Joint Commission Online

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Coronavirus updates

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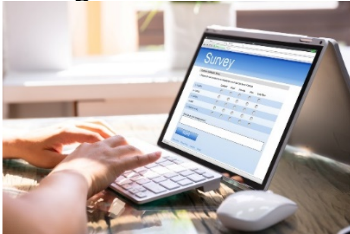
Questionnaire identifies COVID-19 impact, challenges, needs on organizations



The Joint Commission enterprise conducted an online questionnaire in September 2020 among health care organizations that work with The Joint Commission, Joint Commission Resources and the Joint Commission Center for Transforming Healthcare to learn about the needs of health care organizations in the current and evolving pandemic environment.

The questionnaire — administered by C+R Research — had a total of 735 respondents, representing a variety of health care settings, including hospitals, home care, behavioral health and human services, and ambulatory. It assessed needs for enhancements, changes and improvements to patient safety and quality of care amid COVID-19 by focusing on these key areas:

- **Self-reported impact of COVID-19 on organizations**: Most survey participants report a medium to high impact on their organizations from COVID-19 and often perceive a higher impact than the number of COVID-19 cases in their area may have indicated.
- **Greatest COVID-19 challenges faced**: Health care organizations across all settings report facing common challenges during COVID-19, including staffing issues, obtaining supplies/supply shortages, and implementing safety protocols and guidelines.
- **Staffing changes resulting from COVID-19**: Survey participants report the most common changes resulting from COVID-19 include increased communication to keep staff updated on changes and to support their well-being, increased working-from-home activities and changed plans to deal with staffing shortages.
- **Protocol/organizational changes resulting from COVID-19**: Establishing and updating protocols such as infection prevention and emergency management plans and procuring additional PPE and supplies for immediate use are the most common COVID-19 organizational changes reported by survey participants.
- **COVID-19 resource importance**: Valuable resources survey participants identify are those that help them monitor changes and adapt plans accordingly — specifically, communications on regulatory/guideline changes resulting from COVID-19, information on modifications to infection prevention plans and additional training as federal/state/local recommendations evolve.

"The Joint Commission will use the findings to further support our accredited health care organizations, especially as COVID-19 numbers continue to rise across the nation," said Mark Pelletier, RN, MS, Chief Operating Officer and Chief Nursing Executive, The Joint Commission. "The findings will help guide the resources we develop and share with our accredited organizations. We also hope they will be a useful tool as organizations continue to face many challenges and identify solutions to help provide safe and quality care to patients during the pandemic."

Visit The Joint Commission's COVID-19 resource page.

Performance measurement

Public reporting for hospital Perinatal Care measures to start in late January

Starting in late January, The Joint Commission will begin public reporting of two Perinatal Care performance measures on Quality Check®.

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The two measures that will be publicly reported are:

- PC-02 — Cesarean Birth
- PC-06 — Unexpected Complications in Term Newborns

Including this data on Quality Check® is consistent with The Joint Commission's longstanding commitment to provide meaningful information about the performance of accredited organizations to the public. Previously, in March 2020, The Joint Commission had delayed the public reporting of these measures because of the COVID-19 pandemic. However, after analysis of fourth quarter 2019 data, The Joint Commission saw that most hospitals continued to submit data for the ORYX measures.

PC-02 measures the rates of cesarean births among a subset of the general obstetric population of low-risk women having their first birth (nulliparous) with a term, singleton baby in a vertex (head down) position (NTSV). The Joint Commission will use data reported by hospitals during 2018 and 2019, along with the following three criteria, to determine a hospital's PC-02 rating:

- ≥ 30 cases reported in both years
- PC-02 rate > 30% for the current year
- Total 24-month aggregate PC-02 rate > 30%

Data from 2018 and 2019 will be used for the initial release. Moving forward, the overall 24-month aggregate rate will be calculated from a rolling eight calendar quarters and refreshed on Quality Check® biannually in July and January. Because of the COVID-19 pandemic, the usability of 2020 data will need to be analyzed and a determination made as to the methodology to address this time period.

Hospitals will be identified on Quality Check® with either a plus or minus symbol for the PC-02 measure:

- A plus symbol will signify the hospital has an acceptable rate.
- A minus symbol will signify the hospital's cesarean rate is consistently high (and has a large enough sample size to make this determination).

For hospitals that did not submit fourth quarter 2019 data:

- Hospitals that submitted three quarters of data in 2019 and have a plus symbol on Quality Check® (acceptable rate) are included in the public reporting as previously stated.
- Hospitals that meet the criteria for outlier and received a minus symbol on Quality Check® (consistently high rate) and did not submit fourth quarter 2019 data will not be displayed and will have the notation of "not enough data (number of months of data reporting is below the threshold)."

For those hospitals identified as having high rates, The Joint Commission will show those hospitals' actual 2019 PC-02 rates. Hospitals with acceptable rates will not have the actual PC-02 rates reported. The Joint Commission believes hospitals should work to reduce unnecessary cesarean births; however, it does not want to differentiate between groups of hospitals whose rates are in the acceptable range. Lower is not always better in these cases, and The Joint Commission does not want to encourage inappropriately low rates that may be unsafe to patients.

PC-06, which went into effect in January 2019, measures the percentage of infants with unexpected newborn complications among full-term newborns with no preexisting conditions. Term infants represent more than 90% of all births, and this measure assesses the health outcomes of this patient population.

While measures have been developed to assess clinical practices and outcomes in preterm infants, metrics that assess the health outcomes of term infants are lacking. This measure addresses this gap and gauges adverse outcomes resulting in severe or moderate morbidity in otherwise healthy term infants without preexisting conditions. This metric also serves as a balancing measure for other maternal measures such as PC-02 and PC-01 (Elective Delivery). The purpose of a balancing measure is to guard against any unanticipated or unintended consequences of other performance measures and to identify unforeseen complications that might arise as a result of quality improvement activities and efforts for these measures.

For calendar year 2020 data on Quality Check®, The Joint Commission will analyze all data received to determine the impact of COVID-19 on the data trends and to the public reporting process. Any documents or

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reports produced with the 2020 data will have notations regarding COVID-19, as data may not be reflective of an organization's typical level of performance on measures.

Hospitals will continue to receive their monthly and quarterly measure rates in their Accelerate PI™ Dashboard Report posted on their Joint Commission Connect® extranet site. For the PC measures, hospitals are encouraged to look at existing tools to assist with improving performance on these measures. Effective tools can be found in the Alliance for Innovation on Maternal Health (AIM) bundles or state collaboratives such as the California Maternal Quality Care Collaborative (CMQCC).

Questions may be directed to the Performance Measurement Network Q&A Forum.

Accreditation and Certification

Update on offsite surveys and reviews
In response to the COVID-19 pandemic, The Joint Commission stopped most onsite surveys and reviews last year from March 16-May 31. During that time, processes were developed for conducting offsite (formally called "virtual") events.

As of mid-December, The Joint Commission had conducted more than 1,200 offsite surveys and reviews across all accreditation and certification programs.

Currently, not all programs or organizations are eligible for an offsite event. For example, some states have restrictions on allowable offsite processes. As the pandemic has progressed, however, so has the eligibility criteria allowing for more offsite events. These are conducted for eligible organizations located in counties at higher risk of COVID-19 transmission. However, if an organization is in a county determined to be at a lower risk of transmission, an onsite survey or review may still be scheduled.

Organizations eligible for an offsite event will receive specific outreach notifying them of their eligibility.

Recently, The Joint Commission began sending a Qualtrics survey to organizations meeting offsite eligibility criteria to determine interest in participating in an offsite event, and more than 1,700 surveys have been distributed. An email was sent on Dec. 18 to those who subscribe to *Joint Commission Online* announcing the use of the Qualtrics survey and confirming The Joint Commission as the communication's source. The response to this communication has been tremendous.

If an organization meets criteria for an offsite survey or review, it will be contacted through either the Qualtrics survey or another outreach method (email or phone call) by a member of The Joint Commission's staff. After this initial outreach, a test of the technology will be scheduled. If an organization has not yet been contacted, it is likely because the organization is not currently eligible for this type of event.

The Joint Commission will continue to monitor offsite eligibility criteria and will extend offsite opportunities to more organizations as criteria allows. Questions about the offsite survey and review process may be directed to an organization's designated account executive.

New Life Safety Code business occupancy requirements for hospitals, BHC organizations
The Joint Commission is adding business occupancy standards to the Life Safety (LS) chapter for hospitals, critical access hospitals, and behavioral health care and human services organizations. This will go into effect on July 1.

Previously, the LS chapter only had standards that addressed health care occupancies, ambulatory care occupancies, and residential board and care occupancies. The new standards will provide accredited customers and surveyors with clear guidance on business occupancy requirements resulting in a more consistent approach in the evaluation of all occupancy locations.

View the prepublication standards.

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Quality and safety

January *Journal*: Safety precautions protocol reduces self-harm for at-risk patients
Emergency department (ED) boarding of patients with psychiatric illness is a critical issue. These patients are twice as likely as medical patients to require inpatient admission and five times more likely to board.

A new study in the January 2021 issue of *The Joint Commission Journal on Quality and Patient Safety* — "Keeping Patients at Risk for Self-Harm Safe in the Emergency Department: A Protocolized Approach," by Abigail L. Donovan, MD, and colleagues at Massachusetts General Hospital, Boston — describes the implementation of a comprehensive safety precautions protocol for ED patients at risk for self-harm.

A multidisciplinary team developed the protocol to include several comprehensive safety precautions, including:

- Creating safe bathrooms.
- Increasing the number and training of observers.
- Managing access to belongings.
- Managing clothing search or removal.
- Implementing additional interventions for exceptionally high-risk patients.

The researchers measured events of attempted self-harm for 12 months before and after the new safety precautions were enacted. Findings showed that in the 12 months prior to the protocol initiation, among 4,408 at-risk patients, there were:

- 13 episodes of attempted self-harm (2.95 per 1,000 at-risk patients).
- Six that resulted in actual self-harm (1.36 per 1,000 at-risk patients).

In the 12 months after the protocol was introduced, among 4,523 at-risk patients, there were:

- Six episodes of attempted self-harm (1.33 per 1,000 at-risk patients).
- Only one that resulted in actual self-harm (0.22 per 1,000 at-risk patients).

The researchers concluded that comprehensive safety precautions can be successfully developed and implemented in the ED and stressed the importance of including multidisciplinary staff in the development of the safety precautions protocol.

Also featured in the January 2021 issue are:

- What Safety Events Are Reported for Ambulatory Care? Analysis of Incident Reports from a Patient Safety Organization (University of California, San Francisco)
- Improving Ambulatory Safety: When Will the Time Come? (editorial)
- Resilience vs. Vulnerability: Psychological Safety and Reporting of Near Misses with Varying Proximity to Harm in Radiation Oncology (University of California, Los Angeles)
- A Path to Clinical Quality Integration Through a Clinically Integrated Network: The Experience of an Academic Health System and Its Community Affiliates (University of California, San Diego)
- Nurses' Perceived Causes of Medication Administration Errors: A Qualitative Systematic Review (Villanova University, Pennsylvania)
- Conducting Safety Research Safely: A Policy-Based Approach for Conducting Research with Peer Review Protected Material (Massachusetts General Hospital, Boston)
- Bracing for the Storm: One Health Care System's Planning for the COVID-19 Surge (University of Washington Medicine, Seattle)

The January issue is available to the public for free through Jan. 31.

Access the *Journal*.

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Resources

Up in the blogosphere with The Joint Commission

- **Dateline at TJC** — Joint Commission Speak Up Materials Featured in Surgeon General's Maternal Health Report: In December, the U.S. Surgeon General and the U.S. Department of Health & Human Services (DHHS) released a report titled "To Improve Maternal Health" that includes The Joint Commission's Speak Up™ program. The report describes the current state of maternal health, as well as strategies and actions to reduce maternal morbidity and mortality. The report also touches on racial and ethnic, geographic and age disparities for pregnant women, writes Margaret VanAmringe, Executive Vice President, Public Policy and Government Relations, The Joint Commission.
- **Improvement Insights** — Workplace Violence Against Health Care Workers: One systematic review found that more than half of health care workers reported experiencing workplace violence, with significant variation across settings. In the upcoming March 2021 issue of *The Joint Commission Journal on Quality and Safety*, Busch and colleagues describe an increasing frequency of incidents of workplace violence in two institutions, detected from data from peer-support programs, and provide two detailed case studies, writes K. Suresh Gautham, MD, DM, MS, FAAP.
- **Ambulatory Buzz** — Changes to Ambulatory Care Standards and Surveys Coming in 2021: Ring in the new year by looking ahead to standards changes and revisions coming for ambulatory care organizations in 2021.

Learn more about Joint Commission Resources' offerings online or call 877-223-6866.

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