Accreditation and certification

Changes approved for National Patient Safety Goals for all accreditation programs

The Joint Commission recently approved changes to its National Patient Safety Goals (NPSGs) for all accreditation programs. The changes include editorial revisions and moving some requirements to the standards. These changes go into effect July 1, 2020.

The Joint Commission periodically reviews its NPSGs and moves some to standards in order to focus on new safety topics. Based on a review during 2019 — including literature, data analysis, and assessments from leadership and surveyors — the following NPSGs will move to the standards:

- NPSG.01.03.01 — Transfusion errors related to patient misidentification
- NPSG.07.03.01 — Multidrug-resistant organisms
- NPSG.07.04.01 — Central line–associated bloodstream infections
- NPSG.07.05.01 — Surgical site infections
- NPSG.07.06.01 — Catheter-associated urinary tract infections

The decision to move these NPSGs to standards was driven by survey observation data and evidence of safety and quality improvement. The Joint Commission will continue to evaluate transfusion and infection control safety through accreditation survey activities, stakeholder feedback and review of safety trends.

The reviewers determined that additional progress toward patient safety is required for these NPSGs and Universal Protocol (UP) standards:

- NPSG.01.01.01 — Patient identification
- NPSG.02.03.01 — Critical test results
- NPSG.03.04.01 — Labeling medications in perioperative and other procedural settings
- NPSG.03.05.01 — Reducing harm from anticoagulation therapy
- NPSG.03.06.01 — Accurate medication information
- NPSG.06.01.01 — Clinical alarms
- NPSG.07.01.01 — Hand hygiene
- NPSG.09.02.01 — Reducing risk of falls
- NPSG.14.01.01 — Pressure ulcer risk assessment and action
- NPSG.15.01.01 — Suicide risk
- NPSG.15.02.01 — Home oxygen safety
- UP.01.01.01 — Preprocedure verification process
- UP.01.02.01 — Mark procedure site
- UP.01.03.01 — Perform pre-procedure time-out

The revisions can be viewed on the prepublication standards page of The Joint Commission’s website, and they will be published online in the spring 2020 E-dition® update for all Comprehensive Accreditation Manuals. (Contact: Maureen Vance, mvance@jointcommission.org)

CMS’ changes to psychiatric hospital will not affect Joint Commission surveys

Earlier in January, the Centers for Medicare and Medicaid Services (CMS) issued a memo and news release regarding the integration of the psychiatric hospital program into the hospital program. This will not constitute a change to the Conditions of Participation (CoP) or corresponding interpretive guidelines (IGs) that psychiatric hospitals are evaluated for compliance with during an onsite survey. There also will not be any new requirements...
or expectations for psychiatric hospitals that use The Joint Commission’s psychiatric hospital deemed status option for Medicare certification purposes.

The Joint Commission will continue to use an integrated approach to evaluate the traditional hospital CoPs and the special CoPs for psychiatric hospitals during a psychiatric hospital deemed status survey.

The changes mentioned in the CMS memo involve the elimination of a separate Appendix AA (Psychiatric Hospital) and consolidation into Appendix A (Hospital) within the CMS State Operations Manual (SOM), as well as a CMS decision to discontinue use of the separate federal contract organization surveyors that have historically been used to evaluate the special psychiatric hospital CoPs in all states but Texas and Louisiana. Beginning in March 2020, any Medicare-certified psychiatric hospital that undergoes a Medicare survey conducted by the State Survey Agency will no longer see a separate survey team for the evaluation of the following CoPs:

- 482.60 — Special Provisions Applying to Psychiatric Hospitals
- 482.61 — Special Medical Record Requirements for Psychiatric Hospitals
- 482.62 — Special Staff Requirements for Psychiatric Hospitals

The State survey team will evaluate all the hospital CoPs, including the psychiatric hospital CoPs listed above during any full Medicare survey for non-deemed psychiatric hospital facilities, or during a CMS-authorized validation survey of a deemed psychiatric hospital facility. If CMS authorizes the State Survey Agency to conduct any complaint survey activity, the State survey team will evaluate the relevant CoPs, which may include the psychiatric hospital CoPs depending on the nature of the complaint.

The update from CMS has no impact on Joint Commission-accredited psychiatric hospitals’ existing deemed status with The Joint Commission, nor does it introduce any changes to Joint Commission accreditation requirements or survey processes. For further information or any questions, contact your organization’s assigned account executive.

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