QUALITY AND SAFETY

Learn what leading the way to zero means for home care organizations

Can you imagine a health care industry with zero harm, zero falls, zero complications of care, zero infections, zero lost revenue, and zero harm events of any kind? The Joint Commission envisions a future of zero harm and is committed to helping make it a reality.

In its work *leading the way to zero™*, The Joint Commission provides tools and resources to help organizations transform the way they work to prevent harm. For home care organizations, zero harm means:

- Zero missed visits
- Zero preventable hospital readmissions
- Zero missed opportunities to communicate with the patient and the interdisciplinary team

“Health care is increasingly shifting from hospitals and other facilities to the community — which means sicker and more vulnerable patients are receiving care at their homes,” said Margherita Labson, executive director, Home Care Accreditation program. “While home health is largely unregulated and possesses fewer resources, it is vital for these providers to fully engage and manage behaviors to ensure the best care for patients, prove value and secure shrinking reimbursement.”

Learn more about what zero harm looks like in home care by watching the “Zero Harm IS Achievable” video or visit The Joint Commission’s Leading the Way to Zero™ webpage.

Helping hand: Patient safety systems in home care

No matter how well an organization is doing, a helping hand is always welcome. That’s why *Home Care Bulletin* will regularly feature helpful practices and insights from Joint Commission experts regarding home care practices. First up is Gerry Castro, project director for patient safety initiatives, who shares some insights on establishing a patient safety system and why reporting safety events is important in the home care industry.

Home care organizations face several unique circumstances that makes providing high quality and safe care challenging. These challenges include patients being discharged with increasingly complex health conditions, thus placing a greater care burden on family members; the need to manage supplies and complicated medical equipment and technology; home environments that can pose fall risks for patients; and, sometimes, a limited support network for patients.

Successfully managing these challenges requires a systems-based approach to safety.

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The Patient Safety System (PS) chapter in The Joint Commission’s Comprehensive Accreditation Manual for Home Care describes a proactive approach to designing an integrated system that protects patients from harm, and improves quality and patient safety. The chapter lists the standards and requirements that support a patient safety system that leaders can reference.

Essential components to creating a successful patient safety system are:
- Ensuring that leadership is committed to a goal of zero harm. (See the related article, “Learn what leading the way to zero means for home care organizations.”)
- Developing and adopting a safety culture.
- Incorporating highly effective process improvement tools and methodologies (The Joint Commission recommends Robust Process Improvement®, or RPI®) in an organization’s work.
- Demonstrating how everyone is accountable for safety and quality.

“An effective patient safety system cultivates a culture that encourages reporting of hazardous or unsafe conditions and patient safety events to learn and improve,” Castro said.

Therefore, reporting these events is an important way for the industry to learn and grow.

From 2008-2018, more than 9,000 sentinel events were reported to The Joint Commission. Of these events, only 2 percent were reported from Joint Commission-accredited home care organizations, making it difficult to identify trends and widely applicable solutions or strategies. However, when reviewed in aggregate, most sentinel events reported from home care organizations are fires associated with smoking while oxygen is in use and falls (see chart).

Sharing and reporting can be difficult if there is fear of retribution, a belief that nothing will be done, or not knowing what unsafe conditions or events to report. Therefore, reporting sentinel events to The Joint Commission not only provides the basis for greater learning but also the opportunity to work with patient safety specialists on analysis of the event to learn how to reduce the risk of future events.

“Even while recognizing that we are human and make mistakes, health care leaders can create the conditions for people to be willing to learn and ultimately succeed,” Castro said.

Learn more about reporting a patient safety event.

New Speak Up™ campaign focuses on ways to prevent infection

Germs and bacteria are everywhere, and it is up to you to take the necessary steps to minimize your risk of getting sick.

Speak Up™ To Prevent Infection, a new patient safety campaign from The Joint Commission, offers free downloadable materials for health care facilities to provide to patients and their families, so they can become active in their own care. These educational resources include:
- An infographic poster/flyer in three sizes (8.5x11, 11x17 and 24x36).
- An animated video to incorporate in hospital programming.
- A distribution guide with recommendations on how health care organizations can use and provide the materials for patients and their families, caregivers, and advocates.

The infographic and video are available in both English and Spanish.

Launched in 2002, the award-winning Speak Up™ program has been used in more than 70 countries. It encourages patients to be their own advocates and to:

- Speak up
- Pay attention
- Educate yourself
- Advocates (family members and friends) can help
Know about your new medicine
Use a quality health care organization
Participate in all decisions about your care

This campaign is the second to be introduced in The Joint Commission’s refreshed Speak Up™ program that debuted last year after national market research, including focus group feedback from patients and their families. For updates on new Speak Up™ campaigns as they become available, sign up for email alerts or subscribe to the e-newsletter Joint Commission Online. (Contact: Caron Wong, cwong@jointcommission.org)

ACCREDITATION

New Home Care accreditation EPs added for Specialty Pharmacy
Starting July 1, The Joint Commission will offer specific accreditation for Specialty Pharmacy within the Home Care Accreditation program.

Organizations that want to add specialty pharmacy or seek specialty pharmacy accreditation under The Joint Commission’s general pharmacy accreditation program will now experience more specific requirements and survey activities related to their settings. This program allows specialty pharmacies to better demonstrate aspects above traditional pharmacy accreditation, and the program will include the existing pharmacy program requirements in addition to three new elements of performance (EPs).

For Performance Improvement (PI) standard PI.01.01.01: The organization collects data to monitor its performance, the new EPs are:

- EP 41 — For Specialty Pharmacies: The organization collects data on medication errors including the following:
  - Incorrect drug
  - Incorrect recipient
  - Incorrect strength of medication
  - Incorrect dosage form
  - Incorrect instructions
  - Incorrect quantity
  - Near misses

- EP 42 — For Specialty Pharmacies: The organization collects data on the following:
  - Adherence rate
  - Turnaround time for patient delivery of medications and associated products supplied by the specialty pharmacy. (Note: The organization may choose to separate data for medications that require an intervention.)
  - Billing and coding errors

For Record of Care, Treatment, and Services (RC) standard RC.02.01.01: The patient record contains information that reflects the patient’s care, treatment, or services, the new EP is:


During program development, The Joint Commission received feedback from industry stakeholders and specialty pharmacy managers. Because the three new EPs address processes currently implemented in specialty pharmacies, The Joint Commission does not expect that current specialty pharmacies will require any new resources to address.

View the prepublication standards.

Temporary moratorium on Medicare provider enrollment no longer in effect
A temporary moratorium on Medicare provider enrollment expired on Jan. 30, according to the Centers for Medicare & Medicaid Services (CMS) — meaning there is no active moratoria in any state or U.S. territory on home health agencies or nonemergency ambulance providers.
The Joint Commission’s Business Development staff are prepared to help these providers apply and achieve Joint Commission accreditation, so that they can become CMS-certified. Questions can be referred to the Home Care Accreditation team at 630-792-5070.

RESOURCES

What’s new at The Joint Commission’s Washington D.C. office
Like Ferris Bueller says, “life moves pretty fast,” and it’s tough to keep up. To help you stay in the know, Home Care Bulletin will regularly feature updates on The Joint Commission’s Washington D.C. office and what it is doing on behalf of accredited home care organizations.

Home Care Bulletin asked Brigid M. Russell, MHA, associate director, Federal Relations, about what is happening in home care on the national level thus far in 2019. Here’s what she highlighted:

CMS reports Year 3 performance for Independence at Home demonstration: On Feb. 8, the Centers for Medicare & Medicaid Services (CMS) released performance results for the third year of its Independence at Home (IAH) demonstration, which tests whether delivering comprehensive primary care services at home to beneficiaries with multiple chronic diseases can improve the quality of care and reduce costs. CMS reports that IAH practices saved approximately 4.7 percent in Year 3, an average of $1,431 per applicable beneficiary. Of the 15 IAH practices, 14 improved on at least one quality measure from the prior year, and five of the practices met the performance thresholds for all six quality measures.

Given the demonstration’s success, there is interest in continuing the IAH program. The Bipartisan Budget Act of 2018 extended the IAH demonstration another two years through 2020. The Independence at Home Act of 2017 (S. 464), which would convert the CMS demonstration into a permanent Medicare program, was introduced in the prior session of congress — but to move forward, the bill needs to be reintroduced to the 116th Senate.

CMS releases RFI on advancing interoperability across the care continuum: On Feb. 11, as part of a proposed rule on interoperability and patient access, CMS included a request for information on strategies for advancing interoperability across care settings. CMS recognizes that health information technology adoption has lagged in settings that were not part of the Electronic Health Record (EHR) Incentive Program, such as post-acute care (PAC) and home health. CMS seeks comment in several areas:

- Strategies the U.S. Department of Health and Human Services could adopt to deliver financial support for technology adoption and use.
- Needed measure development work and quality improvement efforts focused on ensuring individuals receive coordinated services across the care continuum.
- The adoption of PAC standardized patient assessment data elements by hospitals and physicians in their EHRs.

Legislative activity:
- Introduced to the Senate on Jan. 31, the Home Health Care Planning Improvement Act (S. 296) would allow nurse practitioners, advanced practice nurses and physician assistants to certify a patient’s eligibility for Medicare home health services. Passage would improve access to home health services for beneficiaries.
- Reintroduced in the House on Jan. 17, the Palliative Care and Hospice Education and Training Act (H. 296) would increase the number of permanent faculty in palliative care at accredited allopathic and osteopathic medical schools, nursing schools, social work schools, and other programs — including physician assistant education programs — to promote education and research in palliative care and hospice.