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Accreditation and certification

Now in effect: Change to requirements for credentialing, privileging of independent pathologists
The Joint Commission is no longer requiring hospitals, critical access hospitals or ambulatory care organizations to credential and privilege pathologists who provide diagnostic services through a reference (contract) laboratory. This change is effective immediately.

A reference laboratory is a laboratory contracted for testing that is owned and operated by an organization other than the organization referring the testing.

Clinical Laboratory Improvement Amendments (CLIA) regulations 42 CFR 493.1351 through 493.1495 outline specific and rigorous competency requirements for laboratory personnel, including requirements for pathology services and its subspecialties. But because pathologists practicing in the U.S. are required to comply with these requirements, Joint Commission-accredited organizations that seek the services of pathologists within independent reference laboratories (that comply with CLIA regulations) can safely presume that the pathologists are qualified and competent to perform all diagnostic services within their pathology practice — thus making an additional credentialing and privileging process unnecessary.

To reflect this change, the Introduction to Leadership (LD) Standard LD.04.03.09 — Laboratory services provided through contractual agreement are provided safely and effectively — now includes the following additional exception to the requirement that “each licensed independent practitioner providing services through a contractual agreement must be credentialed and privileged by the [organization] using his or her services,” that states:

- Services provided by a pathologist through a contracted reference laboratory compliant with CLIA (Clinical Laboratory Improvement Amendments) regulations.

However, when the pathologist provides his or her professional service, including consultation in the same laboratory or organization where the specimen was collected or prepared, credentialing and privileging is required.

This change is reflected in the January 2018 E-dition®, as well as the 2018 print manuals for ambulatory care, critical access hospitals, and hospitals. (Questions: Ron Quicho, rquicho@jointcommission.org)

Quality and safety

January JQPS: Universal suicide screening in hospitals can be successfully implemented
Parkland Health & Hospital System in Dallas implemented a quality improvement program to help identify at-risk patients who present for non-behavioral health care prior to death by suicide through a universal suicide screening in the inpatient, outpatient and emergency care settings. This program was detailed in the January 2018 issue of The Joint Commission Journal on Quality and Patient Safety.
The article — “Development and Implementation of a Universal Suicide Risk Screening Program in a Safety-Net Hospital System,” by Kimberly Roaten, PhD, CRC, associate professor, Department of Psychiatry, University of Texas Southwestern, Dallas, and co-authors — explains how the authors gathered intelligence, examined resources, designed the screening program, created a clinical response, constructed an electronic health record (EHR) screening protocol, educated the clinical workforce and implemented the program.

Trained nurses, physicians or administrative personnel conducted a suicide risk screening with a simple series of questions after a patient presented to Parkland and completed nursing staff triage and check-in. If the screening suggested suicide risk, a patient received a mental health screening along with appropriate medical care.

The study authors reviewed data for 328,064 adult encounters from the first six months of the screening program. The percentage of patients screening positive for suicide risk was:

- 6.3 percent in the emergency department
- 2.1 percent in the outpatient clinics
- 1.6 percent in the inpatient units

The odds of a positive suicide screening in the ED was 4.29 times higher than the inpatient units, and 3.13 times higher than the outpatient clinics.

Also featured in the January issue:
- “Perspectives on Implementing Quality Improvement Collaboratives Effectively: Qualitative Findings from the CHIPRA Quality Demonstration Grant Program” (Urban Institute, Washington, D.C.)
- “Promising Practices for Improving Hospital Patient Safety Culture” (Westat, Durham, North Carolina)
- “Surgical Transfer Decision Making: How Regional Resources are Allocated in a Regional Transfer Network” (Vanderbilt University Medical Center, Nashville, Tennessee)
- “The Daily Operational Brief: Fostering Daily Readiness, Care Coordination, and Problem-Solving Accountability in a Large Pediatric Health Care System” (Texas Children’s Hospital, Houston)
- “Can We Do That Here? Establishing the Scope of Surgical Practice at a New Safety-Net Community Hospital Through a Transparent, Collaborative Review of Physician Privileges” (Martin Luther King, Jr. Community Hospital, Los Angeles)

The January issue is open access until the end of 2018. Access JQPS.

Resources

Up in the blogosphere with The Joint Commission
On Infection Prevention & Control — Licensed Independent Practitioner Vaccine Requirement Goes into Effect in 2020. All Ready?: By now, you’ve heard the dire predictions about this year’s flu season and the low effectiveness of the vaccine. Now, more than ever, we must be especially vigilant about educating our patients that everyone older than 6 months should get the vaccine, despite what they’re hearing in the news, writes Lisa Waldowski, DNP, PNP, CIC, infection control specialist at The Joint Commission.

Joint Commission Resources

Check out new JCR publications
Joint Commission Resources has released sample pages of two of its newest publications. These practical resources can help organizations address challenges and become better prepared for compliance with requirements.
• **Medical Staff Essentials**: This publication breaks down difficult concepts in The Joint Commission’s Medical Staff (MS) standards chapter. It’s designed to be a go-to guide on the essentials of the MS standards, and nearly two dozen downloadable tools are included on a flash drive for the print version (or linked in the e-book).

• **Root Cause Analysis in Health Care: Tools and Techniques**: When a serious patient safety event occurs, the health care organization must identify and examine the system failures or defects that contributed to the event to guard against future reoccurrences. This publication provides a systematic approach to identify these contributing factors, and it includes an updated Joint Commission framework for root cause analysis, a checklist and worksheets for applying the framework.

Learn more about [Joint Commission Resources’](https://www.jointcommission.org) offerings online or call 877-223-6866.