

Prepublication Requirements

- Issued August 21, 2019 •
- Updated March 24, 2020 •



New Standards for Perinatal Safety

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), accredited organizations and paid subscribers can also view them in the monthly periodical The Joint Commission Perspectives®. To begin your subscription, call 800-746-6578 or visit <http://www.jcrinc.com>.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE HOSPITAL ACCREDITATION PROGRAM

Effective January 1, 2021

Provision of Care, Treatment, and Services (PC) Chapter

PC.06.01.01

Reduce the likelihood of harm related to maternal hemorrhage.

Element(s) of Performance for PC.06.01.01

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| <p>1. Complete an assessment using an evidence-based tool for determining maternal hemorrhage risk on admission to labor and delivery and on admission to postpartum. (See also PC.01.02.01, EPs 1 and 2; PC.01.02.03, EP 3; RC.02.01.01, EP 2)</p> | <input type="checkbox"/> <input type="checkbox"/> |
| <p>2. Develop written evidence-based procedures for stage-based management of pregnant and postpartum patients who experience maternal hemorrhage that include the following:</p> <ul style="list-style-type: none"> - The use of an evidence-based tool that includes an algorithm for identification and treatment of hemorrhage - The use of an evidence-based set of emergency response medications that are immediately available on the obstetric unit - Required response team members and their roles in the event of severe hemorrhage - How the response team and procedures are activated - Blood bank plan and response for emergency release of blood products and how to initiate the hospital's massive transfusion procedures - Guidance on when to consult additional experts and consider transfer to a higher level of care - Guidance on how to communicate with patients and families during and after the event - Criteria for when a team debrief is required immediately after a case of severe hemorrhage <p>Note: The written procedures should be developed by a multidisciplinary team that includes representation from obstetrics, anesthesiology, nursing, laboratory, and blood bank.</p> | <input type="checkbox"/> <input checked="" type="checkbox"/> |

Key: **(D)** indicates that documentation is required;

(R) indicates an identified risk area;

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| <p>3. Each obstetric unit has a standardized, secured, and dedicated hemorrhage supply kit that must be stocked per the hospital's defined process and, at a minimum, contains the following:</p> <ul style="list-style-type: none"> - Emergency hemorrhage supplies as determined by the hospital - The hospital's approved procedures for severe hemorrhage response | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | |
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| <p>4. Provide education to all staff and providers who treat pregnant and postpartum patients about the hospital's hemorrhage procedure. At a minimum, education occurs at orientation, whenever changes to the procedure occur, or every two years.
Note: Education provided should be role-specific.</p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | |
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| <p>5. Conduct drills at least annually to determine system issues as part of ongoing quality improvement efforts. Drills include representation from each discipline identified in the hospital's hemorrhage response procedure and include a team debrief after the drill.</p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | |
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| <p>6. Review hemorrhage cases that meet criteria established by the hospital to evaluate the effectiveness of the care, treatment, and services provided by the hemorrhage response team during the event.</p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | |
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| <p>7. Provide education to patients (and their families including the designated support person whenever possible). At a minimum, education includes the following:</p> <ul style="list-style-type: none"> - Signs and symptoms of postpartum hemorrhage during hospitalization that alert the patient to seek immediate care - Signs and symptoms of postpartum hemorrhage after discharge that alert the patient to seek immediate care | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | |
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PC.06.03.01

Reduce the likelihood of harm related to maternal severe hypertension/preeclampsia.

Element(s) of Performance for PC.06.03.01

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| <p>1. Develop written evidence-based procedures for measuring and remeasuring blood pressure. These procedures include criteria that identify patients with severely elevated blood pressure.</p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">D</td> </tr> </table> | | D |
| | D | | |
| <p>2. Develop written evidenced-based procedures for managing pregnant and postpartum patients with severe hypertension/preeclampsia that includes the following:</p> <ul style="list-style-type: none"> - The use of an evidence-based set of emergency response medications that are stocked and immediately available on the obstetric unit - The use of seizure prophylaxis - Guidance on when to consult additional experts and consider transfer to a higher level of care - Guidance on when to use continuous fetal monitoring - Guidance on when to consider emergent delivery - Criteria for when a team debrief is required <p>Note: The written procedures should be developed by a multidisciplinary team that includes representation from obstetrics, emergency department, anesthesiology, nursing, laboratory, and pharmacy.</p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">D</td> </tr> </table> | | D |
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- 3. Provide role-specific education to all staff and providers who treat pregnant/postpartum patients about the hospital’s evidence-based severe hypertension/preeclampsia procedure. At a minimum, education occurs at orientation, whenever changes to the procedure occur, or every two years.

Note: The emergency department is often where patients with symptoms or signs of severe hypertension present for care after delivery. For this reason, education should be provided to staff and providers in emergency departments regardless of the hospital’s ability to provide labor and delivery services.
- 4. Conduct drills at least annually to determine system issues as part of ongoing quality improvement efforts. Severe hypertension/preeclampsia drills include a team debrief.
- 5. Review severe hypertension/preeclampsia cases that meet criteria established by the hospital to evaluate the effectiveness of the care, treatment, and services provided to the patient during the event.
- 6. Provide printed education to patients (and their families including the designated support person whenever possible). At a minimum, education includes:

 - Signs and symptoms of severe hypertension/preeclampsia during hospitalization that alert the patient to seek immediate care
 - Signs and symptoms of severe hypertension/preeclampsia after discharge that alert the patient to seek immediate care
 - When to schedule a postdischarge follow-up appointment

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