Performance measures

New performance measures for Advanced Certification in Total Hip and Total Knee Replacement

Four new performance measures are now available for The Joint Commission's Total Hip and Total Knee Replacement (THKR) advanced certification program. This program is offered to Joint Commission-accredited hospitals, critical access hospitals and ambulatory surgery centers. The four THKR measures are:

- THKR-1 Regional Anesthesia
- THKR-2 Postoperative Ambulation on the Day of Surgery
- THKR-3 Discharged to Home
- THKR-4 Preoperative Functional/Health Status Assessment

Starting Jan. 1, 2018, all THKR certification programs or those seeking certification must collect monthly data on these performance measures and report the data quarterly via the Certification Measure Information Process (CMIP) on the secure Joint Commission Connect™ extranet site.

A technical advisory panel that included experts in orthopedic surgery, anesthesia, rehabilitative medicine, internal medicine, physical therapy, perioperative nursing, social work and joint program administration worked to develop these performance measures.

Learn more about THKR certification. (Contact: Marilyn Parenzan, mparenzan@jointcommission.org)

Accreditation

Phase 2 revisions for BHC accreditation manual effective January 2018

The Behavioral Health Care Accreditation manual is now up-to-date following completion of Phase 2 of a standards review project. The Joint Commission identified a number of standards that required maintenance — such as clarifications to existing language, new elements of performance (EPs), and revisions to notes. These revisions are effective Jan. 1, 2018.

The Phase 2 revisions include the following changes and additions to the Care, Treatment, and Services (CTS) and Record of Care, Treatment, and Services (RC) chapters:

- A new EP added to CTS standard 02.01.03 requires organizations to gather individual’s relevant health information from other providers.
- CTS.02.01.11, EP 1 now includes a component about eating disorders.
- A new standard, CTS.04.03.20, addresses the supervision of individuals served and applies to organizations providing inpatient crisis stabilization care, treatment or services.
- CTS.05.05.09, EP 5 was deleted since the requirement to document physical holding of a child or youth in the clinical/case record is now addressed in the RC chapter.
- A new EP added to CTS.05.05.21 addresses physical holding by an authorized staff member.
• A new EP added to CTS.05.06.35 requires organizations to add details about their written policies and procedures regarding restraint or seclusion.
• In RC.02.01.05, language was added referencing physical holding, and new EPs 5 and 6 detail what to include in the clinical/case record regarding physical holding.

View the prepublication standards.

Your opinion matters: Weigh in on requirement related to pediatric weight measurement
Hospitals and critical access hospitals will want to weigh in on a potential new requirement related to measuring pediatric weights in kilograms. Deadline to comment is Aug. 7.

This field review is separate from the Environmental Assessment Survey conducted in June, which sought information about best practices related to measuring pediatric patients in kilograms. Comment on this proposed requirement.

New Life Safety Code® clarifications discussed in Take 5 podcast
The Joint Commission’s Life Safety Code® (LSC) standards are critical to creating a safe, functional environment in an organization. Compliance with these standards make staff, patients and their visitors safer. But they also are some of the most frequently misinterpreted requirements. In an effort to better help organizations succeed at LSC compliance and maintain a safe environment, The Joint Commission recently released critical clarifications on four LSC requirements.

Additionally, George Mills, MBA, FASHE, CEM, CHFM, CHSP, The Joint Commission’s director of engineering, discussed these LSC clarifications in detail in the latest Take 5 podcast. [6:27].

Patient safety

July JQPS: Get to know National Patient Safety and Quality Improvement awardees
Patient safety and quality improvement efforts prevent errors in health care and save lives. To recognize such efforts, the July issue of The Joint Commission Journal on Quality and Patient Safety recognizes the recipients of the 2016 John M. Eisenberg Patient Safety and Quality Awards in three, open-access articles.

The Eisenberg Awards — which were launched in 2002 and honors the late John M. Eisenberg, MD, MBA, former administrator of the Agency for Healthcare Research and Quality (AHRQ) — are presented annually by the National Quality Forum (NQF) and The Joint Commission. This year’s three Eisenberg Award honorees were recognized for groundbreaking initiatives consistent with the aims of the National Quality Strategy: better care, healthy people and communities, and affordable care.

The recipients were:
• Individual Achievement – Carolyn Clancy, MD, deputy undersecretary for Health for Organizational Excellence, Veterans Health Administration, Washington, D.C.
• Innovation of Patient Safety and Quality at the National Level – I-Pass Study Group, Boston Children’s Hospital
• Innovation of Patient Safety and Quality at the Local Level – Christiana Care Health System, Wilmington, Delaware

Other articles featured in the July 2017 issue are:
• “Primary Care Collaboration to Improve Diagnosis and Screening for Colorectal Cancer”
• “Designing and Implementing an Electronic Patient Registry to Improve Warfarin Monitoring in the Ambulatory Setting”
• “Flying Blind: Don’t Manage Warfarin Without a Registry”
• “Improving Care Teams’ Functioning: Recommendations from Team Science”

Access JQPS.
Resources

Don’t forget: Tablespoons are not proper measurement devices for liquid medicine
A recent report and safety campaign from Consumer Reports is encouraging health care providers and parents not to use teaspoons or tablespoons as measuring devices for liquid medicine doses.

The Choosing Wisely report, released in affiliation with recommendations from the American Society of Health-System Pharmacists (ASHP), highlights the importance of using milliliters (mL) when prescribing or giving liquid medicines — including antibiotics. The report recommends using the measurement device included with the medicine.

Simply put, teaspoons and tablespoons can be inaccurate and can lead to under or overdosing. For children, who weigh less than adults, any level of overdosing of medicine can be harmful.

To go along with the Choosing Wisely report, the Centers for Disease Control and Prevention developed two graphics:
- For health care providers — Protect Your Patients: Use Milliliter Dosing
- For parents — Spoons are for Soup/Milliliters are for Medicine

Up in the blogosphere with The Joint Commission
- Ambulatory Buzz — Keys to Better Environment of Care Compliance with EC.02.06.01 – Part 1: From highly specialized ambulatory surgery centers (ASCs) to busy community health centers, ambulatory health care organizations provide their services across a variety of patient care platforms. Learn more about how to comply Environment of Care (EC) Standard 02.06.01 in these hectic settings from Kathy Tolomeo, engineer in the Standards Interpretation Group.
- Quality, Reliability & Leadership — Beyond the Study: A Q&A with Eisenberg Patient Safety and Quality Award Recipients: Part 2: This is the second post in a three-part series highlighting the quality improvement and patient safety achievements of this year’s John M. Eisenberg Patient Safety and Quality Award recipients, showcased in the July 2017 issue of The Joint Commission Journal on Quality and Patient Safety. This post examines the quality and patient safety efforts of Dr. Carolyn Clancy, recognized in the award’s individual achievement category.

People

Naczas’ Joint Commission fellowship experience will benefit new role with Navy
In the U.S. Navy Medical Corps, a fellowship with The Joint Commission is considered a highly prized educational appointment. This opportunity allows medical professionals in the Navy to study patient safety methodology under the guidance of the leading health care accreditor in the U.S.

One of The Joint Commission’s current Navy fellows, Lt. Cmdr. Sara Naczas, MS, RN, CNOR, Nurse Corps, is looking forward to using her new expertise in the future at the Naval Medical Center Portsmouth in Virginia — which is one of the three largest naval medical centers in the country.

Naczas’ sense of adventure has taken her all over the world, both as a citizen nurse and as an active duty member of the Navy. When she was 17, she enlisted in the Illinois Army National Guard in order to
take advantage of its full-ride scholarship program. During her medic training, the clinical aspects appealed to her — so much so that she decided to pursue a degree in nursing.

In the middle of her education, she was deployed to the Balkans. While stationed there, she also went to Hungary, Croatia and Bosnia. During this time, she was bitten by the travel bug. After her enlistment was up, she began travel nursing and eventually completed her bachelor’s degree in nursing.

Naczas also pursued an officer’s commission in the U.S. armed forces. She joined a Navy Reserves unit out of Forest Park, Illinois. After hearing all the “sea stories” of her National Guard colleagues who had been on active duty, Naczas knew one thing for certain — she needed to live her own “sea story.”

She later completed her master’s degree in patient safety leadership at the University of Illinois.

“I chose to focus on patient safety, as opposed to your typical Master of Science in nursing, because it was something different,” she said. “I'd been to nursing school several times. I’d already done it. Patient safety was new and exciting.”

While completing her master’s, she became interested in the Navy’s fellowship with The Joint Commission. It felt like a natural extension of her degree — a perfect fit. The Navy and The Joint Commission are both proponents of high reliability, and they both value learning from the past and progressing toward a brighter future.

Also, both The Joint Commission and Naczas believe deeply in the value of a safety culture, one in which everyone feels safe to express their concerns and are equally able to help protect patients.

“Nobody in health care shows up to work wanting to do a bad job,” she said. “We’re all dedicated to our work and our patients, so it stings if you get a ‘needs improvement.’ But everyone in health care needs to adopt a willingness to accept constructive feedback. There needs to be a trusting partnership.”

During her Navy fellowship at The Joint Commission, Naczas worked as a perioperative nurse. The fellowship allowed her to see and experience new things, including spending time in a dialysis unit and learning more about long-term acute care.

She said she is looking forward to her next experience at the Navy medical center.

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