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## Accreditation and certification

### Top 5 most challenging requirements for 2017

The Joint Commission collects data on organizations' compliance with standards, National Patient Safety Goals (NPSGs), the Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery™, and Accreditation and Certification Participation Requirements to identify trends and focus education on challenging requirements. The table below identifies the Top 5 Joint Commission requirements identified most frequently as "not compliant" during surveys and reviews from Jan. 1, 2017, through Dec. 31, 2017. New to this table is data on Perinatal Care Certification. For more information, see the April issue of *Perspectives* or the [Standards Frequently Asked Questions](#). (Contact: Standards Interpretation Group, 630-792-5900 or [online question form](#))

Non-compliance percentage	Standard/NPSG	Program
<b>Ambulatory Care Accreditation</b>		
60%	IC.02.02.01	The organization reduces the risk of infections associated with medical equipment, devices, and supplies.
49%	MM.03.01.01	The organization safely stores medications.
47%	HR.02.01.03	The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.
38%	EC.02.04.03	The organization inspects, tests, and maintains medical equipment.
38%	EC.02.05.01	The organization manages risks associated with its utility systems.
<b>Behavioral Health Care Accreditation</b>		
57%	CTS.03.01.03	The organization has a plan for care, treatment, or services that reflects the assessed needs, strengths, preferences, and goals of the individual served.
40%	HRM.01.02.01	The organization verifies and evaluates staff qualifications.
36%	NPSG.15.01.01	Identify individuals at risk for suicide.
33%	HRM.01.06.01	Staff are competent to perform their job duties and responsibilities.
27%	EC.02.06.01	The organization establishes and maintains a safe, functional environment.
<b>Critical Access Hospital Accreditation</b>		
85%	EC.02.05.01	The critical access hospital manages risks associated with its utility systems.
83%	LS.02.01.35	The critical access hospital provides and maintains systems for extinguishing fires.
72%	IC.02.02.01	The critical access hospital reduces the risk of infections associated with medical equipment, devices, and supplies.
70%	LS.02.01.10	Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.
68%	EC.02.05.09	The critical access hospital inspects, tests, and maintains medical gas and vacuum systems.
<b>Home Care Accreditation</b>		
42%	PC.02.01.03	The organization provides care, treatment, or services in accordance with orders or prescriptions, as required by law and regulation.
41%	PC.01.03.01	The organization plans the patient's care.
34%	IC.02.01.01	The organization implements the infection prevention and control activities it has planned.
32%	HR.01.06.01	Staff are competent to perform their responsibilities.

Non-compliance percentage	Standard/NPSG	Program
29%	RC.02.01.01	The patient record contains information that reflects the patient's care, treatment, or services.
<b>Hospital Accreditation</b>		
86%	LS.02.01.35	The hospital provides and maintains systems for extinguishing fires.
73%	EC.02.05.01	The hospital manages risks associated with its utility systems.
72%	LS.02.01.30	The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.
72%	IC.02.02.01	The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.
70%	EC.02.06.01	The hospital establishes and maintains a safe, functional environment.
<b>Laboratory and Point-of-Care Testing Accreditation</b>		
50%	HR.01.06.01	Staff are competent to perform their responsibilities.
39%	QSA.02.10.01	The laboratory performs quality control testing to monitor the accuracy and precision of the analytic process.
37%	DC.02.03.01	The laboratory report is complete and is in the patient's clinical record.
33%	QSA.02.08.01	The laboratory performs correlations to evaluate the results of the same test performed with different methodologies or instruments or at different locations.
32%	QSA.01.03.01	The laboratory has a process for handling and testing proficiency testing samples.
<b>Nursing Care Center Accreditation</b>		
55%	HR.02.01.04	The organization permits licensed independent practitioners to provide care, treatment, and services.
41%	MM.03.01.01	The organization safely stores medications.
28%	PC.01.03.01	The organization plans the patient's or resident's care.
26%	PC.01.02.03	The organization assesses and reassesses the patient or resident and his or her condition according to defined time frames.
25%	IC.02.01.01	The organization implements its infection prevention and control plan.
<b>Office-Based Surgery Practice Accreditation</b>		
63%	IC.02.02.01	The practice reduces the risk of infections associated with medical equipment, devices, and supplies.
61%	HR.02.01.03	The practice grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.
37%	EC.02.04.03	The practice inspects, tests, and maintains medical equipment.
34%	MM.03.01.01	The practice safely stores medications.
27%	IC.02.01.01	The practice implements infection prevention and control activities.
<b>Disease-Specific Care Certification</b>		
43%	DSDf.3	The program is implemented through the use of clinical practice guidelines selected to meet the patient's needs.
24%	DSDf.2	The program develops a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care.
22%	DSCT.5	The program initiates, maintains, and makes accessible a medical record for every patient.
19%	DSDf.1	Practitioners are qualified and competent.
19%	DSSE.3	The program addresses the patient's education needs.
<b>Medication Compounding Certification</b>		
61%	MDCS.01	The organization maintains work practices and an environment that is consistent with the low-, medium-, and high-risk levels of sterile compounding described in USP chapter <797>.
48%	MDCS.12	The compounding supervisor(s) implements policies and procedures for hand and forearm cleansing prior to sterile compounding.

Non-compliance percentage	Standard/NPSG	Program
48%	MDCS.08	The organization has written policies and procedures for environmental quality control for compounded sterile preparations (CSPs) encompassing each risk level per USP chapter <797>, state board of pharmacy requirements, and laws and regulations.
46%	MDCS.13	Compounding staff follow evidence-based cleaning and disinfecting practices in the sterile compounding areas.
40%	MDCS.10	The compounding supervisor(s) implements policies and procedures that address the integrity of the compounding area, the handling of compounded sterile preparations (CSPs), and staff use of protective equipment and practices.
<b>Palliative Care Certification</b>		
34%	PCPC.4	The interdisciplinary team assesses and reassesses the patient's needs.
26%	PCPM.6	Program leaders are responsible for selecting, orienting, educating, and retaining staff.
18%	PCPC.3	The program tailors care, treatment, and services to meet the patient's lifestyle, needs, and values.
13%	PCPM.7	The program has an interdisciplinary team that includes health care professionals with the education and experience to provide the program's specialized care, treatment, and services that meet the needs of the patient and family.
8%	PCPI.2	The program collects data to monitor its performance.
<b>Perinatal Care Certification</b>		
55%	PNIM.2	The program maintains complete and accurate medical records.
45%	PNPM.5	The program identifies and minimizes risks to the mother and newborn.
27%	PNPC.4	The interdisciplinary program team assesses and reassesses the mother's and newborn's needs.
27%	PNPM.4	The program uses clinical practices originating from evidence-based national guidelines or up-to-date systematic review of existing evidence to deliver or facilitate the delivery of clinical care, treatment, and services.
23%	PNPM.6	Program leaders are responsible for selecting, orienting, educating, and training perinatal staff.
<b>Health Care Staffing Services Certification</b>		
13%	HSHR.1	The HCSS firm confirms that a person's qualifications are consistent with his or her assignment(s).
9%	HSHR.6	The HCSS firm evaluates the performance of clinical staff.
5%	HSLD.5	The HCSS firm provides services to customers according to a written agreement.
5%	HSPM.4	The HCSS firm analyzes its data.
5%	HSHR.2	As part of the hiring process, the HCSS firm determines that a person's qualifications and competencies are consistent with his or her job responsibilities.

**Comment now on proposed new Pain Assessment and Management requirements**

The Joint Commission is accepting comments on proposed new Pain Assessment and Management requirements that are being developed for the Critical Access Hospital (CAH), Ambulatory Health Care (AHC) and Office-Based Surgery (OBS) accreditation programs. The survey is available through May 22.

The proposed requirements emphasize:

- Active participation of administrative and physician leadership in pain management
- Safe opioid prescribing protocols
- Strengthening practices for pain assessment, treatment, education and monitoring

Comment now:

- [Critical access hospitals](#)
- [Ambulatory health care](#)
- [Office-based surgery](#)

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## Resources

### Updates added to Emergency Management web portal

Updates have been added to the [Emergency Management web portal](#) on The Joint Commission website. See new resources for:

- Cyber attack
- General references
- Hurricane
- Infection control/communicable diseases
- Security/violence/active shooter
- Vulnerable populations

### Up in the blogosphere with The Joint Commission

- **Quality Data Download** — [Patient-Centered Communication Essential to High-Quality Hospital Care](#): Margaret Baker, MA, senior training specialist, Trans-Matic Manufacturing Co., goes beyond the study, “Optimizing Hospitalist-Patient Communication: An Observation Study of Medical Encounter Quality,” featured in the April 2018 issue of *The Joint Commission Journal on Quality and Patient Safety*, in a recent blog post.
- **Ambulatory Buzz** — [Top Ten Challenging Ambulatory Care Standards for 2017](#): *AmBuzz* readers know spring has sprung when The Joint Commission unveils its annual list of the Top Ten Challenging Standards for accredited Ambulatory Health Care (AHC) organizations and Office-Based Surgery (OBS) practices throughout 2017, writes Joyce Webb, RN, BSN, MBA, project director, Division of Standards and Survey Methods.

Learn more about [Joint Commission Resources](#) offerings online or call 877-223-6866.

