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Accreditation and certification

Top five most challenging certification requirements for first half of 2017

The Joint Commission collects data on organizations’ compliance with standards and Participation Requirements to identify trends and focus education on challenging requirements.

The table identifies the Top 5 Joint Commission requirements identified most frequently as “not compliant” during surveys and reviews for the Disease-specific Care (DSC), Medication Compounding, Palliative Care, and Health Care Staffing Services (HCSS) certification programs. These were from surveys and reviews conducted Jan. 1, 2017, through June 30, 2017. The data represents citations only from organizations due to be surveyed during this time period — that is, data from for-cause surveys and for-cause reviews are not included.

<table>
<thead>
<tr>
<th>Program</th>
<th>Percentage</th>
<th>Standard/NPSG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease-Specific Care Certification</td>
<td>40%</td>
<td>DSSF.3</td>
</tr>
<tr>
<td></td>
<td>25%</td>
<td>DSSF.2</td>
</tr>
<tr>
<td></td>
<td>22%</td>
<td>DSC.5</td>
</tr>
<tr>
<td></td>
<td>19%</td>
<td>DSSF.1</td>
</tr>
<tr>
<td></td>
<td>18%</td>
<td>DSSF.3</td>
</tr>
<tr>
<td>Medication Compounding Certification</td>
<td>60%</td>
<td>MDCS.01</td>
</tr>
<tr>
<td></td>
<td>47%</td>
<td>MDCS.08</td>
</tr>
<tr>
<td></td>
<td>47%</td>
<td>MDCS.12</td>
</tr>
<tr>
<td></td>
<td>47%</td>
<td>MDCS.13</td>
</tr>
<tr>
<td></td>
<td>41%</td>
<td>MDCS.10</td>
</tr>
<tr>
<td>Palliative Care Certification</td>
<td>30%</td>
<td>PCPC.4</td>
</tr>
<tr>
<td></td>
<td>22%</td>
<td>PCPC.3</td>
</tr>
<tr>
<td></td>
<td>22%</td>
<td>PCPM.8</td>
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<tr>
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<td>13%</td>
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</tr>
<tr>
<td></td>
<td>9%</td>
<td>PCPM.2</td>
</tr>
<tr>
<td>Health Care Staffing Services Certification</td>
<td>11%</td>
<td>HSHR.1</td>
</tr>
<tr>
<td></td>
<td>7%</td>
<td>HSLO.5</td>
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<td></td>
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<td></td>
<td>5%</td>
<td>HELD.9</td>
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<tr>
<td></td>
<td>5%</td>
<td>HSPPM.4</td>
</tr>
</tbody>
</table>

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The data for the DSC program were derived from 836 applicable reviews (not including those for Advanced Certification for Lung Volume Reduction Surgery or Advanced Certification for Ventricular Assist Device Destination Therapy). The data determined for the Medication Compounding Certification program were derived from 81 applicable reviews. The data determined for the Palliative Care Certification program were derived from 23 applicable reviews. The data determined for the HCSS program were derived from 107 applicable reviews.

For more information, see the September issue of Perspectives or the Standards Frequently Asked Questions. (Contact: Standards Interpretation Group, 630-792-5900 or online question form)

**Thrombectomy-Capable Stroke Center Advanced Certification available Jan. 1**

On Jan. 1, 2018, The Joint Commission will launch a Thrombectomy-Capable Stroke Center (TSC) certification program. This advanced certification program was developed in collaboration with the American Heart Association/American Stroke Association in response to the need to identify hospitals that meet rigorous standards for performing endovascular thrombectomy (EVT) and caring for patients after the procedure. Recent studies have shown EVT to be efficacious for the treatment of large vessel occlusive (LVO) ischemic strokes. Because EVT ideally should be performed within six hours of the time the patient was last known to be well, it is necessary to have a dispersed network of hospitals capable of providing mechanical thrombectomies, so that all patients with LVO can rapidly receive this critical care.

Hospitals seeking TSC certification must meet volume requirements for the number of mechanical thrombectomies performed at the time of application. Eligibility is based on the number of neurointerventionists who routinely provide thrombectomies at the center (those who participate in the call schedule), and the combined number of mechanical thrombectomies performed by these neurointerventionists in the previous 12 or the previous 24 months prior to the application date. Mechanical thrombectomies performed during previous employment at other hospitals can be considered in the first year that a neurointerventionist is on the medical staff.

<table>
<thead>
<tr>
<th>TSC Certification Eligibility Volume Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of neurointerventionists</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
</tbody>
</table>

The Joint Commission currently provides three levels of stroke center certification — Acute Stroke Ready Hospital (ASRH), Comprehensive Stroke Center (CSC), and Primary Stroke Center (PSC). One-third of Joint Commission-certified PSCs perform EVT. In addition to meeting the requirements for PSC certification, a program certified as a TSC is required to have the following:

- The ability to perform mechanical thrombectomy for the treatment of ischemic stroke 24/7.
- Dedicated intensive-care unit beds to care for acute ischemic stroke patients.
- The availability of staff and practitioners closely aligned with what is expected of certified CSCs.
- The ability to perform expanded advanced imaging 24/7.
- A process to collect and review data regarding adverse patient outcomes following mechanical thrombectomy.
- The ability to submit data for 13 standardized performance measures (eight stroke/STK measures and five comprehensive stroke/CSTK measures).

CSTK measures selected for TSC certification address the ischemic stroke patient population and focus on patients who receive endovascular thrombectomy, thrombolytic infusion therapy, or a combination of these therapies. Data collection is effective for discharges on and after Jan. 1, 2018, with data submission to The Joint Commission no later than four months following the end of the calendar quarter.

Specifications for both the STK and CSTK measures are available in the Specifications Manual for Joint Commission National Quality Measures, Version 2017A. Questions about the performance measure requirements may be submitted at https://manual.jointcommission.org; for more information about TSC certification, contact certification@jointcommission.org.

For more information: The Joint Commission Certification webpage
Send questions or comments to: certification@jointcommission.org
Revisions to stroke certification program requirements provide clarity, consistency
To provide further clarity and consistency among its stroke certification programs for accredited hospitals, The Joint Commission identified requirements in need of revision for the Acute Stroke Ready, Primary Stroke Center, and Comprehensive Stroke Center certification programs. These revisions are editorial in nature and do not change the original intent of the requirement. They will become effective Jan. 1, 2018.

The areas of revision include:

- Moving requirements that apply to multiple programs, so they are located at the same standard and element of performance across all programs.
- Deleting redundant requirements.
- Revising requirements or adding notes for clarification.

View the prepublication standards for:

- Acute Stroke Ready Hospital Certification
- Primary Stroke Center Certification
- Comprehensive Stroke Center Certification

Learn more about Joint Commission stroke certification.

University of Kansas first to achieve Comprehensive Cardiac Center Certification
The University of Kansas Health System is the first hospital in the nation to achieve The Joint Commission’s Comprehensive Cardiac Center (CCC) certification. To achieve the certification, the health system had to demonstrate compliance with consensus-based standards, evidence-based clinical practice guidelines for cardiac care, and performance measurement and improvement requirements.

“The University of Kansas Health System’s leadership in pursuing this certification is a demonstration of its desire to reduce unwanted variations in how cardiac care is provided to patients across the spectrum from the emergency department through follow-up outpatient care,” said Patrick Phelan, executive director, Hospital Business Development, The Joint Commission.

Bob Page, president and CEO, The University of Kansas Health System, said the certification is “a testament to the great care provided by our cardiovascular team each and every day.”

The Joint Commission certification program was developed with input from a technical advisory panel of clinicians with specific expertise in comprehensive cardiac care. Joint Commission-accredited hospitals that apply for the optional certification program must meet these minimum requirements:

- Management of ischemic heart disease, acute myocardial infarction, percutaneous coronary interventions, coronary bypass graft surgery, cardiac valve disease, dysrhythmias, heart failure and cardiac arrest.
- Cardiac rehabilitation of patients either on-site or by referral.
- Standardized communication channels for hand-offs.
- Properly trained staff to treat and care for individuals with cardiac disease.
- Cardiovascular risk factor identification and cardiac disease prevention.
- Use of a nationally-audited registry or similar data collection tool to monitor data and measure outcomes for specified conditions and procedures.

Learn more about CCC certification.

Redesigned ESC form launched for all programs
The Evidence of Standards Compliance (ESC) form has been redesigned to help organizations focus on describing the critical aspects of corrective actions they have taken to resolve Requirements for Improvement (RFIs) and ensure sustainability of those actions. The new form was rolled out to all accreditation and certification programs in late July.
Organizations utilize the redesigned ESC form after any type of survey that results in RFIs. The improved ESC form — redesigned as part of Project REFRESH — has numerous benefits, including:

- New formatting that clearly and concisely states expectations for successful completion.
- A simplified layout that enables organizations to provide relevant information that better aligns with proven performance improvement methodologies.
- Flexibility that allows for organizations to implement corrective actions within their unique environment; however, it also provides guidance to hone in on key elements of effective compliance.
- Provisions of clear, concise and acceptable program-specific examples.
- An enhanced focus on sustained compliance.

The ESC form is available on an organization’s Joint Commission Connect™ secure extranet site, which includes resources to aid in successful completion of the new ESC form, such as:

- Updated ESC guidelines and instructions.
- A preventative analysis resource guide.
- Specific examples for each program on acceptable ESC responses.
- Updated ESC FAQs.

Questions about the redesigned ESC form can be directed to your organization’s Joint Commission account executive.

**Performance measurement**

**New performance measures for Advanced Certification in THKR**

Four new performance measures are now available for The Joint Commission’s Total Hip and Total Knee Replacement (THKR) advanced certification program. This program is offered to Joint Commission-accredited hospitals, critical access hospitals and ambulatory surgery centers.

The four THKR measures are:

- THKR-1 Regional Anesthesia
- THKR-2 Postoperative Ambulation on the Day of Surgery
- THKR-3 Discharged to Home
- THKR-4 Preoperative Functional/Health Status Assessment

Starting Jan. 1, 2018, all THKR-certified programs or those seeking certification must collect monthly data on these performance measures and report the data quarterly via the Certification Measure Information Process (CMIP) on the secure Joint Commission Connect™ extranet site.

Nearly 700,000 total hip and total knee replacements are performed each year, with demand expected to quadruple by 2030 — making this one of the most common surgeries performed in the United States. Overall, these surgeries are highly successful, but according to the Centers for Medicare & Medicaid Services, there is significant variance in the quality and cost of care for these surgeries.

A technical advisory panel that included experts in orthopedic surgery, anesthesia, rehabilitative medicine, internal medicine, physical therapy, perioperative nursing, social work and joint program administration worked to develop these performance measures. These measures were posted for public comment.

Measure specifications for the THKR measures are detailed in the *Advanced Certification in Total Hip and Total Knee Replacement Performance Measurement Implementation Guide*. Learn more about THKR certification. (Contact: Marilyn Parenzan, mparenzan@jointcommission.org)
Effective Jan. 1: Revisions for Comprehensive Stroke Center performance measures

Beginning Jan. 1, 2018, changes to the performance measure requirements for Comprehensive Stroke Center (CSTK) Certification will take effect, resulting in 10 mandatory comprehensive stroke measures for meeting performance measure requirements.

Changes to the CSTK measures include suspending CSTK-02: Modified Rankin Score (mRS) at 90 Days. Originally intended as an outcome measure, CSTK-02 was modified prior to its 2015 implementation to focus on the process of obtaining score data 90 days after the patient’s discharge from the hospital. The mRS has become the most widely used clinical outcome measure for stroke clinical trials. Comprehensive Stroke Centers now have processes in place to collect 90-day mRS data, and aggregate performance is nearing 90 percent.

With that in mind, effective Jan. 1, 2018, CSTK-10: Modified Rankin Score (mRS) at 90 days: Favorable Outcome, will be added to the CSTK measures, replacing CSTK-02. This outcome measure captures the percentage of ischemic stroke patients treated with a reperfusion therapy (IV or IA thrombolytic [IAP] therapy or mechanical reperfusion [MER] therapy) and have a good outcome (mRS 0, 1, or 2) at 90 days. Also effective on Jan. 1, the CSTK measures will include the new measures CSTK-11: Timeliness of Reperfusion: Arrival Time to TICI 2B or Higher, and CSTK-12: Timeliness of Reperfusion: Skin Puncture to TICI 2B or Higher. These are robust measures of mechanical reperfusion effectiveness.

The CSTK measures were developed for the management of both ischemic and hemorrhagic stroke patients in hospitals equipped with the clinical expertise, infrastructure, and specialized neurointerventional and imaging services needed to provide the next level of stroke care.

Details about these measures are available in the Specifications Manual for Joint Commission National Quality Measures. Direct questions here.

New performance measures for Acute Stroke Ready Hospital Certification

A final set of standardized performance measures will become effective Jan. 1, 2018, for Acute Stroke Ready Hospital (ASRH) Certification (an advanced Disease-Specific Care Certification program). Data collection for the acute stroke ready (ASR) measures will be mandatory for all currently ASRH-certified programs, as well as those seeking initial certification.

The ASR measures are designed to evaluate the management of both ischemic and hemorrhagic stroke patients in hospitals and critical access hospitals that can:
- Quickly diagnose stroke
- Initiate IV thrombolytic therapy for eligible patients
- Transfer the patient to a higher-level primary or comprehensive stroke center for advanced therapies and services when indicated

For more information: The Joint Commission Certification webpage
Send questions or comments to: certification@jointcommission.org
The ASR measure set completes the series of performance measure requirements for “spoke and hub” stroke systems of care, ensuring that stroke care provided in both the inpatient and outpatient settings will be evaluated. The set includes a new patient transfer measure, as well as the thrombolytic therapy measure currently required for primary and comprehensive stroke centers.

The Joint Commission has created an implementation guide detailing measure specifications for the five ASR measures. View more information, including the Acute Stroke Ready (ASR) Performance Measurement Implementation Guide. Questions about these measures may be sent via the Performance Measurement Network Q&A Forum.

**Resources**

**Webinar replay: Joint Commission president on safety culture and leadership**

A webinar featuring Mark R. Chassin, MD, FACP, MPP, MPH, president and chief executive officer of The Joint Commission, recently offered guidance to hospital CEOs and other health care leaders on how to build a safety culture in an organization. A replay of the webinar — Building Your Safety Culture: A Job for Leaders — is available on The Joint Commission’s website, with the presentation slides.

Leadership commitment is the first and most essential requirement for attaining a safety culture. It is up to leadership to ensure that all employees feel safe in bringing up and addressing patient safety concerns. Without this environment of trust and respect, patients are significantly more likely to experience adverse outcomes of varying degrees of severity. Therefore, leaders must embed this culture throughout their health care system or health care organization.

This webinar is a complement to Sentinel Event Alert, Issue 57: The essential role of leadership in developing a safety culture. You also may be interested in a Take 5 podcast with Anne Marie Benedicto, vice president for the Joint Commission Center for Transforming Healthcare, discussing the important role that health care leaders play in attaining and maintaining a safety culture — one of the Center’s ongoing targeted initiatives. Listen to the podcast. [5:19]

**Other resources**

New Sentinel Event Alert:
Issue 58 – September 2017: Inadequate hand-off communication

New R3 Report:
Issue 11 – August 2017: Pain assessment and management standards for hospitals

New issues of Quick Safety:
Issue 35 – August 2017: Minimizing noise and distractions in the OR and procedural units
Issue 34 – June 2017: Daily safety briefings — a hallmark of high reliability
Issue 33 – May 2017: Improperly sterilized or HLD equipment — a growing problem

For more information: The Joint Commission Certification webpage
Send questions or comments to: certification@jointcommission.org