Accreditation and Certification

Effective Jan. 1, 2021: Revision to LS.02.01.35, EP 7


The change was made to address the National Fire Protection Association (NFPA) requirement that spare sprinkler heads of each type installed in the organization need to be available.

The LS.02.01.35 standard requires that organizations provide and maintain systems for extinguishing fires, while EP 7 requires that at least six spare sprinkler heads of each type and temperature rating installed in the facility are readily available along with the associated wrench or tool to replace the sprinkler head. The spare sprinkler heads and wrench or tool are stored in a cabinet location that does not exceed 100 degrees Fahrenheit.

This change can be found in the current Jan. 1, 2021, version of E-dition and the 2021 hard copies of the accreditation manuals. (Contact Herman McKenzie, hmckenzie@jointcommission.org)

Standards revisions for organizations performing operative, other high-risk procedures

The Joint Commission is revising its requirements for ambulatory health care organizations and office-based surgery practices related to performing history and physical examinations prior to operative or surgical procedures.

The revisions — which will become effective July 1, 2021 — will affect three elements of performance (EPs) at Provision of Care, Treatment, and Services (PC) Standard PC.03.01.03, including a new EP 19 that requires organizations to develop a policy that identifies when history and physical examinations are required. This new EP replaces the previous EP 6, which will be deleted.

The revisions align all applicable ambulatory care settings with changes made for deemed-status ambulatory surgery centers in March in response to the U.S. Centers for Medicare & Medicaid Services’ (CMS) final rules on burden reduction.

View the prepublication standards. (Contact: Joyce Webb, jwebb@jointcommission.org)

Quality and safety

Journal: Physician, nurse perceptions differ on teamwork in general medical services

Teamwork and collaboration are essential to providing high-quality care. While research has found discrepancies between nurses’ and physicians’ perceptions in operating rooms, intensive care units (ICUs) and labor and delivery units, less is known about perceptions on general medical services.

Using the Safety Attitudes Questionnaire, respondents were asked to rate the quality of collaboration experienced with their own and other professional categories. Among the 380 participants, median teamwork climate scores were significantly different across the four sites.

In addition, ratings of the quality of collaboration differed significantly based on professional category:

- 63.3% of hospitalists rated the quality of collaboration with nurses as high or very high.
- 48.7% of nurses rated the quality of collaboration with hospitalists as high or very high.

Given the importance of teamwork in high-quality care — and considering the variation across sites in the study — the researchers suggest that health care leaders consider conducting similar assessments to characterize teamwork and collaboration on general medical services within their own hospitals.

Also featured in the December 2020 issue:

- Improving Use of a Hospital Transitional Care Clinic (Northwestern University Feinberg School of Medicine, Chicago)
- Implementing Antibiotic Stewardship in a Network of Urgent Care Centers (ChristianaCare, Newark, Delaware)
- An Examination of the Barriers to and Facilitators of Implementing Nurse-Driven Protocols to Remove Indwelling Urinary Catheters in Acute Care Hospitals (study of 17 U.S. hospitals)
- The Perspective of Key Stakeholders on the Impact of Reaccreditation in a Large National Mental Health Institute (Institute of Mental Health, Singapore)
- Design and Implementation of an Analgesia, Sedation, and Paralysis Order Set to Enhance Compliance of pro re nata Medication Orders with Joint Commission Medication Management Standards in a Pediatric ICU (The Johns Hopkins Hospital, Baltimore)
- Rapid-Cycle Improvement During the COVID-19 Pandemic: Using Safety Reports to Inform Incident Command (Brigham and Women’s Hospital, Boston)

Access the Journal.

Resources

Up in the blogosphere with The Joint Commission

- **Leading Hospital Improvement** — Managing a Patient Surge: Hospitals are once again filling up with COVID-19 patients, and health care organizations must plan for the patient surge that may be inevitable this winter, especially in the 80% of American hospitals (mostly outside urban areas) that were not severely impacted by last spring’s pandemic wave, writes Jim Kendig, Field Director.

- **Improvement Insights** — Improving “As Needed” Medication Orders for PICU Patients: Pro re nata (PRN) is a Latin term meaning, “as matters stand,” but is generally interpreted and intended to mean “as needed” in reference to the prescribing of medications. PRN medication orders allow for flexibility in medication use and efficiency of bedside patient care. However, these orders also introduce propensity for misinterpretation of prescribers’ intentions, exceedance of dosing thresholds and polypharmacy (simultaneous use of multiple drugs), writes David Procaccini, PharmD, MPH, BCPS, BCPPS, CACP, CPHQ.

- **Ambulatory Buzz** — Congrats to AORN’s Outstanding Volunteer Leader and Ambulatory Care’s Very Own: Many of you may have celebrated Perioperative Nurses Week recently, and today we are celebrating our very own colleague Laura Gayton, MHCA, BSN, RN, CNOR, CSSM, as the recipient of the 2020 AORN Volunteer Leadership Award, writes Pearl Darling, MBA, Executive Director, Ambulatory Care Program.

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