and promote the adoption of risk reduction practices. The FDA’s new Preventing Surgical Fires website is a compendium of information and resources. Despite the fact that the root causes of surgical fires are well-understood, surgical fires still occur.

New requirements in response to California law for organizations conducting CT scans
The Joint Commission has developed several new elements of performance related to computerized tomography (CT) modalities in ambulatory care organizations located in California. The changes, which are effective July 1, 2012, are being made in response to a law enacted in the state of California in October 2010. The legislation, some of which becomes effective July 1, 2012, requires ambulatory care organizations in California that perform CT scans to:
• record the dose of radiation produced during each CT scan
• send each CT study and protocol page listing the technical factors and dose of radiation to an electronic picture archiving and communications system
• have the radiation dose produced by the CT imaging equipment verified annually by a medical physicist

The new requirements are EC.02.04.03, EP 17, and PC.01.02.15, EPs 5-7; and they will be included in the spring 2012 update to the accreditation manuals. Pre-publication EPs will be posted on the website at the end of December. For details, contact Joyce Webb, project director, jwebb@jointcommission.org.