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Performance measurement

Pioneers in Quality webinar: Learn about ORYX reporting requirements, eCQM direct submission
The ability to receive electronic clinical quality measure (eCQM) data submissions directly from accredited hospitals has been an important goal of The Joint Commission’s for several years. Avervita has been selected as The Joint Commission’s technology partner in developing an eCQM direct submission platform.

Learn more at a webinar — Pioneers in Quality™: Joint Commission 2017-2018 ORYX Reporting Requirements and eCQM Direct Submission — on Tuesday, Oct. 17, from 9-10 a.m. (PT)/10-11 a.m. (MT)/11 a.m.-noon (CT)/noon-1 p.m. (ET).

Webinar participants will learn:
- Modifications to 2017 ORYX performance measurement reporting requirements, along with 2018 reporting requirements.
- The direct submission process and technical requirements.
- The Joint Commission’s strategy and future vision for receiving data directly from hospitals.

Register.

Accreditation and certification

EP deletion: MM.09.01.01, EP 3 going away
Effective Oct. 1, The Joint Commission is deleting element of performance (EP) 3 for Medication Management (MM) 09.01.01 for hospitals and critical access hospitals. This EP will still be in effect for nursing care centers.

The standard states: *The [critical access] hospital educates patients, and their families as needed, regarding the appropriate use of antimicrobial medications, including antibiotics. (For more information on patient education, refer to Standard PC.02.03.01)*

The Joint Commission has received consistent feedback about the value of this education when the patients are too ill to receive and retain the information. Standard Provision of Care, Treatment, and Services (PC) 02.03.01, EP 10 — which requires patient education on the safe and effective use of medications based on the patient’s condition and assessed needs — is still applicable when warranted.

The deletion will be posted on The Joint Commission’s website. It will no longer be part of the *Comprehensive Accreditation Manuals* for hospitals and critical access hospitals as of the fall 2017 Edition update and 2018 manuals. (Contact: Mary Brockway, mbrockway@jointcommission.org)
Learn ways to reduce sterile medication compounding risks

Contaminated compounded products continue to pose a safety risk to patients. And while the activities associated with sterile compounding are currently assessed during Joint Commission surveys, accredited organizations performing sterile compounding should now expect increased attention on these processes.

The Joint Commission wants to ensure that any potential risks presented during on-site surveys are appropriately identified in order to assist those organizations with effective risk reduction. To help identify potential risks, organizations surveyed within the Hospital and Critical Access Hospital Accreditation programs can expect additional dialogue in tracer activities, including:

- Medication Management System Tracer
- Infection Control System Tracer
- Competency Assessment System Tracer

Additional surveyor time also will be spent in the compounding area itself for observation of compounding processes. Contaminants can be introduced into the medical compounding area from a variety of sources, but they are typically placed in three categories: people, products, and environment.

The preparation of hazardous medications, such as those used in chemotherapy, introduces an additional risk to compounding staff. It is important that staff understand unique workflows and additional precautions that should be taken when handling these products. During on-site evaluations, surveyors will expect to see those additional competencies as it relates to garbing and written didactic testing.

Also, while high-risk compounding (for example, nonsterile to sterile compounding) is rare, it is necessary in certain circumstances to ensure proper treatment. Accredited organizations are reminded that additional steps are required, including, but not limited to, increased frequency of staff competency testing, adjustments in competency evaluations to assure adequate testing of compounding techniques, quality assurance testing of the sterilization method listed by the manufacturer, and any required end-product testing.

Questions about sterile medication compounding and reducing risk may be submitted via The Joint Commissions website.
New revisions for swing beds for Joint Commission-accredited hospitals, critical access hospitals

In October 2016, the Centers for Medicare & Medicaid Services (CMS) published a final rule in the Federal Register entitled, “Medicare and Medicaid Programs: Reform of Requirements for Long-Term Care Facilities” (See pages 68689-68690 of the final rule for the “Summary of Provisions” section). This final rule revised conditions for participation (CoPs) for swing beds in hospitals and critical access hospitals, at 482.58 and 485.645 respectively. This final rule took effect in late November 2016.

However, several technical errors were identified in this final rule. In an effort to address these errors, a corrected final rule was published in the Federal Register this past July. The corrected final rule should be used for hospitals and critical access hospitals to determine the regulations, beginning with CoP 483, that apply to them.

The Joint Commission has made several changes to its swing bed requirements based on this corrected final rule, which will begin to be implemented in early 2018 for critical access hospitals and hospitals using Joint Commission accreditation for deemed status purposes, once CMS has accepted them.

Some of the changes for swing beds include:

- Coordination of assessments with the pre-admission screening and resident review (PASARR) — Hospitals
- Reporting of alleged violations related to abuse and neglect within two hours or 24 hours after the allegation, depending on the type of allegation — Hospitals and Critical Access Hospitals
- Dental services policy addressing when it is the organization’s responsibility for lost or damaged dentures — Hospitals and Critical Access Hospitals
- Referral of residents with lost or damaged dentures for dental services within three days — Hospitals and Critical Access Hospitals
- Incorporation of any specialized rehabilitation services into the treatment plan as a result of PASARR recommendations — Critical Access Hospitals
- Focus on patient-centered care and involvement of resident in care planning — Critical Access Hospitals
- Organization provides written notification of closure to required agencies and residents prior to impending closure — Critical Access Hospitals

The Joint Commission will begin surveying to the updated swing bed regulatory requirements on Nov. 28. Any findings related to these requirements for surveys will be cited at Leadership (LD) 04.01.01, element of performance (EP) 2 — The hospital complies with law and regulation. The final standards will be published in the E-dition in January 2018, once acceptance from CMS is received.

The revised CoPs will appear in the hospital and critical access hospital crosswalks. Organizations can view partial crosswalks featuring the new and revised regulations on their extranet sites. (Contact: Laura Smith, lsmith@jointcommission.org)

Phase 4 revisions for EP Review Project take effect Jan. 1

Phase 4 of The Joint Commission’s EP Review Project — a multiphased component of Project REFRESH — has started, with elements of performance (EPs) across all accreditation programs being evaluated for streamlining and consolidation. Revisions from the first part of Phase 4 will be effective Jan. 1, 2018.

Consolidation was considered for requirements that were either: integral to a concept, and thus be evaluated together; and concepts that were implicit in a requirement, eliminating the need for an additional EP.

An example of an integral concept could be:

- EP A: Staff participate in ongoing education and training to maintain or increase their competency. Staff participation is documented.
- EP B: Staff participate in ongoing education and training whenever staff responsibilities change. Staff participation is documented.
Joint Commission president pens op-ed on role of private accreditors in improving health care

Mark R. Chassin, MD, FACP, MPP, MPH, president and chief executive officer of The Joint Commission, recently penned an op-ed in The Hill detailing the role of a private accreditor in improving quality and safety practices in health care.

Dr. Chassin offers a unique perspective since he has worked in both the public and private sectors to ensure health care quality, first as Commissioner of the New York State Department of Health, and now as the head of the nation’s largest private healthcare accreditation organization.

“Among the many things I’ve learned over my career is that being a state health commissioner is very different than being a private accreditor,” Dr. Chassin states in the op-ed. “The former has a duty to protect and improve the health of the public while the latter is a means of improving the way health care is delivered.”

Read the op-ed.

October JQPS: Cancer care patients, families prioritize high-quality relationships, communication

A new study in the October issue of The Joint Commission Journal on Quality and Patient Safety suggests that cancer care patients and their family members prioritize high-quality relationships and communication over quality and safety concerns. Study authors suggest this may be because cancer care is primarily delivered in outpatient settings, which typically require long-term relationships with providers and frequent visits, given the complexity of care.

Limited data exists about complaints related to cancer care, with reports generally focusing on inpatient care. The study — “Evaluation of Patient and Family Outpatient Complaints as a Strategy to Prioritize Efforts to Improve Cancer Care Delivery,” by Jennifer W. Mack, MD, MPH, associate professor, Pediatrics, Harvard Medical School, Boston, and associate program director, Pediatric

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Hematology/Oncology Fellowship, Pediatric Oncology, Dana-Farber Cancer Institute, Boston, and co-authors — focuses on outpatient complaints made to the Patient/Family Relations Office at the Dana-Farber Cancer Institute in a two-year period.

After reviewing the complaints, the study authors found that while 48 percent of complaints involved management issues, the next largest number of complaints — 41 percent — related to relationships, including:

- Communication breakdowns — 15 percent
- Patient-staff dialogue — 5 percent
- Humanness and caring — 18 percent

Only 11 percent related to quality and safety concerns. However, these complaints were frequently of higher severity than others — emphasizing the need for high-quality relationships and communication, as well as for high-quality and safety.

Open access is available to the full cancer care study, as well as the accompanying editorial.

Also featured in the October issue are:

- “Missed Diagnosis of Cardiovascular Disease in Outpatient General Medicine: Insights from Malpractice Claims Data”
- “Clinician Perspectives on the Management of Abnormal Subcritical Tests in an Urban Academic Safety-Net Health Care System”
- “Psychometric Evaluation of the Hospital Culture of Transitions Survey”
- “Toward More Proactive Approaches to Safety in the Electronic Health Record Era”
- “Quality of Septic Shock Care in the Emergency Department: Perceptions vs. Reality”

**MMWR: Survey results for flu vaccination rates of health care personnel**

According to an opt-in internet survey in a September issue of the Centers for Disease Control and Prevention’s (CDC) *Morbidity and Mortality Weekly Report (MMWR)*, 78.6 percent of respondents reported receiving an influenza vaccination during the 2016-2017 season.

The survey indicated higher vaccination coverage among hospital health care personnel (92.3 percent), which is similar to reported coverage in the previous three flu seasons. Vaccination coverage continued to be lower in ambulatory care (76.1 percent) and long-term care (68 percent) settings.

The survey — “Influenza Vaccination Coverage Among Health Care Personnel — United States, 2016–17 Influenza Season” — included responses from 2,438 health care personnel, and showed vaccination coverage to be highest among those required by their employer to be vaccinated (96.7 percent), with 76.5 percent of those getting vaccinated at their workplace.

According to the survey, vaccination coverage was highest among:

- Physicians – 95.8 percent
- Pharmacists – 93.7 percent
- Nurses – 92.6 percent
- Nurse practitioners and physician assistants – 92 percent

The Joint Commission’s accreditation programs address influenza vaccination under the Infection Prevention and Control (IC) standard IC.02.04.01 — *The organization offers vaccination against influenza to licensed independent practitioners and staff. Note: This standard is applicable to staff and licensed independent practitioners only when care, treatment, or services are provided on site. When care, treatment, or services are provided off site, such as with telemedicine or telephone consultation, this standard is not applicable to off-site staff and licensed independent practitioners.*

The Joint Commission also has several resources and education on influenza vaccination, such as:
• **Infection Prevention and HAI Portal**
  - Influenza (internal)
  - Influenza (external)
  - Vaccination
• **Speak Up: Prevent the Spread of Infection (video)**

**Read** the MMWR.

**Resources**

**Now available: Cultural Sensitivity for Health Care Professionals app**

Health care professionals serve diverse patient populations. The need to communicate clearly, effectively, and in a way that doesn’t scare or offend a patient is a must in order to provide that patient with a positive experience.

To help with the fast-moving pace of today’s health care world, Joint Commission Resources is offering its best-selling guide, *Cultural Sensitivity: A Pocket Guide for Health Care Professionals,* in a convenient mobile application, which can be purchased and downloaded via the iTunes or Google Play apps.

The Cultural Sensitivity app offers health care professionals supportive information to strengthen their communication with patients, while respecting cultural needs. The app covers the following cultures:

- African American
- Anglo American
- Asian
- Hispanic/Latino
- Middle Eastern
- Native American
- Russian
- South Asian
- Southeast Asian

Learn more about [Joint Commission Resources’](https://www.jointcommission.org) offerings online or call 877-223-6866.