Joint Commission Online

June 23, 2021

Coronavirus updates

Dr. Baker pens JAMA Network editorial on racial disparities in COVID-19 mortality

The coronavirus pandemic has disproportionately impacted Black and Hispanic/Latino individuals, with the Centers for Disease Control and Prevention finding that the rate of infection is approximately 10% higher among Black individuals and 30% higher among Hispanic/Latino individuals compared to white, non-Hispanic individuals. A new study found that the mortality of Black individuals hospitalized with COVID was higher than for White individuals, and a substantial portion of the difference in mortality was explained by where patients were hospitalized and whether their infection occurred early during the pandemic.

In an editorial for that study, David W. Baker, MD, MPH, FACP, Executive Vice President for Health Care Quality Evaluation, The Joint Commission, wrote about COVID-19 health care in a recent *JAMA Network* article, "Breaking links in the Chain of Racial Disparities for COVID-19." In the article, Dr. Baker also points out that:

- Data shows Black and Hispanic/Latino individuals are approximately three times more likely to be hospitalized with COVID-19 than white, non-Hispanic individuals.
- Overall COVID-19 mortality risk is 1.9 times higher for Black individuals and 2.3 times higher for Hispanic/Latino individuals compared with White, non-Hispanic individuals.

"It has been said that statistics are people with the tears washed away," Baker wrote. "Every death in these figures represents a loss for a family and community. It is time for a reckoning, a full elucidation, of why COVID-19 mortality disparities occurred."

Read the *JAMA Network* article.

Accreditation and certification

New *R3 Reports* on resuscitation standards for hospitals, critical access hospitals

Effective Jan. 1, 2022, new and revised requirements related to resuscitation care will be applicable to Joint Commission-accredited hospitals and critical access hospitals (CAHs). The requirements aim to strengthen resuscitation and post-resuscitation care processes in hospitals and CAHs by bringing the standards in closer alignment with contemporary guidelines and evidence.

The revised standards on resuscitation care address several interlinked factors that have been cited as critical to resuscitation performance, such as:

- The quality of hospital personnel training.
- Adherence to evidence-based protocols.
- Collection of data.
- Implementation of internal quality control and case review mechanisms.

Overall, the revised standards are intended to reduce unnecessary variations in practice and encourage hospitals to adopt a more proactive and responsive approach to resuscitation and post-resuscitation care to maximize patient survival with the best possible neurological outcomes.

The Joint Commission published two *R3 Reports* detailing the rationale and research behind the new and revised requirements. Read the issues:

- Hospitals
- Critical Access Hospitals

View the prepublication standards.

Effective Jan. 1, 2022: New, revised Performance Improvement accreditation standards
Beginning Jan. 1, 2022, The Joint Commission will implement new and revised Performance Improvement (PI) and Leadership (LD) accreditation standards for all of its accreditation programs.

During its research, The Joint Commission found that there is a wide range of capabilities and execution strategies across health care organizations in terms of monitoring quality and improving performance. However, two common themes emerged among organizations with successful improvement programs:

- They adopted an established improvement methodology and used the associated tools in their efforts.
- They developed and maintained relevant and manageable plans for monitoring quality and prioritizing improvement initiatives.

These revisions factor in those themes and strengthen the link between leadership priorities and goal setting, as well as planning organizational quality assessment and performance improvement efforts.

The prepublication standards can be viewed for the following programs:

- Ambulatory Health Care
- Assisted Living Communities
- Behavioral Health Care and Human Services
- Critical Access Hospital
- Home Care
- Hospital
- Laboratory
- Nursing Care Centers
- Office-Based Surgery

A *R3 Report* also was published detailing the rationale and research behind the requirements.

Resources

Up in the blogosphere with The Joint Commission

- **Improvement Insights** — 'Prone Team' Provides Relief to COVID-19 Patients and Nurses: This blog post highlights the study, "Developing and Implementing a Dedicated Prone Positioning Team for Mechanically Ventilated ARDS Patients During the COVID-19 Crisis," in the June 2021 issue of *The Joint Commission Journal on Quality and Patient Safety*. The study details the strategies that successfully allowed more than 400 prone positioning (PP) interventions in six weeks during the initial wave of the COVID-19 pandemic in March 2020.
- **Ambulatory Buzz** — Creative Ways To Market Your Surgery Center: During the COVID-19 pandemic, ambulatory surgery centers (ASCs) played an important role by working with hospitals to provide services. This has even led to a trend of hospitals acquiring surgery centers. With the growth comes a challenge, as facilities must find creative ways to market themselves in what is becoming a crowded space, writes Adam Hornback, RN, CASCS, Administrator of North Texas Team Care Surgery Center, and Texas Ambulatory Surgery Center Society Board Member.

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