Hospital Programs Accreditation

Check in with The Joint Commission.

June 2, 2021
What We’ll Cover Today

What current hospital and critical access hospital customers need to know:

- Hear from your Account Executive
- Learn about Accelerate PI for your organization
- Standards Update from Department of Standards and Survey Methods
- The new SAFER® Dashboard
- Options from the Joint Commission Center for Transforming Healthcare
- Potential solutions to help comply with the standards
- New certification available for hospitals
Today's Experts

Bridget Egan
Service Team Lead Instructor
The Joint Commission

Dawn R. Allbee, MA, CCMP
Executive Director of Customer Engagement
Joint Commission Center for Transforming Healthcare

Susan Yendro, RN, MSN
Associate Director, Measurement Coordination and Outreach
The Joint Commission

Kelly Quigley, RN, BSN, MBA
Regional Client Relations Manager
Joint Commission Resources

Laura Smith, MA
Project Director
The Joint Commission

Patrick Phelan
Executive Director, Hospital Certification
The Joint Commission

Caroline Heskett, MPH, PMP
Project Manager, Business Transformation
The Joint Commission

Chad Larson, MBA
Executive Director, Hospital Accreditation
The Joint Commission
What’s New from Your Account Executive
What You Need to Know About Your Hospital Accreditation Survey Now

• Survey activity has been ongoing. We are transitioning from off-site/virtual surveys back to onsite surveys

• As of March 15, 2021, account executives are no longer contacting organizations regarding the scheduling of an on-site event. Organizations should monitor the Notification of Scheduled Events section of the Joint Commission Connect® Extranet page for notification

• We are aware that surveys are past their due dates, CMS is also aware – we will conduct those surveys when we are able to do so

• We will prioritize initials and past due organizations
What has changed about the on-site survey process?

The survey process and its components will remain the same however here are some guidelines for the survey:

- Limiting the number of individuals in group sessions
- The use of audio or videoconferencing could be incorporated to safely expand the number of attendees for sessions
- Use of masks will be a routine practice
- Maximize the use of technology to eliminate the number of people needed to sit directly next to an individual for an extended period of time. (For example, screen sharing or projecting medical records)
- Interviewing patients and staff by telephone
- Driving in separate cars to offsite or patient homes
What will be the focus of survey activities?

During the opening conference, the surveyor will have a discussion with you about the impact of the current pandemic and your organization’s response.

- We will discuss both Infection Control and Emergency Management.
- The focus of our survey will not be the timeframe of the public health emergency but the current situation within your organization.
Stay up to date

- Ensure the electronic application (e-app) is up-to-date and submitted to your Account Executive.
- We would ask that you do not provide additional avoid dates due to the difficulty in scheduling surveys – avoid dates already submitted will be honored to the extent we can do so.
Offsite (virtual) survey: Transitioning Away

**Offsite (virtual) survey**—we have been transitioning away from this model since March 15th

- Surveys will primarily be conducted onsite
- If an offsite event is already in progress, i.e., dry run conducted, the following will be used to conduct the survey:
  - Secure Zoom technology for the survey and facility review
  - Use of a secure SharePoint site for document upload to review pre-survey
What Do You Need to Know About Joint Commission Connect?
Heads Up! Be sure to take advantage of this important report!

- The program-specific Heads-Up Report is located in Joint Commission Connect and can help your team with avoiding some common challenges and learn about potential solutions.

- It identifies important topics or themes that Joint Commission surveyors are noting and citing during recent surveys. The Heads-Up Report provides clarity on what standards are being cited as well as why they are being cited.
HEADS UP...

TOPIC: Infection Prevention and Control Activities

SETTING: Hospital (HAP) and Critical Access Hospital (CAH) Programs

Hospitals need to establish a systematic infection prevention and control (IPC) program that addresses activities of planning, implementation, and evaluation. A strong IPC plan will guide efforts to reduce transmission and spread of nosocomial and hospital-acquired infections and reduce infections overall. For a robust IPC plan to be effective, a systematic approach is required to implement infection control measures. This report provides best practices and examples of successful IPC programs across hospitals.

Why is this important?
Scope of the Problem:
The number of infected patients admitted to hospitals has increased significantly in recent years. This trend has been observed in both acute care and long-term care facilities. The number of infected patients has led to increased costs for healthcare systems, as well as increased risk of transmission to other patients and healthcare workers. The Joint Commission is committed to providing resources to help hospitals improve their infection control practices and reduce the spread of infections.

Sample survey observations (from surveys, notes, and contributing factors):

- The Joint Commission's hospital survey findings show that hospitals that have implemented effective IPC programs have a significantly lower rate of nosocomial infections. These hospitals also have lower rates of patient morbidity and mortality.
- A survey of hospital executives found that the most common reasons for IPC failures were lack of leadership commitment, lack of resources, and lack of training.
- The Joint Commission provides recommendations for improving IPC programs, including the development of IPC plans, the use of evidence-based practices, and the incorporation of IPC into daily patient care.

Sample IPC activities:
- Implementing hand hygiene and barrier precautions
- Monitoring and reporting infection rates
- Conducting infection control training for staff
- Developing and implementing infection control policies and procedures

Potential contributing factors to noncompliance with standards:
- The Joint Commission requires that all hospital staff be educated on IPC and the importance of adhering to IPC policies and procedures.
- The Joint Commission provides a list of IPC standards that hospitals must comply with, and noncompliance with these standards can result in accreditation actions.

How to identify potential problems in your organization:

1. Identify the types of infections that are most common in your organization.
2. Review your IPC policies and procedures to ensure they are up-to-date and effective.
3. Conduct a risk assessment to identify potential sources of infection.
4. Monitor infection rates and report them to appropriate stakeholders.
5. Conduct regular training for staff on IPC.

Interview questions (e.g.,Division and support staff):
- What are some of the biggest challenges you face in implementing IPC policies?
- How do you ensure that your staff is properly trained in IPC?
- What policies do you have in place to ensure that IPC is integrated into daily patient care?

Assess your environment:

- The Joint Commission provides a list of best practices for implementing IPC policies, including the development of IPC plans, the use of evidence-based practices, and the incorporation of IPC into daily patient care.
- The Joint Commission provides resources for hospitals to assess their ability to implement IPC policies.

What are some resources that may assist me in mitigating risks in these areas?

- The Joint Commission provides a list of resources for hospitals to implement effective IPC policies, including best practices, tools, and training.
- The Joint Commission also provides resources for hospitals to assess their ability to implement IPC policies, including self-assessment tools and guidance.

References:

How to contact us

• Account Executive contact information located on the secure Connect site

• If your designated Account Executive is unavailable, please contact our Administrative Staff at: 630-792-3007
Accelerate PI for Your Hospital
Background and Context of Dashboards

What

• Creation of DASH Accelerate PI dashboards with performance measurement data to allow surveyors and customers to see an HCO’s performance in multiple areas to guide survey and quality improvement activities

How

• Measures were selected for inclusion using established quality criteria and stakeholder input

Why

• By providing data visualization, organizations can drive improvements in quality and patient safety by quickly identifying areas where performance lags and where performance leads to refocus the conversation (figuratively and literally)
The Power of Data

- Quality Dashboards:
  - Guide survey activity and discussion
  - Consistent view of valid, actionable data
  - Focus conversation on where performance leads and lags
Dashboard Features

- National, state, and local comparison rates by measure
- Hyperlinks to vetted QI resources, specific by topic
- Standardized jumping off point for dialogue on QI during your triennial survey
- Narrowed list of important QI topics – Permission to Prioritize
Navigating to the Dashboard via JC Connect

Hover over resources and tools and click on Accelerate PI

Click on the PDF icon under the “View” column to view the corresponding report

Dashboard reports may contain either ORYX® measure information or CMS measure information

© 2021 The Joint Commission. All Rights Reserved.
Hospital (HAP) and Critical Access Hospital (CAH) User Guides

Hover over resources and tools and click on “Learn More” under the DASH heading.

Select CAH or HAP User Guide to open PDF.
Quality Measurement Trends and Benchmarks Reports

Program Dashboard Report

Dashboard Reports are provided to those organizations where this information is available for the respective accreditation programs listed. The reports reflect data that have been submitted to The Center for Medicare & Medicaid Services (CMS) and are publicly reported on the applicable CMS website.

Please note: Dashboard reports will be utilized by surveyors in the accreditation process. As an example, surveyors may ask organizations during their survey how they are addressing substandard performance on any of the performance measures in this report. Organizations with successful implementation(s) of program specific measures are encouraged to share their experiences during their on-site survey.

Quality Measurement Trends and Benchmarks Report: Quality measurement trends and benchmarks reports contain aggregate data for each of the measures in a program across all the health care organizations, regardless of whether an individual HCO reports data for those measures. Depending on the data available, reports may contain data that span over a calendar year or a rolling 12 month period.

As soon as the report(s) are posted, you will receive an email advising that report(s) are available.

Note: The following reports are available in a PDF file. To view a PDF file, you must have Adobe Reader on your computer.

Trends and Benchmarks Reports are located under the Dashboard Reports.

Hover over resources and tools and click on Accelerate PI.
# Targeted Topics Webinars

<table>
<thead>
<tr>
<th>Measure #1</th>
<th>Measure #2</th>
<th>...</th>
<th>Measure #X</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCO 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCO 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCO X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Row trends provide insight into which organizations may struggle with performance improvement strategy.**

**Column trends provide insight into which measures are the highest areas of opportunity.**

Webinar Series Content
Hospital Targeted Topics Webinar

Upcoming:
- June 23rd (11-12 CST)
- Hospital-Onset Clostridium Difficile Infections

To Register:
https://goto.webcasts.com/starthere.jsp?ei=1463722&tp_key=a18f1c5c66

View Previous Continuing Customer Engagement Webinars:
- https://www.jointcommission.org/measurement/quality-measurement-webinars-and-videos/
Contact us for more information

- Susan Yendro, RN, MSN
  - Associate Director, Measurement Coordination and Outreach
  - syendro@jointcommission.org

- Brandi Wamhoff, MPH
  - Associate Project Director, Quality Measurement
  - bwamhoff@jointcommission.org
Checking in with Standards and Survey Methods
What’s on deck

Standards changes

Standards field reviews
Standards Changes Currently in Effect

- CAH QAPI (effective March 30, 2021)
- CAH, HAP - Interoperability – admission, discharge, and transfer notification (effective May 1, 2021)

Upcoming Standards Field Reviews

- Emergency management chapter
  - Field review planned for fall
  - Chapter release planned for July 2022

- Antibiotic Stewardship
Standards Changes

**July 2021**
- New business occupancy requirements (LS) chapter

**January 2022**
- Expanded water management program requirements
- New workplace violence prevention requirements
- Resuscitation revisions
- Performance improvement revisions
Resources

Joint Commission Pre-publication Standards
https://www.jointcommission.org/standards/pre-publication-standards/
A new visual resource for your organization

SAFER® Dashboard
What is the SAFER® Dashboard?

Unique and Powerful Data Business Analytic Tool

- The SAFER Dashboard is a self-serve data analytic tool which includes visualizations to simplify complex data.
- Allows decision-makers to view all on-site survey data in one place using graphical representations, including charts, graphs, and the SAFER Matrix.
- Provides Joint Commission national accreditation comparison data, allowing organizations to compare to their peers.
- Enables users to view historical data as well as new survey finding data to help identify patterns, trends, and relationships.
Why SAFER Dashboard?

- In response to our customer needs to provide:
  - More efficient, seamless, and easily accessible survey data.
  - Ability to visualize all survey data in one place.

- Part of The Joint Commission’s Data Transparency Initiative (DASH) to provide data transparency in a convenient platform to power process and focus on relevant needs to drive efficiency and effectiveness to improve care results.
Benefits of the Dashboard

- Provides organization users own data at an aggregate level
- Eliminates the need for organizations to manually key-in accreditation data into an electronic format for analysis/tracking
- Enable faster reporting of data to make timely decisions
- Reveals trends and patterns
- Provides Joint Commission national accreditation comparison data
- Offers a visual representation of survey findings data over time
Easiest way to understand the SAFER Dashboard

All information contained within a final report is available in the SAFER Dashboard
## Phase 1 Implementation (2/18/2020)

<table>
<thead>
<tr>
<th>Includes:</th>
<th>Excludes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Subset of customers who participated in the initial pilot</td>
<td>- Certification program data</td>
</tr>
<tr>
<td>- Accreditation Programs</td>
<td>- ICM Data</td>
</tr>
<tr>
<td>- All on-site surveys, including in and out-of-cycle events</td>
<td>- ESC data</td>
</tr>
</tbody>
</table>
Phase 2 Implementation (4/6/2021)

Includes:
- Access granted to all organizations and all programs
- National Comparison Data

Excludes:
- Certification program data
- ICM Data
- ESC data
Access to SAFER Dashboard

- Access via Joint Commission Connect® Extranet site:
  Under the “Resources and Tools” tab & the Corporate portal (depending on access level)
- Access is user based
- Access will be granted automatically to:
  CEO, Primary Accreditation & Lab contacts (if applicable)
- Additional contacts can be granted access by the primary accreditation contacts or security administrators
SAFER Dashboard
Executive Summary

The Joint Commission. All Rights Reserved.

Executive Summary

Currently Displaying: 5 Organizations Out Of 5
Date Range Selected: 6/6/2016 - 5/26/2021

Compare to National

Top 10 Most Frequently Scored Standards and Elements of Performance (EPs)

Compare to National

Aggregate SAFER® Matrix

Immediate Threat to Health or Safety

<table>
<thead>
<tr>
<th>Threat Type</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-Limited (H-L)</td>
<td>45</td>
</tr>
<tr>
<td>High-Pattern (H-P)</td>
<td>43</td>
</tr>
<tr>
<td>High-WideSpread (H-W)</td>
<td>49</td>
</tr>
</tbody>
</table>

Moderate-Limited (M-L) | 302   |
Moderate-Pattern (M-P) | 190   |
Moderate-WideSpread (M-W)| 104   |

Low-Limited (L-L)      | 605   |
Low-Pattern (L-P)      | 203   |
Low-WideSpread (L-W)   | 90    |

952                   |
436                   |
243                   |

Surveys Conducted       | 158   |
Total Number of RFIs     | 2,499 |
Average RF/Event          | 15.8  |

Surveys Conducted (Filtered) | 94   |
Total Number of RFIs (Filtered) | 1,631|
Average RF/Event (Filtered)   | 17.4 |
Condition-Level Deficiencies (Filtered) | 102 |

Demo Data showcased for Sample Dashboard Purposes only

© 2021 The Joint Commission. All Rights Reserved.
National Comparison Data

Top 10 Most Frequently Cited Comparison

Currently Displaying: 5 Organizations Out Of 5

National Compare Year: All
My Data: 5/26/2021
Program(s): Hospital

Standard Chapters: All
Likelihood and Scope: All
Organization(s): All

National - Top 10 Most Frequently Cited Elements of Performance (EPs)

<table>
<thead>
<tr>
<th>Standard and EP</th>
<th>0K</th>
<th>1K</th>
<th>2K</th>
<th>3K</th>
</tr>
</thead>
<tbody>
<tr>
<td>EC.02.06.01 EP 1</td>
<td>883</td>
<td>297</td>
<td>447</td>
<td>500</td>
</tr>
<tr>
<td>LS.02.01.35 EP 4</td>
<td>1,464</td>
<td>699</td>
<td>383</td>
<td>167</td>
</tr>
<tr>
<td>EC.02.05.05 EP 6</td>
<td>1,762</td>
<td>739</td>
<td>234</td>
<td>167</td>
</tr>
<tr>
<td>IC.02.02.01 EP 2</td>
<td>376</td>
<td>163</td>
<td>711</td>
<td>167</td>
</tr>
<tr>
<td>IC.02.01.01 EP 1</td>
<td>661</td>
<td>288</td>
<td>213</td>
<td>167</td>
</tr>
<tr>
<td>IC.02.01.01 EP 4</td>
<td>665</td>
<td>303</td>
<td>479</td>
<td>553</td>
</tr>
<tr>
<td>IC.02.01.01 EP 5</td>
<td>509</td>
<td>164</td>
<td>702</td>
<td>289</td>
</tr>
<tr>
<td>LS.02.01.35 EP 14</td>
<td>1,408</td>
<td>348</td>
<td>256</td>
<td>881</td>
</tr>
<tr>
<td>LS.02.01.35 EP 5</td>
<td>1,543</td>
<td>420</td>
<td>167</td>
<td>167</td>
</tr>
</tbody>
</table>

My Data - Top 10 Most Frequently Cited Elements of Performance (EPs)

<table>
<thead>
<tr>
<th>Standard and EP</th>
<th>0K</th>
<th>1K</th>
<th>2K</th>
<th>3K</th>
</tr>
</thead>
<tbody>
<tr>
<td>EC.02.06.01 EP 1</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>IC.02.01.01 EP 1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>LS.02.01.35 EP 4</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>EC.02.02.01 EP 5</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>IC.02.02.01 EP 2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>LS.02.01.35 EP 5</td>
<td>6</td>
<td>13</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>LS.01.01.01 EP 3</td>
<td>10</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>LS.02.01.35 EP 6</td>
<td>10</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>NPSG.15.01.01 EP 1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>


National - Full Surveys Conducted: 5,111
National - Number of RFIs: 162,617
National - Average RFIs: 31.8

My Data - Full Surveys Conducted: 30
My Data - Number of RFIs: 1,183
My Data - Average RFIs: 39.4

Demo data showcased for Sample Dashboard Purposes only
Organization Survey Details

Proportion of Requirements for Improvement (RFIs) by SAFER Placement

Program: Critical Access Hospital
- 37.8%
- 13.2%
- 3.1%
- 20.7%
- 10.6%
- 5.4%
- 3.9%
- 3.4%

Number of RFIs


Program | Survey Type | Survey Begin Date | Standard and EP | Likelihood and Scope | Standard Text | Elements of Performance
--- | --- | --- | --- | --- | --- | ---
Critical Access Hospital | Unannounced Full Event | 01/22/2020 | LS.02.01.10 EP 14 | Low-WideSpread | Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat. | The space around tubes penetrates material. Note: P for this purpose. The critical access NFPA 101-2012: |
Critical Access Hospital | Unannounced Full Event | 01/22/2020 | LS.02.01.10 EP 14 | Low-WideSpread | Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat. | The space around tubes penetrates material. Note: P for this purpose. The critical access NFPA 101-2012: |
Critical Access Hospital | Unannounced Full Event | 01/22/2020 | LS.02.01.10 EP 15 | Low-Limited | Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat. | The space around tubes penetrates material. Note: P for this purpose. The critical access NFPA 101-2012: |
National Medicare Conditions Summary

Average Condition-Level Deficiencies by Program

<table>
<thead>
<tr>
<th>Program</th>
<th>National</th>
<th>My Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric Hospital</td>
<td>1.7</td>
<td>2.6</td>
</tr>
<tr>
<td>Hospital</td>
<td>1.2</td>
<td>2.3</td>
</tr>
<tr>
<td>Critical Access Hospital</td>
<td>0.6</td>
<td>1.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deemed Program</th>
<th>Medicare Condition and Title</th>
<th>National % of CLDs Scored</th>
<th>My Data % of CLDs Scored</th>
<th>My Data # of CLDs Scored</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>§482.12 Governing Body</td>
<td>9.7%</td>
<td>5.3%</td>
<td>1</td>
</tr>
<tr>
<td>Psychiatric Hospital</td>
<td>§482.12 Governing Body</td>
<td>20.4%</td>
<td>27.3%</td>
<td>3</td>
</tr>
<tr>
<td>Hospital</td>
<td>§482.13 Patient’s Rights</td>
<td>9.7%</td>
<td>15.8%</td>
<td>3</td>
</tr>
<tr>
<td>Psychiatric Hospital</td>
<td>§482.13 Patient’s Rights</td>
<td>26.3%</td>
<td>45.5%</td>
<td>5</td>
</tr>
<tr>
<td>Psychiatric Hospital</td>
<td>§482.21 Quality Assessment and Performance Improvement Program</td>
<td>3.4%</td>
<td>9.1%</td>
<td>1</td>
</tr>
<tr>
<td>Psychiatric Hospital</td>
<td>§482.22 Medical staff</td>
<td>9.3%</td>
<td>18.2%</td>
<td>2</td>
</tr>
<tr>
<td>Hospital</td>
<td>§482.23 Nursing Services</td>
<td>6.3%</td>
<td>15.6%</td>
<td>3</td>
</tr>
<tr>
<td>Hospital</td>
<td>§482.24 Medical Record Services</td>
<td>2.1%</td>
<td>5.3%</td>
<td>1</td>
</tr>
<tr>
<td>Hospital</td>
<td>§482.25 Pharmaceutical Services</td>
<td>1.1%</td>
<td>10.5%</td>
<td>2</td>
</tr>
<tr>
<td>Psychiatric Hospital</td>
<td>§482.25 Pharmaceutical Services</td>
<td>1.0%</td>
<td>9.1%</td>
<td>1</td>
</tr>
</tbody>
</table>

Demo data showcased for Sample Dashboard Purposes only

© 2021 The Joint Commission. All Rights Reserved.
National RFI Comparison

Top 10 Most Frequently Scored Standards and Elements of Performance (EPs)

Sort by National

<table>
<thead>
<tr>
<th>Program</th>
<th>My Data</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>My % Scored</td>
<td>National % Scored</td>
</tr>
<tr>
<td>EC.02.06.01 EP 1</td>
<td>90.0%</td>
<td>66.3%</td>
</tr>
<tr>
<td>IC.02.01.01 EP 1</td>
<td>65.5%</td>
<td>50.2%</td>
</tr>
<tr>
<td>LS.02.01.35 EP 4</td>
<td>63.3%</td>
<td>59.4%</td>
</tr>
<tr>
<td>EC.02.02.01 EP 5</td>
<td>60.0%</td>
<td>44.6%</td>
</tr>
<tr>
<td>IC.02.02.01 EP 4</td>
<td>60.0%</td>
<td>44.7%</td>
</tr>
<tr>
<td>LS.02.02.01.35 EP 5</td>
<td>56.7%</td>
<td>41.7%</td>
</tr>
<tr>
<td>LS.02.01.35 EP 14</td>
<td>53.3%</td>
<td>42.6%</td>
</tr>
<tr>
<td>LS.01.01.01 EP 3</td>
<td>43.3%</td>
<td>20.7%</td>
</tr>
<tr>
<td>LS.02.01.35 EP 6</td>
<td>43.3%</td>
<td>31.8%</td>
</tr>
<tr>
<td>NPSG.15.01.01 EP 1</td>
<td>43.3%</td>
<td>20.8%</td>
</tr>
<tr>
<td>PC.01.03.01 EP 1</td>
<td>43.3%</td>
<td>31.4%</td>
</tr>
<tr>
<td>PC.02.02.03 EP 11</td>
<td>43.3%</td>
<td>36.8%</td>
</tr>
</tbody>
</table>

Average Requirements for Improvement by Year & Program

Comparison Year

- 2020: 31.8
- 2019: 31.8
- 2018: 31.8
- 2017: 31.8

Average RFI: National My Data

Demo data showcased for Sample Dashboard Purposes only
Help tackle challenge areas for hospitals
Joint Commission Center for Transforming Healthcare – Your High Reliability Partner

- High reliability in healthcare: “maintaining consistently high levels of safety and quality over time and across all health care services and settings”*

- Voice of our Customers: Need to focus and refocus on high reliability, building trust, and supporting our staff through change... a lot of change

*Chassin and Loeb, 2013
Oro® 2.0: Organizational Self Assessment for High Reliability

Web-based assessment for hospital leaders pursuing zero harm to...

- identify high reliability maturity level
- identify organization’s strengths and most pressing opportunities for progress
- provide actionable path forward in pursuit of zero harm
- Used by 847 senior leadership teams.
TST®: Targeted Solutions Tool

- Web-based application that encapsulates Robust Process Improvement® methodology.
- Modules: hand hygiene compliance, hand-off communications, safe surgery, preventing falls with injury, and preventing sepsis mortality.
- Used by 1,540+ healthcare organizations to prevent harm and save lives.
- Hand Hygiene TST – over 1 million observations to date
Accessing Center Tools...

Center Tool Access

Current Targeted Solutions Tool (TST) and Oro 2.0 users can log in below. The TST and Oro 2.0 tools are available at no charge to Joint Commission accredited organizations. You can create a user profile for the TST’s or Oro 2.0 using the Request Access buttons.
Leaders *Facilitating Change*® Workshops

- **Change management:**
  - Critical competency for healthcare leaders.
  - Drives, leads, and supports change.
  - Builds buy-in and acceptance for new ideas.
  - Supports a safety culture by fostering teamwork and accountability.
  - Necessary for the sustainability of improvements across clinical, business, and strategy change initiatives.

- **Meeting facilitation:**
  - Tools and templates to run efficient and effective meetings
Center for Transforming Healthcare – Your High Reliability Partner

Dawn Allbee, MA, CCMP
Executive Director Customer Engagement
dallbee@jointcommission.org

www.centerfortransforminghealthcare.org
Additional Resources for Your Hospital
Accreditation Readiness & Regulatory Compliance Support Solutions
Who We Are

JCR is part of the Nation’s Largest Collective Performance Improvement Enterprise

Joint Commission /JCR Firewall
Prohibits any organization-specific information from being shared between Joint Commission accreditation and surveyor staff and the JCR advisory and education staff.

The use of Joint Commission Resources (JCR) advisory services is not necessary to obtain a Joint Commission Accreditation award, nor does it influence the granting of such awards.

The use of Joint Commission Resources (JCR) consulting services is not necessary to obtain a Joint Commission Accreditation award, nor does it influence the granting of such awards.
Expertise Spanning the Continuum of Care

Special Emphasis on System Standardization

Clinical Leaders with Decades of Hands-on Experience
# What We Do for Hospitals

<table>
<thead>
<tr>
<th>Accreditation &amp; Regulatory Advisory Services</th>
<th>Performance Improvement Advisory Services</th>
<th>Software</th>
<th>Publications</th>
<th>Education</th>
<th>Digital Learning Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuous Service Readiness® (CSR®)</td>
<td>Environment of Care®/Life Safety</td>
<td>Tracers with AMP®</td>
<td>Books</td>
<td>Conferences</td>
<td>Subscription savings</td>
</tr>
<tr>
<td>Accreditation and Certification Preparation</td>
<td>Infection Prevention and Control</td>
<td>E-dition®</td>
<td>E-Books</td>
<td>Seminars</td>
<td>Unlimited access to key content</td>
</tr>
<tr>
<td>Centers for Medicare and Medicaid Services (CMS)</td>
<td>Medication Safety</td>
<td>ECM® Plus</td>
<td>Manuals</td>
<td>Custom Education</td>
<td>Individual or bundled options</td>
</tr>
<tr>
<td>Virtual Services</td>
<td>Safe Health Design</td>
<td>CMSAccess®</td>
<td>Periodicals</td>
<td>Webinars</td>
<td>Continuing education credits</td>
</tr>
<tr>
<td>Interim Quality Services</td>
<td>Industry Services</td>
<td></td>
<td></td>
<td>JCR Quality and Safety Network (JCRQSN)</td>
<td></td>
</tr>
</tbody>
</table>
JCR Publications-Hospital

- Toolkit for New Accreditation Professionals, 3rd Edition
- Front Line of Defense: The Role of Nurses in Preventing Sentinel Events, 3rd Edition
- The Joint Commission Big Book of Tracer Questions for Infection Prevention & Control
- Healthcare Worker Safety Checklists: Protecting Those Who Serve
- Policy Source: P&Ps for Compliance with Joint Commission Requirements
  - Subscription Service
ECM Plus

E-dition Compliance Monitor Plus

LEADING the way to ZERO™
How ECM Plus Can Help

Goal of ECM Plus: Makes it easier for your hospital to stay in compliance with federal, state, and professional regulations

▪ Saves time and improves workflow
▪ Ensures you have the most accurate, up-to-date regulations
▪ Reduces risk
  ▪ Helps fill-in knowledge gaps
▪ Standardizes processes
  ▪ All staff is accessing the same content
▪ Flexible and customizable
  ▪ For individuals and for organizations
ECM Plus Content

- **Part 1: Library of healthcare regulations**
  - Federal regulations, requirements from professional organizations, regulations from all 50 states

- **Part 2: Crosswalks (Smart Charts)**
  - Alignment between Joint Commission standards and EPs to CoPs, SOM, state regulations, and NFPA codes

- Complimentary Hospital E-dition site license
JCR eProducts-Tracers with AMP

- Library of over 20,000 Tracers questions linked to EPs plus 100+ Tracer tools for hospital program
- Data integrated with AMP® to objectively determine EP compliance
- Customize library questions and Tracers or create your own
- Standardize Tracers within the organization
- Information available for reporting (and email reports) immediately after observations are completed
- Reduce resources required for aggregating & analyzing data, developing reports
- Mobile device ready – mobile enhancements
- Ability to upload photos and include photos in reports
JCR’s *Illuminate Analytics*

- Integration of multiple performance data sources—self-assessment data from Tracers with AMP®, findings from mock surveys and Joint Commission RFI and SAFER™ data. The more expansive your data, the more integral this tool becomes to your quality improvement efforts.

- Benchmarking capabilities for self-assessment vs. The Joint Commission SAFER™ and national data.

- Visualizations with filtering options and drill downs.
Strengthen Your Decision-Making Capabilities to Improve Quality

• Gain a more easily digestible picture of performance to inform the development of efficient, effective performance improvement strategies
• Clearly identify emerging patterns and trends that can help leaders proactively mitigate critical risks and more readily learn from internal top performers
• Understand how your sites of care and organization as a whole stacks up to others—helping leaders like you better context and socialize performance with your C-suite
Sample SAFER™ Dashboard

Helps you to analyze your data by RISK

<table>
<thead>
<tr>
<th>TJC Requirements for Improvement (RFI) Distribution For Full and Initial surveys from 01/01/2018 through 09/30/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>My SAFER™ Matrix</td>
</tr>
<tr>
<td>System / Organization SAFER™ Findings</td>
</tr>
<tr>
<td><strong>0.05% Immediate Threat to Life</strong></td>
</tr>
<tr>
<td>High / Limited: 5.23%</td>
</tr>
<tr>
<td>High / Pattern: 5.28%</td>
</tr>
<tr>
<td>High / Widespread: 2.64%</td>
</tr>
<tr>
<td>Moderate / Limited: 17.05%</td>
</tr>
<tr>
<td>Moderate / Pattern: 18.37%</td>
</tr>
<tr>
<td>Moderate / Widespread: 6.23%</td>
</tr>
<tr>
<td>Low / Limited: 28.56%</td>
</tr>
<tr>
<td>Low / Pattern: 12.72%</td>
</tr>
<tr>
<td>Low / Widespread: 3.85%</td>
</tr>
<tr>
<td>0.70% Immediate Threat to Life</td>
</tr>
<tr>
<td>High / Limited: 1.00%</td>
</tr>
<tr>
<td>High / Pattern: 2.30%</td>
</tr>
<tr>
<td>High / Widespread: 5.10%</td>
</tr>
<tr>
<td>Moderate / Limited: 12.60%</td>
</tr>
<tr>
<td>Moderate / Pattern: 15.30%</td>
</tr>
<tr>
<td>Moderate / Widespread: 6.80%</td>
</tr>
<tr>
<td>Low / Limited: 35.00%</td>
</tr>
<tr>
<td>Low / Pattern: 16.70%</td>
</tr>
<tr>
<td>Low / Widespread: 4.60%</td>
</tr>
</tbody>
</table>
Sample SAFER™ by Chapter

Helps you to analyze your data by FUNCTION

[Image of a bar chart showing SAFER™ Score by Chapter]
Sample Findings over Time

Helps you to analyze your data OVER TIME
Sample EP Comparisons

Helps you to analyze your data by **COMPARING TO NATIONAL DATA**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Program</th>
<th>Top Cited EPs</th>
<th>Final</th>
<th>Internal Mock Survey</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hospital</td>
<td>IC.02.02.01 EP2</td>
<td>2</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>2</td>
<td>Hospital</td>
<td>EC.02.06.01 EP1</td>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Hospital</td>
<td>NPSG.15.01.01 EP1</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>Hospital</td>
<td>IC.02.01.01 EP1</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>Hospital</td>
<td>EC.02.05.01 EP15</td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>Hospital</td>
<td>IC.02.02.01 EP4</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9</td>
<td>Hospital</td>
<td>NPSG.15.01.01 EP2</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
JCR Conferences

- Environment of Care Base Camp-Virtual Live
  - August 17-20th

- Exploring the Life Safety Chapter
  - August 24-27th
Digital Learning Center

Coming Soon!

- All education needs located in one place
- Annual subscription provides unlimited access to content to keep your team up to date
- Substantial savings vs. purchasing resources individually
- Access to individual products or curated bundles
- Get the latest standard updates quickly
- Continuing Education Credits
- New and updated items added monthly
Digital Learning Center - Coming Soon!

Example of webinars and videos Included

Other webinars are added throughout the year
How do you reach us to learn more?

Mary Kay Bowie, RN, BSN, MHSA, CPHQ  
Regional Client Relations Manager  
mbowie@jcrinc.com

Kelly Quigley, RN, BSN, MBA  
Regional Client Relations Manager  
kquigley@jcrinc.com

Thank you for letting us help you determine your organization’s needs
A new certification for hospitals
Advanced Certification in Spine Surgery
A Level of Care that Sets you Apart

- This new Advanced Certification program, available July 1, 2021, helps health care organizations develop consistent communication and collaboration among all health care providers involved in the care of the patient — from the pre-surgical consultation with the spine surgeon to the intraoperative, hospitalization or ASC admission, rehabilitation activities and then the follow-up visit with the surgeon.

- The premier certification for Advanced Spine Surgery elevates your organization for improved patient care. The Joint Commission offers this certification in collaboration with the AAOS and the American Spine Registry, which is a collaborative effort of the American Association of Neurological Surgeons and the American Academy of Orthopedic Surgeons.
Eligibility Criteria

• For an individual site to be certified, that site must be able to independently meet all standards and requirements for the desired DSC certification program

• The program is provided within an organization that is Joint Commission-accredited, accredited by another accrediting organization, or non-accredited

• The program uses a standardized method of delivering clinical care based on clinical practice guidelines and/or evidence-based practice

• The program uses performance measurement to improve its performance over time.
  o Data collection for these measures must commence four months prior to the initial certification review visit for organizations seeking certification.
  o Data collection is then ongoing thereafter for all ACSS-certified organizations

• The program must have provided spine surgery procedures to a minimum of 200 patients

• The program must be an active participant of the American Spine Registry (ASR) and use the data collected from the registry to analyze and improve processes.

• An on-site intraoperative observation must be conducted by a Joint Commission Reviewer
Joint Commission Reviewers
Provide best-in-class expertise and create a collaborative experience for our certifying organizations.

Our reviewers are subject-matter experts in the program being reviewed and provide enormous value for your organization:

- Provide leading practices to improve/grow the programs they are reviewing
- Conduct educationally focused reviews
- Lead a collaborative engagement that helps to increase staff awareness and education
- Inspire staff to improve the quality of patient care
Why Work with The Joint Commission
Your Source for Orthopedic Certification

Looking to Elevate and Strengthen Your Spine Surgery Program?

The Joint Commission can help. With a comprehensive suite of offerings to choose from — backed by the expertise and insight of our robust orthopedic care experience — you will find the guidance, knowledge and framework you need to achieve improved outcomes and continued success.

Reach out today
For more information on the Advanced Certification in Spine Surgery, please contact us at certification@jointcommission.org.
We’re here to help.
Thank you for all that you do.