Quality and safety

Sentinel event statistics released for 2020

In 2020, The Joint Commission reviewed a total of 794 sentinel events.

The majority — 703 or 89% — were voluntarily self-reported by an accredited or certified organization.

The most frequently reported sentinel events in 2020 were:

- Fall: 170
- Unintended retention of a foreign object: 106
- Suicide: 81
- Delay in treatment: 76
- Wrong-site surgery: 68
- Assault/rape/sexual assault: 47
- Fire: 30
- Clinical alarm response: 27
- Self-harm: 24
- Medication management: 24

Reporting of sentinel events by accredited organizations is voluntary, and it is estimated that less than 2% of all sentinel events that occur in health care are reported to The Joint Commission. Therefore, these data are not an epidemiologic data set, and no conclusions should be drawn about the actual relative frequency of events or trends in events over time. The Office of Quality and Patient Safety at The Joint Commission works with organizations reporting sentinel events to identify contributing factors and actions the organization can take to reduce risk.

“As we work toward our goal of zero harm in health care, we should not lose focus on system thinking and continuous improvement while learning from close calls and strengthening the culture of safety at all levels in an organization,” said Raji Thomas, DNP, MBA, CPHQ, CPPS, Director, Office of Quality and Patient Safety, The Joint Commission. “Partnering with The Joint Commission’s Office of Quality and Patient Safety to review sentinel events allows our accredited organizations to work with a team of national experts in patient safety with a wide range of clinical and nonclinical backgrounds, including human factors engineering. This team has likely reviewed similar events from other organizations and will be able to share the valuable lessons from those events to improve safety in another organization during those reviews.”

Learn more about sentinel events or call the Office of Quality and Patient Safety at 630-792-3700.

Accreditation and certification

FAQ: Expectations for suicide risk assessments

In 2019, The Joint Commission implemented the revised National Patient Safety Goal (NPSG) Standard NPSG.15.01.01 related to suicide risk reduction. It was applicable to behavioral health care and human services organizations, critical access hospitals, and hospitals.

A frequently asked question (FAQ) is about Standard NPSG.15.01.01, element of performance (EP) 5, which requires organizations to develop and follow written policies and procedures addressing the care of patients identified as at risk for suicide, including guidelines for suicide risk reassessment.
Question: What is required for suicide risk reassessments?

Answer: Organizations are required to develop and follow written policies and procedures addressing the care of patients identified as at risk for suicide, including guidelines for suicide risk reassessment. Reassessments should address how often reassessments will occur as well as additional criteria that trigger a reassessment; for example, a change in patient status, endorsement of suicidal ideation, and/or suicidal or self-harm behaviors or gestures. An evidence-based process must be used to conduct suicide risk reassessments for individuals who have screened positive for suicidal ideation and were further assessed for suicide risk. At a minimum, reassessments must directly ask about suicidal ideation, plan, intent, suicidal or self-harm behaviors, risk factors, and protective factors.

The use of an evidence-based assessment tool, in conjunction with clinical evaluation, is an evidenced-based process effective in determining overall risk for suicide. The use of evidence-based tools is strongly encouraged, and it is acceptable for organizations to use language that is more appropriate for the population they serve.

If the organization does not use an evidence-based tool, the following conditions must be met:

- The organization can demonstrate the evidence-based resource(s) upon which its reassessment is based.
- The reassessment asks directly about suicidal ideation, plan, intent, suicidal or self-harm behaviors, risk factors, and protective factors.
- How level of risk was determined is clearly documented.

The evidence-based process must determine a level of suicide risk (for example, high, moderate, low). This overall level of risk must be clearly documented, with clinical justification, as well as the plans to mitigate the risk for suicide.

View more Standards FAQs or submit a question through the Standards Online Submission Form.

Performance measurement

New Pioneers in Quality Expert to Expert webinar offers CE credit through May 1

A new Pioneers in Quality On-Demand webinar on The Joint Commission’s Perinatal Care electronic clinical quality measures (eCQMs) is now available for continuing education (CE) credit until May 1.

“Expert to Expert: eCOM Annual Updates Joint Commission's ePC measures” addresses the eCQM annual updates for 2021 data submission for the ePC-01, ePC-02, and ePC-06 eCQMs. Commonly asked questions regarding these measures will be addressed.

Also, as a reminder, The Joint Commission released a webinar series (“eCQM Annual Updates for the 2021 eCQM reporting period”) developed in collaboration with the Centers for Medicare & Medicaid Services (CMS), Mathematica, and Lantana, as well as a standalone new measure review webinar (“CMS’ Safe Use of Opioids - Concurrent Prescribing eCQM”). These four webinars are free and available for CE credit until March 31.

To obtain credit for each applicable session, participants must complete the following before March 31 or May 1, respectively:

- Individually register for the on-demand webinar.
- View the webinar in its entirety. Only those completing the educational activity will be eligible to receive credit.
- Complete the post-program evaluation and attestation of educational activity completion.

Access the Pioneers in Quality Expert to Expert webinars.
Resources

Up in the blogosphere with The Joint Commission

- **Leading Hospital Improvement** — [New On-Demand Webinar Offering for Pioneers in Quality Program](#): The Joint Commission is excited to offer continuing education (CE) credits for on-demand webinars under the Pioneers in Quality (PIQ) umbrella to support new electronic clinical quality measure (eCQM) reviews and annual updates for the 2021 reporting period, writes Mia Nievera, Project Director.

- **Dateline @ TJC** — [Health Care Workers in Crisis](#): The persistent onslaught of COVID-19 pushed health care workers beyond physical and mental exhaustion. In honor of Patient Safety Awareness Week 2021, we're saluting the dedicated health care workforce. These heroes have rightfully become the center of a national conversation and are absolutely indispensable, writes Beverly Belton, MSN, RN, Field Director.

- **Dateline @ TJC** — [Thank You Nurses: A Year of Incredible Service During the Pandemic](#): It’s been a year since the World Health Organization declared the coronavirus as a global pandemic. None of us have had the exact same pandemic experience but nurses’ response has been superhuman, writes Lisa DiBlasi Moorehead, EdD, MSN, RN, CENP, CJCP, Associate Nurse Executive.

- **Ambulatory Buzz** — [Joint Commission Joins COVID-19 Vaccine Alliance](#): The Joint Commission is proud to have joined the COVID Vaccine Education and Equity Project, which is led by The Alliance for Aging Research, Healthy Women, and the National Caucus and Center on Black Aging, writes Pearl Darling, MBA, Executive Director, Ambulatory Health Care.

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