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## Accreditation and certification

### Top five most challenging requirements for 2014

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. These data also help The Joint Commission identify risk areas to highlight in the Focused Standards Assessment (FSA) process. The table below identifies five Joint Commission requirements identified most frequently as "not compliant" during surveys and reviews from January 1-December 31, 2014. The data represents citations only from organizations due to be surveyed during this time period – that is, data from for-cause surveys are not included. For more information, see the April issue of *Perspectives* or the [Standards Frequently Asked Questions](#). (Contact: Standards Interpretation Group, 630-792-5900 or [online question form](#))

Non-compliance %age	Standard/NPSG	Description
<b>Ambulatory Care</b>		
52%	HR.02.01.03	The organization grants initial, renewed or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.
41%	IC.02.02.01	The organization reduces the risk of infections associated with medical equipment, devices and supplies.
35%	MM.03.01.01	The organization safely stores medications.
30%	MM.01.01.03	The organization safely manages high-alert and hazardous medications.
26%	IC.02.04.01	The organization offers vaccination against influenza to licensed independent practitioners and staff.
<b>Behavioral Health Care</b>		
37%	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.
23%	HR.02.01.03	The organization assigns initial, renewed or revised clinical responsibilities to staff who are permitted by law and the organization to practice independently.
22%	NPSG.15.01.01	Identify individuals at risk for suicide.
17%	IC.02.04.01	The organization facilitates staff receiving the influenza vaccination.
17%	CTS.04.03.33	For organizations providing food services: The organization has a process for preparing and/or distributing food and nutrition products.
<b>Critical Access Hospital</b>		
60%	EC.02.03.05	The critical access hospital maintains fire safety equipment and fire safety building features.
57%	EC.02.05.01	The critical access hospital manages risks associated with its utility systems.
52%	EC.02.06.01	The critical access hospital establishes and maintains a safe, functional environment.
51%	IC.02.02.01	The critical access hospital reduces the risk of infections associated with medical equipment, devices and supplies.
45%	LS.02.01.20	The critical access hospital maintains the integrity of the means of egress.
<b>Home Care</b>		
42%	PC.02.01.03	The organization provides care, treatment or services in accordance with orders or prescriptions, as required by law and regulation.
31%	PC.01.03.01	The organization plans the patient's care.
30%	IC.02.04.01	The organization offers vaccination against influenza to licensed independent practitioners and staff.

Non-compliance %age	Standard/NPSG	Description
24%	RC.02.01.01	The patient record contains information that reflects the patient's care, treatment or services.
24%	HR.01.02.05	The organization verifies staff qualifications.
<b>Hospital</b>		
56%	EC.02.06.01	The hospital establishes and maintains a safe, functional environment.
53%	EC.02.05.01	The hospital manages risks associated with its utility systems.
52%	IC.02.02.01	The hospital reduces the risk of infections associated with medical equipment, devices and supplies.
50%	LS.02.01.20	The hospital maintains the integrity of the means of egress.
49%	RC.01.01.01	The hospital maintains complete and accurate medical records for each individual patient.
<b>Laboratory and Point-of-Care Testing</b>		
72%	QSA.01.01.01	The laboratory participates in Centers for Medicare & Medicaid Services (CMS)-approved proficiency testing programs for all regulated analytes.
39%	HR.01.06.01	Staff are competent to perform their responsibilities.
39%	QSA.02.03.01	The laboratory performs calibration verification.
34%	DC.02.03.01	The laboratory report is complete and is in the patient's clinical record.
29%	QSA.02.08.01	The laboratory performs correlations to evaluate the results of the same test performed with different methodologies or instruments or at different locations.
<b>Nursing Care Center</b>		
36%	HR.02.01.04	The organization permits licensed independent practitioners to provide care, treatment, and services.
21%	PC.01.02.03	The organization assesses and reassesses the patient or resident and his or her condition according to defined time frames.
18%	IM.02.02.01	The organization effectively manages the collection of health information.
18%	MM.03.01.01	The organization safely stores medications.
17%	PC.01.02.07	The organization assesses and manages the patient's or resident's pain.
<b>Office-Based Surgery</b>		
47%	HR.02.01.03	The practice grants initial, renewed or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.
39%	IC.02.02.01	The practice reduces the risk of infections associated with medical equipment, devices and supplies.
30%	MM.03.01.01	The practice safely stores medications.
21%	MM.01.01.03	The practice safely manages high-alert and hazardous medications.
20%	EC.02.05.07	The practice inspects, tests and maintains emergency power systems.
<b>Advanced Certification for Palliative Care</b>		
40%	PCPC.4	The interdisciplinary program team assesses and reassesses the patient's needs.
32%	PCPC.3	The program tailors care, treatment and services to meet the patient's lifestyle, needs and values.
11%	PCIM.2	The program maintains complete and accurate medical records.
11%	PCPC.5	The program provides care, treatment and services according to the plan of care.
9%	PCPM.7	The program has an interdisciplinary team that includes individuals with expertise in and/or knowledge about the program's specialized care, treatment and services.
<b>Disease-Specific Care Certification</b>		
31%	DSDF.3	The program is implemented through the use of clinical practice guidelines selected to meet the patient's needs.
14%	DSDF.2	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.
13%	DSCT.5	The program initiates, maintains and makes accessible a health or medical record for every participant.
13%	DSDF.1	Practitioners are qualified and competent.
10%	DSPR.1	The program defines its leadership roles.

Non-compliance %age	Standard/NPSG	Description
9%	HSHR.1	<b>Health Care Staffing Services Certification</b> The HCSS firm confirms that a person's qualifications are consistent with his or her assignment(s).
7%	HSHR.6	The HCSS firm evaluates the performance of clinical staff.
5%	HSLD.9	The HCSS firm addresses emergency management.
5%	HSLD.5	The services contracted for by the HCSS firm are provided to customers.
4%	CPR 5	The staffing firm submits performance measurement data to The Joint Commission on a routine basis.

## People

### Roberts named executive director of certification programs

Wendi J. Roberts, R.N., B.A., M.S., CLNC, TNS, has been named executive director of The Joint Commission's [certification programs](#). Previously, Roberts was field director for The Joint Commission's Hospital Accreditation and Disease-Specific Care Certification programs.



"Wendi's strong clinical background and compassion for improving patient care makes her ideally suited to lead The Joint Commission's certification programs," said Chuck Mowll, FACHE, CSSBB, executive vice president, Division of Business Development, Government and External Relations.

Prior to joining The Joint Commission, Roberts administered her own medical legal consulting business, providing expert testimony for a variety of medical legal cases and consultation to health care facilities, physicians and fire/EMS departments. In addition, she has been a hospital department head in emergency medicine, cardiology, critical care, occupational health, ancillary services and medical education. View the [news release](#). (Contact: Wendi Roberts, [wroberts@jointcommission.org](mailto:wroberts@jointcommission.org))

## Resources

### Free AHRQ resources on Hepatitis C screening strategies

The Agency for Healthcare Research and Quality (AHRQ) has released a new [streaming video and monograph](#) on the effects of using targeted screening strategies for Hepatitis C infection. Both resources provide free continuing education credit. In addition, AHRQ offers a full collection of support materials on Hepatitis C screening, including: [Screening for Hepatitis C Viral Infection in Adults](#), a research review; a previously released [continuing education course](#); an [educational slide set](#); and a [summary for patients](#).

### New on the Web

- **Webinar replay:** [Preparation Essentials for New Acute Stroke Ready Hospital Certification](#)
- **@ Home with The Joint Commission:** [Five Tips for a Successful Discharge](#)
- **Ambulatory Health Care Accreditation 40<sup>th</sup> year:** [2004](#)

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

