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Quality and safety

Joint Commission president: Achieving zero harm is possible
Can you imagine a day without patient falls, healthcare-associated infections or patient safety events of any type? Mark R. Chassin, MD, FACP, president and chief executive officer of The Joint Commission doesn't just want health care organizations to imagine a day of zero harm — he wants them to achieve it.

Dr. Chassin talked about health care organizations Leading the Way to Zero™ in an article for Healthcare Executive Magazine published in the March/April 2018 issue. Dr. Chassin said achieving zero harm is possible by using Robust Process Improvement® (RPI®) tools and other high reliability strategies.

Dr. Chassin also spoke about the concept of zero harm at the American College of Healthcare Executives’ 2018 Congress on Healthcare Leadership.

Read the article in Healthcare Executive Magazine.

Journal: Analyzing effect of adjusting for socioeconomic status in CMS’ HRRP
A new study in the April 2018 issue of The Joint Commission Journal on Quality and Patient Safety analyzes the effect of hospital peer groups in adjusting for socioeconomic status (SES) — or “social risk” — in the Centers for Medicare & Medicaid Services (CMS) Hospital Readmissions Reduction Program (HRRP). CMS plans to adopt hospital peer groups for its fiscal year (FY) 2019 rate adjustments.

In the study — “Will Hospital Peer Grouping by Patient Socioeconomic Status Fix the Medicare Hospital Readmission Reduction Program or Create New Problems?,” — Richard L. Fuller, MS, and co-authors analyze the impact of hospital peer groups on the number and distribution of hospitals penalized for higher readmission rates.

In 2016, the 21st Century Cures Act directed CMS to develop ways to prevent hospitals that care for more patients with low SES from being inappropriately penalized because of higher readmission rates. Patients who are poorer or have less education may have fewer resources to help them avoid readmission. That makes it difficult to compare hospitals that disproportionately care for patients with low SES to hospitals that care for patients with higher SES. One proposed solution is to group hospitals into “peer groups” with similar patient populations.

For the study, the authors used CMS analysis files for the FY 2017 HRRP Final Rule and Disproportionate Share Hospital adjustments to assign hospitals to peer groups. The median excess readmission ratios for hospital peer groups were calculated, and the resulting pattern of hospital penalties within the peer groups was analyzed.

Some of the findings of the study include:
- Use of peer groups introduces differing performance standards for hospitals, which may be affected by factors such as volume.
• For surgical cases, hospitals with fewer patients had higher readmission rates.
• For medical cases, hospitals with fewer patients had fewer readmissions.

Because CMS assigns individual HRRP penalties on six clinical conditions, but proposes to assign hospitals to a single SES peer group based on all admissions, it may ignore substantial differences in the distribution of peer group medians across the conditions — potentially distorting the peer group adjustment intended to correct for SES.

This article and an accompanying editorial are available online for free. Also featured in the issue:
• “How Patient Partners Influence Quality Improvement” (WellSpan Health and Aligning Forces for Quality, South Central Pennsylvania)
• “Optimizing Hospitalist-Patient Communication: An Observation Study of Medical Encounter Quality” (Western Michigan University, Kalamazoo, Michigan)
• “A Collaborative for Implementation of an Evidence-Based Clinical Pathway for Enhanced Recovery in Colon and Rectal Surgery in an Affiliated Network of Health Care Organizations” (Mayo Clinic, Rochester, Minnesota)
• “The Hidden Cost of Regulation: The Administrative Cost of Reporting Serious Reportable Events”
• “Improving Satisfaction with Pediatric Pain Management by Inviting the Conversation” (Packard Children’s Hospital, Palo Alto, California)
• “Using the Patient Safety Huddle as a Tool for High Reliability” (Providence Little Company of Mary Medical Center, San Pedro, California)

Access the Journal.

Accreditation and certification

Two medication compounding EPs removed from certification, Home Care standards
Effective March 9, The Joint Commission is no longer scoring two elements of performance (EPs) that were removed from the Medication Compounding (MC) chapter in the Home Care Accreditation program standards manual and the Compounding Sterile and Nonsterile Preparations (MDCSN) chapter in the Medication Compounding Certification program standards manual. These EPs were related to environmental surface sampling for residual hazardous medication compounding processes.

The deletions were for MC.04.02.01 and MDCSN.03:
• **EP 16:** If the organization prepares hazardous medications, it also performs environmental surface sampling to detect uncontained hazardous drugs. Note: Refer to the most up-to-date NIOSH list of hazardous medications and safety data sheets (SDSs).
• **EP 17:** Environmental sampling occurs initially as a benchmark, and at least every six months as described in USP chapter <797>. Note: Refer to the most up-to-date NIOSH list of hazardous medications and safety data sheets (SDSs).

The deletions were a result of The Joint Commission’s ongoing internal review of the standards. View the deletions for the Home Care program or the Medication Compounding Certification program. This change will be reflected in the Jan. 1, 2019 update to the manuals. (Contact: Kathy Clark, kclark@jointcommission.org)

Resources

Updated for 2018: Accreditation learning modules now available via Relias
Eight online learning modules that provide step-by-step details on Joint Commission requirements for Nursing Care Center Accreditation, Post-Acute Care Certification and Memory Care Certification have been updated for 2018. The updates reflect The Joint Commission’s most current accreditation and certification standards and survey process.
Also new is the availability of the modules to subscribers to the Relias Learning Management System (RLMS); the online platform enables subscribers to easily assign courses and track and manage course completions. This new offering is available thanks to an expanded partnership between The Joint Commission and Relias. The modules remain available to non-subscribers on Relias’ Joint Commission Academy platform.

The course series is titled “Joint Commission Accreditation and Specialty Certification Requirements: A Roadmap to Performance Excellence.” Each hourlong module explores a Joint Commission standards manual chapter, with an accreditation expert guiding the learner through content and tips for standards compliance. It is designed for nursing home administrative and clinical leadership and staff, at individual facilities, as well as in corporate/system positions. Each module includes:

- Guiding rationale for requirements and how they are structured.
- Expectations for successfully demonstrating standards compliance.
- Documentation, such as what is required and when.

Users will receive one continuing education (CE) credit for completing each of the new modules:

- An Overview of the Process
- Environment of Care, Emergency Management & Life Safety
- Provision of Care, Treatment and Services and Medication Management
- Leadership and Human Resources
- Infection Prevention and Control, National Patient Safety Goals & Information Management
- Record of Care, Rights and Responsibilities of the Individual, Performance Improvement & Waived Testing
- Post-Acute Care Certification
- Memory Care Certification

Learn more and see a demo on how to access the modules through the RLMS. Access the modules via the Joint Commission Academy.

ASHP releases fact sheet on how to manage injectable opioid shortages
The American Society of Health-System Pharmacists has posted a fact sheet designed to help healthcare professionals manage a shortage of injectable opioids, such as hydromorphone, morphine and fentanyl. The document includes:

- Information on how clinicians can mitigate the impact of the shortage
- Strategies for inventory control, pharmacy operations, and infusion pumps and informatics
- Safety recommendations

View the fact sheet.

Up in the blogosphere with The Joint Commission

- Leading Hospital Improvement — Newborn Identification Changes Recommended to Avoid Misidentification: Every patient needs a name and a medical record number in a health care organization’s medical record. So, when a baby is born, he or she is given a name that lists the baby’s gender and the mother’s last name, (For example — Baby Boy Smith), writes Jennifer Hurlburt, associate director, Standards and Survey Methods.
- @ Home with The Joint Commission — Certification Reports of Compounding Hoods and Rooms Affecting Accreditation Decisions: The Joint Commission is noticing an alarming trend with reports generated by testing/certification companies’ reports regarding compounding hoods and rooms. Pharmacy managers and those responsible for sterile compounding are asked to read reports thoroughly, writes Robert Campbell, PharmD, pharmacist, Clinical Standards Interpretation.

Learn more about Joint Commission Resources’ offerings online or call 877-223-6866.