Accreditation and Certification

4-1-1 on Survey Enhancements: Sterile medication compounding

Last month, we announced the launch of 4-1-1 on Survey Enhancements — a new monthly series that takes a deeper look at some high-risk areas that are evaluated by Joint Commission surveyors.

The first 4-1-1 topic is on sterile medication compounding, a highly technical process that can lead to patient harm when performed incorrectly or in an incorrect environment.

As a high-risk and complex process, sterile medication compounding needs a comprehensive assessment. As of Jan. 1, 2018, The Joint Commission began enhancing our on-site evaluation of sterile medication compounding in hospitals, critical access hospitals and home care organizations.

Hospitals and critical access hospitals can expect additional dialogue during tracer activities, as well as additional surveyor time spent in the compounding area for observation of compounding processes. To best prepare for these survey enhancements, hospitals and critical access hospitals should focus on the following areas:

- Environmental assessment (including testing and certification reports for engineering controls) to ensure all required components are tested and within acceptable ranges.
- Product preparation assessment.
- Appropriate completion of competency assessment for all pharmacy compounding staff.

For home care organizations, the new Medication Compounding standards chapter is being utilized to evaluate compliance.

Additional resources on sterile medication compounding are available on The Joint Commission Connect™ extranet. Please contact your quality director for access.

Joint Commission, AHA announce cardiovascular certification program

Ensuring patients with heart failure have access to the latest evidence-based care, improved outcomes and better quality of life is at the core of a new hospital certification program being offered by The Joint Commission and the American Heart Association. The Advanced Certification for Heart Failure program is the first of multiple, jointly offered cardiac certifications that will be made available to hospitals seeking to implement exceptional efforts to foster better quality of care and outcomes for patients with cardiovascular disease. It is based on the most recent heart failure clinical practice guidelines.

Using standards and quality improvement tools, this advanced certification program promotes successful efforts in heart failure management, which includes:

- Standard methods of delivering or coordinating care.
- A secure and timely system for sharing information across settings and providers, which safeguards patient rights and privacy.
• A comprehensive performance improvement program that uses outcomes data to continually enhance existing treatment plans and clinical practices.
• Clinical practices that support patient self-management.

The American Heart Association and The Joint Commission certification program requires organizations to meet the following criteria:
• Actively participate in Get with the Guidelines – Heart Failure, the American Heart Association’s hospital-based quality improvement program designed to close the treatment gap in cardiovascular disease.
• Collect data on certification measures requirements for inpatient and outpatient care.
• Provide ambulatory care services through a hospital-collaborative relationship with one or more cardiology practices.
• Meet standards requirements under the certification program.

“The Joint Commission recognizes organizations that have achieved a level of excellence in their care for heart failure patients,” said David W. Baker, MD, MPH, FACP, executive vice president for Health Care Quality Evaluation, The Joint Commission. “Moreover, earning Advanced Heart Failure certification means the organization is committed to continuing to work to improve and achieve the best possible outcomes for their patients. This certification also shows the community that the organization is committed to coordinating care beyond the walls of the hospital, including transition to outpatient heart failure care providers.”

“This certification provides an important way for hospitals to distinguish themselves, and more importantly, it helps raise the bar for heart failure care nationwide,” said Clyde Yancy, MD, MSc, voluntary chairman of the American Heart Association Get With The Guidelines Committee and Chief, Division of Cardiology Northwestern University, Feinberg School of Medicine.

According to Gregg Fonarow, MD, FACC, FAHA, FHFS, longtime American Heart Association volunteer and Quality Improvement - Heart Failure and Stroke leader and Director of the Ahmanson-UCLA Cardiomyopathy Center at the David Geffen School of Medicine at UCLA, the AHA’s work has clearly demonstrated over time that an evidence-based, guideline-driven approach “saves lives and reduces the need for hospitalization in heart failure.”

For more information about the advanced heart failure certification program, email certification@jointcommission.org.

Performance measurement

Direct Data Submission Platform now available for 2018 eCQM data submission
The Joint Commission’s Direct Data Submission (DDS) Platform is now available to all accredited hospitals for submission of calendar year (CY) 2018 electronic clinical quality measure (eCQM) data and future submissions. It has been a key goal of The Joint Commission to provide its accredited hospitals with the ability to directly submit eCQM data.

For CY 2018, there are now two eCQM data submission methods for hospitals with ORYX eCQM requirements:

1. Direct submission through the DDS platform: Hospitals electing to use the DDS Platform for the first time will be on-boarded monthly in groups from August 2018 to February 2019, enabling them to access the platform. Hospitals will have the ability to invite additional users to the Platform. The users granted permission by a hospital could include anyone who is needed to assist in a successful submission of data for the hospital, such as a vendor or consultant.

2. Vendor submission through a Joint Commission-listed ORYX vendor: Hospitals may continue to utilize an ORYX eCQM vendor for submission of CY 2018 data. However, please note:
• After the CY 2018 eCQM data submission, all hospitals submitting eCQM data will be transitioned to the DDS Platform beginning with CY 2019 data.
• The Joint Commission will continue to utilize ORYX® vendors for submission of hospitals’ chart-based data through 2019, and the use of vendors will be evaluated annually thereafter.

Submit your 2018 ORYX eCQM Selection form by Oct. 31
The 2018 ORYX eCQM Selection form includes instructions and key steps to complete your hospital’s 2018 eCQM submission method (either Direct Data Submission Platform or ORYX eCQM vendor) and selection of the measures to be submitted (minimum of four eCQMs are expected to be submitted for a minimum of one calendar quarter). The form must be completed and submitted to The Joint Commission by Oct. 31, 2018. Email the form to HCOORYX@jointcommission.org. Please note:
• The Joint Commission makes all changes to the ORYX Measure Selection (OMS) application.
• If a hospital used the DDS Platform for its CY 2017 submission, this form does not need to be completed.

The Joint Commission strives to be as closely aligned as possible with the Centers for Medicare & Medicaid Services (CMS) Hospital Inpatient Quality Reporting (IQR) Program. Following the release of the “Final CMS FY 2019 Inpatient Prospective Payment System (IPPS)” rule, The Joint Commission will determine and share its 2019 ORYX Performance Measurement Requirements this fall. Email questions to HCOORYX@jointcommission.org.

Quality and safety

Quick Safety: Managing medical device-related pressure injuries
Pressure injuries — formerly called pressure ulcers — are not new to health care. But more and more of these injuries are being caused by medical devices, creating a safety issue for patients.

In fact, medical device-related pressure injuries now account for more than 30 percent of all hospital-acquired injuries. Compounding this problem is the difficulty health care staff have in differentiating these types of injuries from those caused by immobility, as both types of pressure injuries are frequently found over bony prominences.

This topic is the focus of the latest issue of Quick Safety, Issue 43: Managing medical device-related pressure injuries.

Read more.

Resources

Up in the blogosphere with The Joint Commission
• High Reliability Healthcare — High Reliability Care Requires Physician Champions: A challenge most hospitals face is how best to effectively engage physicians as collaborative partners. If there is not effective physician-hospital collaboration, most quality and safety hospital initiatives will fail or not be fully sustainable. It is the physician champion’s added diversity to any patient care and patient safety initiative that increases success and sustainability, writes William Choctaw, MD, JD, CSSBB, physician advisor for the Joint Commission Center for Transforming Healthcare.
• Dateline @ TJC — Improving Care is Everyone’s Job: Fundamentals of Health Care Improvement: A Guide to Improving Your Patients’ Care, Third Edition, is designed for any new (or seasoned) health care professional who wants to ask the right questions to get the right answers — that is, to get the right outcomes or results for their patients, writes Laura Hible, senior editor, Joint Commission Resources.
• **Dateline @ TJC — Identifying Human Trafficking Victims Among Your Patients:** Human trafficking is essentially modern day slavery and manifests as prostitution or other forms of sexual exploitation, forced labor or services, slavery, servitude or the removal of organs. Since medical care is often necessary for trafficking victims, health care professionals are in a unique position to help them, writes Elizabeth Even, Rn, MSN, CEN, associate director, Standards Interpretation.

• **Ambulatory Buzz — Malignant Hyperthermia: A Deadly, Yet Treatable Emergency – Be Prepared!** A malignant hyperthermia (MH) event is a biochemical chain reaction response triggered by commonly used general anesthetics and the paralyzing agent succinylcholine (a neuromuscular blocker) within the skeletal muscles of susceptible individuals. Epidemiologic studies reveal that MH complicates about one in about 100,000 surgeries in adults and one in about 30,000 surgical procedures in children, writes Dianne Daugherty, executive director, Malignant Hyperthermia Association of the United States.

• **@ Home with The Joint Commission — Participate in Landmark Palliative Care Mapping Project:** The Center to Advance Palliative Care (CAPC), in collaboration with the National Coalition for Hospice and Palliative Care, has launched the Mapping Community Palliative Care initiative. Not only will this resource help individuals with serious illness and their families find quality palliative care but also will develop estimates of palliative care access across the country and track growth over time, writes Margherita Labson, executive director of the Home Care Accreditation program.

Learn more about [Joint Commission Resources’](https://www.jointcommission.org) offerings online or call 877-223-6866.