In this issue:
New requirements, R3 Report for maternal status assessment, documentation for hospitals, CAHs
Effective Jan. 13: Updated requirements for deemed status home health agencies
New recommendations from third expert panel on suicide prevention in health care settings
Joint Commission announces Drs. Pollak, Bland as new medical directors
Coming this spring: New-look Joint Commission websites
Up in the blogosphere with The Joint Commission

Accreditation and certification

New requirements, R3 Report for maternal status assessment, documentation for hospitals, CAHs

Three new requirements regarding maternal status assessment and documentation will become effective July 1, 2018, for Joint Commission-accredited hospitals and critical access hospitals that offer obstetric services — specifically labor and delivery.

These elements of performance (EPs) will be scored in the Provision of Care, Treatment, and Services (PC) chapter, Standard PC.01.02.01 — The [organization] assesses and reassesses its patients.

These new requirements were designed to:
- Document or assess the current maternal status of infectious diseases, such as human immunodeficiency virus (HIV), hepatitis B, Group B streptococcus (GBS), and/or syphilis.
- Further promote patient safety and quality of care of the mother and newborn upon arrival and admission to labor and delivery.
- Document information in the newborn’s medical record after delivery if the mother tests positive for HIV, hepatitis B, GBS, and/or syphilis.

The requirements were finalized using responses from public field review, as well as a standards review panel made up of labor and delivery professionals. A R3 Report provides the rationale for the new requirements.

View the prepublication standards, which also will appear in the spring E-dition® for hospitals and critical access hospitals, as well as the 2018 Update 1 publication of the Comprehensive Accreditation Manual for Hospitals. (Contact: Kathy Clark, kclark@jointcommission.org)

Effective Jan. 13: Updated requirements for deemed status home health agencies

Beginning Jan. 13, The Joint Commission will survey deemed status home health agencies to updated home health regulatory requirements. This is in response to revisions to the Centers for Medicare & Medicaid Services’ (CMS) Conditions of Participation (CoPs) for home health.

CMS has reviewed a majority of The Joint Commission’s standards changes, which are included in the prepublication standards. Any additional changes based on CMS’ continued review of The Joint Commission’s standards will be published in a future release.

The standards changes also will appear in the E-dition®, as well as the home health crosswalk update. They also will be in the 2018 Comprehensive Accreditation Manual for Home Care. (Contact: Kathy Clark, kclark@jointcommission.org)
Quality and safety

New recommendations from third expert panel on suicide prevention in health care settings
The Joint Commission has assembled four expert panels to provide guidance to customers and surveyors on safeguards to prevent suicide. The Oct. 25, 2017 issue of Joint Commission Online detailed 13 recommendations that were developed after the first two panels were held. Those recommendations were specific to inpatient units in both psychiatric and general acute care hospitals, as well as emergency rooms.

The third expert panel, held in October 2017, resulted in three more recommendations on the prevention of suicide in other behavioral health care settings, such as residential treatment, partial hospitalization, intensive outpatient and outpatient treatment programs. They are:

- **No. 14.** These settings are **not required to be ligature resistant.** For the purpose of this recommendation, ligature resistant is defined as: “Without points where a cord, rope, bedsheet, or other fabric/material can be looped or tied to create a sustainable point of attachment that may result in self-harm or loss of life.”

- **No. 15.** These organizations should conduct a risk assessment to identify elements in the environment that residents could use to harm themselves, visitors, and/or staff. Those items that have high potential to be used to harm oneself or others should be removed and placed in a secure location (for example, putting sharp cooking utensils in a locked drawer) when possible. Staff should be trained to be aware of the elements of the environment that may pose a serious risk to a resident who could develop serious suicidal ideation. Staff should be aware of how to keep a resident safe from these hazards until the resident is stabilized and/or able to be transferred to a higher level of care.

- **No. 16.** These organizations should have policies and procedures implemented to address how to manage a patient in these levels of care who may experience an increase in symptoms that could result in self-harm or suicidality.

The fourth expert panel was held in December 2017, focusing on suicide risk assessment and key components for safe monitoring of high-risk patients. Recommendations that are developed from that meeting will be added to the list and shared as they become available.

People

Joint Commission announces Drs. Pollak, Bland as new medical directors
Edward Pollak, MD, and Andrew C. Bland, MD, MBA, FAAP, FACP, have been named as The Joint Commission’s new medical directors. Pollak will serve as medical director and patient safety officer in the Division of Healthcare Improvement, while Bland will serve as medical director in the Division of Healthcare Quality Evaluation. Both appointments were effective Jan. 2.

Dr. Pollak’s primary responsibility at The Joint Commission is to promote performance improvement and patient safety initiatives. He reports to Ana Pujols McKee, MD, executive vice president and chief medical officer, at The Joint Commission.

His responsibilities also include:
- Providing oversight and medical expertise to the Office of Quality and Patient Safety.
- Overseeing the interpretation of clinical accreditation standards.
- Leading the Patient Safety Advisory Group to identify emerging patient safety issues.
Dr. Pollak most recently served as vice chief of anesthesiology and perioperative medicine at William Beaumont Hospital Royal Oak, and associate professor at Oakland University William Beaumont School of Medicine, Royal Oak, Michigan. A practicing board-certified anesthesiologist, he has achieved advanced certification in perioperative echocardiography and also published and presented nationally on perioperative quality, safety and service. His postgraduate work includes patient safety officer training at the Institute for Healthcare Improvement, and root cause analysis training at ECRI Institute.

“We are excited about the future under Dr. Pollak’s leadership and how he will inspire health care organizations to excel,” Dr. Pujols McKee said. “While he was patient safety officer at William Beaumont Hospital Royal Oak, Dr. Pollak helped lead the hospital to consistent top performance in patient safety and quality improvement by championing a robust safety culture. This is exactly the type of success we want to inspire other organizations to achieve.”

Dr. Pollak received his medical degree from the University of Michigan Medical School, Ann Arbor, and completed his residency in anesthesiology at the University of Michigan Medical Center, Ann Arbor. In addition to his medical background, Dr. Pollak holds a master’s degree in philosophy from Harvard University, Cambridge, Massachusetts, where he wrote his thesis on ethics.

In his new role, Dr. Bland reports to David W. Baker, MD, MPH, FACP, executive vice president, Division of Health Care Quality Evaluation, at The Joint Commission.

Dr. Bland’s primary responsibilities at The Joint Commission include:

- Leading annual strategic planning to engage national stakeholders.
- Identifying key quality and safety improvement targets.
- Selecting strategies — such as standards, survey methods, measures and publications.

He also will promote the scientific integrity of standards, survey methods, and performance measures by directing literature reviews, leading technical advisory panels, and developing rationale statements explaining the evidence for requirements in accreditation and certification programs. Dr. Bland also leads efforts to identify best practices and quality improvement tools for meeting new standards and performance measure requirements.

Most recently, Dr. Bland served as system chief quality officer at Hospital Sisters Health System, a multi-hospital system in Illinois and Wisconsin. He is board-certified by the American Board of Medicine, in nephrology and internal medicine, and by the American Board of Pediatrics.

“The Joint Commission and our accredited and certified organizations will benefit from the expertise Dr. Bland is bringing to his new post,” Dr. Baker said. “He was instrumental in quality improvement efforts at the multi-hospital system where he previously worked. His training in analytics, combined with his experience as a clinician and administrator, will assist The Joint Commission in advancing the development of relevant, evidence-based standards and measures.”

Dr. Bland received his medical degree from the University of Illinois College of Medicine at Peoria, in Illinois, and completed his residency in combined internal medicine and pediatrics at OSF Saint Francis Medical Center, Peoria, Illinois. He received a master’s in business administration degree from the University of Massachusetts Amherst, and will complete a master’s in predictive analytics degree in March at Northwestern University, Evanston, Illinois.
Resources

**Coming this spring: New-look Joint Commission websites**

Users of The Joint Commission’s websites, which include the Center for Transforming Healthcare, Joint Commission Resources and Joint Commission International — can expect to see big changes in the coming months. A redesign of the websites is expected to be unveiled by April.

The design updates will include:

- One sign-on for the multiple sites of The Joint Commission enterprise, such as the Joint Commission Connect™ extranet, E-dition® and the Joint Commission Resources webstore.
- Content that is more effectively and dynamically organized for health care providers, based on care setting, needs, where an organization is in the accreditation and certification processes, and access to quality improvement tools and resources.
- A faster, more comprehensive search experience.
- Improved mobile viewing and navigation.
- A consistent look and feel of the websites, making them easier to navigate across different pages, sections, portals and sites.

Additional details will be communicated in future issues of *Joint Commission Online*.

**Up in the blogosphere with The Joint Commission**

- **Quality Data Download — The Importance of Leadership in Patient Safety Culture**: This blog goes beyond the study, “Promising Practices for Improving Hospital Patient Safety Culture,” featured in the January 2018 issue of *The Joint Commission Journal on Quality and Patient Safety*. Open access to the January issue is available until the end of 2018.

- **Leading Hospital Improvement — Lessons Learned: Rival Gang Members in the Same Hospital**: Jim Kendig, MS, CHSP, CHCM, CHEM, LHRM, field director, Surveyor Management and Development, Accreditation and Certification Operations, writes about his past experience while serving as a vice president of safety and security for a four-hospital system on Florida’s Space Coast when, on one particular night, members of rival gangs presented in the ED trauma center.

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