Accreditation and certification

Effective Jan. 1, 2020: New requirement for OBS practices providing fluoroscopy services

Beginning Jan. 1, 2020, Joint Commission-accredited office-based surgery practices that provide fluoroscopy services will be required to comply with element of performance (EP) 17 of Environment of Care (EC) standard EC.02.02.01: The practice manages risks related to hazardous materials and waste.

EP 17 states: For practices that provide computed tomography (CT), positron emission tomography (PET), nuclear medicine (NM), or fluoroscopy services: The results of dosimetry monitoring are reviewed at least quarterly by the radiation safety officer, diagnostic medical physicist, or health physicist to assess whether staff radiation exposure levels are “as low as reasonably achievable” (ALARA) and below regulatory limits.

This requirement aligns with current radiological practices, and the requirement is already applicable to accredited ambulatory health care organizations, critical access hospitals and hospitals.

View the prepublication standards. (Contact: Joyce Webb, jwebb@jointcommission.org)

Performance measurement

Clarification: New performance measure requirements for primary stroke centers

In January, two new performance measure requirements were added for The Joint Commission’s Disease-Specific Care Primary Stroke Center (PSC) Certification: Stroke measure STK-OP-1 Door to Transfer to Another Hospital and comprehensive stroke (CSTK)-01 National Institutes of Health Stroke Scale (NIHSS) Score Performed for Ischemic Stroke Patients.

The Joint Commission recently provided further clarification on these measures:

- The STK-OP-1 measure is a new requirement for PSCs only. Thrombectomy-Capable Stroke Centers (TSC) and Comprehensive Stokes Centers (CSC) are not required to collect data for this measure. Acute Stroke Ready Hospitals (ASRH) have their own complement measure (i.e. ASR-OP-2).
  - When manually submitting STK-OP-1 data to The Joint Commission via the extranet Certification Measure Information Process (CMIP), data should be entered as the total number of cases for the reporting month and the median time in minutes (i.e., continuous variable value). The measurement value equals the ED Departure Date and ED Departure Time minus the Outpatient Encounter Date and Arrival Time. When the total number of cases is zero for a stratum, no rate will be reported that month and the continuous variable value field should be left blank.
- The CSTK-01 measure also is a new requirement for PSCs. There have been questions regarding the denominator population for this measure.
  - The CSTK-01 denominator population includes all ischemic stroke patients — both patients who receive IV-IA thrombolytic (t-PA) therapy or mechanical endovascular reperfusion (MER) therapy (CSTK Sub-population 2) and patients who do not undergo a reperfusion procedure (CSTK Sub-population 1) as defined in the Initial Patient Population algorithm of the Specifications Manual for Joint Commission National Quality Measures.
  - The CSTK-01 numerator population includes ischemic stroke patients for whom a NIHSS score is performed prior to any acute recanalization therapy (i.e., IV or IA t-PA, or MER) in patients
undergoing recanalization therapy and documented in the medical record, or documented within 12 hours of hospital arrival for patients who do not undergo recanalization therapy.

- Organizations that use a vendor for STK measure data transmission should confirm with their vendor that data for CSTK-01 will be included in the transmission. If the vendor supports the CSTK-01 measure, the health care organization should notify hcooryx@jointcommission.org to enable the vendor transmission. Otherwise, the organization will have to manually enter the data for the measure in CMIP.

TSCs and CSCs have been collecting and using data from CSTK-01 for internal quality improvement, and continue to collect data for this measure.

**Webinar replay: Learn from eCQM national data trends, statistics**

We get it: Summer is here and even though the days are getting longer, time isn’t always on your side.

So, if you missed the recent “Pioneers in Quality: eCQM National Data Trends and Statistics – Understanding your organization’s performance” webinar last month, don’t fret. A webinar replay — complete with presentation slides — has been posted to The Joint Commission’s website.

With this replay, there is still time to learn how to:

- Identify the most common reasons by electronic clinical quality measures (eCQM) for exceptions and exclusions in the calendar year (CY) 2017 eCQM data.
- Apply lessons learned to your CY 2019 eCQM data collection and reporting.
- Determine your hospital’s performance compared to the national aggregate performance data by interpreting your hospital’s 2017 eCQM feedback report.

[View](#) the webinar replay.

**Resources**

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

- **Leading Hospital Improvement** — [Moving the Needle to Zero Wrong-Site Surgeries](#): In 2004, the Association of periOperative Registered Nurses (AORN) and The Joint Commission created National Time Out Day to help surgical teams remember the vital importance of taking a Time Out together for pre-surgery safety checks, such as surgical site verification to prevent wrong-site surgery. Unfortunately, 15 years later, wrong-site surgery still ranks in the Top 3 most frequently reported adverse patient events, despite the fact that these adverse patient events are 100% preventable, writes Linda Groah, MSN, RN, CNOR, NEA-BC, FAAN, CEO/executive director, AORN.

- **Ambulatory Buzz** — [The Joint Commission KNOWS Surgery!](#) Did you know that the American College of Surgeons (ACS) was one of The Joint Commission’s five original founding members? We’ve collaborated with key industry leaders to maintain a strong history of standards development dating back to the birth of The Joint Commission. From 1975, when our Ambulatory Health Care (AHC) Program was launched, our AHC standards have continued to evolve to remain current and reflect ongoing changes in the ASC industry, writes Pearl Darling, executive director, Ambulatory Care.

- **On Infection Prevention & Control** — [Failure to High Level Disinfect Ophthalmology Devices Leading to Transmission of Infectious Agents](#): The American Academy of Ophthalmology has reported that transmission of infectious agents could occur from failure to adequately disinfect ophthalmology devices, such as tonometers, which is resulting in multiple declarations of an immediate threat to health and safety of patients, writes Sylvia Garcia-Houchins, MSN, RN, CIC, director, Infection Prevention and Control.

Learn more about [Joint Commission Resources](#)’ offerings online or call 877-223-6866.