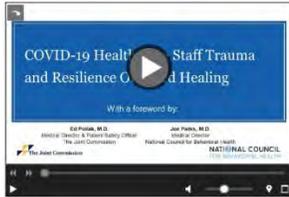


Joint Commission Online

June 24, 2020

Coronavirus updates

New webinar on COVID-19 staff trauma and resilience-oriented healing strategies



A recent webinar hosted by The Joint Commission and the National Council for Behavioral Health is now available. During the webinar, experts discussed evidence-based best practices in dealing with health care staff trauma as a result of COVID-19, as well as resilience-oriented healing strategies. These best practices and strategies — for individuals and organizations — can be

implemented immediately.

[View](#) the webinar.

Revision: Preventing nosocomial COVID-19 infections as organizations resume regular care

The Joint Commission has [revised its position statement](#) on preventing nosocomial COVID-19 infections as health care organizations resume routine care. The Joint Commission also has [published FAQs about the revisions for the position statement](#).

'Real Voices. Real Stories.': Magliocchetti talks teamwork, collaboration during pandemic

Joint Commission staff are on the front lines of caring for patients with COVID-19, and those experiences are being shared in the 'Real Voices. Real Stories.' series.

An environment of care consultant for Joint Commission Resources, Tom Magliocchetti, MSBME, MEEE, is also a senior director of facilities operations at Steward Morton Hospital. He recently shared how a multidisciplinary team can work together to fight the COVID-19 pandemic.



"As a facilities leader who works in day-to-day hospital operations within a state that is experiencing a surge of COVID-19 patients, I have seen my colleagues come together quickly to address this ongoing pandemic that has impacted so many of our fellow Americans and people across the globe," he said. "Throughout my career, I have always believed that it takes a multidisciplinary team to provide safe and high-quality health care.

"At Morton Hospital, which is proudly serving as a dedicated COVID-19 care center, we have worked together on a 24-hour basis to ensure that our Environment of Care meets the needs of patients and staff with additional negative air capacity, additional personal protective equipment and continual training to respond to the increased needs to meet a pandemic of this magnitude. My clinical and facilities colleagues both at Morton Hospital and within the Steward Health Care system have worked in a tireless and seamless manner to make it all come together. I am sure we will all learn much from these challenging times, and I am also confident that with a focus on a safe and effective Environment of Care we will be prepared for the health care challenges to come."

[Read more](#) "Real Voices. Real Stories."

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Quality and safety

Effective Jan. 1, 2021: Sentinel Event Policy to define fall events

Beginning Jan. 1, 2021, The Joint Commission will start including a definition for fall events in its Sentinel Event Policy. This is being done to help staff in all health care settings to be able to understand whether a fall should be reviewed as a sentinel event. It will state:

Fall event – Fall resulting in any of the following: any fracture; surgery, casting, or traction; required consult/management or comfort care for a neurological (for example, skull fracture, subdural or intracranial hemorrhage) or internal (for example, rib fracture, small liver laceration) injury; or a patient with coagulopathy who receives blood products as a result of the fall; death or permanent harm as a result of injuries sustained from the fall (not from physiological events causing the fall).

The Joint Commission's Office of Quality and Patient Safety has reviewed more than 350 patient falls during the last three years. While reporting a sentinel event to The Joint Commission is voluntary, health care organizations are still expected to conduct an internal comprehensive systematic analysis, regardless of if the event is reported or not.

The Joint Commission believes that more closely aligning its Sentinel Event Policy with established guidelines – such as the National Database of Nursing Quality Indicators™ and the National Quality Forum – will help expand knowledge around falls and implement more effective preventive measures. Also, The Joint Commission's Center for Transforming Healthcare has a [Targeted Solutions Tool® \(TST®\) for Preventing Falls](#) that is available for free to all Joint Commission-accredited organizations.

Resources

Up in the blogosphere with The Joint Commission

- **Dateline @ TJC** – [Post COVID-19: Scoring Compliance Issues When Returning to Survey](#): The Joint Commission recently announced its plan to return to survey activity. As we begin to resume limited surveys, accredited organizations may be wondering how we will score compliance issues related to the inspection, testing and maintenance (ITM) of equipment and utilities given current waivers and deferments in place, writes Robert Campbell, PharmD, director, Clinical Standards Interpretation for Hospital/Ambulatory Programs.
- **Improvement Insights** – [Success in Measurement-Based Care](#): After The Joint Commission revised its outcome measures standard, CTS.03.01.09, the changes were announced to the field nearly 18 months before they were scheduled to take effect on Jan. 1, 2018. The revised standard requires behavioral health care organizations to use a validated instrument to monitor an individual's progress throughout the service delivery process, and to use the data collected to inform and adjust services as indicated. This process is frequently referred to as measurement-based care, writes Scott Williams, PsyD, director, Department of Research.
- **Improvement Insights** – [Achieving Hypertension Control Through Multi-Component Program](#): Decades of evidence demonstrate that treating hypertension results in improvement in health outcomes by decreasing cardiovascular disease. Despite this strong evidence base, only about half of people in the United States with hypertension have their blood pressure controlled, demonstrating a clear gap between effective health care and implementation of evidence into clinical practice. A recent *Joint Commission Journal on Quality and Patient Safety* article – “Achieving 70% Hypertension Control: How Hard Can It Be?” – provides insight into effective components of a multi-component program to improve hypertension control, writes Carmen L. Lewis, MD, MPH, associate professor, Department of Medicine, Division of Internal Medicine, University of Colorado School of Medicine.

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