Accreditation and Certification

AIM Correction: CMS’ SEP-1 bundle NOT a Joint Commission requirement

An article and editorial published in the April 17 issue of *Annals of Internal Medicine* (AIM) provided inaccurate information about the role of the Centers for Medicare and Medicaid Services’ (CMS) Severe Sepsis and Septic Shock Early Management Bundle (SEP-1) measure in CMS’ quality reporting programs. The article also erroneously claimed that The Joint Commission was considering creating a requirement for hospitals to implement the bundle to receive accreditation — this is false.

The AIM piece referenced an article (“Joint Commission announces ORYX performance measure changes for 2016”) that published in the Sept. 2, 2015 issue of *Joint Commission Online*. The article correctly listed the sepsis bundle as a “chart-abstracted measure collected for CMS only.”

AIM published a correction — written by Sean R. Townsend, MD and colleagues — stating: [the authors’] claim that The Joint Commission requires SEP-1 completion for hospital accreditation is also false. They cite a document that explicitly states that the measure is “CMS only,” not a Joint Commission requirement.

Performance measurement

Study: Hospitals reporting HBIPS measure sets to Joint Commission improve performance

A new study in the July 2018 issue of *Psychiatric Services* shows that hospitals reporting inpatient psychiatric services measures to The Joint Commission demonstrated improved performance on measures related to admission screening, multiple antipsychotic medication justification, discharge planning, and restraint and seclusion use.

The study — “Trends in Results of HBIPS National Performance Measures and Association With Year of Adoption” — examines performance by hospitals reporting on seven measures collectively known as the Hospital-Based Inpatient Psychiatric Services (HBIPS) measure set. Conducted by researchers with The Joint Commission’s Health Services Research and Quality Measurement departments, the study evaluated cohorts of hospitals that began reporting inpatient psychiatric care data to The Joint Commission in 2009, 2011, 2014 and 2015.

After adjusting for covariates, findings showed:

- All cohorts significantly improved across quarters for admission screening, multiple antipsychotic medication justification and discharge planning.
- Restraint hours significantly dropped over the initial reporting periods for the 2009 and 2015 cohorts.
- Seclusion hours also significantly dropped over reporting periods for all except the 2011 cohort.

Hospitals in the earlier reporting cohorts outperformed hospitals in later reporting cohorts by the time each new cohort began reporting, suggesting that hospitals in the early adopter group had the most time to utilize the feedback from reporting to improve performance. Given a consistent pattern of steady
improvement associated with measurement and reporting, hospitals that begin reporting early have a comparative advantage over hospitals that delay, the authors concluded.

“Perhaps the most interesting finding is that previously observed associations between measure reporting and improvement appear to be quite robust,” said lead study author Kenneth A. Rasinski, PhD, project director, Department of Health Services Research, The Joint Commission. “Despite the fact that some hospital cohorts had different initial starting points and improved at different rates, and that different types of hospitals may have been motivated to report at different times and for different reasons, the trend across nearly all measures and cohorts was improvement.”

Read the study.

**Quality and safety**

**Hoying: Nurses ‘have many reasons to be proud’ during National Nurses Week**

In recognition of National Nurses Week — which takes place May 6-12, ending on Florence Nightingale’s birthday — Cheryl Hoying, PhD, RN, NEA-BC, FACHE, FAAN, chief nurse executive and executive vice president of Customer Relations at The Joint Commission, released a statement praising nurses for “their tireless efforts to provide safe and quality care to patients.”

“Nurses have many reasons to be proud,” Hoying stated. “For the past 16 years, they have been ranked as the most honest and ethical of professions. Their commitment to protect, promote and improve health care is well recognized and appreciated.”

Hoying noted that this year’s theme of “inspire, innovate and influence” was especially fitting, as The Joint Commission works daily with nursing colleagues and nurses at accredited health care organizations to identify opportunities to improve patient safety and quality of care.

“Nurses truly lead and influence at every level of an organization and across the care continuum, including hospitals, nursing care centers, ambulatory, behavioral and home care organizations,” Hoying stated.

Read the statement.

**Journal: Early treatment for opioid-dependent newborns lowers cost, maintains outcomes**

The Managing Abstinence in Newborns (MAiN) program proves that reducing cost and maintaining medical and safety outcomes are possible when managing inpatient neonatal abstinence syndrome (NAS). NAS can result when an opioid-dependent newborn is no longer exposed to substances used by the mother during pregnancy. The serious problems that NAS can cause for newborns include low birth weight, respiratory and feeding complications, and seizures.

Launched by Jennifer A. Hudson, MD, medical director, Newborn Services, Greenville Health System, the MAiN program is described in a study in the upcoming June 2018 issue of *The Joint Commission Journal on Quality and Patient Safety (JQPS)*. This study is especially timely, as prescription and non-prescription opioid use and dependence are increasing in women of childbearing age and during pregnancy.

The article — “Early Treatment Innovation for Opioid-Dependent Newborns: A Retrospective Comparison of Outcomes, Utilization, Quality and Safety,” — is by Julie Summey, PhD, Clemson University, and co-authors from Clemson and Greenville Health System, South Carolina.
“There is enormous potential for programs such as this to provide a safe, cost-effective and sustainable alternative to prolonged inpatient NAS management,” conclude Maya Balakrishnan, MD, and Gautham Suresh, MD, DM, MS, authors of an accompanying editorial, “Management of Neonatal Abstinence Syndrome: The Importance of a Multifaceted Program Spanning Inpatient and Outpatient Care.”

The MAiN program provides multidisciplinary, coordinated, community-based care for NAS, and compares the outcomes of MAiN infants to infants who received traditional NAS care in South Carolina from 2006 through 2014. Findings showed no significant differences between the two groups regarding medical and safety outcomes, or child protective services involvement. However, the NAS infants receiving traditional care were more likely to be treated in a higher-level nursery or to have emergency department visits, and the median per-birth charges were approximately $8,204 lower for MAiN infants.

The study and editorial are available online free. JQPS is a peer-reviewed journal providing health care professionals with innovative thinking, strategies and practices in improving quality and safety in health care.

Access the Journal.

New podcast: Journal study on improving care transitions between hospitals, SNFs

Care transitions between hospitals and skilled nursing facilities (SNFs) take center stage in the inaugural episode of Quality and Patient Safety Conversations — a new podcast series for health care professionals on the research and articles in The Joint Commission Journal on Quality and Patient Safety.

This first podcast features Sarwat Chaudhry, MD, principal investigator, Yale Center for Healthcare Innovation, Redesign and Learning (CHIRAL), New Haven, Connecticut. Dr. Chaudhry is one of the lead authors of “Care Transitions Between Hospitals and Skilled Nursing Facilities: Perspectives of Sending and Receiving Providers,” featured in the November 2017 issue of the Journal. The study — based on qualitative interviews with 25 hospital providers and 16 skilled nursing providers at three facilities — gathered provider perspectives on patient transfers, as well as experiences with unplanned hospital readmissions all in an effort to improve patient care transitions.

“A big part of our motivation for this study is the national trend that we are seeing in hospitals that more and more of our patients are being sent from the hospital out to SNFs,” Dr. Chaudhry said. “In fact, there are some estimates that 1 in 4 of our older patients who are hospitalized will be discharged not back home but to a SNF. So, this is becoming an increasingly common kind of care transition.”

In the episode, Dr. Chaudhry said she believes the “next frontier” of the patient safety field is in “carefully understanding and optimizing interactions at the human-human level.” While she said that seems like a basic premise, her study and others like it have shown that deficiencies in those communications can have an impact on patient safety.

During the interview, Dr. Chaudhry mentions several findings of the study that surprised the authors, including the limited viewpoint of hospital-based clinicians in understanding the challenges and complexities of care being delivered at SNFs. Another was staffing differences between the two care settings.

“One of the major challenges that SNFs have is their limited staffing,” Dr. Chaudhry said. “In the hospital, the nurse-to-patient ratio is typically in the 1-to-6 or maybe 1-to-8 range, whereas in SNFs, we see ratios closer to 1-to-25 — even upwards of 1-to-40.”

Another surprise came courtesy of the authors’ conversations with patients and family members.
“One of the things that I think was probably the biggest surprise, truthfully, of the entire study was that whereas we see readmission back to the hospital as a sign of a problem, patients and families often thought that was a very good thing,” she said. “They thought they could go back to the hospital and receive a higher level of care and have issues properly and thoroughly addressed. They didn’t see it as a bad thing.”

Listen to the podcast or read the article.

People

Garcia-Houchins named new director of prevention and infection control

Sylvia Garcia-Houchins, RN, MBA, CIC, is the Joint Commission’s new director of prevention and infection control. She most recently served as the director of infection control at The University of Chicago Medicine and was a consultant for Joint Commission Resources for 10 years.

Garcia-Houchins has more than 30 years of experience in infection control in both the hospital and long-term care settings, as well as eight years of experience in microbiology. Her areas of interest and specialty include: disinfection and sterilization; dialysis; infection prevention during renovation and construction; and control of Legionella.

She has a bachelor’s degree in biochemistry and molecular biology from Northwestern University, as well as a master’s degree in business administration from the Keller Graduate School of Management. Her nursing degree is from Truman College.

Resources

Up in the blogosphere with The Joint Commission

- **Ambulatory Buzz** — [Big Reduction in Requirements for Accredited Telehealth Organizations](https://www.jointcommission.org/blog/ambulatorybuzz/big-reduction-in-requirements-for-accredited-telehealth-organizations/): Effective July 1, 2018, several Joint Commission elements of performance (EPs) for Ambulatory Health Care accreditation will no longer apply to services provided via a telehealth platform. These changes represent a 25 percent reduction in applicable standards for telehealth surgical and telehealth non-surgical settings, writes Joyce Webb, RN, BSN, MBA, project director, Division of Standards and Survey Methods (DSSM).


- **@ Home with The Joint Commission** — [No Written Plans of Care Required to be Distributed to Home Health Patients](https://www.jointcommission.org/blog/homewiththejointcommission/no-written-plans-of-care-required-to-be-distributed-to-home-health-patients/): Effective April 30, The Joint Commission will no longer score organizations that fail to give their patients a written plan of care for home health patients. This change is in response to recent communications from Centers for Medicare & Medicaid Services (CMS) to The Joint Commission, writes Kathy Clark, MSN, RN, associate project director specialist, DSSM.

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