

# Joint Commission Online

March 13, 2019

## Quality and safety

### Sentinel event statistics released for 2018

| Top 10 most frequently reported Sentinel Events in 2018 |                 |
|---|-----------------|
| Type of Sentinel Event                                  | Events Reported |
| Fall  | 111             |
| Unintended retention of a foreign body                  | 111             |
| Wrong-site surgery                                      | 94              |
| Unassigned*   | 68              |
| Other unanticipated event**                             | 59              |
| Suicide   | 50              |
| Delay in treatment                                      | 43              |
| Product or device events                                | 29              |
| Criminal event  | 28              |
| Medication error  | 24              |

\*This category was unassigned at the time of the report.  
\*\*Includes asphyxiation, burns, choking on food, drowning, and being found unresponsive.

In 2018, The Joint Commission reviewed a total of 801 sentinel events. The majority — 87 percent — were voluntarily self-reported by an accredited or certified organization.

Sentinel events must be reviewed by the organization and are subject to review by The Joint Commission. The table shows the 10 most frequently reported types of sentinel events in 2018.

Less than an estimated 2 percent of all sentinel events are reported to The Joint Commission. Of these, 57.7 percent (8,353 of 14,489 events) have been self-reported since 2005. Therefore, these data are not an epidemiologic data set, and no conclusions should be drawn about the actual relative frequency of events or trends in events over time.

The patient safety specialists in the Joint Commission's Office of Quality and Patient Safety work with organizations reporting sentinel events to identify contributing factors and actions the organization can take to reduce risk.

[Learn more](#) about sentinel events or call the Office of Quality and Patient Safety at 630-792-3700.

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## Accreditation and Certification

### New note added for NPSG.15.01.01, EP 1

A note was added to the recently revised National Patient Safety Goal (NPSG) 15.01.01 — *Reduce the risk for suicide* — that clarifies the applicability of an element of performance for behavioral health care settings.

EP 1 states: The organization conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide; the organization takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging).

The note states: Non-inpatient behavioral health care settings and unlocked inpatient units do not need to be ligature-resistant. The expectation for these settings is that they conduct a risk assessment to identify potential environmental hazards to individuals served; identify individuals who are at high-risk for suicide; and take action to safeguard these individuals from the environmental risks (for example, removing objects from the room that can be used for self-harm and continuous monitoring in a safe location while awaiting transfer to higher level of care).

The note will become effective July 1, along with the recent revisions to NPSG.15.01.01. [View](#) the prepublication standards. (Contact: Stacey Paul, [spaul@jointcommission.org](mailto:spaul@jointcommission.org))

## **New Home Care accreditation EPs added for Specialty Pharmacy**

Starting July 1, The Joint Commission will provide accreditation for Specialty Pharmacy within the Home Care Accreditation program.

Organizations that want to add specialty pharmacy or seek specialty pharmacy accreditation will now experience more specific requirements and survey activities related to their settings. This program allows specialty pharmacies to better demonstrate aspects above traditional pharmacy accreditation, and the program will include the existing pharmacy program requirements in addition to three new elements of performance (EPs).

For Performance Improvement (PI) standard PI.01.01.01: *The organization collects data to monitor its performance*, the new EPs are:

- EP 41 — For Specialty Pharmacies: The organization collects data on medication errors including the following:
  - Incorrect drug
  - Incorrect recipient
  - Incorrect strength of medication
  - Incorrect dosage form
  - Incorrect instructions
  - Incorrect quantity
  - Near misses
- EP 42 — For Specialty Pharmacies: The organization collects data on the following:
  - Adherence rate
  - Turnaround time for patient delivery of medications and associated products supplied by the specialty pharmacy (Note: The organization may choose to separate data for medications that require an intervention.)
  - Billing and coding errors

For Record of Care, Treatment, and Services (RC) standard RC.02.01.01: *The patient record contains information that reflects the patient's care, treatment, or services*, the new EP is:

- EP 8 — For Specialty Pharmacies: The record contains documentation of patient education on medication instructions and use of associated products.

During development, The Joint Commission received feedback from industry stakeholders and specialty pharmacy managers. The three new EPs address processes currently implemented in specialty pharmacies, and so The Joint Commission does not believe that any new resources will be needed by current specialty pharmacy customers.

[View](#) the prepublication standards.

## **Performance measurement**

### **Wanted: Pilot sites for evaluating possible Patient Blood Management eCQMs**

The Joint Commission is seeking organizations to participate as a pilot test site to evaluate potential electronic clinical quality measures (eCQMs).

After working with clinical and informatics experts to revise the Patient Blood Management program eCQMs, The Joint Commission identified three measures to possibly use in its accreditation and/or certification programs. To help in that process, The Joint Commission is asking pilot test sites to evaluate the measure specifications against actual data and practical clinical workflows, as well as to assess feasibility.

By becoming a pilot site, organizations will be:

- Formally recognized by The Joint Commission as a pilot site contributor.
- Given a head start on implementing quality PBM eCQMs.
- Advising and measuring specification enhancements before final implementation.
- Identifying clinical workflow and documentation gaps.

Pilot testing will not evaluate the organization's performance, and there will be no impact to an organization's accreditation or certification status as a result of participating. [Learn more](#) about the measure summaries and pilot testing details. (Contact: Mia Nievera, [mnievera@jointcommission.org](mailto:mnievera@jointcommission.org))

## Resources

### Get answers: Blog addresses FAQs on reporting of high rates of C-sections in 2020

The Joint Commission recently announced it will start reporting hospitals with high rates of Caesarean sections in July 2020.

The high rate designation will be based on hospitals' rates on the perinatal care (PC) Cesarean Birth measure, PC-02, that they report to The Joint Commission. It measures the rates of cesarean births among a subset of the general obstetric population of low-risk women having their first birth with a term, singleton baby in a vertex position (NTSV). Three criteria will determine whether a hospital is identified as having a high rate based on data reported for 2018 and 2019:

- ≥30 cases reported in both years
- PC-02 rate >30% for the current year
- Overall two-year average PC-02 rate >30%



The announcement has generated a lot of interest. To answer some of the most frequently asked questions about this, The Joint Commission's David Baker, MD, executive vice president, Healthcare Quality Evaluation, penned a recent Leading Hospital Improvement blog entry to provide answers.

Some of the questions Dr. Baker answered include:

- Will overall caesarean rates ever be listed?
- Is it possible to list all accredited hospitals for comparison purposes?
- Will there be a way to account for differences in patient population, demographics or medico-legal factors that may impact these rates?

[Read](#) the blog.

### Up in the blogosphere with The Joint Commission

- **Dateline @ TJC** — [What's the Greatest Patient Safety Opportunity in 2019?](#) In observance of Patient Safety Awareness Week, leaders at The Joint Commission were asked what the greatest patient safety opportunities were in 2019. Find out how they answered.
- **High Reliability Healthcare** — [How Mount Sinai Health System Improved Hand Hygiene Compliance by 20 Percent:](#) At the Mount Sinai Health System (MSHS) in New York, The Joint Commission Center for Transforming Healthcare's Targeted Solutions Tool® (TST®) for Hand Hygiene, is being implemented across seven hospitals as a core component of a strategy to decrease hospital-acquired infections and reduce patient harm.

## Joint Commission Resources

### Celebrate Patient Safety Awareness Week with discounts from JCR

In recognition of [Patient Safety Awareness Week™](#) — the annual campaign organized by the Institute for Healthcare Improvement (IHI) — Joint Commission Resources is offering plenty of discounts and special offers on practical resources to help enhance organizations' quality and safety.

These discounts are valid until the end of PSAW on March 16. They are:

- A 20 percent discount on any book, manual, or newsletter (code: **PSAW2019**)

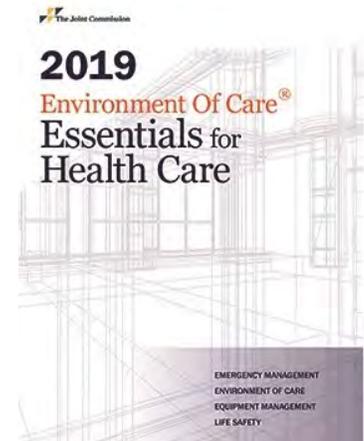
- Note: Does not include the *Joint Commission Journal on Quality and Patient Safety*.
- A 15 percent discount on registration for “[Analyzing the Spectrum of Patient Safety Incidents: Foundations in Event Analysis and Actions](#)” (code: **Safety2019**)
- A 20 percent discount for online education events (code: **PSAW2019**)
  - Includes the “[Leadership’s Role in Patient Safety](#)” webinar and [2019 Focus on Patient Safety](#) CJCP module.

**Just released: Environment of Care Essentials for Health Care**

Now available from Joint Commission Resources is the *2019 Environment of Care® Essentials for Health Care*. This resource is designed to help facility managers, life safety experts, engineers and emergency managers prepare for survey.

The book displays all Environment of Care (EC), Emergency Management (EM) and Life Safety (LS) standards and elements of performance in a grid format – enabling users to quickly compare requirements across all health care accreditation settings. It also features:

- Essential information for complying with EC requirements in areas like safety, security, hazardous materials and waste, medical equipment and utility systems, and fire safety.
- An emergency operations plan.
- Unabridged LS management requirements, which have been updated to align with the 2012 *Life Safety Code®*.



[Purchase](#) the book, available in both hard-copy and digital format.

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

