Accreditation and certification

Capnography monitoring now required for office-based surgery practices in New York

The New York State Department of Health (NYS DOH) Office of Quality and Patient Safety is requiring office-based surgery practices to provide end tidal carbon dioxide (CO₂) monitoring (i.e., the noninvasive measurement of exhaled carbon dioxide) using capnography for patients receiving moderate sedation, deep sedation and general anesthesia.

Capnography monitoring, measures carbon dioxide (CO₂) levels in exhaled gas from the lungs and provides a continual (meaning “repeated regularly and frequently in steady rapid succession) evaluation of ventilation.

The Joint Commission will begin assessing compliance with this regulation at office-based surgery practices in New York State, beginning Jan. 31, 2018. In order to be compliant, practices will need to provide monitoring of adequate ventilation during moderate or deep sedation and general anesthesia through continual observation of qualitative clinical signs, and monitoring for the presence of exhaled carbon dioxide using capnography, unless made impossible or restricted by the nature of the patient, procedure, or equipment.

When using capnography, the end tidal CO₂ alarm should be audible to staff who are monitoring the patient, and capnography should be documented at frequent internals in the physiologic monitoring record.

Capnography monitoring has been found to decrease the number of adverse events, including apnea and hypoxia. (Contact: Jennifer Hoppe, jhoppe@jointcommission.org)

University of Kansas first to achieve Comprehensive Cardiac Center Certification

The University of Kansas Health System is the first hospital in the nation to achieve The Joint Commission’s Comprehensive Cardiac Center (CCC) certification. To achieve the certification, the health system had to demonstrate a combination of compliance with consensus-based standards, evidence-based clinical practice guidelines for cardiac care, and performance measurement and improvement requirements.

“Congratulations to the University of Kansas Health System for being the first hospital in the country to achieve Joint Commission Comprehensive Cardiac Center Certification,” said Patrick Phelan, executive director, Hospital Business Development, The Joint Commission. “Its leadership in pursuing this certification is a demonstration of its desire to reduce unwanted variations in how
cardiac care is provided to patients across the spectrum from the emergency department through follow-up outpatient care.”

Bob Page, president and CEO, The University of Kansas Health System said being the first hospital to achieve the certification is “a testament to the great care provided by our cardiovascular team each and every day.”

The Joint Commission certification program was developed with input from a technical advisory panel of clinicians with specific expertise in comprehensive cardiac care. Joint Commission-accredited hospitals that apply for the optional certification program must meet these minimum requirements:

- Management of ischemic heart disease, acute myocardial infarction, percutaneous coronary interventions, coronary bypass graft surgery, cardiac valve disease, dysrhythmias, heart failure and cardiac arrest.
- Cardiac rehabilitation of patients either on-site or by referral.
- Standardized communication channels for hand-offs.
- Properly trained staff to treat and care for individuals with cardiac disease.
- Cardiovascular risk factor identification and cardiac disease prevention.
- Use of a nationally-audited registry or similar data collection tool to monitor data and measure outcomes for specified conditions and procedures.

Learn more about CCC certification.

Resources

Up in the blogosphere with The Joint Commission

- Leading Hospital Improvement — New Campaign Illustrates Need for Staff Training on Dangers of Tailgating: Dave Corbin, director of security and parking at Brigham and Women’s Hospital, wrote about the reaction many of the organization’s employees had after watching two provocative videos depicting scenarios in which an unauthorized person accessed a secure area because staff held the door or weren’t aware of their surroundings.
- Ambulatory Buzz — Don’t Hit the Snooze Button on Upcoming Sleep LCD Deadlines: Early 2017 marked the beginning of significant changes within the sleep provider community. Certain Medicare Administrative Contractors (MACs) revised their local coverage determinations (LCDs), modifying policies regarding Medicare coverage for polysomnography and other sleep-specific studies. Previously, these MACs recognized both Joint Commission Hospital and Ambulatory Care Accreditation.
- Dateline @ TJC — Profiles in Service: To the Country and Health Care: This is the second in a four-part series profiling U.S. Armed Forces personnel completing fellowships with The Joint Commission as part of their military training. Since 1993, The Joint Commission has partnered with U.S. military branches to provide these fellowships — through which fellows gain intensive understanding of contractor standards and the accreditation process to help improve compliance across the different branches of the military.

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