Accreditation

Coming soon: New antimicrobial stewardship requirements for ambulatory care

Beginning Jan. 1, 2020, new antimicrobial stewardship requirements will be applicable to Joint Commission-accredited ambulatory health care organizations that routinely prescribe antimicrobial medications. These include organizations providing:

- Medical or dental services
- Episodic care
- Occupational/worksite health
- Urgent/immediate care
- Convenient care

The requirements are not applicable to ambulatory surgery centers or the office-based surgery program.

The inappropriate use of antimicrobial medications has contributed to antibiotic resistance and adverse drug events. Improving antimicrobial prescribing practices is a patient safety priority, leading The Joint Commission to develop a new standard in the Medication Management (MM) chapter — MM.09.01.03 — and add five new elements of performance (EPs) addressing antimicrobial stewardship in the ambulatory setting.

These new EPs align with current recommendations from scientific and professional organizations and address the following concepts. They are:

- Identifying an antimicrobial stewardship leader.
- Establishing an annual antimicrobial stewardship goal.
- Implementing evidence-based practice guidelines related to the antimicrobial stewardship goal.
- Providing clinical staff with educational resources related to the antimicrobial stewardship goal.
- Collecting, analyzing and reporting data related to the antimicrobial stewardship goal.

View the prepublication standards.

The Joint Commission also recently published a R3 Report detailing the rationale and references used to develop these new requirements.

Deleted requirement: Annual training for physicians, staff using fluoroscopy equipment

Effective immediately, Human Resources (HR) standard HR.01.05.03, element of performance (EP) 15, has been deleted from the Hospital, Critical Access Hospital, Ambulatory Care and Office-Based Surgery accreditation programs.

The deleted EP — which went into effect earlier this year — is: The [organization] verifies and documents that individuals (including physicians, non-physicians, and ancillary personnel) who use fluoroscopic equipment participate in ongoing education that includes annual training on the following:

- Radiation dose optimization techniques and tools for pediatric and adult patients addressed in the Image Gently® and Image Wisely® campaigns.
- Safe procedures for operation of the types of fluoroscopy equipment they will use.
• **Note 2:** This element of performance does not apply to fluoroscopy equipment used for therapeutic radiation treatment planning or delivery.

Through stakeholder and customer feedback, The Joint Commission determined the standard to be redundant and possibly burdensome to conform with annually. Assessment of staff and physician competency to provide fluoroscopy services will continue to be assessed during the on-site survey using accreditation standards that currently exist in the HR and Medical Staff chapters.

**View** the standard deletion online. It will not be in the accreditation manuals, starting with the January 2020 E-Edition® update and January 2020 hard copy publications. (Contact: Joyce Webb, jwebb@jointcommission.org)

**Performance measurement**

**Study: EHR data limited in publicly reported post-CABG mortality, readmission outcomes**

Retooling paper-based measures to electronic format for the reporting of performance measures can help reduce hospitals' reporting burden, according to a new study published in *Medical Care*.

The study — “Retooling of Paper-based Outcome Measures to Electronic Format,” by researchers from The Joint Commission and the State University of New York — was funded by the Agency for Healthcare Research and Quality.

The study authors asked leading electronic health record (EHR) vendors and hospital focus groups to review 28 risk factors in the New York State (NYS) coronary artery bypass graft (CABG) surgery statistical models for mortality and readmission. The study also evaluated whether EHRs could eliminate the need for costly and time-consuming manual data abstraction of patient outcomes.

Simplified risk models based only on registry data elements that can be captured by EHRs (one for easily obtained data and one for data obtained with more difficulty) were developed and compared with the NYS models for different years. Findings showed:

- The simplified risk models using EHR data elements could not capture most risk factors in the NYS CABG surgery risk models.
- Only a low number of risk factor data elements – six out of 28 – could be obtained from the EHR. Risk factors included age, gender, creatinine level, height, weight and heart failure status.
- Outlier hospitals identified using the simplified models versus those identified using the NYS model differed substantially for readmission, but not for mortality.
- At the patient level, measures of fit and predictive ability indicated that the EHR models are inferior to the NYS CABG surgery risk models, although correlation of the predicted probabilities between the NYS and EHR models was high.

The study authors also noted that data must be in a structured format in order to obtain accurate and reliable risk factor data from the EHR. Structured data refers to any data that resides in a fixed field within the EHR. Most of the data currently used for risk adjustment for the cardiac surgery outcome measures studied were not currently in this format, precluding the reporting of these measures through the EHR in a form that would be acceptable to the medical community, even though the EHR risk models did surprisingly well at the hospital level given the small number of risk factors available in the EHR.

**Read** the study.

**Resources**

**Up in the blogosphere with The Joint Commission**

- **Leading Hospital Improvement** — [New Heart Attack Certification Program Accepting Applications in July 2019](#): On July 1, The Joint Commission and American Heart Association (AHA) will accept applications for two new heart attack programs, writes Antigone Kokalias, MBA, MSN, RN, project director-clinical.
• **Quality Data Download** — [Electronic Health Record Data Still Limited in Publicly Reported Risk Factors](#): Retooling efforts to use the electronic health record (EHR) for the reporting of performance measures has always been a goal to reduce hospitals’ reporting burden. A study started with well-known risk models for coronary artery bypass grafting (CABG) mortality and readmission used in New York State (NYS) for public reporting and determined the feasibility of obtaining key data elements directly from the EHR to develop EHR-based risk models, writes Stephen Schmaltz, PhD, and Stacey Barrett, MA.

• **Ambulatory Buzz** — [Conversation Starters That Can Prevent Dialysis-Related Infections](#): While The Joint Commission is working on the organizational accreditation side of dialysis care, we also want to empower ambulatory care patients to partner with us to prevent infection. One of my favorite dialysis patient advocacy resources is the Conversation Starter resource from CDC, designed to guide dialysis patients and their families to help them prevent infections during their care, writes Kristen Witalka, business development manager, Ambulatory Care Services.

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