Patient Safety Systems (PS)

Introduction

The quality of care and the safety of patients are core values of The Joint Commission accreditation process. This is a commitment The Joint Commission has made to patients, families, health care practitioners, staff, and home care organization leaders. This chapter exemplifies that commitment.

The intent of this "Patient Safety Systems" (PS) chapter is to provide home care organizations with a proactive approach to designing or redesigning a patient-centered system that aims to improve quality of care and patient safety, an approach that aligns with the Joint Commission's mission and its standards.

The Joint Commission partners with accredited home care organizations to improve home care systems to protect patients. The first obligation of health and home care is to "do no harm." Therefore, this chapter is focused on the following three guiding principles:

1. Aligning existing Joint Commission standards with daily work in order to engage patients and staff throughout the health care system, at all times, on reducing harm.
2. Assisting home care organizations with advancing knowledge, skills, and competence of staff and patients by recommending methods that will improve quality and safety processes.
3. Encouraging and recommending proactive quality and patient safety methods that will increase accountability, trust, and knowledge while reducing the impact of fear and blame.

Quality[*] and safety are inextricably linked. *Quality* in health and home care is the degree to which its processes and results meet or exceed the needs and desires of the people it serves.[1,2] Those needs and desires include safety.

The components of a quality management system should include the following:

[*] The Institute of Medicine defines quality as the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. **Source:** Committee to Design a Strategy for Quality Review and Assurance in Medicare, Institute of Medicine. *Medicare: A Strategy for Quality Assurance*, vol. 1. Lohr KN, editor. Washington, DC: The National Academies Press, 1990.

- Ensuring reliable processes
- Decreasing variation and defects (waste)
- Focusing on achieving better outcomes
- Using evidence to ensure that a service is satisfactory

Patient safety emerges as a central aim of quality. *Patient safety*, as defined by the World Health Organization, is the prevention of errors and adverse effects to patients that are associated with health care. Safety is what patients, families, staff, and the public expect from Joint Commission–accredited organizations. While patient safety events may not be completely eliminated, harm to patients can be reduced, and the goal is always zero harm. This chapter describes and provides approaches and methods that may be adapted by a home care organization that aims to increase the reliability of its complex systems while making visible and removing the risk of patient harm. Joint Commission–accredited organizations should be continually focused on eliminating system failures and human errors that may cause harm to patients, families, and staff.[1,2]

The ultimate purpose of The Joint Commission's accreditation process is to enhance quality of care and patient safety. Each requirement or standard, the survey process, the Sentinel Event Policy, and other Joint Commission initiatives are designed to help organizations reduce variation, reduce risk, and improve quality. Home care organizations should have an integrated approach to patient safety so that high levels of safe patient care can be provided for every patient in every care setting and service.

Unlike hospitals, the home care environment is not under the control of the home care organization. Nonetheless, home care organizations are complex environments that require strong leadership to support a safe, patient-integrated safety system that includes the following:

- Safety culture
- Validated methods to improve processes and systems
- Standardized ways for interdisciplinary teams to communicate and collaborate
- Safely integrated technologies

In an integrated patient safety system, staff and leaders work together to eliminate complacency, promote collective mindfulness, treat each other with respect and compassion, and learn from their patient safety events, including close calls and other system failures that have not yet led to patient harm in an effort to effectively coordinate and deliver home care products and services.

What Does This Chapter Contain?

The "Patient Safety Systems" (PS) chapter is intended to help inform and educate home care organizations about the importance and structure of an integrated patient safety system. **This chapter describes how existing requirements can be applied to achieve improved patient safety; it does not contain any new requirements.** It is also intended to help all home care workers understand the relationship between Joint Commission accreditation and patient safety.

This chapter does the following:

- Describes an integrated patient safety system
- Discusses how home care organizations can develop into learning organizations
- Explains how home care organizations can continually evaluate the status and progress of their patient safety systems
- Describes how home care organizations can work to prevent or respond to patient/client safety events (Sidebar 1, below, defines key terminology)
- Serves as a framework to guide home care organization leaders as they work to improve patient safety in their organizations
- Contains a list of standards and requirements related to patient/client safety systems (which will be scored as usual in their original chapters)
- Contains references that were used in the development of this chapter

This chapter refers to a number of Joint Commission standards. Standards cited in this chapter are formatted with the standard number in boldface type (for example, "Standard **RI.01.01.01**") and are accompanied by language that summarizes the standard. For the full text of a standard and its element(s) of performance (EP), please *see* the Appendix.

Sidebar 1. Key Terms to Understand

- *Patient safety event:* An event, incident, or condition that could have resulted or did result in harm to a patient.
- *Adverse event:* A patient safety event that resulted in harm to a patient.

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Sidebar 1. *(continued)*

- *Sentinel event:*[†] A subcategory of Adverse Events, a Sentinel Event is a patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in any of the following:
  - Death
  - Permanent harm
  - Severe temporary harm
- *Close call* or "*no harm*," or "*good catch*": A patient safety event that did not cause harm as defined by the term *sentinel event*.
- *Hazardous* (or "*unsafe*") *condition(s)*: A circumstance (other than a patient's own disease process or condition) that increases the probability of an adverse event.

Note: *It is impossible to determine if there are practical prevention or mitigation countermeasures available without first doing an event analysis. An event analysis will identify systems-level vulnerabilities and weaknesses and the possible remedial or corrective actions that can be implemented.*

Becoming a Learning Organization

The need for sustainable improvement in patient safety and the quality of care has never been greater. One of the fundamental steps to achieving and sustaining this improvement is to become a learning organization. A *learning organization* is one in which people learn continuously, thereby enhancing their capabilities to create and innovate.[3] Learning organizations uphold five principles: team learning, shared visions and goals, a shared mental model (that is, similar ways of thinking), individual commitment to lifelong learning, and systems thinking.[3] In a learning organization, patient safety events are seen as opportunities for learning and improvement.[4] Therefore, leaders in learning organizations adopt a transparent, nonpunitive approach to reporting so that the organization can *report to learn* and can collectively learn from patient safety events. In order to become a learning organization, a home care organization must have a fair and just safety culture, a strong reporting system, and a commitment to put that

[†] For a list of specific patient safety events that are also considered sentinel events, *see* page SE-1 in the "Sentinel Events" (SE) chapter of this manual.

data to work by driving improvement. Each of these require the support and active engagement of home care organization leadership to support and nurture the just and safe culture.

Leaders, staff, licensed independent practitioners, and patients in a learning organization realize that *every* patient safety event (from close calls to events that cause major harm to patients) must be reported.[4-8] When patient safety events are continuously reported, experts within the home care organization can define the problem, identify solutions, achieve sustainable results, and disseminate the changes or lessons learned to the rest of the home care organization.[4-8] In a learning organization, the home care organization provides staff with information regarding improvements based on reported concerns. This helps foster trust that encourages further reporting.

The Role of Home Care Organization Leaders in Patient Safety

Leaders provide the foundation for an effective patient safety system by doing the following:[9]

- Promoting learning
- Motivating staff to uphold a fair and just safety culture
- Providing a transparent environment in which quality measures and patient harms are freely shared with staff
- Modeling professional behavior
- Removing intimidating behavior that might prevent safe behaviors, while creating and maintaining a culture of safety and quality throughout the organization
- Providing the resources and training necessary to take on improvement initiatives

For these reasons, many of the standards that are focused on the home care organization's patient safety system appear in the Joint Commission's Leadership (LD) standards, including Standard **LD.04.04.05** (which focuses on creating and maintaining a culture of safety and quality throughout the organization).

Without the support of home care organization leaders, sustainable organizationwide changes and improvement initiatives are difficult to achieve. Leadership engagement in patient safety and quality initiatives is imperative because 75% to 80% of all initiatives that require people to change their behaviors fail in the absence of leadership managing the change.[4] Thus, leadership should take on a long-term commitment to transform the home care organization.[10]

Safety Culture

A strong safety culture is an essential component of a successful patient safety system and is a crucial starting point for home care organizations striving to become learning organizations. In a strong safety culture, the home care organization has an unrelenting commitment to safety and to do no harm. Among the most critical responsibilities of home care organization leaders is to establish and maintain a strong safety culture within their organization. The Joint Commission's standards address safety culture in Standard **LD.03.01.01**, which requires leaders to create and maintain a culture of safety and quality throughout the home care organization.

The *safety culture* of a home care organization is the product of individual and group beliefs, values, attitudes, perceptions, competencies, and patterns of behavior that determine the organization's commitment to quality and patient safety. Home care organizations that have a robust safety culture are characterized by communications founded on mutual trust, by shared perceptions of the importance of safety, and by confidence in the efficacy of preventive measures.[11] Organizations will have varying levels of safety culture, but all should be working toward a safety culture that has the following qualities:

- Staff and leaders that value transparency, accountability, and mutual respect.[4]
- Safety as everyone's first priority.[4]
- Behaviors that undermine a culture of safety are not acceptable, and thus should be reported to organizational leadership by staff, patients, and families for the purpose of fostering risk reduction.[4,10,12]
- Collective mindfulness is present, wherein staff realize that systems always have the potential to fail and staff are focused on finding hazardous conditions or close calls at early stages before a patient may be harmed.[10] Staff do not view close calls as evidence that the system prevented an error but rather as evidence that the system needs to be further improved to prevent any defects.[10,13]
- Staff who do not deny or cover up errors but rather want to report errors to learn from mistakes and improve the system flaws that contribute to or enable patient safety events.[6] Staff know that their leaders will focus not on blaming providers involved in errors but on the systems issues that contributed to or enabled the patient safety event.[6,14]
- By reporting and learning from patient safety events, staff create a learning organization.

A safety culture operates effectively when the home care organization fosters a cycle of trust, reporting, and improvement.[10,15] In home care organizations that have a strong safety culture, health care providers trust their coworkers and leaders to support them when they identify and report a patient safety event.[10] When trust is established, staff are more likely to report patient safety events, and home care organizations can use these reports to inform their improvement efforts. In the trust-report-improve cycle, leaders foster trust, which enables staff to report, which enables the home care organization to improve.[10] In turn, staff see that their reporting contributes to actual improvement, which bolsters their trust. Thus, the trust-report-improve cycle reinforces itself.[10] (*See* Figure 1.)

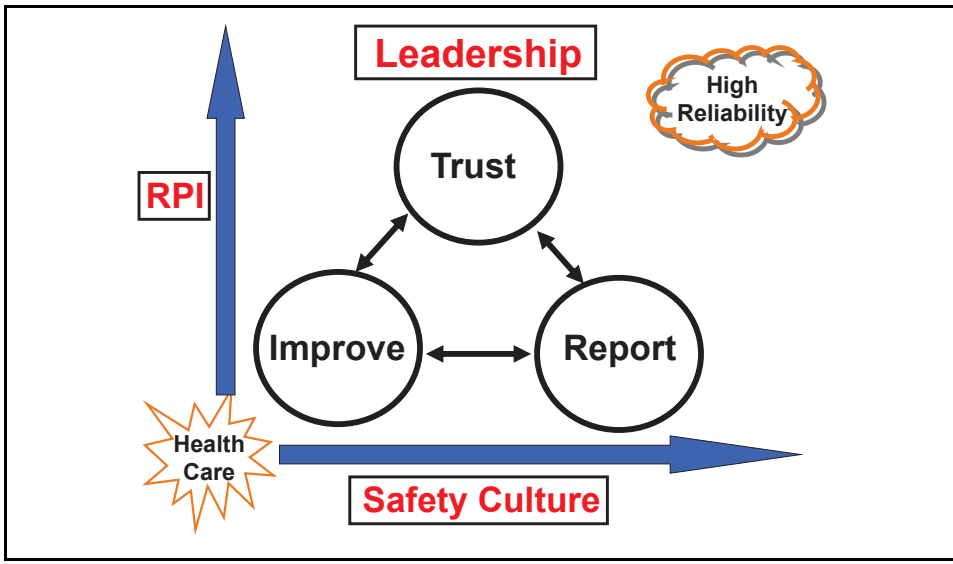

Figure 1. *The Trust-Report-Improve Cycle with Robust Process Improvement™ (RPI)*

In the trust-report-improve cycle, trust promotes reporting, which leads to improvement, which in turn fosters trust.

Leaders need to ensure that intimidating or unprofessional behaviors within the home care organization are addressed, so as not to inhibit others from reporting safety concerns.[16] Leaders should both educate staff and hold them accountable for professional behavior. This includes the adoption and promotion of a code of conduct that defines acceptable behavior as well as behaviors that undermine a culture of safety. The Joint Commission's Standard **LD.03.01.01**, EP 4, requires that leaders develop such a code.

Intimidating and disrespectful behaviors disrupt the culture of safety and prevent collaboration, communication, and teamwork, which is required for safe and highly reliable patient care.[17] Disrespect is not limited to outbursts of anger that humiliate a member of the health care team; it can manifest in many forms, including the following:[4,12,17]

- Inappropriate words (profane, insulting, intimidating, demeaning, humiliating, or abusive language)
- Shaming others for negative outcomes
- Unjustified negative comments or complaints about another provider's care
- Refusal to comply with known and generally accepted practice standards, the refusal of which may prevent other providers from delivering quality care
- Not working collaboratively or cooperatively with other members of the interdisciplinary team
- Creating rigid or inflexible barriers to requests for assistance or cooperation
- Not returning pages or calls promptly

These issues are still occurring in home care organizations nationwide. Of 4,884 respondents to a 2013 survey by the Institute for Safe Medication Practices (ISMP), 73% reported encountering negative comments about colleagues or leaders during the previous year. In addition, 68% reported condescending language or demeaning comments or insults, while 77% of respondents said they had encountered reluctance or refusal to answer questions or return calls.[18] Further, 69% reported that they had encountered impatience with questions or had been hung up on during a phone conversation.

Nearly 50% of the respondents indicated that intimidating behaviors had affected the way they handle medication order clarifications or questions, including assuming that an order was correct in order to avoid interaction with an intimidating coworker.[18] Moreover, 11% said they were aware of a medication error during the previous year in which behavior that undermines a culture of safety was a contributing factor. The respondents included nurses, physicians, pharmacists, and quality/risk management personnel.

Only 50% of respondents indicated that their organizations had clearly defined an effective process for handling disagreements with the safety of an order. This is down from 60% of respondents to a similar ISMP survey conducted in 2003, which suggests

that this problem is worsening.[18] While these data are specific to medication safety, their lessons are broadly applicable: Behaviors that undermine a culture of safety have an adverse effect on quality and patient safety.

A Fair and Just Safety Culture

A fair and just safety culture is needed for staff to trust that they can report patient safety events without being treated punitively.[2,8] In order to accomplish this, home care organizations should provide and encourage the use of a standardized reporting process for staff to report patient safety events. This is also built into the Joint Commission's standards at Standard **LD.04.04.05**, EP 6, which requires leaders to provide and encourage the use of systems for blame-free reporting of a system or process failure or the results of proactive risk assessments. Reporting enables both proactive and reactive risk reduction. *Proactive risk reduction* solves problems before patients/clients are harmed, and *reactive risk reduction* attempts to prevent the recurrence of problems that have already caused patient harm.[10,15]

A fair and just culture takes into account that individuals are human, fallible, and capable of mistakes, and that they work in systems that are often flawed. In the most basic terms, a fair and just culture holds individuals accountable for their actions but does not punish individuals for issues attributed to flawed systems or processes.[14,18,19] Refer to Standard **LD.04.01.05**, EP 4, which requires that staff are held accountable for their responsibilities.

It is important to note that for some actions for which an individual is accountable, the individual should be held culpable and some disciplinary action may then be necessary. (*See* Sidebar 2, below, for a discussion of tools that can help leaders determine a fair and just response to a patient safety event.) However, staff should never be punished or ostracized for **reporting** the event, close call, hazardous condition, or concern.

Sidebar 2. Assessing Staff Accountability

The aim of a safety culture is not a "blame-free" culture but one that balances learning with accountability. To achieve this, it is essential that leaders assess errors and patterns of behavior in a manner that is applied consistently, with the goal of eliminating behaviors that undermine a culture of safety. There has to exist within the

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Sidebar 2. *(continued)*

home care organization a clear, equitable, and transparent process for recognizing and separating the blameless errors that fallible humans make daily from the unsafe or reckless acts that are blameworthy.[1–10]

There are a number of sources for information (some of which are listed immediately following) that provide rationales, tools, and techniques that will assist an organization in creating a formal decision process to determine what events should be considered blameworthy and require individually directed action in addition to systems-level corrective actions. The use of a formal process will reinforce the culture of safety and demonstrate the organization's commitment to transparency and fairness.

Reaching answers to these questions requires an initial investigation into the patient safety event to identify contributing factors. The use of the Incident Decision Tree (adapted by the United Kingdom's National Patient Safety Agency from James Reason's culpability matrix) or other formal decision process can help make determinations of culpability more transparent and fair.[5]

References

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Sidebar 2. *(continued)*

10. The Joint Commission. *Take 5: Building a Strong Safety Culture - A Job For Leaders.* Benedicto A. May 10, 2017. Accessed Jul 28, 2017. https://www.jointcommission.org/podcast.aspx

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Data Use and Reporting Systems

An effective culture of safety is evidenced by a robust reporting system and use of measurement to improve. When home care organizations adopt a transparent, nonpunitive approach to reports of patient safety events or other concerns, the organization begins reporting to learn—and to learn collectively from adverse events, close calls, and hazardous conditions. This section focuses on data from reported patient safety events. Home care organizations should note that this is but one type of data among many that should be collected and used to drive improvement.

When there is continuous reporting for adverse events, close calls, and hazardous conditions, the home care organization can analyze the patient safety events, change the process or system to improve safety, and disseminate the changes or lessons learned to the rest of the organization.[20–24]

In addition to those mentioned earlier in this chapter, a number of standards relate to the reporting of safety information, including Performance Improvement (PI) Standard **PI.01.01.01**, which requires home care organizations to collect data to monitor their performance, and Standard **LD.03.02.01**, which requires organizations to use data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.

Home care organizations can engage frontline staff in internal reporting in a number of ways, including the following:

- Create a nonpunitive approach to patient safety event reporting
- Educate staff on identifying patient safety events that should be reported
- Provide timely feedback regarding actions taken on patient safety events

Effective Use of Data

Collecting Data

When home care organizations collect data or measure staff compliance with evidence-based care processes or patient outcomes, they can manage and improve those processes or outcomes and, ultimately, improve patient safety.[25] The effective use of data enables home care organizations to identify problems, prioritize issues, develop solutions, and track to determine success.[9] Objective data can be used to support decisions, influence people to change their behaviors, and to comply with evidence-based care guidelines.[9,26]

The Joint Commission and the Centers for Medicare & Medicaid Services (CMS) both require home care organizations to collect and use data related to adverse patient events, incidents, or outcomes and patient harms. Some key Joint Commission standards related to data collection and use require home care organizations to do the following:

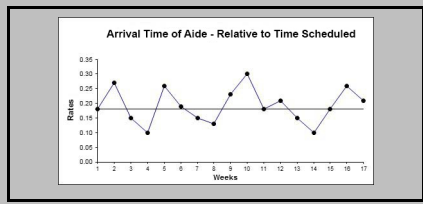
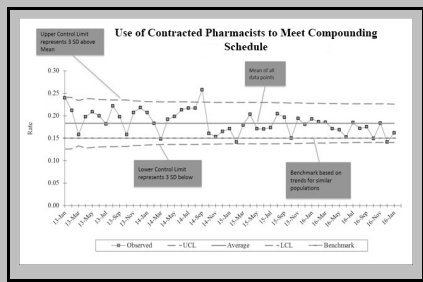
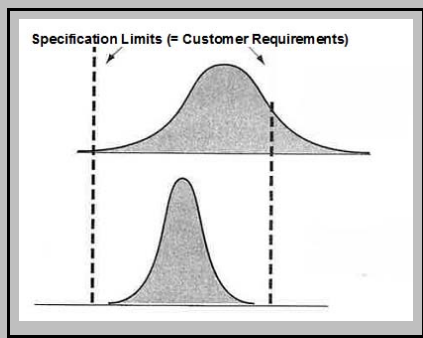
- Identify risks for acquiring and transmitting infection (Standard **IC.01.03.01**)
- Use data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality (Standard **LD.03.02.01**)
- Have an organizationwide, integrated patient safety program within their performance improvement activities (Standard **LD.04.04.05**)
- Evaluate the effectiveness of their medication management system (Standard **MM.08.01.01**)
- Report (if using Joint Commission accreditation for deemed inpatient hospices) deaths associated with the use of restraint and seclusion (Standard **PC.03.05.19**)
- Collect data to monitor their performance (Standard **PI.01.01.01**)
- Improve performance on an ongoing basis (Standard **PI.03.01.01**)

Analyzing Data

Effective data analysis can enable a home care organization to "diagnose" problems within its system similar to the way one would diagnose a patient's illness based on symptoms, health history, and other factors. Turning data into information is a critical competency of a learning organization and of effective management of change. When the right data are collected and appropriate analytic techniques are applied, it enables the home care organization to monitor the performance of a system, detect variation, and identify opportunities to improve. This can help the home care organization not only understand the current performance of organizational systems but also can help it predict its performance going forward.[23]

Analyzing data with tools such as run charts, statistical process control (SPC) charts, and capability charts helps a home care organization determine what has occurred in a system and provides clues as to why the system responded as it did.[23] Table 1, following, describes and compares examples of these tools. Please note that several types of SPC charts exist; this discussion focuses on the XmR chart, which is the most commonly used.

Table 1. Defining and Comparing Analytical Tools

Tool	When to Use	Example
Run Chart[1]	■ When the home care organization needs to identify variation within a system ■ When the home care organization needs a simple and straightforward analysis of a system ■ As a precursor to an SPC chart	
Statistical Process Control Chart	■ When the home care organization needs to identify variation within a system and find indicators of why the variation occurred ■ When the home care organization needs a more detailed and in-depth analysis of a system	
Capability Chart[2]	■ When the home care organization needs to determine whether a process will function as expected, according to requirements or specifications	 In the example above, the curve at the top of the chart indicates a process that is only partly capable of meeting requirements. The curve at the bottom of the chart shows a process that is fully capable.

Sources:

1. Agency for Healthcare Research and Quality. Advanced Methods in Delivery System Research—Planning, Executing, Analyzing, and Reporting Research on Delivery System Improvement. Webinar #2: Statistical Process Control. Jul 2013. Accessed Aug 21, 2015. http://www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/webinar02/index.html. (Example 2, above).
2. George ML, et al. *The Lean Six Sigma Pocket Toolbook: A Quick Reference Guide to Nearly 100 Tools for Improving Process Quality, Speed, and Complexity*. New York: McGraw-Hill, 2005. Used with permission.

Using Data to Drive Improvement

After data has been turned into information, leadership should ensure the following (per the requirements shown):[27–29]

- Information is presented in a clear manner (Standard **LD.03.04.01**, EP 3)
- Information is shared with the appropriate groups throughout the organization (from the front line to the board) (Standards **LD.03.04.01**, **LD.04.04.05**)
- Opportunities for improvement and actions to be taken are clearly articulated (Standards **LD.03.05.01**, EP 4; **LD.04.04.01**)
- Improvements are celebrated or recognized

Sidebar 3. Strategies for an Effective Risk Assessment

Although several methods could be used to conduct a proactive risk assessment, the following steps comprise one approach:

- Describe the chosen process (for example, through the use of a flowchart).
- Identify ways in which the process could break down or fail to perform its desired function, which are often referred to as "failure modes."
- Identify the possible effects that a breakdown or failure of the process could have on patients and the seriousness of the possible effects.
- Prioritize the potential process breakdowns or failures.
- Determine why the prioritized breakdowns or failures could occur, which may involve performing a hypothetical root cause analysis.
- Design or redesign the process and/or underlying systems to minimize the risk of the effects on patients.
- Test and implement the newly designed or redesigned process.
- Monitor the effectiveness of the newly designed or redesigned process.

Encouraging Patient Activation

To achieve the best outcomes, patients and families must be more actively engaged in decisions about their health care and must have broader access to information and support. Patient activation is inextricably intertwined with patient safety. Activated patients are less likely to experience harm and unnecessary hospital admissions. Patients who are less activated suffer poorer health outcomes and are less likely to follow their provider's advice.[32,33]

A patient-centered approach to care can help home care organizations assess and enhance patient activation. Achieving this requires leadership engagement in the effort to establish patient-centered care as a top priority throughout the home care organization. This includes adopting the following principles:[34]

- Patient safety guides all decision making.
- Patients and families are partners at every level of care.
- Patient- and family-centered care is verifiable, rewarded, and celebrated.
- The licensed independent practitioner responsible for the patient's care, or his or her designee, discloses to the patient and family any unanticipated outcomes of care, treatment, and services.
- Though Joint Commission standards do not require apology, evidence suggests that patients benefit—and are less likely to pursue litigation—when physicians disclose harm, express sympathy, and apologize.
- Staffing levels are sufficient, and staff has the necessary tools and skills.
- The home care organization has a focus on measurement, learning, and improvement.
- Staff and licensed independent practitioners must be fully engaged in patient- and family-centered care as demonstrated by their skills, knowledge, and competence in compassionate communication.

Home care organizations can adopt a number of strategies to support and improve patient activation, including promoting culture change, adopting transitional care models, and leveraging health information technology capabilities.[34]

A number of Joint Commission standards address patient rights and provide an excellent starting point for home care organizations seeking to improve patient activation. These standards require that organizations do the following:

- Respect, protect, and promote patient rights (Standard **RI.01.01.01**)
- Respect the patient's right to receive information in a manner he or she understands (Standard **RI.01.01.03**)

- Respect the patient's right to participate in decisions about his or her care, treatment, and services (Standard **RI.01.02.01**)
- Honor the patient's right to give or withhold informed consent (Standard **RI.01.03.01**)
- Address patient decisions about care, treatment, and services received at the end of life (Standard **RI.01.05.01**)
- Inform the patient about his or her responsibilities related to his or her care, treatment, and services (Standard **RI.02.01.01**)

Beyond Accreditation: The Joint Commission Is Your Patient Safety Partner

To assist home care organizations on their journey toward creating highly reliable patient safety systems, The Joint Commission provides many resources, including the following:

- *Office of Quality and Patient Safety*: An internal Joint Commission department that offers home care organizations guidance and support when they experience a sentinel event. Organizations can call the Sentinel Event Hotline (630-792-3700) to clarify whether a patient safety event is considered to be a sentinel event (and therefore reviewable) or to discuss any aspect of the Sentinel Event Policy. The Office of Quality and Patient Safety assesses the thoroughness and credibility of a home care organization's comprehensive systematic analysis as well as the action plan to help the home care organization prevent the hazardous or unsafe conditions from occurring again.
- *Joint Commission Center for Transforming Healthcare*: A Joint Commission not-for-profit affiliate that offers highly effective, durable solutions to health care's most critical safety and quality problems to help hospitals and home care organizations transform into high reliability organizations. For specific quality and patient problems, the Center's Targeted Solutions Tool™ (TST) guides home care organizations through a step-by-step process to measure their organization's performance, identify barriers to excellence, and direct them to proven solutions. To date, a TST has been developed for each of the following: hand hygiene, handoff communications, and wrong-site surgery. For more information, visit http://www.centerfortransforminghealthcare.org.
- *Standards Interpretation Group*: An internal Joint Commission department that helps organizations with their questions about Joint Commission standards. First, organizations can see if other organizations have asked the same question by

accessing the Standards FAQs at http://www.jointcommission.org/standards_information/jcfaq.aspx. Thereafter, organizations can submit questions about standards to the Standards Interpretation Group by completing an online form at https://web.jointcommission.org/sigsubmission/sigonlineform.aspx.

- *National Patient Safety Goals*: The Joint Commission's yearly patient safety requirements based on data obtained from the Joint Commission's Sentinel Event Database and recommended by a panel of patient safety experts. (For a list of the current National Patient Safety Goals, go to http://www.jointcommission.org/standards_information/npsgs.)
- *Sentinel Event Alert*: The Joint Commission's periodic alerts with timely information about similar, frequently reported sentinel events, including root causes, applicable Joint Commission requirements, and suggested actions to prevent a particular sentinel event. (For archives of previously published *Sentinel Event Alerts*, go to http://www.jointcommission.org/sentinel_event.aspx.)
- *Quick Safety*: *Quick Safety* is a monthly newsletter that outlines an incident, topic, or trend in health care that could compromise patient safety. http://www.jointcommission.org/quick_safety.aspx?archieve=y
- *Joint Commission Resources*: A Joint Commission not-for-profit affiliate that produces books and periodicals, holds conferences, provides consulting services, and develops software products (including AMP®, Tracers with AMP®, E-dition®, ECM Plus™, and CMSAccess®) for accreditation and survey readiness. (For more information, visit http://www.jcrinc.com.)
- *Webinars and podcasts*: The Joint Commission and its affiliate, Joint Commission Resources, offer free webinars and podcasts on various accreditation and patient safety topics.
- *Speak Up™ program*: The Joint Commission's campaign to educate patients about health care processes and potential safety issues and encourage them to speak up whenever they have questions or concerns about their safety. (For more information and patient education resources, go to http://www.jointcommission.org/speakup.)
- *Standards BoosterPaks™*: Available for accredited or certified organizations through *Joint Commission Connect*, organizations can access BoosterPaks that provide detailed information about a single standard or topic area that has been associated with a high volume of inquiries or noncompliance scores. Recent standards BoosterPak topics have included waived testing, restraint and seclusion, management of hazardous waste, environment of care (including Standards **EC.04.01.01** and **EC.04.01.03**), and sample collection. And one that is particularly useful for home care is the BoosterPak on oxygen safety.

- *Leading Practice Library*: Available for accredited or certified organizations through *Joint Commission Connect*, organizations can access an online library of solutions to help improve safety. The searchable documents in the library are actual solutions that have been successfully implemented by home care organizations and reviewed by Joint Commission standards experts.
- *Joint Commission web portals*: Through The Joint Commission website, organizations can access web portals with a repository of resources from The Joint Commission, the Joint Commission Center for Transforming Healthcare, Joint Commission Resources, and Joint Commission International on the following topics:
  - Transitions of care: http://www.jointcommission.org/toc.aspx
  - High reliability: http://www.jointcommission.org/highreliability.aspx
  - Infection prevention and health care–associated infections (HAI): http://www.jointcommission.org/hai.aspx
  - Emergency management: http://www.jointcommission.org/emergency_management.aspx
  - Workplace violence prevention resources: https://www.jointcommission.org/workplace_violence.aspx

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Appendix. Key Patient Safety Requirements

A number of Joint Commission standards have been discussed in the "Patient Safety Systems" (PS) chapter. However, many Joint Commission requirements address issues related to the design and management of patient safety systems, including the following examples.

Accreditation Participation Requirements (APR)

Standard APR.09.01.01

The organization notifies the public it serves about how to contact its organization management and The Joint Commission to report concerns about patient safety and quality of care.

Note: *Methods of notice may include, but are not limited to, distribution of information about The Joint Commission, including contact information in published materials such as brochures and/or posting this information on the organization's website.*

Elements of Performance for APR.09.01.01

1. The organization informs the public it serves about how to contact its management to report concerns about patient safety and quality of care.
2. The organization informs the public it serves about how to contact The Joint Commission to report concerns about patient safety and quality of care.

Standard APR.09.02.01

Any individual who provides care, treatment, or services can report concerns about safety or the quality of care to The Joint Commission without retaliatory action from the organization.

Elements of Performance for APR.09.02.01

1. The organization educates its staff and other persons who provide care, treatment, or services that concerns about the safety or quality of care provided in the organization may be reported to The Joint Commission.
2. The organization informs its staff that it will take no disciplinary or punitive action because an employee or other individual who provides care, treatment, or services reports safety or quality-of-care concerns to The Joint Commission.
3. The organization takes no disciplinary or punitive action against employees or other individuals who provide care, treatment, or services when they report safety or quality-of-care concerns to The Joint Commission.

Environment of Care (EC)

Standard EC.04.01.01

The organization collects information to monitor conditions in the environment.

Elements of Performance for EC.04.01.01

1. Ⓓ The organization establishes and implements a process(es) for internally reporting, investigating, and documenting the following:
   - Injuries to patients, staff, or others within the organization's facilities
   - Security incidents involving patients, staff (including staff in the field), or others
   - Hazardous materials and waste spills and exposures
   - Fire safety management problems, deficiencies, and failures

   Note 1: *This bullet on fire safety management is applicable only for inpatient hospice, ambulatory infusion, and facility-based rehabilitation technology.*
   - Equipment management problems, failures, and use errors.
   - Utility systems management problems, failures, or use errors.

   Note 2: *This bullet on utility systems management is applicable only for inpatient hospice, ambulatory infusion, and facility-based rehabilitation technology.*

17. The organization identifies, reports within the organization, and investigates equipment management problems, failures, and use errors for equipment provided to the patient.

18. The organization investigates any incident or injury in which equipment or supplies may have contributed to the incident or injury.

    Note: *The investigation includes all necessary information, pertinent conclusions about what happened, and whether changes in systems or processes are needed. The organization considers possible links between the items and services furnished and the adverse event.*

19. **For DMEPOS suppliers serving Medicare beneficiaries:** When the supplier becomes aware of an incident or injury resulting in a Medicare beneficiary's hospitalization or death, it initiates an investigation within 24 hours.

20. **For DMEPOS suppliers serving Medicare beneficiaries:** When the supplier becomes aware of an incident or injury that does not result in a Medicare beneficiary's hospitalization or death, it initiates an investigation within 72 hours.

21. The organization reports incidents in which a medical device is connected to the death, serious injury, or serious illness of any individual, as required by the Safe Medical Devices Act of 1990.

Infection Prevention and Control (IC)

Standard IC.01.03.01

The organization identifies risks for acquiring and spreading infections.

Elements of Performance for IC.01.03.01

1. The organization identifies infection risks based on the following:
   - Its geographic location, community, and population served
   - The care, treatment, or services it provides
   - The analysis of its surveillance activities and other infection control data

   Note 1: *Surveillance activities may address processes and/or outcomes.*

   Note 2: ***For organizations that provide personal care and support services:*** *Surveillance activities may include verification of infection control education for all employees and supervisor observations of employees' hand-washing techniques.*

3. Ⓓ The organization prioritizes the identified risks for acquiring and spreading infections. These prioritized risks are documented.

Leadership (LD)

Standard LD.02.01.01

The mission, vision, and goals of the organization support the safety and quality of care, treatment, or services.

Elements of Performance for LD.02.01.01

1. Leaders work together to create the organization's mission, vision, and goals.
2. The organization's mission, vision, and goals guide the actions of leaders.
3. Leaders communicate the mission, vision, and goals to staff and the population(s) the organization serves.

Standard LD.03.01.01

Leaders create and maintain a culture of safety and quality throughout the organization.

Elements of Performance for LD.03.01.01

1. Leaders regularly evaluate the culture of safety and quality.
2. Leaders prioritize and implement changes identified by the evaluation.
4. Ⓓ Leaders develop a code of conduct that defines acceptable behavior and behaviors that undermine a culture of safety.
5. Leaders create and implement a process for managing behaviors that undermine a culture of safety.

Standard LD.03.02.01

The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.

Elements of Performance for LD.03.02.01

1. Leaders set expectations for using data and information to improve the safety and quality of care, treatment, or services.
3. The organization uses processes to support systematic data and information use.
4. Leaders provide the resources needed for data and information use, including staff, equipment, and information systems.
5. The organization uses data and information in decision making that supports the safety and quality of care, treatment, or services. (*See also* PI.02.01.01, EP 8) R
6. The organization uses data and information to identify and respond to internal and external changes in the environment.
7. Leaders evaluate how effectively data and information are used throughout the organization. R
8. **For organizations that elect The Joint Commission Community-Based Palliative Care Certification option:** The program uses patient satisfaction data that are specific to the care, treatment, and services it provides in order to improve care of patients and families.

Standard LD.03.03.01

Leaders use organizationwide planning to establish structures and processes that focus on safety and quality.

Elements of Performance for LD.03.03.01

1. Planning activities focus on improving patient safety and health care quality.
2. Leaders can describe how planning supports a culture of safety and quality.
3. Planning is systematic, and it involves designated individuals and information sources.
4. Leaders provide the resources needed to support the safety and quality of care, treatment, or services.
5. Safety and quality planning is organizationwide.
6. Planning activities adapt to changes in the environment.
7. Leaders evaluate the effectiveness of planning activities.
8. **For organizations that elect The Joint Commission Community-Based Palliative Care Certification option:** The program leaders communicate with and educate the organization in order to gain recognition of and support for the program.
9. **For organizations that elect The Joint Commission Community-Based Palliative Care Certification option:** The program leaders secure the resources it requires from the organization in order to meet the scope of care, treatment, and services it provides.
10. **For organizations that elect The Joint Commission Community-Based Palliative Care Certification option:** Organization and program leaders support participation in continuing education by providing or facilitating access to ongoing continuing education in palliative care for the interdisciplinary team members and program staff.

Standard LD.03.04.01

The organization communicates information related to safety and quality to those who need it, including staff, patients, families, and external interested parties.

Elements of Performance for LD.03.04.01

1. Communication processes foster the safety of the patient and the quality of care.

2. Leaders are able to describe how communication supports a culture of safety and quality.
3. Communication is designed to meet the needs of internal and external users.
4. Leaders provide the resources required for communication, based on the needs of patients, staff, and administration.
5. Communication supports safety and quality throughout the organization. (*See also* LD.04.04.05, EPs 6 and 12)
6. When changes in the environment occur, the organization communicates those changes effectively.
7. Leaders evaluate the effectiveness of communication methods.
8. **For organizations that elect The Joint Commission Community-Based Palliative Care Certification option:** Upon request, the program provides the public with information about its performance improvement activities.

   Note: *This information can be general in nature and consist of patient satisfaction data or general information about how the program improves its performance.*

Standard LD.03.05.01

Leaders implement changes in existing processes to improve the performance of the organization.

Elements of Performance for LD.03.05.01

1. Structures for managing change and performance improvements exist that foster the safety of the patient and the quality of care, treatment, or services.
2. Leaders are able to describe how the organization's approach to performance improvement and its capacity for change support a culture of safety and quality.
3. The organization has a systematic approach to change and performance improvement.
4. Leaders provide the resources required for performance improvement and change management, including sufficient staff, access to information, and training.
5. Leaders maintain quality and safety while major changes and improvements are being carried out.
6. The organization's internal structures can adapt to changes in the environment.

7. Leaders evaluate the effectiveness of processes for the management of change and performance improvement.

Standard LD.03.06.01

Those who work in the organization are focused on improving safety and quality.

Elements of Performance for LD.03.06.01

1. Leaders design work processes to focus individuals on safety and quality issues.
2. Leaders are able to describe how those who work in the organization support a culture of safety and quality.
3. Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, or services. (*See also* IC.01.01.01, EP 3) R

   Note: ***For hospices providing inpatient care in their own facilities:*** *Staffing for all services should reflect the volume of patients, patient acuity, and the intensity of services needed to achieve the outcomes described in patients' plans of care and to avoid negative outcomes.*
4. Those who work in the organization are competent to complete their assigned responsibilities. R
6. Leaders evaluate the effectiveness of those who work in the organization to promote safety and quality.
10. **For organizations that elect The Joint Commission Community-Based Palliative Care Certification option:** The program has dedicated leadership and staff necessary to meet the scope of care, treatment, and services it provides.
11. **For organizations that elect The Joint Commission Community-Based Palliative Care Certification option:** The program leaders coach and mentor staff in order to improve their ability to provide care, treatment, and services in a manner that builds mutual trust with the patient and family.
12. **For organizations that elect The Joint Commission Community-Based Palliative Care Certification option:** Program leaders provide clinical support and guidance to promote staff's confidence in their ability to provide palliative care for patients.
13. **For organizations that elect The Joint Commission Community-Based Palliative Care Certification option:** The program provides for emotional support for leaders, members of the interdisciplinary team, staff, and volunteers.

Note: *Emotional support is especially important in helping manage the stress of caring for seriously ill palliative care patients and their families.*

Standard LD.04.01.01

The organization complies with law and regulation.

Elements of Performance for LD.04.01.01

1. Ⓓ The organization is licensed, is certified, or has a permit, in accordance with law and regulation, to provide the care, treatment, or services for which the organization is seeking accreditation from The Joint Commission.[‡] (*See also* MC.03.06.01, EP 1)

   Note 1: ***For home health agencies and hospices that elect to use The Joint Commission deemed status option:*** *If state or local law requires licensure of home health agencies/hospices, a home health agency/hospice that is not normally subject to licensure must be approved by the licensing authority as meeting the standards established for licensure.*

   Note 2: *Applicable law and regulation include, but are not limited to, individual and facility licensure, certification, US Food and Drug Administration regulations, Drug Enforcement Agency regulations, Centers for Medicare & Medicaid Services regulations, Occupational Safety and Health Administration regulations, Department of Transportation regulations, Health Insurance Portability and Accountability Act, and other local, state, and federal laws and regulations.*

   Note 3: *Each service location that performs laboratory testing (waived or nonwaived) must have a Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate as specified by the federal CLIA regulations (42 CFR 493.55 and 493.3) and applicable state laws. (*See also *WT.01.01.01, EP 1; WT.04.01.01, EP 1)*

2. The organization provides care, treatment, or services in accordance with licensure requirements, laws, and rules and regulations. (*See also* MC.03.06.01, EP 1; MC.04.02.01, EP 1)

[‡] For more information on how to obtain a CLIA certificate, *see* http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/How_to_Apply_for_a_CLIA_Certificate_International_Laboratories.html.

Note: ***For home health agencies that elect to use The Joint Commission deemed status option:*** *A home health agency that wishes to furnish outpatient physical therapy or speech pathology services must meet federal requirements at §484.38 in addition to health and safety requirements at §485.711, §485.713, §485.715, §485.719, §485.723, and §485.727. For the federal definition of outpatient physical therapy services,* see *1861(p) of the Social Security Act.*

3. Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies. (*See also* MC.03.06.01, EP 1)

10. The organization displays all licenses, certificates, and permits to operate in an area accessible to customers and patients.

13. **For DMEPOS suppliers serving Medicare beneficiaries:** The supplier complies with Medicare statutes, regulations, manuals, program instructions, and contractor policies and articles.

Standard LD.04.01.05

The organization effectively manages its programs, services, sites, or departments.

Elements of Performance for LD.04.01.05

2. Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals.

3. Ⓓ The organization defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments.

4. Staff are held accountable for their responsibilities.

5. Leaders provide for the coordination of care, treatment, or services among the organization's different programs, services, sites, or departments.

14. **For organizations that elect The Joint Commission Community-Based Palliative Care Certification option:** The program makes staff throughout the organization aware of the program's objectives and the process for referring patients to the program.

15. **For organizations that elect The Joint Commission Community-Based Palliative Care Certification option:** Program leaders integrate the care, treatment, and services provided by the program with those of the organization.

Standard LD.04.04.01

Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)

Elements of Performance for LD.04.04.01

1. Leaders set priorities for performance improvement activities and patient health outcomes. (*See also* PI.01.01.01, EPs 1 and 3)

   Note: ***For hospices that elect to use The Joint Commission deemed status option:*** *The hospice's governing body is ultimately accountable for making sure that the priorities that are selected address improvements to the safety and quality of patient care.*

2. Leaders give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities. (*See also* PI.01.01.01, EPs 14 and 15)

3. Leaders reprioritize performance improvement activities in response to changes in the internal or external environment.

4. Performance improvement occurs organizationwide.

8. **For hospices that elect to use The Joint Commission deemed status option:** The hospice has an ongoing, hospice-wide, data-driven quality assessment and performance improvement program. This program is evaluated annually.

   Note: *The governing body is ultimately accountable for the development, implementation, maintenance, and evaluation of the quality assessment and improvement program.*

9. **For hospices that elect to use The Joint Commission deemed status option:** The hospice's governing body is responsible for making sure the quality assessment and performance improvement program (QAPI) meets the following criteria:
   - Reflects the complexity of the organization and its services
   - Involves all hospice services, including those provided under contract or arrangement
   - Focuses on indicators that are related to improved palliative outcomes
   - Takes actions to demonstrate improvement in the hospice's performance

10. Ⓓ **For hospices that elect to use The Joint Commission deemed status option:** The hospice maintains documentation of the quality assessment and performance improvement program and is able to demonstrate its operation.

11. **For hospices that elect to use The Joint Commission deemed status option:** The quality assessment and performance improvement program demonstrates improvement in the indicators related to improved palliative outcomes and hospice services.

12. **For hospices that elect to use The Joint Commission deemed status option:** The hospice uses quality indicator data, including patient care and other relevant data, in the design of its quality assessment and improvement program.

13. **For hospices that elect to use The Joint Commission deemed status option:** The hospice selects performance improvement activities that affect palliative outcomes, patient safety, and the quality of care and that are based on the prevalence and severity of problems in its high-volume, high-risk, and problem-prone areas.

14. **For hospices that elect to use The Joint Commission deemed status option:** The governing body designates one or more individuals to be responsible for operating the quality assessment and performance improvement program.

15. **For hospices that elect to use The Joint Commission deemed status option:** Licensed professionals participate in the hospice's quality assessment and performance improvement program.

27. Ⓓ **For organizations that elect The Joint Commission Community-Based Palliative Care Certification option:** The program has a written performance improvement plan.

28. **For organizations that elect The Joint Commission Community-Based Palliative Care Certification option:** The program sets performance improvement priorities and describes how the priorities are adjusted in response to unusual or urgent events.

29. **For organizations that elect The Joint Commission Community-Based Palliative Care Certification option:** The program plans process and performance improvement activities to encompass multiple disciplines and/or settings.

30. **For organizations that elect The Joint Commission Community-Based Palliative Care Certification option:** The program implements its performance improvement plan.

Standard LD.04.04.05

The organization has an organizationwide, integrated patient safety program.

Elements of Performance for LD.04.04.05

1. The leaders implement an organization-wide patient safety program.

   Note: ***For hospices that elect to use The Joint Commission deemed status option:*** *The governing body is ultimately accountable for the development, implementation, maintenance, and evaluation of the patient safety program. This program is evaluated annually.*

2. One or more qualified individuals manage the safety program.

3. The scope of the safety program includes the full range of safety issues, from potential or no-harm errors (sometimes referred to as close calls["near misses"] or good catches) to hazardous conditions and sentinel events.

4. All departments, programs, and services within the organization participate in the safety program.

5. As part of the safety program, the leaders create procedures for responding to system or process failures.

   Note: *Responses might include continuing to provide care, treatment, or services to those affected, containing the risk to others, and preserving factual information for subsequent analysis.*

6. The leaders provide and encourage the use of systems for blame-free internal reporting of a system or process failure, or the results of a proactive risk assessment. (*See also* LD.03.04.01, EP 5; LD.04.04.03, EP 3)

   Note: *This EP is intended to minimize staff reluctance to report errors in order to help an organization understand the source and results of system and process failures. The EP does not conflict with holding individuals accountable for their blameworthy errors.*

7. The leaders define patient safety event and communicate this definition throughout the organization.

Note: *At a minimum, the organization's definition includes those events subject to review in the "Sentinel Events" (SE) chapter of this manual. The definition may include any process variation that does not affect the outcome or result in an adverse event, but for which a recurrence carries significant chance of a serious adverse outcome or result in an adverse event, often referred to as a close call or near miss.*

8. The organization conducts thorough and credible comprehensive systematic analyses (for example, root cause analyses) in response to sentinel events as described in the "Sentinel Events" (SE) chapter of this manual.

9. The leaders make support systems available for staff who have been involved in an adverse or sentinel event.

   Note: *Support systems recognize that conscientious health care workers who are involved in sentinel events are themselves victims of the event and require support. Support systems provide staff with additional help and support as well as additional resources through the human resources function or an employee assistance program. Support systems also focus on the process rather than blaming the involved individuals.*

11. To improve safety, the organization analyzes and uses information about system or process failures and, when conducted, the results of proactive risk assessments. (*See also* LD.04.04.03, EP 3)

12. The leaders disseminate lessons learned from comprehensive systematic analyses (for example, root cause analyses), system or process failures, and the results of proactive risk assessments to all staff who provide services for the specific situation. (*See also* LD.03.04.01, EP 5)

13. Ⓓ At least once a year, the leaders provide governance with written reports on the following:
    - All system or process failures
    - The number and type of sentinel events
    - Whether the patients and the families were informed of the event
    - All actions taken to improve safety, both proactively and in response to actual occurrences

14. Leaders facilitate mandatory reporting of significant adverse events, and voluntary reporting of such events to programs in which the organization participates.

Note: *Examples of voluntary programs include The Joint Commission Sentinel Event Database and the US Food and Drug Administration (FDA) MedWatch. Mandatory programs are often state initiated.*

15. **For hospices that elect to use The Joint Commission deemed status option:** The hospice tracks adverse patient events, analyzes their causes, and implements preventive actions and mechanisms that include feedback and learning throughout the hospice.

Medication Management (MM)

Standard MM.07.01.03

The organization responds to actual or potential adverse drug events, significant adverse drug reactions, and medication errors.

Elements of Performance for MM.07.01.03

1. Ⓓ The organization has a written process to respond to actual or potential adverse drug events, significant adverse drug reactions, and medication errors. (*See also* MC.02.01.13, EP 2)

   Note: *This element of performance is also applicable to sample medications.*

2. Ⓓ The organization has a written process addressing prescriber notification in the event of an adverse drug event, significant adverse drug reaction, or medication error.

   Note: *This element of performance is also applicable to sample medications.*

3. The organization complies with internal and external reporting requirements for actual or potential adverse drug events, significant adverse drug reactions, and medication errors.

   Note: *This element of performance is also applicable to sample medications.*

5. The organization implements its process for responding to adverse drug events, significant adverse drug reactions, and medication errors. (*See also* MC.02.01.13, EP 2)

   Note: *This element of performance is also applicable to sample medications.*

Standard MM.08.01.01

The organization evaluates the effectiveness of its medication management processes.

Note: *This evaluation includes reconciling medication information. (Refer to NPSG.03.06.01 for more information)*

Elements of Performance for MM.08.01.01

1. The organization collects data on the performance of its medication management processes. (*See also* PI.01.01.01, EPs 14 and 15)

   Note: *This element of performance is also applicable to sample medications.*

2. The organization analyzes data on its medication management processes.

   Note: *This element of performance is also applicable to sample medications.*

3. The organization compares data over time to identify risk points, levels of performance, patterns, trends, and variations of its medication management processes.

   Note: *This element of performance is also applicable to sample medications.*

5. Based on analysis of its data, as well as review of the literature for new technologies and best practices, the organization identifies opportunities for improvement in its medication management processes.

6. The organization takes action on improvement opportunities identified as priorities for its medication management processes. (*See also* PI.03.01.01, EP 2)

   Note: *This element of performance is also applicable to sample medications.*

7. The organization evaluates its actions to confirm that they resulted in improvements for its medication management processes.

8. The organization takes action when planned improvements for its medication management processes are either not achieved or not sustained.

9. The primary pharmacy includes input from the long term care facility when evaluating its medication management system.

10. The long term care pharmacy or consultant pharmacist provides education to the long term care facility regarding the processes to reduce medication errors.

11. The long term care pharmacy or consultant pharmacist provides education to the long term care facility regarding the collection and use of medication management performance measures.
12. The long term care pharmacy or consultant pharmacist provides education to the long term care facility regarding processes to minimize medication waste.
13. Ⓓ The clinical or consultant pharmacist provides a written report regarding identified medication management problems to the long term care clinical and administrative leaders, and to other health professionals responsible for dispensing medications.
14. The clinical or consultant pharmacist helps to prioritize and develop an action plan to resolve problems associated with medication management.
15. In collaboration with the long term care facility, the primary pharmacy implements improvements to its medication management processes based on its evaluation.

Provision of Care, Treatment, and Services (PC)

Standard PC.03.05.19

The organization reports deaths associated with the use of restraint and seclusion.

Elements of Performance for PC.03.05.19

1. **For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option:** The organization reports the following information to the Centers for Medicare & Medicaid Services (CMS):
   - Each unexpected death that occurs while a patient is in restraint or seclusion
   - Each unexpected death that occurs within 24 hours after the patient has been removed from restraint or seclusion
   - Each death known to the organization that occurs within one week after restraint or seclusion was used when it is reasonable to assume that the use of the restraint or seclusion contributed directly or indirectly to the patient's death

Note: *This element of performance includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time or deaths related to chest compression, restriction of breathing, or asphyxiation.*