In this issue

Additional guidance for texting orders coming in June
New program for Preliminary Denial of Accreditation (PDA02) decisions
Joint Commission releases educational campaign on importance of dual identifiers
BMJ report lists medical error as third-leading cause of death in US
Pioneers in Quality™ program announces 13 advisory panel members

Accreditation

Additional guidance for texting orders coming in June
The Joint Commission will release additional guidance in June regarding the expectations for text orders. An updated policy position, published in the May 2016 issue of Perspectives, permits the use of secure text messaging platforms to transmit orders. The article presents recommendations outlining the features that a secure text messaging platform should include, and affirms that organizations allowing text orders are expected to comply with current Joint Commission standards about the required elements for medication and verbal orders.

The guidance information will include the frequency in which text orders may be used, whether text orders that are directly integrated into the electronic health record are viewed differently than manually entered text orders, and the expectations for read back/text back confirmation. The Joint Commission anticipates that as organizations begin to incorporate text orders into their policies and procedures, more topics may need to be addressed in the future. Look for additional guidance to be published in June.

After years of The Joint Commission advocating for this change, the Centers for Medicare and Medicaid Services will begin surveying to the 2012 version of the National Fire Protection Association’s 101 Life Safety Code as of July 5. The Joint Commission will follow suit as of that effective date.

The final rule requires hospitals to follow the 2012 versions of both the LS Code and the NFPA 99 Health Care Facilities Code referenced in the LS Code. The rule adopts most of the proposals that CMS made in 2014, however, CMS removed a proposed requirement for hospitals to install smoke-purging systems in operating rooms. George Mills, director of engineering, The Joint Commission, said the proposal was “unnecessary” and “prohibitively expensive.”

The final rule, among other things, also states:

- Doors with roller latches will be limited only to “doors to corridors, and to rooms containing flammable or combustible materials.”
- By 2028, buildings taller than 75 feet will have to install automatic sprinkler systems.
- Facilities will be required to have a fire watch and evacuate if a fire sprinkler system is out of order for more than 10 hours.
- For new construction only, window sills must not be higher than 36 inches above the floor.

This rule covers hospitals, critical access hospitals (CAHs), inpatient hospices, long-term care facilities, intermediate care facilities, ambulatory surgical centers and more.

New program for Preliminary Denial of Accreditation (PDA02) decisions
The Joint Commission recently established a program for organizations that receive Preliminary Denial of Accreditation (PDA) decision PDA02, which is a decision based on significant and pervasive patterns of noncompliant standards. The Joint Commission is committed to working with these organizations to achieve sustainable improvements.
The key features of the program are:

- An acceptable Evidence of Standards Compliance (ESC) must be submitted within 30 days and must address the Requirements for Improvement (RFIs) identified as the drivers of the PDA decision.
- An on-site ESC survey will be conducted upon approval of the ESC.
- A Medicare Deficiency Survey must be conducted within 45 days if condition-level findings are identified. The organization can combine this survey with the on-site ESC if it desires.
- A conference call with The Joint Commission’s and the organization’s leadership, will be conducted to review the areas of risk and available Joint Commission resources.
- The organization’s leadership is required to participate in the Intracycle Monitoring (ICM) process.
- The organization’s next triennial survey will occur in the earlier segment of the 18- to 33-month window.

A successful on-site ESC survey will lead to a change in the accreditation decision from PDA to Accreditation with Follow-up Survey (AFS). Should the organization’s next triennial survey result in a repeat PDA decision, the organization will receive a recommendation for Denial of Accreditation (DA), with the opportunity of an expedited appeal. (Contact: Gail Weinberger, gw.einberger@jointcommission.org)

Quality and safety

Joint Commission releases educational campaign on importance of dual identifiers

Patients don’t always know or understand why their health care provider or caregiver asks for their name, birthdate or other identifying information, or why the next caregiver or provider they encounter asks for the same information again. Patients may be confused, or they may even worry that no one knows who they are, or why they are in the hospital or at the doctor’s office. This can be concerning and even frustrating.

To help patients understand this process, The Joint Commission has launched a Speak Up™: Right ID, Right Care campaign to educate the public on the importance of multiple identifiers in the health care environment. The campaign includes an infographic, animated video and podcast available for free.

The Speak Up: Right ID, Right Care campaign explains that patients are asked a lot of questions because other patients also are receiving care, and they may have a similar name or be receiving a similar medication, treatment or diagnosis. Any of these similarities can potentially cause an adverse event if there is a mix-up in patients and can potentially lead to a patient getting the wrong medicine or even a wrong person surgery.

The campaign’s animated video features three patients with very similar names — Chris Gagliardi, Kristy Gagliano and Christine Gagliardo — who are hospitalized at the same time. The scenario illustrates why it is so important for providers to validate a patient’s identity and also helps explain why sometimes they ask for more information than just a name and birthdate.

By teaching patients and their families about what the issues are and the potential identification errors to look out for, providers are engaging patients to prevent misidentification and focusing on patient-centered care.
The Speak Up resources can be downloaded in one package. There are no copyright or reprinting permissions required for the Speak Up materials or copy. All Speak Up infographics, brochures and videos are available in English and Spanish.

BMJ report lists medical error as third-leading cause of death in US
The BMJ recently included an article by Martin Makary and Michael Daniel that states the third leading cause of death in the United States is medical error.

The article defines medical error as “an unintended act (either of omission or commission) or one that does not achieve its intended outcome; the failure of a planned action to be completed as intended (an error of execution); the use of a wrong plan to achieve an aim (an error of planning); or a deviation from the process of care that may or may not cause harm to the patient.”

The article asserts that “the absence of national data highlights the need for systematic measurement of the problem.”

The article also suggests some alternative methods for measurement, such as:

- Adding a field in death certificates that allows physicians to answer whether a preventable situation occurred during the care of the patient.
- Asking hospitals to quickly and efficiently conduct an independent investigation into deaths to determine if medical errors played a role.
- Using a root cause analysis method

“The data suggests that patient safety is a public health issue that requires systematic intervention,” said Gerard Castro, PhD, project director in The Joint Commission’s Office of Patient Safety. “The Joint Commission has resources available for accredited organizations that address specific patient safety issues, including Sentinel Event Alerts.”

View the Sentinel Event Alerts, as well as the patient safety portal.

Performance measurement

Pioneers in Quality™ program announces 13 advisory panel members
The Joint Commission recently announced the Pioneers in Quality Advisory Panel, a group of technical experts who will be providing insight and guidance in order to maximize support offered to accredited hospitals in this time of performance measurement transition. The panel will be informing The Joint Commission as to the successes and challenges hospitals are experiencing as they progress in their adoption and use of electronic clinical quality measures (eCQMs). The committee also will work with The Joint Commission to determine the best ways to support hospitals in their use eCQMs to measure and improve the quality of care being provided.

Advisory panel members are:
- Jennifer Besch, director, Population Health, Cerner Corporation
- Zahid Butt, MD, FACP, CEO, Medisolv, Inc.
- Jayne Hart Chambers, MBA, senior vice president Quality, Federation of American Hospitals
- Paul Conlon, PharmD, JD, senior vice president, Chief Quality and Patient Safety, Trinity Health
- Nancy Foster, vice president for Quality and Patient-Safety Policy, American Hospital Association
• Thomas French, MStat, system director of Clinical Analytics, Division of Clinical Effectiveness and Quality, Providence Health & Services
• Steve Horner, RN, BSN, MBA, vice president, Clinical Analytics, HCA, Inc.
• Deborah Krauss, MS, BSN, RN, nurse consultant, Division of Electronic and Clinician Quality, Center for Clinical Standards and Quality, Centers for Medicare & Medicaid Services
• Kevin Larsen, MD, FACP, medical director, Meaningful Use, Office of the National Coordinator for Health Information Technology; CMS Lean Implementation, Office of the Administrator/Center for Medicare & Medicaid Innovation, U.S. Department of Health and Human Services
• Lynn Lenker, BSN, MS, RN-BC, ONC, NE-BC, system chief nursing information officer, SSM Healthcare; Nurse Champion-Project Beacon
• Helen Lindsay Macfie, Pharm D, FABC, chief transformation officer, Certified Lean Leader, MemorialCare Health System
• John S. Pirolo, MD, senior vice president and chief medical information officer, Ascension
• Cindy Tourison, MSHI, acting director, Division of Quality Measurement, Quality Measurement and Value-Based Incentives Group, Centers for Medicare & Medicaid Services

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