In this issue
FYI: FSA tool to be temporarily offline June 30-July 10
Newly redesigned ESC form coming soon for all programs
Effective Jan. 1, 2018: New, revised pain assessment and management requirements for hospitals
Four steps to a drama-free on-site survey
Free VTE compendium of resources now available
Joint Commission president named to ‘50 Most Influential Physician Executives and Leaders’ list
New event aims to educate organizations on various Joint Commission certification programs

Accreditation and certification

FYI: FSA tool to be temporarily offline June 30-July 10

Users of the Focused Standards Assessment (FSA) tool on the Intracycle Monitoring (ICM) Profile, take note: the tool will be offline from 5 p.m. CT June 30 to 9 p.m. CT July 10 for the July 2017 standards update.

An extension due date of Monday, July 24, will be applied for accredited organizations with a scheduled ICM submission due date between July 1-10 to allow additional time to review any changes made to standards displayed in the open FSA tool.

Questions should be directed to your organization’s account executive.

Newly redesigned ESC form coming soon for all programs

In a change that will affect all customers, The Joint Commission has redesigned the Evidence of Standards Compliance (ESC) form to help organizations focus on describing the critical aspects of corrective actions they have taken to resolve Requirements for Improvement (RFIs). It also will help organizations ensure sustainability of those actions.

The improved ESC form — redesigned as part of Project REFRESH — will feature required fields for completion, with simplified lead-in statements driving targeted responses to increase successful submissions on the first try.

The new form was rolled out in April for ambulatory care and deemed psychiatric hospitals surveys; it will be rolled out to all other accreditation and certification programs in July.

Resources will be made available to organizations on their extranet sites, including:
- An educational infographic
- Guidance on completing a preventative analysis, required on the ESC form when survey findings fall into the high-risk category
- Specific examples for each program on acceptable ESCs

Questions about the redesigned form can be directed to your organization’s account executive.

Effective Jan. 1, 2018: New, revised pain assessment and management requirements for hospitals

After undergoing a rigorous research, evaluation and review process, new and revised pain assessment and management standards for Joint Commission-accredited hospitals will take effect Jan. 1, 2018.

The enhanced pain assessment and management standards include the following new requirements:
- Identifying a leader or leadership team that is responsible for pain management and safe opioid prescribing
Involving patients in developing their treatment plans and setting realistic expectations and measurable goals

Promoting safe opioid use by identifying high-risk patients

Monitoring high-risk patients

Facilitating clinician access to prescription drug monitoring program databases

Conducting performance improvement activities focusing on pain assessment and management to increase safety and quality for patients

Development of the new and revised standards started in early 2016, with an extensive literature review on contemporary clinical guidelines and best practices for pain assessment and management — including safe opioid prescribing — in order to identify disparities between its current accreditation requirements and contemporary guidance. Further development involved:

- Convening a technical advisory panel of experts to discuss developments in the field.
- Conducting learning visits.
- Convening a standards review panel to review draft pain assessment and management standards.
- Releasing draft standards for public comment in January 2017.

The new and revised requirements are available on The Joint Commission website, and will be in the fall 2017 E-dition release and the 2018 print manual for hospitals. (Contact: Trina Crow, tcrow@jointcommission.org)

Four steps to a drama-free on-site survey

Ensuring that your organization’s on-site survey is drama-free can start by taking four simple steps to address security and confidentiality concerns.

**Step 1: Security sign-in** — If signing in is a normal part of your organization’s security process for visitors, surveyors will sign in. To make this easy for everyone, check out surveyors’ pictures and biographies—which are posted on the Joint Commission Connect™ secure extranet site—rather than asking to copy a surveyor’s driver’s license, Joint Commission badge, or other form of identification.

**Step 2: Confidentiality agreements** — If your organization wants surveyors to sign a confidentiality agreement, you will need to send the agreement to the Joint Commission Central Office for review in advance of the survey, as required by the accreditation or certification contract. However, know that this step is unnecessary: Accreditation and certification contracts, as well as the Business Associate Agreement between The Joint Commission and your organization, binds surveyors and reviewers to confidentiality.

**Step 3: Access to computer systems** — Surveyors will sign a security agreement if required by your organization in order to receive a user ID and password to access a computer system (for example, in order to review policies and medical records).

**Step 4: No videotaping of survey activities** — The Joint Commission prohibits the recording or videotaping of any portion of a survey or review, including the exit conference.

Questions may be directed to your organization’s account executive.

**Resources**

**Free VTE compendium of resources now available**

Venous thromboembolism (VTE) is the third leading vascular diagnosis after heart attack and stroke, affecting approximately 300,000 to 600,000 Americans each year, according to the American Heart Association. To help address the need for comprehensive discharge instructions, The Joint Commission’s Department of Health Services Research has developed a new, free Compendium of Resources to provide guidance to clinicians and other health educators looking for reliable and up-to-date patient education materials.
Patients discharged with VTE need to receive comprehensive discharge instructions to manage their condition and its treatment in a way that is both safe and effective. The Compendium, which was reviewed by an eight-member Technical Advisory Panel of clinicians, contains links to more than 70 publicly available online resources from 35 national and international organizations.

Discharge instructions for VTE have typically included medication management recommendations related to the use of warfarin. In recent years, however, a growing number of alternatives to warfarin — such as direct oral anticoagulants (DOACs) and other anticoagulants — are being more widely used. It is important that patients discharged on any anticoagulants receive clear, comprehensive and up-to-date education and discharge instructions.

“It is our hope that the compendium will help clinicians, health educators and other health care professionals provide reliable and up-to-date patient education and discharge materials for VTE and anticoagulation therapy,” said David W. Baker, MD, MPH, FACP, executive vice president, Division of Health Care Quality Evaluation, The Joint Commission. “We encourage health care organizations to review the materials in the Compendium as they adapt or develop their own related materials in an effort to improve the information VTE patients on anticoagulants receive.”

The Compendium of Resources was developed with funding from Bristol Myers-Squibb / Pfizer, Inc.

People

Joint Commission president named to ‘50 Most Influential Physician Executives and Leaders’ list

Modern Healthcare has unveiled its “50 Most Influential Physician Executives and Leaders” list, and Joint Commission President and CEO Mark R. Chassin, MD, FACP, MPP, MPH, was No. 26. This is the 13th year that Modern Healthcare has published the list.

The 50 Most Influential Physician Executives and Leaders recognition program honors physicians working in all sectors of the health care industry who are steering their organizations and the health care delivery system through dynamic, challenging times. These physicians stand out for the scope of their executive responsibilities, personal achievements, innovation and commitment to their communities.

The online nomination process asked for reader input on specific judging criteria. Nearly 65,000 votes were tallied for this year’s program. Readers’ votes accounted for 50 percent of the outcome in determining the final ranking. The other 50 percent was based on insights from Modern Healthcare’s senior editors.

Before coming to The Joint Commission, Dr. Chassin was the Edmond A. Guggenheim Professor of Health Policy and founding Chairman of the Department of Health Policy at the Mount Sinai School of Medicine, New York, and Executive Vice President for Excellence in Patient Care at The Mount Sinai Medical Center. While at Mount Sinai Medical Center, Dr. Chassin built a nationally recognized quality improvement program. In addition, Dr. Chassin was a member of the IOM committee that authored “To Err is Human” and “Crossing the Quality Chasm.” Dr. Chassin is a board-certified internist and practiced emergency medicine for 12 years. Learn more about Dr. Chassin.
Joint Commission Resources

New event aims to educate organizations on various Joint Commission certification programs
A new program will be held Aug. 8 designed to help health care professionals learn about the various certifications offered by The Joint Commission. Information on the requirements, available resources and tools will be addressed, along with valuable information about the certification process.

The program — Achieving Exceptional Patient Outcomes through Joint Commission Certification Programs — will be held at the Hyatt Regency O'Hare, 9300 Bryn Mawr Ave. in Rosemont, Illinois.

Joint Commission certification helps organizations build a framework for program structure and management, and it provides an objective assessment of clinical excellence. There will be seven tracks in this conference, one for each of the following certifications:

- Advanced Palliative Care
- Community Based Palliative Care
- Comprehensive Cardiac Center
- Integrated Care
- Memory Care and Post-Acute Care
- Patient Blood Management
- Primary Care Medical Home for Ambulatory, Critical Access Hospitals, Hospitals and Behavioral Health Home

Learn more about the event.

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