Accreditation and certification

Take 5 podcast details off-site survey process

A new episode of the Take 5 podcast is available detailing The Joint Commission’s off-site survey process.

Last year, as health care organizations were challenged by the COVID-19 pandemic, processes were developed for conducting offsite (formally called “virtual”) events. As of Dec. 31, 2020, The Joint Commission had conducted more than 1,200 offsite surveys and reviews across all accreditation and certification programs. However, not every segment is eligible for offsite surveys.

In the new Take 5 episode, Lisa DiBlasi Moorehead, EdD, MSN, RN, CENP, CJCP, Associate Nurse Executive, Accreditation and Certification Operations, explains the off-site surveys and how organizations can prepare for them.

Listen to the podcast. [26:21]

Extended: reduced volume eligibility requirements for advanced stroke certification programs

The Joint Commission is extending the temporary reduction of volume eligibility requirements for its advanced Thrombectomy-Capable Stroke Center (TSC) and Comprehensive Stroke Center (CSC) certification programs through May 31. The temporary reductions apply to health care organizations applying for initial certification or recertification as the number of patients seeking care for stroke continues to vary because of COVID-19.

Organizations seeking TSC and CSC recertification must meet 50% of the current procedure volume eligibility for mechanical thrombectomy, and CSCs must meet 75% of the current volume eligibility for subarachnoid hemorrhage (SAH) care and aneurysm clipping/coiling. The temporally reduced volume requirements for eligibility are:

- **Mechanical thrombectomies**
  - TSC: eight within the past 12 months or 16 within 24 months.
  - CSC: eight within the past 12 months or 16 within 24 months.

- **Clippings/coilings**
  - TSC: Not applicable.
  - CSC: 11 within the past 12 months or 22 within 24 months.

- **Care provided for aneurysmal SAH**
  - TSC: Not applicable.
  - CSC: 15 within the past 12 months or 30 within 24 months.

The Joint Commission also is temporarily reducing volume eligibility for organizations seeking initial TSC and CSC certification. However, because organizations have not established their ability to meet the volume requirements, they will not receive as significant a reduction and will be required to meet 80% of the current eligibility volumes. The temporally reduced volume requirements for eligibility are:

- **Mechanical thrombectomies**
  - TSC: 12 within the past 12 months or 24 within 24 months.
  - CSC: 12 within the past 12 months or 24 within 24 months.

- **Clippings/coilings**
  - TSC: Not applicable.
  - CSC: 12 within the past 12 months or 24 within 24 months.
• Care provided for aneurysmal SAH
  o TSC: Not applicable.
  o CSC: 16 within the past 12 months or 32 within 24 months.

The Joint Commission will reevaluate the pandemic’s effect on the number of patients seeking acute stroke care to decide whether to extend the volume reductions. It will communicate any changes before June 1. (Contact: Tabitha Vieweg, tvieweg@jointcommission.org)

Performance measurement

Learn more about 2021 Data Submission Process enhancements
After receiving feedback from its accredited and certified organizations, The Joint Commission implemented several enhancements to its Certification Measure Information Process (CMIP) application. Having gone into effect with Jan. 1, 2021, discharges, hospitals with advanced certification programs have been instructed to continue to manually enter their aggregate performance measurement data into the CMIP application that is available on an organization’s Joint Commission Connect® extranet site.

The enhancements include:
• Enter data at the site level for programs with multiple sites that have standardized measures.
• Attest to zero cases.
• Clear data for a month.
• Clinical Practice Guidelines/Performance Improvement (PI) Plan Updates.
• Intracycle Call tab update.
• Data submission deadlines for standardized measures. The following are the data submission due dates for standardized measures for calendar year 2021 data:
  o First quarter 2021 data are due June 30, 2021.
  o Second quarter 2021 data are due Sept. 30, 2021.
  o Third quarter 2021 data are due Dec. 31, 2021.
  o Fourth quarter 2021 data are due March 31, 2022.
• Data edit capabilities for up to 24 months.

Learn more and view a recording of a webinar highlighting these changes. Questions regarding these enhancements may be directed to the ORYX Help Line at HCOORYX@jointcommission.org.

Quality and safety

March Journal: Mental health support for health care workers during COVID-19 pandemic
The COVID-19 pandemic has brought unprecedented levels of anxiety, insomnia, depression and distress to health care workers, according to preliminary studies.

A new article in the March 2021 issue of The Joint Commission Journal on Quality and Patient Safety, “Staff Emotional Support at Montefiore Medical Center During the COVID-19 Pandemic,” details how Montefiore Medical Center (MMC) – located in the Bronx, the borough hardest hit by COVID-19 in New York City – implemented various mental health services to mitigate and treat psychological distress among staff.

Interventions implemented during the pandemic included:
• Psychoeducational resources (including invited presentations, grand rounds and web-based resources)
• Telephone support line
• Staff Support Centers (SSCs)
• Clinical treatment program
• Parenting skills and support groups
• Team support sessions
• Peer support outreach
• Mental health and wellness programs
• Clergy support

The most-used service was SSCs and the least-used service was clergy support. The SSCs were promoted as locations to balance work with self-care and safe places to nurture health care workers’ well-being. They were originally opened with limited hours but quickly expanded to include weekday access. Utilization of SSCs grew from 25 visits on the first day to more than 750 daily visits during the height of the pandemic. There were more than 32,000 visits recorded from March to mid-June 2020.

Also featured in the March issue:
• “The Role of Institution-Based Peer Support for Health Care Workers Emotionally Affected by Workplace Violence” (The Johns Hopkins Hospital, Baltimore, and University of Missouri Health Care, Columbia, Missouri)
• “The Impact of an Inpatient Nurse-Triggered Sepsis Alert on Antimicrobial Utilization” (University of California, San Diego Health, San Diego)
• “Does ‘Code Sepsis’ Stifle Antimicrobial Stewardship?” (editorial)
• “The Effect of Blue-Enriched Light on Medical Error Rate in a University Hospital ICU” (University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin)
• “Predictors and Outcomes of Patient Knowledge of Plan of Care in Hospital Medicine: A Quality Improvement Study” (ChristianaCare Health Services, Newark, Delaware)
• “A Veterans Affairs Primary Care Same-Day Open Access for New Patients Optimized Redesigned System (VA-HONORS): A Six-Year Analysis of 22,220 Patient Records” (U.S. Department of Veterans Affairs Loma Linda Healthcare System, Loma Linda, California)
• “Lessons Learned from Virtual Handshake Stewardship During a Pandemic” (commentary)
• “Public Accountability and the Technologic Imperative: The Interplay Between Public Reporting and Cardiac Surgery Outcomes in the United States” (commentary)

Access the Journal.

Resources

Up in the blogosphere with The Joint Commission
Ambulatory Buzz — Ongoing Impact of COVID-19 in Ambulatory Care Settings: Nearly a year into the COVID-19 crisis in the U.S., it is time to take stock of what has worked and what has not. The Joint Commission worked with C+R Research to conduct an assessment among several accredited health care organizations to measure the perceived impact of COVID-19. Here are key findings for the ambulatory care community, writes James Kendig, MS, CHSP, CHCM, CHEM, LHRM, Field Director.

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