

Joint Commission Online

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Accreditation and certification

Top 5 most challenging requirements for first half of 2019



The Joint Commission collects data on organizations' compliance with standards, National Patient Safety Goals (NPSGs), the Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery™, and Accreditation and Certification Participation Requirements to identify trends and focus education on challenging requirements.

The table below identifies the Top 5 Joint Commission requirements identified most frequently as “not compliant” during surveys and reviews from Jan. 1 through June 30, 2019.

For more information, see the September issue of *Perspectives* or the [Standards Frequently Asked Questions](#). (Contact: Standards Interpretation Group, 630-792-5900 or [online question form](#))

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Non-compliance percentage	Standard	Program
Ambulatory Care Accreditation		
60%	IC.02.02.01	The organization reduces the risk of infections associated with medical equipment, devices, and supplies.
56%	LS.03.01.35	The organization provides and maintains equipment for extinguishing fires.
52%	IC.02.01.01	The organization implements infection prevention and control activities.
46%	EC.02.03.05	Maintain fire safety equipment and fire safety building features.
45%	EC.02.02.01	Manage risks related to hazardous materials and waste.
Behavioral Health Care Accreditation		
65%	CTS.03.01.03	The organization has a plan for care, treatment, or services that reflects the assessed needs, strengths, preferences, and goals of the individual served.
57%	CTS.03.01.09	The organization assesses the outcomes of care, treatment, or services provided to the individual served.
54%	CTS.02.01.11	The organization screens all individuals served for their nutritional status.
40%	CTS.02.02.05	Identify individuals who may have experienced trauma, abuse, neglect, or exploitation.
39%	HRM.01.02.01	The organization verifies and evaluates staff qualifications.
Critical Access Hospital Accreditation		
86%	LS.02.01.35	The critical access hospital provides and maintains systems for extinguishing fires.
83%	EC.02.05.01	The critical access hospital manages risks associated with its utility systems.
76%	EC.02.03.05	The critical access hospital maintains fire safety equipment and fire safety building features.
74%	LS.02.01.10	Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.

Non-compliance percentage	Standard	Program
74%	EC.02.05.09	The critical access hospital inspects, tests, and maintains medical gas and vacuum systems.
58%	PC.01.03.01	Home Care Accreditation The organization plans the patient's care.
43%	IC.02.01.01	The organization implements the infection prevention and control activities it has planned.
35%	PC.02.01.03	The organization provides care, treatment, or services in accordance with orders or prescriptions, as required by law and regulation.
33%	RC.02.01.01	Ensure that patient records contain information that reflects the care, treatment, or services.
29%	HR.01.06.01	Staff are competent to perform their responsibilities.
91%	LS.02.01.35	Hospital Accreditation The hospital provides and maintains systems for extinguishing fires.
80%	EC.02.05.01	The hospital manages risks associated with its utility systems.
78%	EC.02.06.01	The hospital establishes and maintains a safe, functional environment.
73%	LS.02.01.10	Ensure that building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.
71%	EC.02.05.05	Inspect, test, and maintain utility systems.
45%	HR.01.06.01	Laboratory and Point-of-Care Testing Accreditation Staff are competent to perform their responsibilities.
37%	QSA.01.01.01	Participate in US Centers for Medicare & Medicaid Services–approved proficiency testing programs for all regulated analytes.
36%	DC.02.03.01	The laboratory report is complete and is in the patient's clinical record.
33%	QSA.02.08.01	Perform correlations to evaluate the results of the same test performed with different methodologies or instruments or at different locations.
33%	EC.02.04.03	The laboratory inspects, tests, and maintains laboratory equipment.
36%	HR.02.01.04	Nursing Care Center Accreditation The organization permits licensed independent practitioners to provide care, treatment, and services.
30%	MM.03.01.01	The organization safely stores medications.
29%	IC.02.01.01	The organization implements its infection prevention and control plan.
29%	EC.02.02.01	The organization manages risks related to hazardous materials and waste.
24%	EC.02.04.03	Inspect, test, and maintain medical equipment.
61%	HR.02.01.03	Office-Based Surgery Practice Accreditation The practice grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.
56%	IC.02.02.01	The practice reduces the risk of infections associated with medical equipment, devices, and supplies.
39%	IC.02.01.01	The practice implements infection prevention and control activities.
27%	EC.02.05.07	Inspect, test, and maintain emergency power systems.
27%	MM.01.02.01	Address the safe use of look-alike/sound-alike medications.
27%	MM.01.01.03	Manage high-alert and hazardous medications safely.
27%	EC.02.04.03	The practice inspects, tests, and maintains medical equipment.

Non-compliance percentage	Standard	Program
48%	DSDF.3	Disease-Specific Care Certification The program is implemented through the use of clinical practice guidelines selected to meet the patient’s needs. The program initiates, maintains, and makes accessible a medical record for every patient. The program develops a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care. The program addresses the patient’s education needs. Practitioners are qualified and competent.
28%	DSCT.5	
22%	DSDF.2	
20%	DSSE.3	
14%	DSDF.1	
53%	PCPC.4	Palliative Care Certification The interdisciplinary team assesses and reassesses the patient’s needs. Program leaders are responsible for selecting, orienting, educating, and retaining staff. Communicate with patients and families and involve them in decision-making. Secure support from the organization. Coordinate patient care.
21%	PCPM.6	
5%	PCPC.2	
5%	PCPM.1	
5%	PCPC.6	
47%	PNPC.5	Perinatal Care Certification Provide care, treatment, and services according to the plan of care. Use clinical practices to deliver or facilitate the delivery of clinical care, treatment, and services. The program maintains complete and accurate medical records. The interdisciplinary program team assesses and reassesses the mother’s and newborn’s needs. Tailor care, treatment, and services to meet the lifestyle, needs, and values of the mother, and as appropriate, family.
40%	PNPM.4	
33%	PNIM.2	
33%	PNPC.4	
13%	PNPC.3	
11%	HSLD.5	Health Care Staffing Services Certification Provide services to customers according to a written agreement. The HCSS firm confirms that a person’s qualifications are consistent with his or her assignment(s). The HCSS firm addresses emergency management. The HCSS firm provides orientation to clinical staff regarding initial job training and information. The HCSS firm evaluates the performance of clinical staff.
11%	HSHR.1	
10%	HSLD.9	
9%	HSHR.3	
9%	HSHR.6	

In the news

New maternal safety standards for accredited hospitals creating buzz

The news of The Joint Commission aiming to improve the quality and safety of perinatal care in accredited hospitals has been making waves.

In the past week, both [Modern Healthcare](#) and [U.S. News & World Report](#) have published articles focusing on the two new standards requiring organizations to look at their processes and procedures surrounding the care of women experiencing hemorrhage and severe hypertension/preeclampsia. These standards take effect July 1, 2020.

The U.S. ranks 65th among industrialized nations in terms of maternal death, making it a critical patient safety issue. Learn more about the rationale and reasoning behind the standards in a [R3 Report](#) or view the [prepublication standards](#).

Resources

Up in the blogosphere with The Joint Commission

Quality Data Download — [Improving Hospital Antibiotic Stewardship Programs](#): The Joint Commission has required since January 2017 that hospitals seeking accreditation have antibiotic stewardship programs in place, and efforts are now focused on ensuring their effectiveness. A recent article in *The Joint Commission Journal on Quality and Patient Safety* outlines two emerging approaches — in addition to several established practices — that hospitals can use to enhance their antibiotic stewardship programs, writes David Hyun, MD, senior officer with The Pew Charitable Trusts' antibiotic resistance project.

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

