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Accreditation and certification

Redesigned ESC form launched for all programs

The Evidence of Standards Compliance (ESC) form has been redesigned to help organizations focus on describing the critical aspects of corrective actions they have taken to resolve Requirements for Improvement (RFIs) and ensure sustainability of those actions. The new form was rolled out in April for ambulatory care and deemed psychiatric hospitals; it was rolled out to all other accreditation and certification programs on July 24.

Organizations utilize the redesigned ESC form after any type of survey that results in RFIs. The improved ESC form — redesigned as part of Project REFRESH — has numerous benefits, including:

- New formatting that clearly and concisely states expectations for successful completion.
- A simplified layout that enables organizations to provide relevant information that better aligns with proven performance improvement methodologies.
- Flexibility that allows for organizations to implement corrective actions within their unique environment; however, it also provides guidance to hone in on key elements of effective compliance.
- Provisions of clear, concise and acceptable program-specific examples.
- An enhanced focus on sustained compliance.

The ESC form is available on an organization’s Joint Commission Connect™ secure extranet site, which includes resources to aid in successful completion of the new ESC form, such as:

- Updated ESC guidelines and instructions.
- A preventative analysis resource guide.
- Specific examples for each program on acceptable ESC responses.
- Updated ESC FAQs.

Questions about the redesigned ESC form can be directed to your organization’s Joint Commission account executive.
Performance measurement

Effective Jan. 1: Revisions for Comprehensive Stroke Center performance measures

Beginning Jan. 1, 2018, changes to the performance measure requirements for Comprehensive Stroke Center (CSTK) Certification will take effect, resulting in 10 mandatory comprehensive stroke measures for meeting performance measure requirements.

Changes to the CSTK measures include suspending CSTK-02: Modified Rankin Score (mRS) at 90 Days. Originally intended as an outcome measure, CSTK-02 was modified prior to its 2015 implementation to focus on the process of obtaining score data 90 days after the patient’s discharge from the hospital. The mRS has become the most widely used clinical outcome measure for stroke clinical trials. Comprehensive Stroke Centers now have processes in place to collect 90-day mRS data, and aggregate performance is nearing 90 percent.

With that in mind, effective Jan. 1, 2018, CSTK-10: Modified Rankin Score (mRS) at 90 days: Favorable Outcome, will be added to the CSTK measures. This outcome measure captures the percentage of ischemic stroke patients treated with a reperfusion therapy (IV or IA thrombolytic [tPA] therapy or mechanical reperfusion [MER] therapy) and have a good outcome (mRS 0, 1, or 2) at 90 days. CSTK-10 will replace CSTK-02. Also effective on Jan. 1, the CSTK measures will include the new measures CSTK-11: Timeliness of Reperfusion: Arrival Time to TICI 2B or Higher, and CSTK-12: Timeliness of Reperfusion: Skin Puncture to TICI 2B or Higher. These are robust measures of mechanical reperfusion effectiveness.

Details about these measures will be available in August in the Specifications Manual for Joint Commission National Quality Measures.

Safety culture and high reliability

Learn change management tools, solutions: Register for Leaders Facilitating Change™ Workshop

Health care leaders and performance improvement professionals will not want to miss a chance to meet and network with experts in the industry and Joint Commission President and Chief Executive Officer Mark R. Chassin, MD, FACP, MPP, MHH, Oct. 12-13, at the Leaders Facilitating Change™ Workshop. The two-day workshop will take place at the Dennis S. O’Leary Conference Center, located at The Joint Commission’s headquarters at One Renaissance Blvd. in Oakbrook Terrace, Illinois.

Participants will learn how to implement change management processes into their organizations, as well as important tools and strategies to tackle the toughest challenges in today’s health care environment. The Leaders Facilitating Change™ Workshop also will teach participants how to:

- Create the necessary organizational buy-in for change
- Identify and work through resistance
- Sustain the gains of improvement

Ten continuing education credits also will be available, as well as two complimentary, one-hour, follow-up webinars. Learn more about the workshop. (Contact: Dawn Allbee, dallbee@jointcommission.org)
Resources

Free webinar replay: Learn more about heart failure certification programs
An informative webinar replay is now available for organizations either considering Heart Failure Certification or upgrading to Advanced Heart Failure certification. The webinar includes presentation slides and discusses the:

- Key components of the Core and Advanced Heart Failure certifications
- Most cited standards during surveys
- Types of programs that can be certified
- Initial steps toward certification

The webinar featured experts:
- Mary Straw, DHA, MS, RN, field reviewer, The Joint Commission
- Zachary George, MBA, CPA, associate director, Hospital Business Development, The Joint Commission

View the webinar replay.

New paper details Parrish Medical Center’s Integrated Care Certification
Last year, Parrish Medical Center (PMC) — a 210-bed, acute care hospital in Florida — became the first organization to achieve The Joint Commission’s Integrated Care Certification (ICC). Now, a white paper has been released that details how PMC worked to earn this certification, and reduced its readmission rate from skilled nursing facilities from 20 percent to less than 6 percent. The paper is available for free online (registration required).

ICC reviews how well an organization handles information sharing — like handoffs and information technology integration — and can help:

- Foster collaboration between care teams
- Highlight risks
- Reduce adverse events
- Promote patient-centeredness
- Identify and reduce redundancy

This certification program is available for hospitals, critical access hospitals, freestanding psychiatric hospitals, freestanding or hospital-based ambulatory centers, physician or other clinical practices, nursing care centers, and home care organizations. Learn more about ICC.

Up in the blogosphere with The Joint Commission

- **Leading Hospital Improvement** — Transfusing Wisely: Red blood cell (RBC) transfusions are the most frequently performed hospital procedure in the United States, increasing 134 percent from 1997 to 2011. But, did you know that 50 percent or more of RBC transfusions may be unnecessary?

- **Leading Hospital Improvement** — Tracers! Tracers! And Mock Tracers! Whether it’s your first survey from The Joint Commission or you’re an accreditation veteran, you’ve most likely heard about tracers.

- **Dateline @ TJC** — Considering Pet Therapy? Here’s How to Write Your Hospital’s Animal Policy: Learn about the immense benefits that are provided to patients through the use of therapy animals.

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