Accreditation and Certification

Revisions to requirements for fluoroscopy services
Effective Jan. 1, 2019, The Joint Commission will implement several standards changes to enhance the provision of safe, high-quality imaging services for ambulatory care organizations, critical access hospitals, hospitals, and office-based surgery practices.

The revisions were made to clarify expectations and address areas of risk associated with imaging. While most of the changes focus on fluoroscopy, others include:
- A revision of required tests for computed tomography units.
- A new requirement establishing a radiation safety officer.

The standards revisions will be published online in the fall 2018 E-dition® update, as well as the 2019 hard copy publications of the Comprehensive Accreditation Manuals for the ambulatory care, critical access hospital, and hospital programs.

View the prepublication standards or learn more in Ambulatory Buzz. (Contact: Joyce Webb, jwebb@jointcommission.org)

Standards revisions related to EP Review Project Phase 4
The effort to consolidate and streamline existing elements of performance (EPs) for all Joint Commission accreditation programs continues as part of the EP Review Project. This multiphased component of Project REFRESH is a series of interrelated process improvement initiatives The Joint Commission has been conducting since 2016.

Phase 4 of the project included the review of:
- Care, Treatment, and Services (Behavioral Health Care)
- Medication Management (all programs except for Laboratory)
- Nursing (Hospital and Critical Access Hospital)
- Provision of Care, Treatment, and Services (all programs except for Behavioral Health Care and Laboratory)

These changes and consolidations reduced the number of EPs and will become effective Jan. 1, 2019. View the prepublication standards:
- Ambulatory Health Care
- Behavioral Health Care
- Critical Access Hospital
- Hospital
- Nursing Care Center
- Office-Based Surgery
- Home Care
Comment now on proposed pain standards revisions for Home Care
The Joint Commission is interested in receiving your comments on proposed revisions to the pain assessment and management standards for accredited Home Care organizations. These revisions are being developed to further promote patient safety and quality of care, as well as to align the accreditation requirements with current recommendations from scientific, professional and governmental organizations.

At this time, The Joint Commission is not considering new standards for hospice organizations.

Comment now. The deadline is Aug. 17. (Contact: Mamello Tekateka, mtekateka@jointcommission.org)

Reminder: Survey team composition for pediatric hospitals
As a reminder, Joint Commission survey teams for individually accredited and Medicare-certified pediatric hospitals in the United States consist almost entirely of physicians and nurses with clinical pediatric expertise and experience. The only exception would be the Life Safety Code® surveyor, the engineer who is part of every hospital survey, and who is accompanied by at least one clinical surveyor during the initial and full survey events.

As noted in the Accreditation Process (ACC) chapter of the Comprehensive Accreditation Manual for Hospitals, an accreditation survey may be conducted by one surveyor or a team of surveyors — with at least one clinical surveyor assigned to the event. Composition of an organization’s survey team is based on the information provided in its E-App.

Additionally, for all general hospitals that provide pediatric inpatient services that meet certain criteria, the survey team will include one pediatric surveyor dedicated to areas with services for women and children. These organizations must possess at least two of the following:

- Separate emergency department serving only pediatric patients and staffed by pediatric practitioners.
- Level 3 or 4 neonatal intensive care unit.
- Average daily census of six or more patients.

(Contact: Patsy Buckberg, pbuckberg@jointcommission.org)

Performance measurement

New performance measures for Primary Stroke Centers
Beginning Jan. 1, 2019, The Joint Commission will require data collection for two new performance measures for its Primary Stroke Center (PSC) Certification program — bringing the total number of stroke performance measures to 10. The new performance measures include a Stroke Outpatient (STK-OP) and a Comprehensive Stroke (CSTK) measure.

A stratified measure, STK-OP-1 Door to Transfer to Another Hospital, will be used to monitor “door in-door out” times for stroke patients transferred from an emergency department of a PSC to a higher-level acute stroke center. Median time in minutes will be reported monthly for hemorrhagic stroke patient transfers and four groupings of ischemic stroke patients. The ischemic stroke submeasures will differentiate between patients who receive IV alteplase (t-PA) therapy prior to transfer (“drip and ship”) and those patients who have a large vessel occlusion and may be eligible for mechanical thrombectomy. STK-OP-1 will complement the door-to-transfer measure collected by Acute Stroke Ready Hospitals.

Stroke patients who are not admitted for inpatient care (i.e., outpatients) currently are not included in the STK measure initial patient population. To help operationalize the new STKOP-1 transfer measure, a stroke outpatient initial patient population algorithm also will be added to the specifications manual.

The CSTK-01 National Institutes of Health Stroke Scale (NIHSS) Score Performed for Ischemic Stroke Patients measure captures the proportion of ischemic stroke patients for whom:

- An NIHSS score is performed prior to any acute recanalization therapy in patients undergoing recanalization therapy and documented in the medical record,
• Or documented within 12 hours of hospital arrival for patients who do not undergo recanalization therapy.

This inpatient measure is currently collected by certified Thrombectomy-Capable Stroke Centers and Comprehensive Stroke Centers. Adding the measure for PSC data collection is designed to align measures across the stroke certification programs.

These performance measures will be detailed in the Specifications Manual for Joint Commission National Quality Measures, Version 2018B, which will be available in August. Questions may be sent via the Performance Measurement Network Q&A Forum.

Resources

Up in the blogosphere with The Joint Commission

• Dateline @ TJC — Everyday Life, Everyday Risks: Joint Commission Resources (JCR) recently released the third edition of its best-selling Environment of Care Risk Assessment. This new edition delivers the knowledge and tools necessary to proactively identify, assess, and mitigate risks in the physical environment in any health care setting, writes Kathleen DeMase, senior editor, Global Publishing, JCR.

• Leading Hospital Improvement — New Streamlined Direct Data Submission for eCQMs: The first wave of 627 healthcare organizations with ORYX® reporting requirements completed the process of directly submitting electronic clinical quality measurement (eCQM) data in June. The new process eliminates the need for outside data vendors. Hospitals and systems are reporting realized or projected annual savings of $20,000 to $50,000 or more in directly submitting data, writes Tricia Elliott, MBA, CPHQ, director of quality measurement.

• Quality Data Download — Collaborating—Not Competing—on Safety Accelerates Improvement for Children's Hospitals: This blog post goes beyond the article, “We Will Not Compete on Safety: How Children’s Hospitals Have Come Together to Hasten Harm Reduction,” from the July 2018 issue of The Joint Commission Journal on Quality and Patient Safety.

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