

# Joint Commission Online

Aug. 4, 2021

## Quality and safety

**Aug. 12 webinar with Dr. Chassin to focus on ways RPI can help make health care safer**



The coronavirus pandemic has exposed areas in health care that can be improved and where investments have been long overdue. To make those improvements in the delivery of safe care, there must be an acknowledgement by organizations' leadership that the systems and structures in place no longer work and that addressing those systemic

issues will take more than just a small change or one improvement project.

On Aug. 12, a free webinar featuring Joint Commission President and Chief Executive Officer Mark R. Chassin, MD, FACP, MPP, MPH, will focus on the investment needed from leadership, as well as the returns that organizations have seen when an empowered work force implements Robust Process Improvement® tools to identify root causes of failure, and develop sustainable solutions. Dr. Chassin, who also is the president of the Joint Commission Center for Transforming Healthcare, will detail the journey leadership can take toward transforming health care into a high reliability industry.

The one-hour webinar — “The ROI of Robust Process Improvement®” — is scheduled for Aug. 12 at 9 a.m. PT / 10 a.m. MT / 11 a.m. CT / noon ET. The webinar will conclude with Q&A.

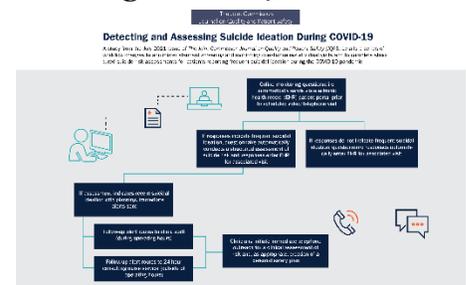
[Register.](#)

### Now available: Infographic on detecting, assessing suicide ideation during COVID-19

The July 2021 issue of *The Joint Commission Journal on Quality and Patient Safety* features a [study](#) detailing a series of workflow changes to administer standard screening and monitoring questionnaires at virtual visits and to complete structured suicide risk assessments for patients reporting frequent suicidal ideation during the COVID-19 pandemic.

The study concludes that the use of electronic health record patient portal messaging capabilities can facilitate systematic identification and assessment of suicide risk for patients receiving mental health care by video/telephone visit.

An infographic detailing that workflow is now available.



### In this issue

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## Certification

### Revisions coming to HCSS standards

Effective Jan. 1, 2022, updates will go into effect for the Health Care Staffing Services (HCSS) Certification Program. The revised standards and elements of performance (EPs) are:

- Human Resources Management (HSHR) Standard HSHR.3, which will now clarify that this is the firm’s new employee orientation for clinical staff and specifies that a new employee will complete it before their first assignment start date.
- HSHR.4 will no longer include clinical staff supervisors, which leads to deleting EPs 5 and 6. These requirements are being replaced with:
  - New EP 8 requires that staffing firms engage clinical professionals in competence assessment and reassessment activities when necessary. It also requires that these clinical professionals have knowledge and experience reflecting that of the firm’s clinical staff.
  - New EP 9 requires staffing firms to identify in documented procedures the predefined circumstances in which they will engage qualified clinical professionals in their competence assessment and reassessment activities. Reviewers will expect to see evidence that a firm is implementing the procedure defined in this EP through documentation in personnel records, when applicable.
- Leadership (HSLD) Standard HSLD.9, EP 5 will now specify that testing the emergency management plan includes the test date and any identified opportunities to improve the plan. If no improvement opportunities are identified through testing, documentation should state this fact.

[View](#) the prepublication standards. (Contact: Caroline Christensen, [cchristensen@jointcommission.org](mailto:cchristensen@jointcommission.org))

## Resources

### **New toolkit on developing family presence policies during emergencies**

During the onset of the coronavirus pandemic, many health care organizations limited or restricted visitors to curb the spread of the virus. However, this led to instances of family members or care partners not being able to play a role in a patient’s care.

A family member or care partner can help a patient by:

- Advocating for the patient’s or resident’s requests.
- Supporting the patient or resident when practitioners and other health care staff are in the room.
- Observing small changes in the patient’s or resident’s condition while sitting at the bedside.
- Helping to understand the patient’s discharge instructions.
- Other critical tasks essential to the patient’s or resident’s care.

The “Family Presence Policy Decision-Making Toolkit for Nurse Leaders,” which was recently released by Planetree International, is a toolkit that offers a framework for nurse leaders and other decision makers to support safe family physical presence during a crisis. The toolkit considers a broad range of factors, including local conditions, current evidence, and equitable impact.

The Joint Commission encourages health care organizations to consider using the toolkit, but it is not a Joint Commission requirement.

[View](#) the toolkit.

### **Up in the blogosphere with The Joint Commission**

#### **Leading Hospital Improvement – [How Hospitals Can Better Understand Needs of Diverse Patients:](#)**

Minority and vulnerable patients have experienced poorer quality health care for decades, and the COVID-19 pandemic has highlighted not only the disparities but also the role of health care organizations in addressing the needs of diverse patient populations. There is a serious need for organizations to reduce health care disparities with the same urgency as other health care-acquired conditions, writes Christina Cordero, PhD, MPH, Project Director, Department of Standards and Survey Methods, The Joint Commission.

Learn more about [Joint Commission Resources](#)’ offerings online or call 877-223-6866.

