In this issue:
Top five most challenging laboratory requirements for first half of 2017
Patient Blood Management standards updated to align with AABB
Phase 4 revisions for EP Review Project take effect Jan. 1
Reminder: Standards revisions to EC, LS chapters for Life Safety Code update take effect Jan. 1
Magnify quality with Laboratory accreditation; learn more at upcoming webinar
Sentinel event statistics released through June 30, 2017
New video: Joint Commission president explains how safety culture can protect patients
Sentinel Event Alert focuses on inadequate hand-offs, tips to improve them

Accreditation and certification

Top five most challenging laboratory requirements for first half of 2017
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 Laboratory Accreditation surveys and reviews from Jan. 1, 2017, through June 30, 2017. The data represents citations only from organizations due to be surveyed during this time period — that is, data from for-cause surveys and for-cause reviews are not included. 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)

<table>
<thead>
<tr>
<th>Non-compliance percentage</th>
<th>Standard/NPSG</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>HR.01.06.01</td>
<td>Laboratory and Point-of-Care Testing Accreditation</td>
</tr>
<tr>
<td>40%</td>
<td>QSA.02.10.01</td>
<td>Staff are competent to perform their responsibilities.</td>
</tr>
<tr>
<td>39%</td>
<td>DC.02.03.01</td>
<td>The laboratory performs quality control testing to monitor the accuracy and precision of the analytic process.</td>
</tr>
<tr>
<td>32%</td>
<td>EC.02.04.03</td>
<td>The laboratory report is complete and is in the patient’s clinical record.</td>
</tr>
<tr>
<td>31%</td>
<td>QSA.02.08.01</td>
<td>The laboratory performs correlations to evaluate the results of the same test performed with different methodologies or instruments or at different locations.</td>
</tr>
</tbody>
</table>

Patient Blood Management standards updated to align with AABB
In order to maintain alignment with AABB standards, The Joint Commission has updated its Patient Blood Management certification program requirements. The changes, which will become effective Jan. 1, 2018, include:

- Requirements for each activity level and program members.
- Educational requirements for individuals who order and/or transfuse blood.
- Defined guidelines on transfusion orders.
- Procedures for emergent/urgent patients, including massive blood loss.
- Intraoperative methods for patient blood management.
- Annual reporting of program performance.

www.jointcommission.org/Laboratory Accreditation Program
New requirements also were added to address:

- Caring for patients who decline use of blood or blood-derived products.
- Policies and procedures that minimize blood loss during phlebotomy.
- Specific elements of preventive actions required when responding to noncompliance.

Patient Blood Management certification is an option available to Joint Commission-accredited hospitals that have at least a four-month track record of compliance with all Patient Blood Management requirements included in the Patient Blood Management Certification Manual.

View the prepublication standards. (Contact: Ron S. Quicho, rquicho@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, evaluating elements of performance (EPs) across all accreditation programs 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 integral to a concept — and thus evaluated together — or 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.

EPs A and B will be consolidated into:

- EP C: Staff participate in ongoing education and training to maintain or increase their competency, and as needed whenever staff responsibilities change. Staff participation is documented.

An example of consolidation for implicit concepts is:

- EP A: The hospital has a written policy addressing the privacy of health information.
- EP B: The hospital implements its policy on the privacy of health information.

EPs A and B will be consolidated into:

- EP C: The hospital follows a written policy addressing the privacy of health information.

Phases 1 and 2 of the EP Review Project resulted in the deletion of 225 hospital EPs. Phase 3 evaluated the deleted hospital EPs that also existed for other accreditation programs.

View the prepublication standards for revisions related to Phase 4 of the EP Review Project for the Laboratory Accreditation manual.

**Reminder: Standards revisions to EC, LS chapters for Life Safety Code update take effect Jan. 1**


The Joint Commission began surveying to the 2012 codes in November 2016, and additional standards revisions were published in 2017, including new, revised and relocated elements of performance (EPs) that address topics such as:

- Testing of emergency lighting systems.
• Inspection and testing of piped medical gas and vacuum systems.
• Updating pertinent NFPA code numbering in references.
• Adding more specificity to existing EPs.

View the prepublication standards.

Magnify quality with Laboratory Accreditation; learn more at upcoming webinar
Joint Commission Laboratory Accreditation gives organizations the opportunity to magnify their quality efforts. Joint Commission accreditation is recognized nationwide as a symbol of quality that reflects an organization’s commitment to meeting certain performance standards. It gives a laboratory a competitive advantage, and assists with recognition from insurers and associations. It also helps organizations with their improvement and high reliability efforts, enhances staff education, and provides organizations with access to experts in quality and safety.

The Laboratory Accreditation program evaluates laboratories as an essential part of an organization’s quality program. It shares 11 of 13 standards chapters with the hospital accreditation program, enabling staff to “speak the same language” throughout your organization and strengthening the connection between the laboratory and hospital leadership and staff.

Other benefits include:
• Experienced surveyors who review the entire scope of the laboratory testing process.
• Nonprescriptive standards and National Patient Safety Goals.
• Survey Analysis for Evaluating Risk™ (SAFER™) Matrix, a transformative approach for identifying and communicating risk levels associated with deficiencies cited during surveys, which helps organizations prioritize and focus corrective actions.
• A quality management system, which reduces procedural errors and prevent errors from “going out the door.”

Various tools and resources are available to help laboratories convert to Joint Commission accreditation, including:
• A 90-day trial access to the lab accreditation standards.
• Prompts presented by chapter with helpful strategies for standards compliance.
• A checklist of elements of performance (EPs) that require written documentation that a surveyor may ask to see during a survey.
• A Tracer Methodology Toolkit providing a detailed review of on-site activity.
• A Survey Activity Guide to help prepare for survey.
• A dedicated account executive, who can answer your questions throughout the accreditation process.

To learn more, register for the upcoming webinar “What You Don't Know That You Should Know About Lab Accreditation” on Nov. 30, from 1-2 p.m. (CT). Joint Commission laboratory experts will discuss reasons why organizations choose The Joint Commission as their laboratory accreditor, as well as what accreditation entails.

Register for the webinar.

Learn more about Laboratory Accreditation.
Sentinel event statistics released through June 30, 2017
The Joint Commission has reviewed a total of 13,346 reports of sentinel events, from January 1995 to June 30, 2017. Its Sentinel Event Database includes data collected and analyzed from the review of sentinel events. This information includes causes and outcomes of sentinel events, and provides critical information that can help guide local efforts to mitigate future risk.

Data from the 10,417 incidents reported from 2005 through June 30, 2017 show that these events have affected a total of 10,748 patients, including:
- Death: 5,687 (52.9%)
- Unexpected additional care: 2,791 (26.0 percent)
- Permanent loss of function: 838 (7.8 percent)
- Severe temporary harm: 501 (4.7 percent)
- Psychological impact: 341 (3.2 percent)
- Permanent harm: 129 (1.2 percent)

All sentinel events must be reviewed by the organization and are subject to review by The Joint Commission. The Joint Commission reviewed a total of 400 sentinel events (see graphic) during the first six months of 2017, and the majority of these — 354 (89 percent) — were voluntarily self-reported to The Joint Commission by an accredited or certified entity.

An estimated fewer than 2 percent of all sentinel events are reported to The Joint Commission. Therefore, these data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of events or trends in events over time. For more information about sentinel events, call the Office of Quality and Patient Safety at 630-792-3700 or visit The Joint Commission website.

New video: Joint Commission president explains how safety culture can protect patients
Mark R. Chassin, MD, FACP, MPP, MPH, president and chief executive officer of The Joint Commission, explains in a new video how years of survey and patient safety experiences led The Joint Commission to conclude that a strong safety culture can eliminate a wide variety of patient safety risks.

In the video, Dr. Chassin touches on the concepts covered in Sentinel Event Alert 57: The essential role of leadership in developing a safety culture, in order to engage health care leaders to promote and improve patient safety in their organizations.

Leadership is crucial to achieving and maintaining a safety culture in an organization, as it sets the cultural tone for the whole organization. Dr. Chassin dives deeper into this topic in the webinar Building Your Safety Culture: A Job for Leaders.
Sentinel Event Alert focuses on inadequate hand-offs, tips to improve them

Health care professionals work diligently to meet patient needs and provide the best care possible. Unfortunately, too often, this effort and attentiveness falters when a patient is handed off, or transitioned, to another health care provider for continuing care, treatment or services. A common problem regarding hand-offs, or hand-overs, centers on communication.

This problem is the focus of Sentinel Event Alert, Issue 58: Inadequate hand-off communication, and an accompanying infographic, “8 Tips for High-Quality Hand-Offs.” This alert provides advice to senders and receivers of hand-off communication, including communication between:

- Caregivers within hospitals and other health care settings.
- Hospital caregivers and those not located in a hospital.

“When a patient is handed off to another health care provider for continuing care, treatment or services, the type of information the receiving provider needs may not be the information the sender provides. This misalignment is where the problem often occurs during hand-off communication,” said Ana Pujols McKee, MD, executive vice president and chief medical officer, The Joint Commission.

“Failures in hand-off communication can result in a sequence of misadventures and adverse events which can include medication errors, medical complications, readmissions and even loss of life. We encourage health care organizations to use our new Sentinel Event Alert to help improve their own hand-off communication process.”

While it sounds simple, a high-quality hand-off is complex. Failed hand-offs are a long-standing, common problem in health care. Read the Sentinel Event Alert.