Accreditation and certification

R3 Report goes in-depth on new and revised pain assessment and management standards

Effective July 1, 2019, new and revised pain assessment and management standards will be applicable to Joint Commission-accredited behavioral health care organizations, nursing care centers and home health services (which are accredited under the Home Care Accreditation program).

These program-specific standards are a continuation of the initiative that resulted in new and revised pain assessment and management requirements for hospitals, ambulatory care organizations, critical access hospitals and office-based surgery practices (see July 2017 and July 2018 issues of The Joint Commission Perspectives).

To help organizations better understand these new standards, The Joint Commission has published R3 Reports. While the standards manuals may provide a rationale, R3 Report goes more in-depth, providing rationale statements for each element of performance (EP). The references also provide the evidence that supports the requirement.

View the R3 Report on the pain assessment and management standards for:

- Behavioral health care
- Nursing care centers
- Home health

Comment now: New antimicrobial stewardship requirements for AHC, OBS

The Joint Commission is seeking feedback on newly proposed requirements for antimicrobial stewardship at Medication Management (MM) standard MM.09.01.03. The proposed requirements will apply to ambulatory health care (AHC) organizations and office-based surgery (OBS) practices that routinely prescribe antimicrobial medications.

The inappropriate use of antimicrobial medications contributes to antibiotic resistance and adverse drug events. Improving antimicrobial prescribing practices is a patient safety priority. These new requirements align with current recommendations from scientific and professional organizations, including:

- Identifying an antimicrobial stewardship leader.
- Implementing evidence-based practice guidelines.
- Providing education resources to patients and clinical staff.

Comment now:

- AHC
- OBS

The deadline to submit is Feb. 18. (Contact: Emma Czamanske, eczamanske@jointcommission.org)
Quality and safety

January Journal: QI interventions improve efficacy of depression screening, follow-up

Depression is the leading cause of disability, and it often goes unaddressed — particularly for minorities, immigrants and refugees. While evidence-based guidelines recommend screening for the adequate diagnosis, treatment and follow-up of depression, only seven states report depression screening and follow-up.

A new study in the January 2019 issue of The Joint Commission Journal on Quality and Patient Safety — “Not Missing the Opportunity: Improving Depression Screening and Follow-Up in a Multicultural Community,” by Ann M. Schaeffer, DNP, CNM, and Diana Jolles, PhD, CNM, and coauthors — details the work of Harrisonburg Community Health Center (HCHC), Virginia, to improve the efficacy of Screening, Brief Intervention and Referral to Treatment (SBIRT) for depression, which is an evidence-based approach to identify and treat disorders related to substance abuse.

Researchers implemented four core interventions at HCHC, a rural Federally Qualified Health Center (FQHC) with three clinic sites:

- Use of written standardized Patient Health Questionnaire (PHQ) screening tools in six languages.
- The Option Grid™, a standardized tool to help clients who screen positive for depression to share what matters most to them.
- A “right care” tracking log to assist providers in documenting follow-up phone calls and visits for clients who screen positive for depression.
- Team meetings and in-services to support capacity building.

Surveys, charts and registry data were used to analyze and evaluate the population health impact of the interventions. Results showed:

- Provision of evidence-based care increased to 71.4 percent.
- Adherence to follow-up increased from 33.3 percent to 60 percent.
- Screening in the client’s preferred language increased to 85.2 percent, identifying a positive PHQ incidence of 45.5 percent.

The January issue is available for free online until the end of the year. Also featured in the issue:

- “A Health System-Wide Initiative to Decrease Opioid-Related Morbidity and Mortality” (Brigham Health, Boston)
- “Variations in the Delivery of Emergency General Surgery Care in the Era of Acute Care Surgery” (A study based on 2,811 acute care surgery hospitals)

Access the Journal.

Resources

Center launches redesigned, easier-to-use website
The Joint Commission Center for Transforming Healthcare has launched a newly redesigned website. It has improved navigation and features to help users access the information they need in their journey toward zero harm and high reliability health care. In addition, the new design has:

- Updated information and resources.
- A more robust search function.
- Easier viewing on mobile devices.

The new look will not impact users’ access to the Targeted Solution Tools® (TSTs®) or Oro™ 2.0.

Check out the newly designed website.
Up in the blogosphere with The Joint Commission

- **Leading Hospital Improvement** — Nation’s First Thrombectomy Capable Stroke Center Stresses Continuous Improvement: St. Joseph Mercy Oakland, in Pontiac, Michigan, a member of Saint Joseph Mercy Health System, became the first hospital in the U.S. to earn Thrombectomy-Capable Stroke Center (TSC) Certification from The Joint Commission in collaboration with the American Heart Association/American Stroke Association (AHA/ASA).

- **Dateline @ TJC** — **2018’s Hot Topics on The Joint Commission Blogs**: Blog readership at The Joint Commission grew by 89 percent over 2018, and it’s always fun to take a look back at some of the content that was most popular with readers last year, writes Robin Hocevar, communications specialist.

## Joint Commission Resources

### Newly updated book focuses on nurses’ role in preventing sentinel events

The Joint Commission and the American Nurses Association have collaborated on a new, third edition of, “Front Line of Defense: The Role of Nurses in Preventing Sentinel Events.” This book provides nurses at all levels with in-depth information, guidance, and strategies in identifying and preventing sentinel events across health care settings.

Features of this book include:

- Identifying the root causes of common sentinel events within the systems and processes of any health care environment.
- Giving practical guidance on the steps all nurses can take to identify and help prevent sentinel events.

A new chapter of the book focuses on the effect of workplace violence on nurses, as well as strategies to mitigate and prevent such violence. Other new content incorporates discussion of health information technology and electronic medical record keeping. The book also covers:

- Surgical errors
- Medication errors
- Patient falls
- Health care-associated infections
- Patient suicide
- Maternal and perinatal injury and death
- Physical and verbal violence

Latest data reported to The Joint Commission about common sentinel events — including contributing factors and root cause analyses — are featured, along with updated sentinel event examples and prevention strategies that enable nurses to further improve patient safety in their organizations. Relevant Joint Commission accreditation standards and National Patient Safety Goals, and how they relate to nurses’ daily work, are covered.

“Since the second edition of ‘Front Line of Defense: The Role of Nurses in Preventing Sentinel Events’ was published in 2007, a lot has changed in health care in general and in the nursing profession in particular,” writes Joint Commission Chief Nursing Executive Mark G. Pelletier, RN, MS, chief operating officer, Accreditation and Certification Operations, in the book’s foreword. “With increased focus on patient safety, zero harm, and advanced education, much more is asked of nurses beyond providing direct care.”

[Purchase the book.](#)

Learn more about [Joint Commission Resources’](#) offerings online or call 877-223-6866.