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Patient safety

On-site survey focus: Minimizing exposure to bloodborne pathogens for waived testing

The U.S. Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), and Centers for Medicare & Medicaid Services (CMS) prohibit the use of fingerstick lancing devices, blood glucose meters, and other waived testing equipment on multiple patients due to the risk of transmitting bloodborne pathogens.

The Joint Commission is concerned that the improper reuse of these devices remains widespread within the home care industry, as performing fingersticks for glucose monitoring is a routine function in home health. As a result, during on-site surveys of home care organizations, surveyors have been instructed to evaluate for practices consistent with nationally-recognized guidelines, guidance provided by CMS, and manufacturer’s instruction for use.

Exposure to bloodborne pathogens is a cause for concern since fingerstick and glucometer devices come in close proximity to blood with every use. Changing the lancet needle or cleaning the lancet device between uses does not eliminate the potential for cross-contamination.

Home care agencies can minimize or eliminate the risk of exposing patients to bloodborne pathogens during waived testing by:

- Providing oversight on the implementation of infection control practices.
- Assessing adherence to infection control policies and processes for blood glucose monitoring, as well as equipment cleaning and disinfection.
- Ensuring that waived testing devices used for multiple patients are approved for such use by the manufacturer.
- Ensuring that waived testing devices used for multiple patients are cleaned and disinfected after each test using a method that is consistent with the manufacturer’s directions and with the
organization’s policy. If this cannot be reasonably conducted in the field, the device will need to be returned to the office and properly cleaned and disinfected before being used on another patient.

- Educating staff about why they are never to use lancet devices on multiple individuals.
- Conducting staff orientation, training, and competency assessment on waived testing equipment and processes.
- Developing current, supportive infection prevention and control policies based on manufacturer’s instructions for use.
- Providing appropriate cleaning and disinfection of products and supplies.
- Confirming that staff are not using equipment they have personally purchased.

If waived testing is performed using agency equipment or the patient’s equipment, surveyors will evaluate compliance with all waived testing standards, including:

- Established waived testing quality control checks as recommended by the manufacturer.
- Documentation of quality control results, including internal and external controls for waived testing.
- Documentation in the patient’s record of test results for waived testing.
- Accompanying test result reports in the patient record for waived testing with reference intervals (normal values) and quality control results specific to the test method and instrument used.
- Competency assessment for waived testing using at least two of the following methods per person per test:
  - Performance of a test on a blind specimen.
  - Periodic observation of routine work by the supervisor or qualified designee.
  - Monitoring of each user’s quality control performance.
  - Use of a written test, specific to the test assessed.
- Records retention of quality control results, test results, and instruments used for waived testing for at least two years.

For more information, visit the [CDC website](https://www.cdc.gov). Questions also may be directed to The Joint Commission Standards Interpretation Group.

### Accreditation

#### New Medication Compounding chapter to be added to Home Care manual

The Joint Commission is implementing a new Medication Compounding (MC) chapter for its Home Care accreditation manual, effective Jan. 1, 2018. This chapter will be applicable to all compounding pharmacies that seek initial accreditation and triennial re-accreditation.

The standards were adapted from The Joint Commission’s Medication Compounding certification requirements and are aligned with current United States Pharmacopeia Convention (USP®) requirements for sterile and nonsterile preparations. The standards will augment current home care pharmacy accreditation requirements, as well as provide for a more focused and specialized evaluation of pharmacy compounding practices.

The standards will focus on the following areas:

- **People** — training, competency, proper use of personal protective equipment, and aseptic technique.
- **Product** — sterility of base products, beyond-use dates, and labeling.
- **Environment** — airflow, buffer areas, guidelines for cleaning and documentation, and storage.

[View](https://www.jointcommission.org) the prepublication standards. (Contact: Kathy Clark, kclark@jointcommission.org)
Get ready for 2018: Check out revisions for Medication Management standards
Revisions to Medication Management (MM) standards for all Joint Commission-accredited programs (with the exception of Laboratory Accreditation) will become effective Jan. 1, 2018. These revisions ensure that the MM standards continue to reflect evidence-based practices and address quality and safety issues that have emerged from the field in recent years.

Revised and new standards and elements of performance include:

- Implementing a policy to provide emergency backup for essential medication dispensing equipment identified by the organization.
- Adding “wasting” of medications to the required written policy, addressing the control of medication between receipt by an individual health care provider and administration of the medication.
- Implementing a policy that describes the types of medication overrides that will be reviewed for appropriateness and the frequency of the reviews when automatic dispensing cabinets (ADCs) are used.
- Recording the date and time of any medication administered in the patient’s clinical record.

View the prepublication standards.

Redesigned ESC form coming soon 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 on July 24.

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.

Certification

Learn more about Community-Based Palliative Care Certification during Sept. 6 webinar
For home care organizations interested in The Joint Commission’s Community-Based Palliative Care (CBPC) Certification, be sure to attend an upcoming webinar on Sept. 6. Prepare to become Community-Based Palliative Care Certified in 2018 is scheduled for 10-10:30 a.m. PT/11 a.m.-noon MT/noon-12:30-1 p.m. CT/1-1:30 p.m. ET. Brenda Lamberti, senior business development specialist, Home Care Accreditation, is scheduled to facilitate the program.
The CBPC program requires:

- A robust interdisciplinary care team
- Customized, comprehensive care plans
- After-hours care and services
- Use of evidence-based clinical practice guidelines
- A defined hand-off communications process

To be eligible for the certification, organizations must have home health or hospice accreditation from The Joint Commission, with services available to patients 24/7. In addition, at least three patients must be actively receiving CBPC services at the time of survey, and at least five must have received palliative care services in the prior 12 months.

Learn more about CBPC Certification by:

- Requesting free access to the standards for a 90-day trial
- Reading an overview of the program

Resources

Learn solutions to challenging standards at Home Care Executive Briefing

The timing could never be better to attend the Home Care Executive Briefing. The one-day conference is scheduled for Aug. 24 at The Joint Commission Conference Center, 1 Renaissance Blvd., in Oakbrook Terrace, Illinois.

This year’s conference will:

- Discuss challenging Home Care standards.
- Provide updates on Project REFRESH and the Survey Analysis for Evaluating Risk™ (SAFER™) Matrix.
- Give information on topics like medication compounding, quality assessment and performance improvement (QAPI), and documentation strategies.

After the plenary sessions, attendees can attend sessions tailored to specific areas:

- Home health — Medicare-certified
- Home Health — Medicare-noncertified
- Hospice
- Durable medical equipment
- Pharmacy

Learn more or register for the conference.

Free VTE compendium of resources now available

Venous thromboembolism (VTE) is the third leading vascular diagnosis after heart attack and stroke, affecting approximately 300,000 to 600,000 Americans each year, according to the American Heart Association. Patients discharged with VTE need to receive comprehensive discharge instructions to manage their condition and its treatment in a way that is both safe and effective.

To help address this need, The Joint Commission’s Department of Health Services Research has developed a new, free Compendium of Resources to provide guidance to clinicians and other health educators looking for reliable and up-to-date patient education materials.

The Compendium, which was reviewed by an eight-member Technical Advisory Panel of clinicians, contains links to more than 70 publicly available online resources from 35 national and international organizations.
Webinar replay: Joint Commission president on safety culture and leadership

Guidance on how to build a safety culture in an organization recently was offered to hospital CEOs and other health care leaders during a webinar featuring Mark R. Chassin, MD, FACP, MPP, MPH, president and chief executive officer of The Joint Commission. 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 — which is one of the Center’s ongoing targeted initiatives. [Listen](https://www.thecenterfortransforminghealthcare.org/podcasts) to the podcast. [5:19]

Learn about available resources for workplace violence prevention

Health care workers are five times more likely to be victims of violence than workers in other occupations, according to a Bureau of Labor Statistics report. Another report, from the Occupational Safety and Health Administration (OSHA), states that 21 percent of registered nurses and nursing students have reported being physically assaulted — while more than 50 percent reported being verbally abused during a 12-month period.

The Joint Commission promotes prevention practices in its Workplace Violence Prevention and Emergency Management Resources portals. Home care organizations are invited to submit their workplace violence prevention materials to The Joint Commission for consideration for placement on the portal. Send your contributions to wpv_info@jointcommission.org.

The Joint Commission’s outreach on this issue is part of its mission and vision to continuously improve the quality and safety of health care for the public, in collaboration with other stakeholders, across all settings. It also supports the ongoing alliance with OSHA to provide health care workers and others in the health care industry with information, guidance and access to training resources to help them protect employees’ health and safety.

Don’t miss these upcoming Home Care webinars

Be sure to check out these Joint Commission webinars:

- The Business Case for the Joint Commission Accreditation in Home Care – Aug. 22
- Prepare to Become Community-Based Palliative Care Certified in 2018 – Sept. 6
- Unique Reasons Why Hospices Should Choose to be Accredited With The Joint Commission – Oct. 26
- Becoming Accredited with The Joint Commission - Entering the SAFER™ Matrix on your Journey to Reliable Quality Care – Nov. 9
- Medication Compounding Standards - Facilitating Compliance with USP 797 Using Joint Commission Accreditation – Dec. 7

[View](https://www.jointcommission.org) webinar replays from 2017.