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Accreditation

New SAFER™ Matrix Resources portal: Gateway to understanding scoring methodology
The Joint Commission has created a one-stop shop for information and resources on the Survey Analysis for Evaluating Risk™ (SAFER™) Matrix, the scoring methodology that went into effect for all Joint Commission accreditation and certification programs on Jan. 1.

The SAFER™ Matrix Resources web portal features:
- A SAFER™ webinar replay and slide deck that discusses the conception of the SAFER™ Matrix and includes examples to illustrate key concepts
- A Take 5 podcast that provides a foundational understanding of the SAFER™ Matrix and related information
- An interactive demo video that gives a walkthrough of the new SAFER™ Matrix tool located on an organization’s secure Joint Commission Connect® website
- A Frequently Asked Questions video that covers some of the most commonly asked questions on this topic

These resources will help organizations:
- Understand the overall concept of the SAFER™ Matrix and identify key elements of the SAFER™ Matrix process
- Learn how the SAFER™ Matrix is scored in the field
- Access details surrounding the new Evidence of Standards Compliance (ESC) fields
- Take advantage of ongoing free educational opportunities on this topic from The Joint Commission

The SAFER™ Matrix’s primary benefit is that it helps organizations prioritize areas of risk, what to address and where to focus resources following a survey. It provides a single, comprehensive visual representation of survey findings, in which all Requirements for Improvement (RFIs) are plotted according to the likelihood of potential harm to patients, staff or visitors, and pervasiveness of the problem — based on surveyor observations. This allows surveyors to perform real-time, on-site evaluations of deficiencies. Placement of RFIs within the matrix determine the level of detail required within each RFI’s Evidence of Standards Compliance follow-up.

View the SAFER™ Matrix Resources web portal. (Contact: safer@jointcommission.org)
EP Review Project Phase 3 yields EP deletions for various accreditation programs

Effective July 1, the accreditation programs for ambulatory care, behavioral health care, critical access hospitals, home care, laboratories, nursing care centers, and office-based surgery practices will see a slimmer set of standards, as part of Phase 3 of the EP Review Project.

The EP Review Project is a multiphase component that is part of Project REFRESH, a process improvement initiative being conducted throughout 2016 and 2017. Phase 1 resulted in the deletion of 225 hospital elements of performance (EPs). Phase 2 resulted in 51 additional EP deletions for hospitals.

The Phase 3 project involved applying relevant EP deletions from the hospital program to the other accreditation programs, with some exceptions, such as:

- The EP is a Centers for Medicare & Medicaid Services’ (CMS) requirement for a specific nonhospital program.
- Unique program concerns required retention of an EP that was deleted for hospitals.

For the most part, the deletions fall into one or more of the categories established during Phase I of the EP Review Project:

- EPs are similar to, implicit in or duplicative of other existing EPs.
- Have been covered by standards for many years and are now a routine part of operations or clinical care processes.
- No longer address contemporary quality and safety concerns, and how they are managed can be left to the discretion of the organization.
- EPs are adequately addressed by law and regulation or other external requirements.

View the prepublication standards for Phase 3 revisions. (Contact: Maureen Carr, mcarr@jointcommission.org)

Quality and safety

May JQPS: Simulation training helps parents of cancer patients improve central-line care in home

Infections from a central line in children with cancer can be life-threatening. With most cancer care taking place in the home, it is critical for parents to learn to care for central lines and prevent central line-associated bloodstream infections (CLABSIs).

This is the focus of a new study in the May 2017 issue of The Joint Commission Journal on Quality and Patient Safety, which describes how simulation training for parents of children with cancer improved their knowledge and psychomotor skills regarding central-line care.

In the study — “Becoming Parent and Nurse: High-Fidelity Simulation in Teaching Ambulatory Central Line Infection Prevention to Parents of Children with Cancer,” by Carol E. Heiser Rosenberg, ND, DNP, RN, and co-authors — one parent of each of 17 children with cancer at Johns Hopkins Children’s Center, Baltimore, Maryland, had received typical central-line education but still showed many gaps in understanding essential medication safety practices and the signs and symptoms of a CLABSI.

A central line is a long, thin, flexible tube inserted in the arm or chest through the skin into a large vein for delivering medicines, fluids, nutrients or blood products over a long period of time. Most pediatric oncology patients require one.

Following simulation training, parents’ median knowledge scores increased from 10 to 15 of the 16 points possible; and median psychomotor skills scores increased from 8 to 12 of 12 points possible. All participants also strongly agreed or agreed that simulation was meaningful for learning central-line care.
Other articles in the May 2017 JQPS issue are:

- “Measuring to Improve Medication Reconciliation in a Large Subspecialty Outpatient Practice”
- “Exploring How to Better Measure and Improve the Quality of Medication Reconciliation”
- “Creating a Pediatric Joint Council to Promote Patient Safety and Quality, Governance, and Accountability Across Johns Hopkins Medicine”
- “System Changes for Tracking Performance Measures in Tobacco Control: Can Health Information Technology Serve as an Accelerant for Moonshot Success in Cancer?”
- “System Changes to Implement The Joint Commission Tobacco Treatment (TOB) Performance Measures for Improving the Treatment of Tobacco Use Among Hospitalized Patients”
- “Relationship Between State Malpractice Environment and Quality of Health Care in the United States”
- “Performance Measurement in Rural Communities: The Low-Volume, Large Measurement Challenge”
- “The Journal Welcomes Three Associate Editors”

Freeze frame: Photos of Eisenberg Award-winners available online

As reported in the April 5 issue of Joint Commission Online, the winners of the 2016 John M. Eisenberg Patient Safety and Quality Awards were honored last month by The Joint Commission and the National Quality Forum (NQF). Photos from the award ceremony are now available online, including the recipient of the 2016 Eisenberg Award for Individual Achievement, Carolyn Clancy, MD, deputy undersecretary, U.S. Department of Veterans Affairs (middle). The award was presented by Shantanu Agrawal (left), MD, MPhil, president and CEO of the National Quality Forum, and David W. Baker, MD, MPH, executive vice president, Division of Healthcare Quality Evaluation, The Joint Commission.

The achievements of each award recipient will be detailed in the July 2017 issue of The Joint Commission Journal on Quality and Patient Safety.

See more photos of the 2016 Eisenberg Awards presentation.

Resources available for World Hand Hygiene Day on May 5

New resources are available from the Centers for Disease Control and Prevention’s (CDC) Clean Hands Count campaign in recognition of World Hand Hygiene Day, scheduled for this Friday, May 5. The CDC introduced the Clean Hands Count campaign in 2016 to promote hand hygiene in health care settings.

The campaign provides free materials, including:

- A video, stickers and a soon-to-launch, free educational course on hand hygiene for health care providers
- Fact sheets and brochures for health care providers, patients and visitors

CDC also encourages people to get involved in the conversation by engaging on social media, with the hashtag #CleanHandsCount.

The Joint Commission Center for Transforming Healthcare released a Targeted Solutions Tool® (TST®) for Hand Hygiene, which is now also available internationally. The TST® is an innovative application that guides health care organizations through a step-by-step process to accurately measure an organization’s performance, identify potential barriers, and provide proven solutions.
Health care organizations that have used the TST® for Hand Hygiene have seen decreased health care-associated infections, as well as increased hand hygiene compliance in as short as 12 weeks.

Learn more about the Center’s TST© for Hand Hygiene. For free downloadable materials for the Clean Hands Count campaign, visit the CDC’s Clean Hands Count website, or order by calling 1-800-CDC-INFO.

Resources

JCR workbook on infection prevention, control gets 4 stars from Doody’s Book Review Service

Joint Commission Resources’ “The APIC/JCR Infection Prevention and Control Workbook, 3rd Edition” has been given a four-star rating from Doody’s Book Review Service. The workbook, which is a co-publication with the Association for Professionals in Infection Control and Epidemiology (APIC), is a 214-page, spiral-bound resource that includes a flash drive with checklists and other tools.

Dyanne L Medlock, BSN, of VA Nebraska-Western Iowa Health Care System, said the workbook provides relevant information in an area that has seen changes in the past 3-4 years.

“This book details how to establish an effective infection prevention and control program,” Medlock wrote. “The workbook, combined with the Joint Commission standards for all areas in infection prevention, constitutes a great resource for anyone looking at starting or improving their program.”

Purchase the workbook from JCR, which was edited by Barbara Soule and Kathleen Arias.

Up in the blogosphere with The Joint Commission

- Quality, Reliability & Leadership — Safety Culture: Shattering the Myths of Perfection and Punishment: Mistakes happen! Read this blog by Gerry Castro, project director in the Office of Patient Safety, and learn when the system is to blame. It is the second in a series of posts examining the 11 tenets of safety culture, which were discussed in Sentinel Event Alert, Issue 57.
- Dateline @ TJC — Devising Objective Measures for Medication Reconciliation: Medication errors happen every day — at the doctor’s office, hospital, nursing home or surgery center. As health care professionals, medication reconciliation is one vitally important care process that can be used to help prevent medication errors. Learn more in a blog post penned by David W. Baker, MD, MPH, FACP, executive vice president, Division of Healthcare Quality Evaluation, at The Joint Commission.
- Leading Hospital Improvement — Workplace Violence Prevention Plan: Practical Approaches: Every hospital needs a workplace violence prevention plan. Learn the necessary components in this blog by Ann Scott Blouin, RN, PhD, FACHE, executive vice president of customer relations, The Joint Commission.

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