Get the 4-1-1 on Survey Enhancements: New series from The Joint Commission

An important mission of The Joint Commission is to continuously improve health care. In that vein, Joint Commission surveyors now are enhancing their evaluation of four high-risk areas during onsite surveys:

- Sterile medication compounding
- Suicide prevention
- High-level disinfection and sterilization
- Hemodialysis

While the increased attention does not involve any new accreditation standards, each area does require leadership engagement and oversight — both of which are evaluated by the survey team through tracers and interviews.

To help health care organizations prepare for these survey enhancements, reduce risk and prevent adverse events, The Joint Commission is launching 4-1-1 on Survey Enhancements — a new series in Joint Commission Online that will take a deeper look at the identified high-risk areas.

Stay tuned for more information about 4-1-1 on Survey Enhancements.

New R3 Report focuses on distinct newborn identification requirement

Effective Jan. 1, 2019, one new element of performance (EP) will be applicable to all Joint Commission-accredited hospitals and critical access hospitals that provide labor and delivery services. This new requirement at National Patient Safety Goal (NPSG) — NPSG 01.01.01 — is designed to improve the quality and safety of care for newborns during their hospital stay following delivery.

Because babies do not talk, can sometimes look very similar, and can share a similar naming convention, The Joint Commission has created a new requirement with the goal of providing more distinguishable naming methods for this vulnerable population.

A new issue of R3 Report has been released to give accredited organizations and interested health care professionals the research and rationale The Joint Commission employed to develop this requirement.

Read the R3 Report.

Check out R3 Reports on new, revised pain assessment and management standards

Starting Jan. 1, 2019, new and revised pain assessment and management standards will be applicable to all Joint Commission-accredited ambulatory care, critical access hospitals, and office-based surgery organizations. New and revised pain assessment and management requirements were published in January 2018 for the Hospital Accreditation program (see July 2017 issue of Perspectives).
R3 Reports have been released on these new and revised standards to give accredited organizations and interested health care professionals the rationale and references The Joint Commission employed during development.

View the R3 Report for the following programs:
- Ambulatory care
- Critical access hospitals
- Office-based surgery

Quality and safety

This just in: OSHA now requiring electronic submission of Form 300A data

The U.S. Occupational Safety & Health Administration (OSHA) is now requiring employers — including many health care organizations — to report Form 300A data electronically, as it no longer will accept paper submissions. Form 300A is a summary of serious work-related injuries and illnesses that occurred in an organization during each calendar year. Covered establishments include those with:
- 20-249 employees that are classified in certain industries with historically high rates of occupational injuries and illnesses.
- 250 or more employees that are currently required to keep OSHA injury and illness records.

All covered organizations must submit their calendar year 2017 information by July 1. Beginning in 2019 — and every year thereafter — covered organizations must submit the information by March 2.

OSHA’s secure website offers three options for data submission:
- Manual entry of data into a web form.
- Upload of a comma-separated value (CSV) file to process single or multiple establishments at the same time.
- Electronic transmission of data using an application programming interface (for users of automated recordkeeping systems).

Improve Tracking of Workplace Injuries and Illnesses was published by OSHA in 2016. Learn more.

Resources

Up in the blogosphere with The Joint Commission
- Dateline @ TJC — The Increasing Need for Cultural and Religious Sensitivity: A multicultural patient population can make "first, do no harm," particularly challenging. Joint Commission Resources (JCR) has collaborated with Geri-Ann Galanti, PhD, author and leading expert in the field of cultural diversity, to publish the third, expanded edition of Cultural and Religious Sensitivity: A Pocket Guide for Health Care Professionals, which has been updated to now include religious and spiritual awareness along with cultural sensitivity, writes Phyllis Crittenden, senior editor, Global Publishing, JCR.
- Ambulatory Buzz — Working Together to Make Dialysis Safer: Bloodstream infections are a dangerous complication of dialysis treatment. According to the Centers for Disease Control and Prevention (CDC), there are approximately 370,000 people in the U.S. relying on hemodialysis care, and these patients are at a higher risk of getting serious infections, writes Kristen Witalka, manager, Ambulatory Care Services.

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