Performance measurement

New performance measure on unexpected complications in term newborns

Effective Jan. 1, 2019, The Joint Commission will require data collection and reporting for a new Perinatal Care (PC) performance measure, PC-06 Unexpected Complications in Term Newborns. The new requirement will be added to the existing five measures required for Joint Commission-accredited hospitals with at least 300 live births per year. All hospitals seeking Perinatal Care Certification also will be required to report PC-06.

PC-06 requires hospitals to identify the percentage of infants with unexpected newborn complications among full-term newborns with no preexisting conditions. While measures have been developed to assess clinical practices and outcomes in pre-term infants, The Joint Commission has identified a lack of metrics that specifically assess health outcomes of term infants who represent more than 90 percent of all births. PC-06 is designed to address the metrics gap and gauge adverse outcomes resulting in severe or moderate morbidity in otherwise healthy term infants without preexisting conditions.

“Requiring hospitals to report PC-06 is one of several initiatives The Joint Commission has implemented to further ensure the safety of both mothers and newborns during the time of delivery,” said David W. Baker, MD, MPH, FACP, executive vice president, Division of Health Care Quality Evaluation, The Joint Commission. “The Joint Commission is committed to working with hospitals, the professional societies that establish clinical guidelines, and other stakeholders to establish new standards and measures to improve care and reverse the problematic trend in maternal mortality and the concomitant racial and ethnic disparities in maternal outcomes.”

Earlier this year, The Joint Commission approved standards to:

- Improve the identification of mothers at risk for transmitting infectious diseases to their newborns around the time of delivery.
- Prevent the misidentification of newborns due to conventional, nondistinct naming methods, such as “Baby Boy Jones.”

The Joint Commission also established a working group in 2017 to evaluate whether it should develop standards and additional quality measures in the area of perinatal care. It is currently investigating establishing possible requirements for hospitals to standardize management of patients with hemorrhage or hypertension. The group’s work remains in progress.

**Accreditation and certification**

**Patient Safety reporting phone line to be automated**
Beginning Sept. 1, callers to The Joint Commission’s patient safety event phone line — 1-800-994-6610 — will receive automated instructions on how to file a report or concern; the line will no longer be answered by a staff member. This is being done to lessen confusion and to provide more accurate information for the caller. In particular, this will help address the issue of callers attempting to contact by phone to report patient safety events, as these reports must be submitted in writing.

According to Accreditation Participation Requirement (APR) standard APR.09.01.01, organizations need to update their notice instructing patients on how to contact The Joint Commission with the following information about reporting patient safety concerns:

- At [www.jointcommission.org](http://www.jointcommission.org), using the “Report a Patient Safety Event” link in the “Action Center” on the home page of the website.
- By fax to 630-792-5636.
- By mail to The Office of Quality and Patient Safety (OQPS), The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181.

Reports of patient safety events to The Joint Commission must include the health care organization’s name, street address, city and state.

In the course of evaluating a report, The Joint Commission may share the information with the organization that is the subject of the report. Joint Commission policy forbids accredited organizations from taking retaliatory actions against employees for reporting quality of care concerns to The Joint Commission.

Patient safety event reports can be submitted anonymously and confidentially. However, those who provide their name and contact information enables The Joint Commission to contact them for more information, if necessary, and to confirm how the report is handled.

Accredited and certified organizations can still reach OQPS by emailing patientsafetyreport@jointcommission.org or calling the Sentinel Event Phone Line at (630) 792-3700. The process of self-reporting sentinel events remains the same.

OQPS cannot determine over the phone if an event meets Sentinel Event criteria. Health care organizations must open a Sentinel Event Report on the Joint Commission Connect® extranet site by selecting “Self-Report Sentinel Event” from the dropdown list of “Continuous Compliance Tools.” After the Sentinel Event Report is reviewed, the patient safety specialist assigned to the incident will call the employee who opened the report to discuss reviewability and next steps.

**Take 5 podcast: 4-1-1 on Survey Enhancements with Dr. McKee**
The Joint Commission’s on-site survey now includes an enhanced evaluation of four key areas to help health care organizations reduce risk and prevent adverse events. The four targeted areas are:

- Sterile medication compounding
- Suicide prevention
- High-level disinfection and sterilization
- Hemodialysis
The first of the new monthly series published in *Joint Commission Online* — **4-1-1 on Survey Enhancements** — covered sterile medication compounding.

The 4-1-1 on Survey Enhancements is discussed in a Take 5 podcast with Ana Pujols McKee, MD, executive vice president and chief medical officer, The Joint Commission. [5:21]

**Comment now on proposed pain standards revisions for Nursing Care Centers**
The Joint Commission is interested in receiving your comments on proposed revisions to the pain assessment and management standards for accredited Nursing Care Center organizations, which include organizations providing rehabilitative, supportive or long-term services, as well as skilled nursing care in various long-term care facilities.

These revisions are being developed to further promote patient safety and quality of care, as well as to align the accreditation requirements with current recommendations from scientific, professional and governmental organizations.

[Comment now.](#) The deadline for comment is Sept. 5. (Contact: Mamello Tekateka, mtekateka@jointcommission.org)

**Quality and safety**

**New educational tool: Case example detailing patient death from failure to rescue**
A fictionalized case example that can be used for educational purposes is now available for free on The Joint Commission’s website. The case study details lapses in patient safety and missed opportunities to develop a culture of safety that ultimately led to a patient’s death.

This new learning resource highlights safety actions and strategies to have a better result. The downloadable PDF can be printed out and posted on a bulletin board in a staff lunch or break room, discussed during quality and safety meetings, and can be used during training or rounding of similar cases. Case Example #1 is applicable to the following staff: nurses, telemetry technicians, code team members, certified registered nurse anesthetists (CRNAs), managers of these staff, alarm management committees, patient safety and quality care staff, and organization leaders.

The case example — which is aggregated and not representative of a single report or incident — focuses on a fictionalized hospital patient who underwent surgery. The procedure and post-op recovery were uneventful, and the patient remained on cardiac monitoring during recovery on a medical unit.

[View the case example.](#)

**August Journal: Study advances patient-reported outcome measures to improve care**
Many health care organizations have struggled with how to implement and standardize patient-reported outcome (PRO) measure collection into routine practice. Interest is growing in measuring and using these PROs — which collect information directly from patients about their perceptions of their health, quality of life, mental well-being or health care experience — for payer incentives.

A new study in the August 2018 issue of *The Joint Commission Journal on Quality and Patient Safety* — “Systemwide Implementation of Patient-Reported Outcomes in Routine Clinical Care at a Children’s Hospital,” by Wendy E. Gerhardt, MSN, RN-BC, director, Quality Outcomes and Evidence, James M. Anderson Center for Health Systems Excellence, Cincinnati Children’s Hospital Medical Center, and co-authors — details how a PRO implementation program at Cincinnati Children’s can serve as a model for using PROs in a clinical setting.
The program included:

- Selection of an instrument that addresses the identified outcomes of interest.
- Specification of threshold scores that indicate when a patient is not improving as expected and intervention is needed.
- Identification of clinical interventions to be triggered by threshold scores.

The completion goal for each instrument was 80 percent, defined as the number of PRO measures actually completed divided by the number that should have been completed. The findings showed the overall combined completion rate was 75 percent for 68 unique instruments used.

The authors contend the case studies of specific clinical team experiences demonstrate the value of using PROs and the implementation components, as well as how PROs are used to promote patient-centered care.

In an accompanying editorial — “How Can Health Systems Advance Patient-Reported Outcome Measurement” — Danielle C. Lavallee, PharmD, PhD, research associate professor, University of Washington, Seattle, and co-authors explain that although guidelines and recommendations exist to help clinicians navigate the methodological and practical decisions to implement measurement of PROs in practice, little has been written to guide development of a standardized system.

Both the PRO study and the accompanying editorial are open access on the Journal’s website. Also featured in the August 2018 issue:

- “Improving Access to Care by Admission Process Redesign in a Veterans Affairs Skilled Nursing Facility” (U.S. Department of Veterans Affairs)
- “A Road Map for Advancing the Practice of Respect in Health Care: The Results of an Interdisciplinary Modified Delphi Consensus Study” (32 participants across the country)
- “Use of an Emergency Manual During Intraoperative Cardiac Arrest by an Interprofessional Team: A Positive-Exemplar Case Study of a New Patient Safety Tool” (Massachusetts General Hospital, Boston)
- “Workin’ on Our Night Moves”: How Residents Prepare for Shift Handoffs” (U.S. Department of Veterans Affairs)
- “Respiratory Rate: The Forgotten Vital Sign—Make It Count!” (Kritikus Foundation, Redding, California)
- “Choosing Wisely to Mobilize Patients in Reducing Falls and Injury” (Mount Sinai Hospital, New York City)

Access the Journal.

Resources

Webinar replay: Strategies to reduce workplace violence from Joint Commission, OSHA
At a recent webinar, The Joint Commission and the Occupational Safety and Health Administration detailed the work they have done regarding workplace violence. For those who were unable to attend “Workplace Violence Prevention: Implementing Strategies for Safer Healthcare Organizations,” a replay of the webinar with presentation slides now is available on The Joint Commission’s website.

The webinar featured the work of Judith Arnetz, PhD, MPH, PT, of the Department of Family Medicine at Michigan State University, who described how a multi-hospital, tailored intervention study effectively reduced violent events. She also discussed ways participants could apply this approach to their own organizations.

Those who view the webinar replay also will learn how to:

- Identify factors that can contribute to potential workplace violence in a health care setting.
- Understand key components of a workplace violence prevention program.
- Develop strategies for implementing a workplace violence prevention program.
View the webinar replay. While some attendees experienced audio difficulties near the end of the live presentation, the replay audio is clear.

Webinar replay: Questions answered about 2018 eCQM Direct Data Submission Platform
For those who weren’t able to attend “Joint Commission 2018 eCQM Direct Data Submission Platform: Your Questions Answered,” a webinar replay and presenter slide presentation has been posted to The Joint Commission’s website.

That means there still is an opportunity for you to learn how to:

- Explain the functions and features of The Joint Commission’s Direct Data Submission Platform.
- Perform the initial steps to transition to direct data submission and to understand how the onboarding process unfolds.
- Show others where to find additional eCQM and direct data submission educational resources.

View the webinar replay.

Up in the blogosphere with The Joint Commission
On Infection Prevention & Control — Plug Patients into the Hepatitis Prevention and Treatment Pipeline: The theme for World Hepatitis Day 2018 is “Find the Missing Millions,” and The Joint Commission has committed to the mission of increasing diagnosis of the 300 million who are unaware of their disease state. There’s a lack of basic understanding as to how these viruses are spread, and part of the reason viral hepatitis is undetected in so many people is due to the lack of symptoms, writes Sylvia García-Houchins, MBA, RN, CIC, infection control director, The Joint Commission.

Joint Commission Resources

New, expanded pocket guide on cultural, religious sensitivity in health care
The recently released third edition of Cultural and Religious Sensitivity: A Pocket Guide for Health Care Professionals, published by Joint Commission Resources, has been expanded to cover religious and spiritual sensitivity. This resource offers health care professionals the knowledge and awareness needed to successfully and respectfully communicate with their patients.

This best-selling guide was penned by a leading expert in the field of cultural diversity, Geri-Ann Galanti, PhD, and it has been designed with tabs to make it easier to find specific cultures and religions. Key topic areas of the guide include:

- Cultural competence, religious sensitivity, and patient-centered health care
- Pregnancy and birth
- Pediatric care
- Spiritual health
- Palliative care and end-of-life needs
- Healing beliefs and practices

Learn more about the guide in a blog post about the increasing need for cultural and religious sensitivity in health care, written by Phyllis Crittenden, senior editor, Global Publishing, Joint Commission Resources.

Purchase the guide.

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