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### Performance measurement

**Pioneers in Quality Proven Practices Collection webinar series: Ensuring eCQM Accuracy**

Earlier this year, The Joint Commission launched the Pioneers in Quality™ Proven Practices Collection, which recognizes organizations that leverage electronic clinical quality measures (eCQMs) and health information technology (IT) to drive quality improvement, and share success stories with accredited organizations on the journey to measuring and improving care through health IT. Organizations throughout the United States submitted their best eCQM proven practices for review. The Joint Commission's Pioneers in Quality™ Technical Advisory Panel selected five submissions to highlight in a 2017 webinar series.

The next installment — “Pioneers in Quality™ Proven Practices: Ensuring eCQM Accuracy” — will take place Tuesday, Oct. 10, from 9-10 a.m. (PT)/10-11 a.m. (MT)/11 a.m.-noon (CT)/noon-1 p.m. (ET). It will feature insights from St. Luke's Cornwall Hospital, Newburgh, New York, and the BayCare Health System, based in Florida. These organizations were selected because they both have demonstrated effective processes for collecting accurate eCQM data.

At the end of this session participants will be able to:
- Create programs to increase physician accountability for eCQM data.
- Help your physicians improve the accuracy of the data they collect.
- Review eCQM data more effectively and identify variations.

**Register.**

### Accreditation and certification

**Standards revisions for critical access hospitals address CMS' CoPs**

Effective Nov. 12, The Joint Commission has revised requirements for critical access hospital standards Human Resources (HR) 01.01.01, element of performance (EP) 15, and Leadership (LD) 04.01.01, EP 6. Additionally, a new EP regarding disclosure of information — EP 23 — has been added to LD.04.02.03.

These EP changes are intended to more clearly address the Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoPs) for critical access hospitals.

Also effective Nov. 12, for psychiatric and rehabilitation distinct part units in critical access hospitals, The Joint Commission has revised LD.01.03.01, EP 21, and PC.02.01.03, EP 1. The Joint Commission has deleted all standards requirements related to distinct part units in critical access hospital’s use of a unified and integrated medical staff (MS), which are:
- MS.01.01.05, EPs 1-4
- MS.01.01.01, EP 37
Per clarification from CMS, distinct part units in critical access hospitals are not permitted to have a unified and integrated medical staff.

View the prepublication revisions, which will be posted in the Nov.12 E-dition update and January 2018 print manual updates. (Contact: Laura Smith, lsmith@jointcommission.org)

Effective Jan. 1: Revisions to business rules for calculating Life Safety Code® surveyor days

The Joint Commission has updated the business rules that determine the number of days the Life Safety Code® surveyor will be part of a hospital’s survey. This change, which will take effect Jan. 1, 2018, is expected to enhance The Joint Commission’s work as an improvement organization that helps its customers identify and mitigate risks.

- The first change is that square footage only will be used to determine survey length for Life Safety Code® surveyors. The current business rules consider square footage and the number of inpatient buildings, but the number of inpatient buildings can at times be a misleading metric. The new rules should more accurately indicate how many days the Life Safety Code® surveyors are needed on site.
- Another change is that there will be a minimum of two days of Life Safety Code® survey time allotted for any additional hospitals. Under the current rules, an additional site would have a one-day survey.

Questions about the revised business rules may be directed to Jim Kendig or Tim Markijohn.

Patient safety

Fight back: Learn ways to mitigate Legionnaire’s Disease in your organization

The incidence of infection in health care settings of *Legionella pneumophila* — a waterborne pathogen commonly found in many natural and human-built settings, which can present in both potable and nonpotable (utility) water supplies — has been rising since 2000, according to the U.S. Centers for Disease Control and Prevention (CDC). Causes are multifaceted, including:

- More *Legionella pneumophila* in the environment
- Larger susceptible patient population due to aging
- Increased awareness and testing

The Joint Commission expects organizations to implement mitigation strategies and to assess the effectiveness of those strategies. Because *Legionella pneumophila* is a common bacterium, monitoring for its presence in health care buildings is not advised. The recommended practice is to monitor patients for infection. Some organizations also may consider monitoring units with large numbers of susceptible patients, such as the intensive care unit (ICU).

If staff suspect that a patient has contracted *Legionella pneumophila*, infection preventionists should investigate to determine the source, including taking a look at the conditions the patient encountered prior to admission — as exposure often occurs before the patient arrives at the organization. If a health care organization determines that exposure occurred while a patient was in its facility, infection preventionists must identify how and where in the facility the patient became exposed.

The U.S. Centers for Medicare & Medicaid Services (CMS) has renewed its focus on *Legionella pneumophila* with the June 2017 Survey and Certification (S&C) 17-30, Requirement to Reduce Legionella Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires’ Disease (LD).

The Joint Commission has addressed this potential health risk in several standards and elements of performance (EPs) in the Environment of Care (EC) and Infection Prevention and Control (IC) chapters of its *Comprehensive Accreditation Manuals* for hospitals, critical access hospitals and nursing care centers. They are:
EC.02.01.01 — The organization manages safety and security risks.
EP 1: The organization implements its process to identify safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the organization’s facilities.

EC.02.05.01 — The organization manages risks associated with its utility systems.
EP 4: The organization identifies the activities and associated frequencies, in writing, for inspecting, testing, and maintaining all operating components of utility systems on the inventory. These activities and associated frequencies are in accordance with the manufacturers’ recommendations or with strategies of an alternative equipment maintenance (AEM) program.
EP 14: The organization minimizes pathogenic biological agents in cooling towers, domestic hot- and cold-water systems, and other aerosolizing water systems.

EC.02.05.05 — The organization inspects, tests, and maintains utility systems.
EP 5: The organization inspects, tests, and maintains the following: Infection control utility system components on the inventory. The completion date and the results of the activities are documented.

IC.01.03.01 — The organization identifies risks for acquiring and transmitting infections.
EP 1: The organization identifies risks for acquiring and transmitting infections based on the following: Its geographic location, community, and population served.
EP 2: The organization identifies risks for acquiring and transmitting infections based on the following: The care, treatment, and services it provides.
EP 3: The organization identifies risks for acquiring and transmitting infections based on the following: The analysis of surveillance activities and other infection control data.
EP 4: The organization reviews and identifies its risks at least annually and whenever significant changes occur with input from, at a minimum, infection control personnel, medical staff, nursing, and leadership.

IC.01.05.01 — The organization has an infection prevention and control plan.
EP 1: When developing infection prevention and control activities, the organization uses evidence-based national guidelines or, in the absence of such guidelines, expert consensus.
EP 2: The organization’s infection prevention and control plan includes a written description of the activities, including surveillance, to minimize, reduce or eliminate the risk of infection.

IC.02.01.01 — The organization implements its infection prevention and control plan.
EP 1: The organization implements its infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection.

IC.03.01.01 — The organization evaluates the effectiveness of its infection prevention and control plan.
EP 1: The organization evaluates the effectiveness of its infection prevention and control plan annually and whenever risks significantly change.
Resources

New Take 5 podcast: Strong MRI safety programs can prevent safety events
Tarynne Easley, a patient safety specialist for The Joint Commission, explores the safety risks associated with magnetic resonance imaging (MRI) machines, as well as ways to mitigate those risks, in a new Take 5 podcast. This podcast corresponds with Quick Safety, Issue 31: Strong MRI safety programs prevent safety events, which published in March.

Listen to the new episode of Take 5. [5:48]

Joint Commission Resources

Reserve your spot: Plenty of conferences coming up in October
Don’t miss out on these upcoming October conferences and events from Joint Commission Resources:

Behavioral Health Care Conference
When: Oct. 12-13
Where: Crowne Plaza Chicago O'Hare, 5440 N. River Road, Rosemont, Illinois
What: Participants will learn about the hottest behavioral health care topics and will gain a better understanding of upcoming changes, like The Joint Commission’s Project REFRESH and the SAFER™ Matrix, which will be helpful to their organizations maintaining compliance in 2018.

Ambulatory Care Conference
When: Oct. 18-19
Where: Crowne Plaza Chicago O'Hare, 5440 N. River Road, Rosemont, Illinois
What: Review the most challenging ambulatory care standards and have the opportunity to ask Joint Commission experts your most pressing questions. Learn strategies to facilitate change management and performance improvement activities.

Orthopedic Certification
When: Oct. 20
Where: Crowne Plaza Chicago O'Hare, 5440 N. River Road, Rosemont, Illinois
What: A one-day program designed for professionals who are responsible for coordinating or implementing an orthopedic certification program in their health care organization. Participants will be provided with practical strategies and implementation tips that they can adapt and apply in their orthopedic program.

CJCP® Essentials Prep
When: Oct. 25
Where: The Joint Commission Conference Center, One Renaissance Blvd., Oakbrook Terrace, Illinois
What: A comprehensive program will provide participants with an effective mix of CJCP study tools, strategies and insights. Participants will take a mini practice exam, learn about the latest revisions to Joint Commission standards, network with colleagues also pursuing their CJCP certification, and learn directly from Joint Commission and Joint Commission Resources experts.

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