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Accreditation and certification

Standards BoosterPaks will help nursing care centers with credentialing compliance

For nursing homes that have identified compliance issues as part of their own risk assessment or that have survey findings related to credentialing, the Standards BoosterPak™ for Credentialing & Privileging in Non-Hospital Settings can help them get into compliance.

This searchable resource document offers accredited organizations an explanation of related standards requirements and strategies for compliance specific to these requirements.

The BoosterPak™ also includes a number of compliance tools and checklists, the necessary steps for the credentialing and re-credentialing processes, and orientation requirements. Self-assessment tools also are included in this BoosterPak™, as well as FAQs. BoosterPaks are available to Joint Commission-accredited and -certified organizations on the secure Joint Commission Connect™ Extranet.

- Log-in to Joint Commission Connect™
- Request Guest Access

Coming in 2018: Florida nursing home Medicaid reimbursement shifting to PPS

Effective Oct. 1, 2018, the state of Florida is converting the structure of its Medicaid reimbursement for nursing homes and nursing facility services from a cost-based reimbursement model to a prospective payment system (PPS). This is being done to better balance the financial incentive for high-quality care with increased efficiency.

Under the new PPS system, nursing homes will have the opportunity to increase reimbursement by accumulating “points” in key quality categories. Under one of these categories — “quality credential” — The Joint Commission’s Nursing Care Center accreditation program is a recognized credential.

Currently, less than half of approximately 700 nursing homes in the state hold quality credentials recognized under the new plan, and The Joint Commission’s accreditation program offers the only option for nursing homes to apply for and potentially receive recognition to meet the established deadlines. Tennessee implemented a similar quality metric program in 2011. Anticipating a federal shift to more block grants to states, other states may follow suit with such programs along with prospective payment systems in order to better project and manage costs. Learn more. (Contact: ncc@jointcommission.org)
New SAFER™ Matrix Resources portal: Gateway to understanding scoring methodology
The Joint Commission has created a one-stop shop for information and resources on the Survey Analysis for Evaluating Risk™ (SAFER™) Matrix, the scoring methodology that went into effect for all Joint Commission accreditation and certification programs on Jan. 1.

The SAFER™ Matrix Resources web portal features:
• A SAFER™ webinar replay and slide deck that discusses the conception of the SAFER™ Matrix and includes examples to illustrate key concepts
• A Take 5 podcast that provides a foundational understanding of the SAFER™ Matrix and related information
• An interactive demo video that gives a walkthrough of the new SAFER™ Matrix tool located on an organization’s secure Joint Commission Connect® website
• A Frequently Asked Questions video that covers some of the most commonly asked questions on this topic

These resources will help organizations:
• Understand the overall concept of the SAFER™ Matrix and identify key elements of the SAFER™ Matrix process
• Learn how the SAFER™ Matrix is scored in the field
• Access details surrounding the new Evidence of Standards Compliance (ESC) fields
• Take advantage of ongoing free educational opportunities on this topic from The Joint Commission

The SAFER™ Matrix’s primary benefit is that it helps organizations prioritize areas of risk, what to address and where to focus resources following a survey. It provides a single, comprehensive visual representation of survey findings, in which all Requirements for Improvement (RFIs) are plotted according to the likelihood of potential harm to patients, staff or visitors, and pervasiveness of the problem — based on surveyor observations. This allows surveyors to perform real-time, on-site evaluations of deficiencies. Placement of RFIs within the matrix determine the level of detail required within each RFI’s Evidence of Standards Compliance follow-up.

View the SAFER™ Matrix Resources web portal. (Contact: safer@jointcommission.org)

Patient safety

Free AHRQ toolkit created to reduce UTIs in long-term care facilities
The Agency for Healthcare Research and Quality (AHRQ) has released a new, evidence-based toolkit to help long-term care facilities reduce catheter-associated urinary tract infections (CAUTIs).

The Joint Commission’s Health Services Research department served as a lead organization in a cohort of nursing homes participating in the national, three-year resident safety improvement initiative, which was designed to reduce CAUTIs and enhance patient safety culture and practices.

As a lead organization in the project, The Joint Commission:
• Recruited nursing homes for participation
• Facilitated coaching calls
• Provided learning sessions and support

AHRQ estimates between 1-3 million serious infections occur in long-term care facilities annually, with urinary tract infections (UTIs) being the most common hospital-acquired infection (HAI).
The toolkit — funded through AHRQ as part of the U.S. Department of Health & Human Services (HHS) National Action Plan to Prevent Health Care-Associated Infections — is based on experiences garnered from more than 450 long-term care facilities in the U.S. It supports involvement from leadership and promotes establishing safety culture. Participating facilities learned how to implement and effectively use CAUTI prevention practices and tools.

The Toolkit to Reduce CAUTI and Other HAIs in Long-Term Care Facilities is organized into three main sections (implementation, sustainability and resources). The toolkit has instructional materials for:

- Infection prevention best practices (including antimicrobial stewardship)
- Resident and family engagement
- Quality improvement
- Program sustainability

The Health Research & Educational Trust (HRET) of the American Hospital Association led the project that later developed the toolkit. Each section contains guides, tools, slide sets and videos — and all of the education modules can be modified to fit local facility needs. Access the free toolkit.

Resources

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

Guidance on how to build a safety culture in an organization was recently 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 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 hospital, 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 may also be interested in a new 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 to the podcast. [5:19]

**Learn about available resources for workplace violence prevention**

In late June, a shooting at a hospital in New York once again brought to the forefront the issue of workplace violence. 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.

Meanwhile, according to a March report from the Government Accountability Office — *Workplace Safety and Health: Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence* — the estimated rate of injuries for all private-sector workers due to nonfatal workplace violence incidents...
was 2.8 per 10,000 workers in 2013. For nursing and residential care workers during that same year, the rate ballooned to 35.3 per 10,000 workers.

The Joint Commission promotes prevention practices in its Workplace Violence Prevention and Emergency Management Resources portals. Some resources contributed to the Workplace Violence Prevention portal from the field include:

- Sample policies related to armed intruder/active shooter situations, workplace violence and assault, bomb threats and more, provided by Western Connecticut Health Network.
- A presentation from Loma Linda University Health discussing its response to the 2015 San Bernardino mass shooting, and lessons learned as a result.

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.

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. To help address the need for comprehensive discharge instructions, 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.

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. 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.

Discharge instructions for VTE have typically included medication management recommendations related to the use of warfarin. In recent years, however, a growing number of alternatives to warfarin — such as direct oral anticoagulants (DOACs) and other anticoagulants — are being more widely used. It is important that patients discharged on any anticoagulants receive clear, comprehensive and up-to-date education and discharge instructions.

“It is our hope that the compendium will help clinicians, health educators and other health care professionals provide reliable and up-to-date patient education and discharge materials for VTE and anticoagulation therapy,” said David W. Baker, MD, MPH, FACP, executive vice president, Division of Health Care Quality Evaluation, The Joint Commission. “We encourage health care organizations to review the materials in the Compendium as they adapt or develop their own related materials in an effort to improve the information VTE patients on anticoagulants receive.”

The Compendium of Resources was developed with funding from Bristol Myers-Squibb / Pfizer, Inc.
New blog: Consider consequences before posting on social media

In today’s cultural landscape, more and more of daily life is being broadcast over various social media platforms. This includes, however, malicious and disturbing uses.

Gina Zimmermann, MS, executive director of the Nursing Care Center (NCC) Accreditation program, recently wrote about the consequences of health care workers posting on social media about their patients or residents.

According to the post, the Centers for Medicare & Medicaid Services (CMS) began reviewing nursing homes’ policies regarding the violation of patient rights by staff members via social media. The Joint Commission is strongly urging all provider organizations, including nursing homes, to draft a social media abuse policy and to train employees on it.

Read the blog post.