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Accreditation and certification

CMS drafting guidance on ligature and other self-harm risks
The Centers for Medicare and Medicaid Services (CMS) recently identified the need for increased direction, clarity and guidance regarding the definition of what constitutes a ligature risk, as well as other safety risks involved in the care of patients requiring psychiatric care and treatment. Included in this guidance will be direction on:

- How these risks should be surveyed
- At what level the deficiency should be cited
- The elements required for an appropriate Plan of Correction
- What constitutes a suitable mitigation plan to minimize the risks to patients who are cared for in environments with identified deficiencies

CMS stated that the focus of its concern is on psychiatric patients in psychiatric units of hospitals and in psychiatric hospitals. CMS is drafting guidance utilizing the skill and expertise of CMS’ regional offices, state survey agencies, accrediting bodies, providers, mental health clinicians, and other stakeholders. CMS expects this guidance to take approximately six months to complete.

In the meantime, CMS has stated The Joint Commission may use its judgment as to the identification of ligature and safety risk deficiencies, the level of severity for those deficiencies, as well as the approval of the facility’s corrective action and mitigation plans to remedy the identified deficiencies.

While the guidance is being developed, CMS will review its enforcement actions related to serious ligature risk deficiencies on a case-by-case basis, and will provide updates via Survey & Certification (S&C) policy memos, as necessary.

Coming soon: Thrombectomy-Capable Stroke Center Advanced Certification available Jan. 1
On Jan. 1, 2018, The Joint Commission will launch a Thrombectomy-Capable Stroke Center (TSC) certification program. This advanced certification program was developed in collaboration with the American Heart Association/American Stroke Association in response to the need to identify hospitals that meet rigorous standards for performing endovascular thrombectomy (EVT) and caring for patients after the procedure. Recent studies have shown EVT to be efficacious for the treatment of large vessel occlusive (LVO) ischemic strokes. Because EVT ideally should be performed within six hours of the time the patient was last known to be well, it is necessary to have a dispersed network of hospitals capable of providing mechanical thrombectomies, so that all patients with LVO can rapidly receive this critical care.

Hospitals seeking TSC certification must meet volume requirements for the number of mechanical thrombectomies performed at the time of application. Eligibility is based on the number of neurointerventionists who routinely provide thrombectomies at the center (those who participate in the call

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<th>TSC Certification</th>
<th>Eligibility Volume Requirements</th>
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<td>Number of neurointerventionists</td>
<td>Minimum number of thrombectomies in the previous 12 months</td>
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<td>1</td>
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schedule), and the combined number of mechanical thrombectomies performed by these neurointerventionists in the previous 12 or the previous 24 months prior to the application date. Mechanical thrombectomies performed during previous employment at other hospitals can be considered in the first year that a neurointerventionist is on the medical staff.

The Joint Commission currently provides three levels of stroke center certification — Acute Stroke Ready Hospital (ASRH), Comprehensive Stroke Center (CSC), and Primary Stroke Center (PSC). One-third of Joint Commission-certified PSCs perform EVT. In addition to meeting the requirements for PSC certification, a program certified as a TSC is required to have the following:

- The ability to perform mechanical thrombectomy for the treatment of ischemic stroke 24/7.
- Dedicated intensive-care unit beds to care for acute ischemic stroke patients.
- The availability of staff and practitioners closely aligned with what is expected of certified CSCs.
- The ability to perform expanded advanced imaging 24/7.
- A process to collect and review data regarding adverse patient outcomes following mechanical thrombectomy.
- The ability to submit data for 13 standardized performance measures (eight stroke (STK) measures and five comprehensive stroke (CSTK) measures).

CSTK measures selected for TSC certification address the ischemic stroke patient population and focus on patients who receive endovascular thrombectomy, thrombolytic infusion therapy, or a combination of these therapies. Data collection is effective for discharges on and after Jan. 1, 2018, with data submission to The Joint Commission no later than four months following the end of the calendar quarter.

Specifications for both the STK and CSTK measures are available in the Specifications Manual for Joint Commission National Quality Measures, Version 2017A. Questions about the performance measure requirements may be directed to https://manual.jointcommission.org; for more information about TSC certification, contact certification@jointcommission.org.

Quality and safety

Nominations being accepted until Oct. 31 for John M. Eisenberg Awards
The Joint Commission and the National Quality Forum (NQF) are seeking nominations for the John M. Eisenberg Patient Safety and Quality Awards, which recognize individuals and local and national-level initiatives across the country that have advanced patient safety and health care quality.

Established in 2002, the John M. Eisenberg Patient Safety and Quality Awards honor the late John M. Eisenberg, MD, MBA, former administrator of the federal Agency for Healthcare Research and Quality (AHRQ). An impassioned advocate for health care quality improvement, Dr. Eisenberg was a founding member of the National Quality Forum board of directors.

Each year, The Joint Commission and the National Quality Forum present the Eisenberg Patient Safety and Quality Awards to recognize outstanding achievements by individuals and organizations in all health care settings that advance aims of the federal National Quality Strategy: better care, healthy people and communities, and smarter spending.

Awardees will be notified in January, and honored at the National Quality Forum’s 2018 Annual Conference in Washington D.C. in March. Eisenberg Award nominations are sought in three categories:

- **Individual Achievement**: Individuals who have demonstrated exceptional leadership and scholarship in patient safety and health care quality through a substantive body of work.
• **National Innovation in Patient Safety and Quality**: An original and innovative project or initiative with national scope that has produced system changes or interventions that make the environment of care safer, or advocate on the patient’s behalf. Such projects may involve new technologies, protocols and procedures, education, organization culture, legislation, the media, patient advocacy, and systems theory.

• **Local Innovation in Patient Safety and Quality**: A project or initiative that has created impact at the local community, organizational, state or regional level. Once again, technologies, protocols and procedures, education, organization culture, legislation, the media, patient advocacy, and systems theory all represent opportunities for award consideration.

The Joint Commission Journal on Quality and Patient Safety recently dedicated an issue to profiling all three 2016 Eisenberg recipients: Carolyn Clancy, MD, deputy under secretary for Health for Organizational Excellence, Veterans Health Administration, Washington, D.C.; Boston Children’s Hospital’s I-Pass Study Group; and Christiana Care Health System, Wilmington, Delaware.

Nominations will be accepted through Monday, Oct. 30. [Learn more](#) or fill out a nomination form.

**September JQPS: Study concludes no consensus on what makes high performing HCOs**

The concept of a “high-performing” health care delivery system has gained increasing interest from purchasers, payers and policymakers. However, in a new study published in the September issue of The Joint Commission Journal on Quality and Patient Safety, researchers reviewed literature from a 10-year period and found no consensus on what defines a high-performing health care delivery system or health care organization.

The study — “What Defines a High-Performing Health Care Delivery System: A Systematic Review,” by Sangeeta C. Ahluwalia, PhD, policy researcher, RAND Corporation, Santa Monica, California, and assistant professor of Health Policy and Management, UCLA Fielding School of Public Health, Los Angeles, and co-authors — is a systematic review of the literature, from 2005-2015, to determine if there is a commonly used, agreed-on definition of a high-performing health care delivery system or organization.

Results showed no consistent definition of a high-performing health care system or organization among the 57 articles included in the review. High performance was variably defined across different dimensions, including:

- Quality (93 percent of articles)
- Cost (67 percent)
- Access (35 percent)
- Equity (26 percent)
- Patient experience (21 percent)
- Patient safety (18 percent)

Seventy-five percent of the articles used more than one dimension to define high performance, but only five used five or more dimensions. The most commonly paired dimensions were quality and cost at 63 percent.

The authors argue that the absence of a consistent definition of what constitutes high performance and how to measure it hinders the ability to compare and reward health care delivery systems on performance, underscoring the need to develop a consistent definition of high performance.

The study was funded by the Agency for Healthcare Research and Quality.

Also featured in the September issue are:

- “Optimizing Care Transitions: Adapting Evidence-Informed Solutions to Local Contexts”
- “Understanding Facilitators and Barriers to Care Transitions: Insights from Project ACHIEVE Site Visits”
- “A Multicomponent Fall Prevention Strategy Reduces Falls at an Academic Medical Center”
“Using Simulation to Improve Systems-Based Practices”
“Improving Pain Management and Safe Use of Opioids: A Call for Papers”

Access JQPS.

Resources

New Take 5 podcast focuses on importance of daily safety briefings
The recently released Quick Safety, Issue 34: Daily safety briefings — a hallmark of high reliability discussed the importance of daily safety briefings, which are short, stand-up meetings that bring teams together to talk about important topics that will help the team operate at optimum efficiency.

This includes:
- Issues that occurred in the last 24 hours.
- Anticipating conditions or disruptions in the next 24 hours.
- Reviewing the steps taken to resolve previously identified issues or resources assigned to correct newly identified issues.

Coleen Smith, the Joint Commission Center for Transforming Healthcare’s director of high reliability initiatives, delved into these items and more in a new Take 5 podcast, [6:00]

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