Accreditation and certification

Revisions made to Certification Participation Requirements chapter
Starting July 1, minor revisions to three elements of performance will go into effect in the Certification Participation Requirements (CPR) chapter for all certification programs. These changes align with those made in the Accreditation Participation Requirements (APR) chapter.

These revisions will affect the following programs:
- Comprehensive Cardiac Center Certification
- Disease-Specific Care Certification
- Health Care Staffing Certification
- Integrated Care Certification
- Medication Compounding Certification
- Patient Blood Management Certification
- Palliative Care Certification
- Perinatal Care Certification

View the prepublication standards. (Contact: Christina Wichmann, cwichmann@jointcommission.org)

Quality and safety

New Center for Transforming Healthcare project launches to address home health falls
The Joint Commission Center for Transforming Healthcare has launched a Home Health Falls project to prevent patient falls.

The Center is leading the Home Health Falls improvement project in collaboration with the Center for Patient Safety and four home health agencies: Visiting Nurse Service of New York; VNA Care of New England in Rhode Island; VNA Health in Santa Barbara, California; and HopeHealth in Lincoln, Rhode Island.

Patient falls are a significant barrier to safe health care that will only increase as the population of adults 65 years or older continues to grow. Fall-related injuries at home are among the leading causes of readmission to acute care hospitals in the U.S., costing home health services and long-term care facilities $29.2 billion on fall-related injuries in 2015.

“Tens of thousands of patients fall while under home health care every year, and many of these falls result in moderate to severe injuries,” said Anne Marie Benedicto, Vice President, Center for Transforming Healthcare. “These falls and injuries can be prevented, and we are pleased to see forward-looking organizations partner to stop patient falls. As the population of the United States ages, it is increasingly urgent that we understand why patients fall and implement sustainable solutions that prevent patients from falling.”

The team anticipates completing the project in December 2021, at which time the Center will pilot the work with other home health agencies to share lessons and solutions.

Learn more about the Center.

CDC issues alert on Ebola, shares info on public health incidents on Health Alert Network
On Tuesday, March 2, 2021, the Centers for Disease Control and Prevention (CDC) emailed an Ebola Clinical Alert for U.S. Healthcare Personnel that provided several recommendations, including screening for international travel and assessment of available personal protective equipment. Two days later they began follow-up of all travelers.
who were in the Democratic Republic of the Congo (DRC) or the Republic of Guinea within the 21 days before their arrival in the United States. More information about the current situation can be found on the CDC's Travel Advisory website.

**CDC's Health Alert Network (HAN)** is CDC's primary method of sharing cleared information about urgent public health incidents with public information officers; federal, state, territorial, tribal, and local public health practitioners; clinicians; and public health laboratories. We are viewing this alert as an opportunity to remind organizations that they should have a designated person(s) who has registered for and routinely monitors this type of public health alert to ensure that their organization can identify and implement appropriate interventions.

**Resources**

**Up in the blogosphere with The Joint Commission**

**Improvement Insights — Peer Support for Health Care Workers Emotionally Affected by Workplace Violence:**

In an article from the March 2021 issue of The Joint Commission Journal on Quality and Patient Safety, “The Role of Institution-Based Peer Support for Health Care Workers Emotionally Affected by Workplace Violence,” the authors describe the expansion of the forYOU and RISE peer support programs from adverse clinical events to workplace violence. They retrospectively summarize data related to peer support encounters for cases of workplace violence and provide two case studies, writes Isolde M. Busch, PhD, Postdoctoral Researcher, Section of Clinical Psychology, Department of Neurosciences, Biomedicine and Movement Sciences, University of Verona, Verona, Italy, one of the coauthors of the article.

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