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Performance measurement

Get your questions answered about eCQM reporting at Feb. 14 webinar
As accredited hospitals across the country enter the first year of required reporting of electronic clinical quality measures (eCQMs) to The Joint Commission, we are encountering some common questions. A new webinar will provide new information on top questions from primary ORYX measure contacts, as well as hospital quality and IT leaders. The webinar — 2017 eCQM Requirements and Reporting: Your Questions Answered — will be held on Feb. 14, from 9-11 a.m. PT/10 a.m.-noon MT/11 a.m.-1 p.m. CT/noon-2 p.m. ET.

“We understand that organizations are committed to reporting eCQMs, but face a variety of challenges as they attempt to address program and technical requirements,” said Michelle Dardis, MSN, MBA, RN-BC, project director in the Center for Performance Measurement, The Joint Commission. “This webinar will address some of the common challenges encountered and provide guidance.”

The goal of the webinar is to provide organizations with relevant information on eCQM reporting by handling questions on topics such as 2017 ORYX reporting requirements, QRDA file formats and the direct submission option. Planned Joint Commission speakers for this webinar are:
- Tricia Elliot, MBA, CPHQ, director of quality measurement
- Sharon Sprenger, MPA, RHIA, CPHQ, associate director of measurement coordination and outreach
- Michelle Dardis, MSN, MBA, RN-BC, project director in the Center for Performance Measurement

Register. (Contact: pioneersinquality@jointcommission.org)

2017 ORYX measure selection deadline extended to March 1
The Joint Commission is extending the deadline for 2017 ORYX measure selections until March 1. The Joint Commission received a number of requests from organizations asking for extra time to make their measure selections, as this is the first year that they are being required to report data on electronic clinical quality measures (eCQMs).

ORYX measure selections are to be made using the ORYX Measure Selection (OMS) application accessed through the hospital's Joint Commission Connect extranet site. Before completing ORYX measure selections, The Joint Commission asks organizations to carefully review the detailed instructions found under the “Measurement” section of the Joint Commission's website. (Contact: hcooryx@jointcommission.org, and include your organization ID number)
Accreditation

Reminder: Joint Commission requires consultants be credentialed, privileged

In accordance with law and regulation, The Joint Commission requires licensed independent practitioners (LIP) who provide consultative services to be credentialed and privileged. As such, consultants who evaluate patients and recommend care, treatment, or services are required to be credentialed and privileged.

This requirement is applicable to the hospital, critical access hospital, ambulatory care center and nursing care center programs. (See the sidebar for the applicable standards for each program.)

The Joint Commission describes a consultant as an LIP who was asked to evaluate a patient and provide consultation, by the way of an order from another LIP. The consultant’s findings are entered into the medical record and may be used by other practitioners to determine the ongoing course of care, treatment, or services.

Additionally, RC.02.01.01, element of performance 2, requires that the medical record contain documentation of any consultation reports. Therefore, organizations need to ensure that consultants have been identified as authorized to make entries into the medical record.

The Joint Commission does not require a specific privilege for consulting to be included on a practitioner’s list of privileges for an LIP who is already a credentialed and privileged member of the organization’s medical staff. For very low volume consultation services, organizations may consider implementing the applicable temporary privileges option, as defined in the medical staff bylaws.

View a FAQ on consultant credentialing and privileging.

Patient safety

February JQPS details initiatives to reduce C-section rate, reduce alarms in CVSICU

The February 2017 issue of The Joint Commission Journal on Quality and Patient Safety (JQPS) includes two articles of note:

- “Quality Improvement Initiatives Lead to Reduction in Nulliparous Term Singleton Vertex Cesarean Delivery Rate,” by Mary A. Vadnais, MD, MPH, and coauthors describes a long-term, multi-strategy quality improvement initiative that substantially lowered the cesarean delivery rate at Beth Israel Deaconess Medical Center, Boston. The study focused on women delivering their first baby at 37 weeks or beyond (nulliparous) with a single baby (no multiple gestations) in the vertex (head down) presentation. Compared to the general obstetric population, women with a nulliparous, term singleton vertex (NTSV) pregnancy have fewer risk factors for cesarean delivery.

Data on the mode of delivery, maternal outcomes and neonatal outcomes were collected following their interventions, and they analyzed more than 20,000 NTSV deliveries. Findings showed the NTSV cesarean delivery rate decreased from 34.8 to 21.2 percent, and the total cesarean delivery rate decreased from 40 to 29.1 percent.
“Data-Driven Implementation of Alarm Reduction Interventions in a Cardiovascular Surgical ICU,” by Sharon H. Allan, ACNS-BC, MSN, RN, CCRC, and co-authors details a patient safety improvement project that was designed to optimize alarm systems in a cardiovascular surgical intensive care unit (CVSICU). Specific aims were to examine nurses’ attitudes toward clinical alarm signals, their ability to recognize alarm signals, and provide best practices for reducing alarms without compromising patient safety.

Some of the conclusions the authors determined would lead to a reduction in nonactionable alarms include:

- Adding short delays to allow alarm self-correction
- Adjusting default alarm threshold limits
- Providing alarm notification through a secondary device
- Teaching staff to optimize alarm settings for individual patients

The February 2017 issue provides open access to all articles. The other articles in this month’s JQPS are:

- “Leading Change on Labor and Delivery: Reducing Nulliparous Term Singleton Vertex (NTSV) Cesarean Rates,” an editorial by Elliott K. Main, MD
- “Year-End Resident Clinic Handoffs: Narrative Review and Recommendations for Improvement,” by A.T. Pincavage, et al.
- “Improving Communication with Primary Care Physicians at the Time of Hospital Discharge,” by L.A. Destino, et al.
- “Review of Nonformulary Medication Approvals in an Academic Medical Center,” by Q.L. Her, et al.

Access JQPS.

But wait, there’s more!
The Joint Commission also released a Take 5 podcast on Elsevier becoming the new publisher of JQPS. The change to a new publisher presents great opportunities for the journal’s authors, readers and subscribers. In the podcast, Dr. David Baker, editor-in-chief of JQPS, and executive vice president in the Division of Healthcare Quality Evaluation for The Joint Commission, discusses the move.

Resources

Check out these 2017 ambulatory care webinars
The Joint Commission has quite the year planned in terms of 2017 ambulatory care webinars. After kicking off the yearlong series in January, The Joint Commission has released dates and times for upcoming webinars.

All webinars are scheduled to start at noon CST. Upcoming webinars include:

- Feb. 23 — The Business Case for Quality: Benefits of Pursuing Accreditation: Understand the role of accreditation and the many benefits it can offer to your ambulatory care organization.
- March 23 — Roadmap to Accreditation: Navigate Your Way to the Gold Seal: Learn steps you need to take to become accredited by The Joint Commission.
- April 20 — 5 Reasons The Joint Commission Should be Your Accreditor: Learn how your organization can benefit from Joint Commission accreditation.
Up in blogosphere with The Joint Commission
Several new blog posts have been published recently by Joint Commission staff and others. Get plugged into the health care and accreditation/certification conversations.

- Ambulatory Buzz – New Patient Safety Systems Chapter for Ambulatory Care and Office-Based Surgery: Gerry Castro, project director in the Office of Patient Safety at The Joint Commission, writes about the newest chapter in the Comprehensive Accreditation Manual for Ambulatory Care and the Standards for Office-Based Surgery Practices. While the new Patient Safety Systems (PS) chapter does not contain any new standards or requirements, it does describe how ambulatory care organizations and office-based surgery practices can apply existing requirements to support an integrated patient safety system.

- On Infection Prevention & Control – Is it Time for an Oral Care Plan Checkup? Trina Crowe, RN, MJ, associate project director in the Department of Standards and Survey Methods, describes how proper oral care can potentially realize cost savings in nursing care centers. Actively carrying out an oral care plan will help residents preserve their teeth and maintain healthy habits.

- Quality, Reliability & Leadership – What We Have Here … Is a Failure to Communicate: Emily Aaronson, MD, a Patient Safety and Quality Improvement fellow from Harvard Medical School, provides a front-line staff perspective on commonplace patient safety lapses caused by poor communication in health care. Dr. Aaronson mentions the November 2016 issue of Quick Safety on advancing patient-provider communication and activating patients as a resource.

Year in review: Check out 2016 highlights in updated Joint Commission history timeline
The Joint Commission’s history timeline was updated with 2016 events, which begin on Slide 46, and include:

- The launch of the Advanced Certification for Total Hip and Total Knee Replacement and Community-Based Palliative Care certification for home health and hospices
- The creation of the Pioneers in Quality program, as well as the reason for the hiatus for the Top Performer on Key Quality Measures® recognition program
- Publication of The Joint Commission Journal on Quality and Patient Safety (JQPS) by Elsevier

View the presentation slides to see more.

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