Joint Commission Online

In this issue

Just released: Sentinel Event Alert on preventing suicide in health care settings
JQPS: Hospital system initiative improves sepsis care and reduces mortality
Revisions to standards for providers of diagnostic imaging services take effect Sept. 1
Joint Commission seeks input on proposed NPSG on Pediatric CT Imaging
ACGME announces four-year initiative to enhance graduate medical education
Joint Commission hosting all-day orthopedic certification program in Las Vegas

Quality and safety

Just released: Sentinel Event Alert on preventing suicide in health care settings

The Joint Commission today released Sentinel Event Alert: Issue 56, on preventing suicide in health care settings. The new alert aims to assist health care providers — including primary, emergency and behavioral health clinicians — in better identifying and treating individuals with suicide ideation. The alert also provides screening, risk assessment, safety, treatment, discharge and follow-up care recommendations for at-risk individuals.

The Joint Commission’s Sentinel Event Database received 1,089 reports of suicides, occurring from 2010-2014. The most common root causes documented were shortcomings in assessment — most commonly in psychiatric assessment. In addition, 21.4 percent of Joint Commission-accredited behavioral health care organizations and 5.14 percent of Joint Commission-accredited hospitals, for which a related National Patient Safety Goal was applicable, were noncompliant in 2014 with conducting a risk assessment that identifies specific patient characteristics and environmental features related to suicide risk.

“We are shining a light on this issue because the tragic reality is that many health care providers do not detect suicidal thoughts of individuals who eventually die by suicide, even though most victims of suicide received health care services in the year prior to death,” said Ana Pujols-McKee, MD, executive vice president and chief medical officer, The Joint Commission. “As a result, it is crucial for at-risk patients to receive timely and supportive care. Health care organizations are encouraged to develop clinical environment readiness by identifying, developing and integrating comprehensive behavioral health, primary and community care resources to assure the continuity of care for at-risk individuals.”

Health care providers across all settings play an important role in detecting suicide ideation, according to the alert. They should:
- Review each patient’s personal and family medical history for suicide risk factors
- Screen all patients for suicide ideation
- Review screening questionnaires before patients leave or are discharged
- Take immediate action for patients in acute suicidal crisis
- Conduct safety planning for all patients with suicide ideation

Finally, they should manage evidence-based treatments and discharge plans that directly target suicidality, as well as participate in education on how to identify and respond to at-risk patients and document decisions regarding care and referral.

Access the alert to see an infographic and chart of related Joint Commission standards.
JQPS: Hospital system initiative improves sepsis care and reduces mortality
The March 2016 issue of The Joint Commission Journal on Quality and Patient Safety features an article on the implementation of a program to improve sepsis care and reduce mortality at Houston Methodist Hospital and the 14 other facilities in the Texas Gulf Coast Sepsis Network.

The article — “The Sepsis Early Recognition and Response Initiative (SERRI)” — was written by Stephen L. Jones, MD, MSHI, and colleagues.

Sepsis is a leading cause of death in the United States. To address this critical patient safety issue, the Centers for Medicare & Medicaid Services (CMS) now requires hospitals to report their performance on a composite process of care measure for severe sepsis and septic shock in 2016. To help meet the requirements, the site-specific implementation incorporated four key elements of SERRI:

- Leadership
- Education of bedside nurses and second responders
- Incorporation of a five-item bedside systemic inflammatory response system/sepsis screening tool into electronic health record systems
- Audit and feedback of process and outcome data

The elements were modified to accommodate differences in mission, staffing, clinical processes and medical record systems among the facilities. By January 2015, except for two new sites that joined in mid-2014, all acute care SERRI sites were screening more than 80 percent of inpatients whose stay was sepsis-associated. In addition, screening by site had reached 89 to 98 percent of sepsis-associated stays in the post-acute care sites.

Visit the Joint Commission Resources website to subscribe to JQPS.

Accreditation

Revisions to standards for providers of diagnostic imaging services take effect Sept. 1
The Joint Commission has approved two new Human Resources (HR) requirements for accredited hospitals, critical access hospitals and ambulatory care organizations that provide diagnostic imaging services. The requirements address minimum qualifications for technologists providing computed tomography exams and will take effect Sept. 1.

These revisions are intended to clarify the intent of a Medical Staff (MS) requirement and a Provision of Care, Treatment, and Services (PC) requirement. View the newly revised requirements. They also will be posted in the spring E-dition® for the ambulatory care, critical access hospital and hospital programs, as well as in the 2016 Update 1 to the Comprehensive Accreditation Manual for the ambulatory care and hospital programs and in the 2017 Comprehensive Accreditation Manual for Critical Access Hospitals. (Contact: Joyce Webb, jwebb@jointcommission.org)

Joint Commission seeks input on proposed NPSG on Pediatric CT Imaging
The Joint Commission is seeking input on a proposed National Patient Safety Goal on Pediatric Computed Tomography (CT) Imaging.

Published data about the frequency of pediatric CT imaging varies, but despite evidence that use of CT may have stabilized or is declining after a period of increased use, there is an opportunity to further prevent unnecessary radiation exposure for children. An NPSG would spotlight this issue, and would motivate accredited organizations to use evidence-based practices for determining when CT examinations are necessary.

Read more about the NPSG. Comments are due March 31.
In the news

ACGME announces four-year initiative to enhance graduate medical education
The Accreditation Council for Graduate Medical Education (ACGME) — in partnership with The Joint Commission and 20 other health care and education organizations — announced Feb. 16 a four-year initiative designed to promote improvement in clinical learning environments of ACGME-accredited sponsoring institutions in which resident and fellow physicians pursue formal training in a specialty or subspecialty.

ACGME is to provide funding for up to eight organizations for the Pursuing Excellence in Clinical Learning Environments initiative, with awards of up to $75,000 per year for the four-year period. ACGME expects each organization to match those funds.

The initiative grew from ACGME’s Clinical Learning Environment Review Program, launched in 2012, and designed to provide feedback to the leadership of teaching hospitals and medical centers. Requests for Proposals are to be issued following ACGME’s annual educational conference Feb. 25-28. Award recipients will be announced in July 2016. Learn more about Pursuing Excellence in Clinical Learning Environments.

Resources

Joint Commission hosting all-day orthopedic certification program in Las Vegas
The Joint Commission is inviting professionals responsible for coordinating or implementing orthopedic certification programs in their health care organizations to say "Viva Las Vegas" Friday, April 1. The Orthopedic Certification: Core & Advanced Programs event is at the Tropicana Las Vegas Hotel.

During the program, participants will be provided with practical strategies and implementation tips that they can adapt and apply in their own programs. The Joint Commission’s leadership for the Disease-Specific Care program and reviewers — knowledgeable in Advanced Total Hip and Total Knee Replacement Certification, Core Hip or Knee Replacement Certification, and Spinal Surgery Certification — will provide an overview of the review process, deliver an in-depth review of the challenging and new standards, and allow time for questions. Find out more information or register.

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