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Accreditation

Check out the changes to post-survey processes, decision rules
Recent changes have been made to simplify and streamline The Joint Commission’s post-survey process and decision rules. Now, an organization with a decision of Accredited with Follow-up Survey will receive notice of full accreditation once it has successfully submitted Evidence of Standards Compliance (ESC). However, a Follow-up Survey must be conducted within six months to confirm sustained compliance with the ESC.

The category of Contingent Accreditation has been eliminated. Now, there are only four possible decision categories for currently accredited organizations:

- Accredited
- Accredited with Follow-up Survey
- Preliminary Denial of Accreditation
- Denial of Accreditation

The category of Preliminary Denial of Accreditation has some new decision rules. All of the 2017 decision rules can be found on Joint Commission Connect™ under the “Important Updates” section. In addition to those categories already existing, organizations will receive a Preliminary Denial of Accreditation decision when:

- An organization with a decision of Accredited with Follow-up Survey has failed to resolve all Requirements for Improvement after two opportunities to submit ESCs (PDA06)
- The organization has failed its second Medicare Deficiency Survey as a result of one or more Conditions of Participation (or Coverage for ASC scored as a Condition Level Deficiency) (PDA 09)
- The organization’s patients have been placed at risk for a serious adverse outcome, because there is some evidence that the organization may have engaged in possible fraud or abuse (PDA 10)

The post-survey process for organizations with a decision of Preliminary Denial of Accreditation (PDA 02) also has changed. A PDA 02 decision is made when an organization may have placed patients at risk for serious adverse outcomes because of patterns, trends and/or repeat findings. Instead of submitting ESC within 60 days, organizations with a PDA 02 decision are required to submit a Plan of Correction within 10 business days of the posting of the final report. A survey to validate the implementation of the Plan of Correction will occur within two months. If the validation survey does not confirm implementation of the Plan of Correction, the decision will remain PDA and the organization may seek an appeal.

For more information on this new process for PDA 02, see the “Important Updates” tab on your organization’s Joint Commission Connect™.

Finally, the governance structure of The Joint Commission has transitioned accreditation decision making from an Accreditation Committee to an executive team. Joint Commission executive leaders are now responsible for making accreditation decisions, taking into consideration the survey report, follow-up activities, staff recommendation, and any unusual or unique issues raised by the organization seeking accreditation. (Contact: postsurveyprocess@jointcommission.org)
Revisions to program requirements based on NFPA 2012 Life Safety Code® take effect July 1

In order to more closely align with the adoption of the 2012 editions of the National Fire Protection Association (NFPA) 101: Life Safety Code® and NFPA 99: Health Care Facilities Code, The Joint Commission has revised requirements in the Environment of Care (EC) and Life Safety (LS) chapters of the Comprehensive Accreditation Manuals for the ambulatory health care, critical access hospital, hospital, home care and nursing care center programs.

The revisions are effective July 1, 2017, and incorporate new and revised elements of performance that correspond to the 2012 code. View the prepublication standards for:

- Ambulatory Care
- Critical Access Hospital
- Hospital
- Home Care
- Nursing Care Centers

Patient safety

Joint Commission updates sentinel event statistics through 2016

The Joint Commission updated its sentinel event statistics through the end of 2016. The Joint Commission reviewed a total of 824 sentinel events through the end of last year. The 10 most frequently reported types of sentinel events are shown in the table.

Data from the 9,945 incidents reviewed from 2005 through the end of 2016 show that a total of 10,330 patients have been affected by these events, with 5,536 (53.6 percent) resulting in the patient’s death, 830 (8.0 percent) resulting in permanent loss of function and 3,053 (29.6 percent) resulting in unexpected additional care and/or psychological impact.

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

For more information, visit The Joint Commission’s Sentinel Event webpage. (Contact: Gerry Castro, gcastro@jointcommission.org)

Resources

New resources added to Sentinel Event Alert on preventing violence in health care settings

Sentinel Event Alert, Issue 45: Preventing Violence in the Health Care Setting has been updated with the following new resources:

- Workplace Violence Prevention Resources Portal
- Quick Safety Issue 4: Preparing for active shooter situations, July 2014
- Quick Safety Issue 5: Preventing violent and criminal events, August 2014

The Sentinel Event Alert delves into how health care institutions — which once were considered safe havens — have seen steadily increasing rates of violent crimes, such as assault, rape and homicide. Providing for the safety and security of all patients, visitors and staff inside a health care facility requires increasing vigilance and action. Read more.
Online training module aims to help organizations better collect REAL data
An online module that will help health care organizations learn how to collect accurate and consistent race, ethnicity and language (REAL) data — an essential component toward resolving disparities in health care — is available now from Joint Commission Resources.

The “Ask Every Patient: REAL Training Module” is an easy, reliable and affordable way to train an organization’s registration staff. The online module was developed with input from America’s Essential Hospitals’ Partnership for Patients Equity Action Team and a Joint Commission technical advisor in partnership with Multimedia In Healthcare.

It will assist staff in:
- Embracing patient self-reporting and patient choice
- Understanding the meaning of ethnicity
- Recognizing and applying detailed categories
- Overcoming reluctance to ask REAL data questions
- Developing consistently effective data collection skills

The online module works with an organization’s existing learning management system (LMS), and it provides an automated, single-source process with which to train staff. Among other benefits, the online module also respectfully addresses the concept of implicit bias.

The module is available at no cost to members of America’s Essential Hospitals. Find out more information about the REAL training module.

Get in the know: attend upcoming Cardiac Care Certification Conference on March 24
Learn more about the new Comprehensive Cardiac Center Certification program — as well as other cardiac care certifications — by attending The Joint Commission’s Cardiac Care Certification Conference from 8 a.m.-4 p.m. Friday, March 24, at the Hyatt Regency O’Hare, 9300 Bryn Mawr Ave. in Rosemont, Illinois.

Participants will:
- Learn about various cardiac certifications (Advanced Heart Failure, Chest Pain, Ventricular Assist Device) from a team of experts
- Discuss required 2017 standards and review processes
- Adapt practical strategies and implementation tips for their Comprehensive Cardiac Center Certification programs

Register for the conference.

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