In This Issue:

- **Effective Nov. 15**: Updates to Emergency Management standards
- **Helpful tip**: LVN/LPNs cannot perform ongoing comprehensive assessments at hospices
- **Effective Jan. 1, 2018**: Medication Compounding chapter added to Home Care manual
- **Reminder**: Revisions to EC, LS chapters for Life Safety Code update take effect Jan. 1
- **Phase 4 revisions for EP Review Project take effect Jan. 1**
- **Calif. Dept. of Public Health**: Joint Commission accreditation OK for home health licensure
- **Study**: Link exists between Joint Commission accreditation, higher public quality ratings
- **Reminder**: Sentinal event statistics released through June 30, 2017
- **New video**: Joint Commission president explains how safety culture can protect patients
- **Sentinel Event Alert** focuses on inadequate hand-offs, tips to improve them

**Accreditation and certification**

**Effective Nov. 15: Updates to Emergency Management standards**

In response to the Centers for Medicare & Medicaid Services’ (CMS) [final rule on emergency preparedness](http://www.cms.gov) in September 2016, The Joint Commission updated its [Emergency Management (EM) standards](http://www.jointcommission.org). The most significant changes are to the home health settings with 39 new or revised elements of performance (EPs) and ambulatory health care with 29. Hospitals and critical access hospitals each have 21 new requirements.

The Joint Commission began surveying to the updated EM requirements as of the rule’s Nov. 15, 2017, implementation date. These updated requirements apply to accredited deemed home health agencies, hospices, ambulatory surgical centers, hospitals, and critical access hospitals, as well as rural health clinics and federally qualified health centers.

New EPs have been created to address key areas for preparedness and response, including:

- Continuity of operations and succession plans
- Documentation of collaboration with local, tribal, regional, state and federal EM officials
- Contact information on volunteers and tribal groups
- Annual training of all new/existing staff, contractors and volunteers
- Integrated health care systems

©2017 The Joint Commission
The final rule aims to establish national emergency preparedness requirements that are designed to aid health care organizations in properly planning for natural and human-caused disasters, while also coordinating with federal, state, tribal, regional and local emergency preparedness systems. It also is intended to help prepare providers and suppliers to meet the needs of patients, residents, clients and communities during emergency events and throughout recovery.

View the prepublication standards for the Home Care Accreditation manual.

Effective Jan. 1, 2018: Medication Compounding chapter added to Home Care manual

The Joint Commission is implementing a new Medication Compounding chapter in its Home Care Accreditation manual, starting Jan. 1, 2018. This chapter will apply to all compounding pharmacies that seek initial accreditation and triennial re-accreditation.

The standards were developed from The Joint Commission’s Medication Compounding certification requirements. They also are aligned with current United States Pharmacopeial Convention (USP) requirements for sterile and nonsterile preparations.

The chapter is divided into five sections:
- General Responsibilities
- Education, Training, and Evaluation
- Compounding Sterile Preparations
- Compounding Sterile and Nonsterile Preparations
- Compounding Nonsterile Preparations

Microbial contamination of compounded sterile preparations occurs through direct contact or exposure to moisture or particles in the air generated by personnel, objects or other mechanisms. Therefore, the standards focus on:
- **People**: Training, competency, proper use of personal protective equipment, aseptic technique
- **Product**: Sterility of base products, beyond-use dates, labeling
- **Environment**: Airflow, buffer areas, guidelines for cleaning and documentation, storage

In order to eliminate repetition of concepts that are being addressed in the new Medication Compounding chapter, two elements of performance (EPs) will be deleted from the Medication Management (MM) chapter for standard MM.05.01.07 — *The organization safely prepares medications.*

The EPs that will be deleted are:
- **EP 1**: When an on-site licensed pharmacy is available, a pharmacist, or pharmacy staff under the supervision of a pharmacist, compounds or admixes all compounded sterile preparations except in urgent situations in which a delay could harm the patient or when the product’s stability is short.
- **EP 4**: The organization uses a laminar airflow hood or other ISO Class 5 environment in the pharmacy for preparing intravenous (IV) admixture or any sterile product that will not be used within 24 hours.

View the prepublication standards.

Reminder: Revisions to EC, LS chapters for Life Safety Code update take effect Jan. 1

The Joint Commission has revised the Life Safety (LS) and Environment of Care (EC) chapters in its Home Care Accreditation manual following adoption of the 2012 editions of the National Fire Protection Association’s *NFPA 101: Life Safety Code* and *NFPA 99: Health Care Facilities Code*. These standards revisions will take effect Jan. 1, 2018.

The Joint Commission began surveying to the 2012 Codes in November 2016, and additional standards revisions were published in 2017, including new, revised and relocated elements of performance (EPs) that address topics such as:
- Testing of emergency lighting systems
• Inspection and testing of piped medical gas and vacuum systems
• Updating pertinent NFPA code numbering in references
• Adding more specificity to existing EPs

View the prepublication standards.

Phase 4 revisions for EP Review Project take effect Jan. 1
Phase 4 of The Joint Commission’s EP Review Project — a multi-phased component of Project REFRESH — has started, with elements of performance (EPs) across all accreditation manuals being evaluated for streamlining and consolidation. Revisions from the first part of Phase 4 will be effective Jan. 1, 2018.

Consolidation was considered for requirements that were either integral to a concept, thus the two should be evaluated together; or concepts implicit in a requirement, thus the need for an additional EP could be eliminated.

An example of an integral concept could be:
• EP A: Staff participate in ongoing education and training to maintain or increase their competency. Staff participation is documented.
• EP B: Staff participate in ongoing education and training whenever staff responsibilities change. Staff participation is documented.

EPs A and B will be consolidated into:
• EP C: Staff participate in ongoing education and training to maintain or increase their competency, and as needed whenever staff responsibilities change. Staff participation is documented.

An example of consolidation for implicit concepts is:
• EP A: Staff participate in ongoing education and training to maintain or increase their competency. Staff participation is documented.
• EP B: Staff participate in ongoing education and training whenever staff responsibilities change. Staff participation is documented.

EPs A and B will be consolidated into:
• EP C: Staff participate in ongoing education and training to maintain or increase their competency, and as needed whenever staff responsibilities change. Staff participation is documented.

Phases 1 and 2 of the EP Review Project resulted in the deletion of 225 hospital EPs. Phase 3 evaluated the deleted hospital EPs that also existed in the other accreditation programs. View the prepublication standards for revisions related to Phase 4 of the EP Review Project for the Home Care Accreditation manual.

Calif. Dept. of Public Health: Joint Commission accreditation OK for home health licensure
In October, the California Department of Public Health approved Joint Commission accreditation as an option for home health providers to obtain initial licensure and re-licensure. Joint Commission accreditation can help organizations with improved performance, and also offers a quality framework for organizations that has been developed and vetted by a team of home health industry experts. Joint Commission standards are the industry’s most widely recognized roadmap to achieve performance excellence.

Access a free trial of the standards or view more tools and resources.
Quality and safety

New Quick Safety focuses on improving access to home care

Many patients who are discharged from the hospital benefit from home health care services, but some patients who need and are eligible for these services are not receiving them. This topic is the focus of a new Quick Safety issue on improving access to home care.

There are many reasons for this gap in care, including issues related to:
- Patient or family refusals for home health care services.
- Health care providers and organizations not following through on referrals.

Studies, however, have shown that patients who receive home health care after being discharged from the hospital are less likely to be readmitted. Other studies show patients who receive home health care report better quality of life.

A recent analysis of 26 international randomized controlled trials concluded that "a home visit within three days of discharge by a nurse can address specific health care needs related to symptoms that patients experience. In addition, if the nurse performs a medication reconciliation, the number of adverse drug events can be reduced."

Read more in the latest Quick Safety.

Study: Link exists between Joint Commission accreditation, higher public quality ratings

Over a three-year period, Joint Commission-accredited home health agencies performed higher statistically than non-accredited agencies on federal quality of patient care star ratings and quality measures, according to a new study published by Home Health Care Management & Practice.

The peer-reviewed study, “Comparing Public Quality Ratings for Accredited and Nonaccredited Home Health Agencies,” concludes that underlying factors associated with the differences are not well established, and additional research is needed to explore the specific mechanisms that lead to better quality and safety. The relationship between Joint Commission accreditation and home health agency quality, however, is consistent with findings in other health care settings, including hospitals, nursing homes and behavioral health care organizations.

While more than 100 published studies have linked Joint Commission accreditation to higher quality outcomes, this new study is the first to evaluate the relationship between accreditation and public quality metrics in the home health setting.

The study used publicly available data from the Centers for Medicare and Medicaid Services (CMS), including Home Health Compare star ratings and 22 quality measures for 1,582 accredited and 10,008 nonaccredited home health agencies for 2013, 2014 and 2015. The quality of patient care star rating is a summary measure of a home health agency’s performance on individual quality measures, such as:

- Timely initiation of care
- Drug education on all medications provided to patients/caregivers
- Influenza immunizations received for the current flu season
- Improvement in ambulation
- Acute care hospitalization

Accredited agencies received statistically higher star ratings than nonaccredited organizations, and were more likely to be categorized 4-, 4.5-, or 5-star organizations (on a scale of 1 to 5 stars). Absolute
differences between accredited and nonaccredited agencies on CMS Outcome and Assessment Information Set (OASIS) quality measures were generally small but consistently favored accredited facilities over all three years studied.

“It is important to interpret these results with some degree of caution, as the study was not designed to explain why accredited home health agencies outperformed non-accredited agencies,” said Scott C. Williams, PsyD, director, Health Services Research, The Joint Commission, and lead study author. “Nevertheless, we were struck by how robust the findings were — as Joint Commission accredited agencies consistently outperformed non-accredited agencies in each of the three years studied.”

More than 5,400 home care agencies in the United States hold Joint Commission Home Care Accreditation, having undergone survey to demonstrate compliance with rigorous accreditation standards. The standards focus on processes for patient safety and performance excellence in areas such hand-off communication, medication management, leadership, staffing, equipment maintenance, fall risk reduction, and patient engagement and education.

Learn more about Joint Commission Home Care Accreditation.

Sentinel event statistics released through June 30, 2017
The Joint Commission has reviewed a total of 13,346 reports of sentinel events, from January 1995 to June 30, 2017. Its Sentinel Event Database includes data collected and analyzed from this review of sentinel events. The information includes causes and outcomes of sentinel events, and provides critical information that can help guide local efforts to mitigate future risk.

Data from the 10,417 incidents reported from 2005 through June 30, 2017 show that these events have affected a total of 10,748 patients, including:

- Death: 5,687 (52.9%)
- Unexpected additional care: 2,791 (26.0 percent)
- Permanent loss of function 838 (7.8 percent)
- Severe temporary harm: 501 (4.7 percent)
- Psychological impact: 341 (3.2 percent)
- Permanent harm: 129 (1.2 percent)

All sentinel events must be reviewed by the organization and are subject to review by The Joint Commission. The Joint Commission reviewed a total of 400 sentinel events (see graphic) during the first six months of 2017, and the majority of these — 354 (89 percent) — were voluntarily self-reported to The Joint Commission by an accredited or certified entity.

An estimated fewer than 2 percent of all sentinel events are reported to The Joint Commission. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.

For more information about sentinel events, call the Office of Quality and Patient Safety at 630-792-3700 or visit The Joint Commission website.
Resources

New video: Joint Commission president explains how safety culture can protect patients
Mark R. Chassin, MD, FACP, MPP, MPH, president and chief executive officer of The Joint Commission, explained in a new video how years of survey and patient safety experiences led The Joint Commission to conclude that a strong safety culture can eliminate a wide variety of patient safety risks.

In the video, Dr. Chassin touches on the concepts covered in Sentinel Event Alert 57: The essential role of leadership in developing a safety culture, in order to engage health care leaders to promote and improve patient safety in their organizations.

Leadership is crucial to achieving and maintaining a safety culture in an organization, as it sets the cultural tone for the whole organization. Dr. Chassin dove deeper into this topic in the webinar Building Your Safety Culture: A Job for Leaders.

Sentinel Event Alert focuses on inadequate hand-offs, tips to improve them
Health care professionals work diligently to meet patient needs and provide the best care possible. Unfortunately, too often, this effort and attentiveness falters when a patient is handed off, or transitioned, to another health care provider for continuing care, treatment or services. A common problem regarding hand-offs, or hand-overs, centers on communication.

This problem is the focus of Sentinel Event Alert, Issue 58: Inadequate hand-off communication, and an accompanying infographic, “8 Tips for High-Quality Hand-Offs.” This alert provides advice to senders and receivers of hand-off communication, including communication between:
- Caregivers within hospitals and other health care settings
- Hospital caregivers and those not located in a hospital

“When a patient is handed off to another health care provider for continuing care, treatment or services, the type of information the receiving provider needs may not be the information the sender provides. This misalignment is where the problem often occurs during hand-off communication,” said Ana Pujols McKee, MD, executive vice president and chief medical officer, The Joint Commission. “Failures in hand-off communication can result in a sequence of misadventures and adverse events which can include medication errors, medical complications, readmissions and even loss of life. We encourage health care organizations to use our new Sentinel Event Alert to help improve their own hand-off communication process.”

While it sounds simple, a high-quality hand-off is complex. Failed hand-offs are a long-standing, common problem in health care. Read the Sentinel Event Alert.

The Joint Commission recently held a webinar — “Do You Really Understand Your Hand-off Communication Processes?” — as a follow-up to the Sentinel Event Alert, which featured Joint Commission professionals who examined a case study. View the webinar replay and the presentation slides.