The Joint Commission Standards and the Patients

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Disclaimer:
Pat Adamski, RN, MS, MBA has no real or apparent conflicts of interest to report.

Objectives:
- At the end of this session the participant will
  - be able to identify one new requirement that is focused on improving patient safety and quality
  - Identify one action that can be incorporated into daily processes to enhance compliance and improve patient safety and quality
The Joint Commission Mission

To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.

JOINT COMMISSION’S ROLE IN PATIENT SAFETY
Patient Safety is our Focus

- The Standards and Accreditation/Certification Requirements
- The National Patient Safety Goals
- Voluntary reporting of Sentinel Events
- Analysis of complaints regarding accredited/certified organizations
- Quality Check
- The Survey Process

Patient Safety is our Focus

- Identification of patterns and trends in compliance with our standards—published in Perspectives
- Identification of patterns and trends in the voluntary reporting of sentinel events along with the identified root causes of those events
- Publication of Sentinel Event Alerts
- Development/revision of standards and NPSGs related to issues impacting patient safety
NEW 2011/2012
STANDARDS AND
NATIONAL PATIENT
SAFETY
GOALS
What’s new for 2011/2012?

Medication Reconciliation

NPSG.03.06.01: Maintain and communicate accurate patient medication information

EP 1: Obtain information on the medications the patient is currently taking when he or she is admitted to the hospital or is seen in an outpatient setting. This information is documented in a list or other format that is useful to those who manage medications.
Medication Reconciliation

**NPSG.03.06.01**: Maintain and communicate accurate patient medication information

EP 2: Define the types of medication information to be collected in non-24-hour settings and different patient circumstances

EP 3: Compare the medication information the patient brought to the hospital with the medications ordered for the patient by the hospital in order to identify and resolve discrepancies

Medication Reconciliation

**NPSG.03.06.01**: Maintain and communicate accurate patient medication information

EP 4: Provide the patient (or family as needed) with written information on the medications the patient should be taking when he or she is discharged from the hospital or at the end of an outpatient encounter (for example, name, dose, route, frequency, purpose)
Medication Reconciliation

**NPSG.03.06.01:** Maintain and communicate accurate patient medication information

EP 5: Explain the importance of managing medication information to the patient when he or she is discharged from the hospital or at the end of an outpatient encounter

- Keep in mind:
  - PC.02.02.01: coordination of care, sharing information
  - PC.02.03.01: providing patient education
  - PC.04.02.01: providing information at discharge

Goal 7

Healthcare-associated infections

Four additional requirements

- **NPSG.07.03.01:** multidrug-resistant organisms (MDRO)
- **NPSG.07.04.01:** central line-associated bloodstream infections (CLABSI)
- **NPSG.07.05.01:** surgical site infections (SSI)
- **NPSG.07.06.01:** catheter-associated urinary tract infections (CAUTI)

These were based in part on the *Compendium of Strategies to Prevent Healthcare Associated Infections in Acute Care Hospitals*
Catheter-Associated Urinary Tract Infections (CAUTI)

NPSG.07.06.01: Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections
- Not applicable to peds population
- Evidence-based guidelines for CAUTI located at:
  - [http://www.shea-online.org/GuidelinesResources/CompendiumofStrategiesToPreventHAIs.aspx](http://www.shea-online.org/GuidelinesResources/CompendiumofStrategiesToPreventHAIs.aspx)
  - [http://www.cdc.gov/hicpac/cauti/001_cauti.html](http://www.cdc.gov/hicpac/cauti/001_cauti.html)

Catheter-Associated Urinary Tract Infections (CAUTI)

NPSG.07.06.01: Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections
- EP 1: During 2012, plan for the full implementation of this NPSG by January 1, 2013
- EP 2: Insert indwelling urinary catheters according to established evidence-based guidelines that address the following:
  - Limiting use and duration to situations necessary for patient care
  - Using aseptic techniques for site preparation, equipment, and supplies
Catheter-Associated Urinary Tract Infections (CAUTI)

- NPSG.07.06.01: Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections
  - EP 3: Manage indwelling urinary catheters according to established evidence-based guidelines that address the following:
    - Securing catheters for unobstructed urine flow and drainage
    - Maintaining the sterility of the urine collection system
    - Replacing the urine collection system when required
    - Collecting urine samples

Catheter-Associated Urinary Tract Infections (CAUTI)

- NPSG.07.06.01: Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections
  - EP 4: Measure and monitor catheter-associated urinary tract infection prevention processes and outcomes in high-volume areas by doing the following:
    - Selecting measures using evidence-based guidelines or best practices
    - Monitoring compliance with evidence-based guidelines or best practices
    - Evaluating the effectiveness of prevention efforts
    - Surveillance may be targeted to areas with high volume (as identified through risk assessment—IC.01.03.01 EP 2)
Patient-Provider Communication Standards

Effective Date changed to July 1, 2012
Except RI.01.01.01, EPs 28 and 29 that went into effect July 1, 2011.

Patient-Provider Communication Standards

- RI.01.01.01 EP 1—expands the policy requirement (pre-publication)
  - Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital’s written policies address procedures regarding patient visitation rights, including any clinically necessary or reasonable restrictions or limitations
Patient-Provider Communication Standards

- R0.1.01.01 EP 2—expands the informing patient requirement (pre-publication)
  - **Note:** For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital informs the patient (or support person, where appropriate) of his or her visitation rights. Visitation rights include the right to receive the visitors designated by the patient, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. Also included is the right to withdraw or deny such consent at any time.

Patient-Provider Communication Standards

- **Addresses:**
  - Patient access to chosen support individual (RI.01.01.01 EP 28)
    - Allowed to be present with the patient for emotional support during course of stay
  - Unless the presence infringes on rights of others or is medically or therapeutically contraindicated
    - This is in effect now
Patient-Provider Communication Standards

Addresses:

- Non-discrimination in patient care (RI.01.01.01 EP 29)
  - Prohibited based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression
  - This is in effect now

Patient-Provider Communication Standards

Addresses:

- (RC.02.01.01 EP 1)
  - Collecting race and ethnicity data
  - Collecting language data
    - Including preferred language for discussing health care
    - If patient is a minor, is incapacitated or has designated advocate, those communication needs are documented in the medical record
Patient-Provider Communication Standards

Addresses:
- (RI.01.01.03 EPs 2)
  - Providing language services
    - Can include:
      - Hospital employed language interpreters
      - Contract interpreters
      - Trained bilingual staff
      - May be provided in person or via telephone or video

Patient-Provider Communication Standards

Addresses:
- (HR.01.02.01 EP 1)
  - Qualifications for language interpreters
    - Can be met through language proficiency assessment, education, training and experience
- (RI.01.01.03 EP 3P)
  - Identifying patient communication needs
    - Includes need for personal devices such as hearing aids or glasses, language interpreters, communication boards, etc.
Patient-Provider Communication Standards

Addresses:
- (PC.02.01.21 EPs 1 and 2, RI.01.01.03 EP 2)
- Providing language services
  - The hospital determines which translated documents and languages are needed based on its patient population

Patient-Provider Communication Standards

Resources:
- Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals is now available to download at:
  - [http://www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf](http://www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf)
  - Joint Commission requirements
  - Laws and regulations
  - Sample policies and documents
  - Resource guide with references and links
- [http://www.jointcommission.org/R3_issue1/](http://www.jointcommission.org/R3_issue1/)
Standard Addressing Performance Measurement

PI.02.01.03
The hospital improves its performance on ORYX accountability measures.

Element of Performance (EP) for PI.02.01.03
1. The hospital achieves a composite performance rate of at least 85% on the ORYX accountability measures transmitted to The Joint Commission.

Calculation of the Composite Rate

The composite rate is the sum of all the numerator counts from a hospital’s reported accountability measures across all measure sets, divided by the sum of all the denominator counts from across the same accountability measures.
Compliance with the New EP

Based on a single composite measure rate for all reported accountability measures

- In 2010, 98% of hospitals met an 80% compliance rate, 96% met an 85% rate, and 92% met a 90% target

A hospital that is not in compliance with the target rate at the time of the triennial survey will receive a Requirement for Improvement (RFI) in its accreditation report

- Since data are already available and retrospective, surveyors will not specifically cite or comment on compliance with this Standard/EP. Scoring will be automatic if the composite is less than 85%

- Hospitals cannot present any information to demonstrate compliance since compliance with the measure target can only be determined by the submission of quarterly data via the hospital’s selected ORYX vendor, due to the need to have validated data

Addressing the RFI

After receiving an RFI for failure to meet the composite measure target at the time of its triennial survey, a hospital will be required to submit Evidence of Standards Compliance (ESC) within 45 days

- This is consistent with the current requirement for hospitals for addressing non-compliance with Direct Impact standards/EPs

- However, the ESC for this unique RFI will be a Plan of Correction describing how the hospital intends to meet or exceed the targeted 85%
Addressing the RFI

Assuming an acceptable ESC is submitted, this RFI alone will not impact the hospital’s accreditation decision that is rendered as part of the ESC process.

The RFI can be cleared anytime during the 18 months after the full survey by demonstrating acceptable performance through official, quarterly ORYX data in which the quarter composite rate meets or exceeds 85% in each of any two consecutive quarters, assuming the quarter sample size is greater than or equal to 30 cases for the composite rate.

Example Evaluation Criteria

Has the hospital made significant progress in meeting the composite rate?

- Did one or multiple measure set(s) cause the hospital to fail to meet the composite rate?
- Were new accountability measures added that caused the failure to meet the composite rate?
- What is the hospital’s accreditation history? Does the hospital have any other RFIs suggesting barriers that would impede progress towards meeting the composite rate target?
- What was the hospital’s response to the Joint Commission regarding its performance?
- Are there any other unique circumstances that should be considered?
Addressing the RFI

To help hospitals meet the target rate of 85% and clear the RFI, The Joint Commission will communicate with and provide resources to the hospital:
- Intracycle Monitoring Process
- Core Measures Solution Exchange
- Leading Practices Library

Core Measure Solution Exchange

A web-based forum dedicated to sharing solutions related to improving core measure performance.

- A value-added resource that is available to the community of accredited organizations via Joint Commission Connect (Extranet).
- A peer-to-peer collaborative network:
  - Content is voluntarily contributed by accredited organizations.
  - Content is reviewed and evaluated by accredited organizations.
  - Content is NOT reviewed or endorsed by The Joint Commission.

<table>
<thead>
<tr>
<th><strong>Problem:</strong></th>
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</thead>
<tbody>
<tr>
<td>The problem, identified by Joint Commission for the 2011-2012 interval, is related to successful implementation of a new protocol for the treatment of urinary tract infections. A new research identifies a failure to clearly and consistently identify and manage patients who are on chronic pain management medication for their chronic pain management. The protocol emphasizes the importance of frequent follow-up and the need for the pharmacist to communicate with the treating physician. However, in the past, several patients were not prescribed the appropriate medication.</td>
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<table>
<thead>
<tr>
<th><strong>Solution:</strong></th>
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<tbody>
<tr>
<td>Provide a brief description of the solution to help others identify similar solutions.</td>
</tr>
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</table>

Specify reasons for selecting this solution:

How did you identify and define the problem? (Please provide specific reasons for selecting this solution.)

IHI Annual Forum 2011- 36
Searching for Solutions

Explore Solutions

Search Solutions  Highest Rated Solutions  Search Solutions by Keyword  Newest Solutions

Ratings for each solution are based upon peer responses to the question: Could this solution be implemented in my organization?

<table>
<thead>
<tr>
<th>Solution</th>
<th>Measure</th>
<th>Average Rating</th>
<th>Posted From</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Preventative Prophylactic Antibiotics</td>
<td>SCP-Inf-2</td>
<td>✔️ ✔️ ✔️ ✔️ ✔️ ✔️</td>
<td>GeriBishop28</td>
</tr>
<tr>
<td>Improving antibiotic administration prior to surgery start time</td>
<td>SCP-Inf-1</td>
<td>✔️ ✔️ ✔️ ✔️ ✔️ ✔️</td>
<td>MaryHansen25</td>
</tr>
<tr>
<td>SCP-Inf-1 Prophylactic Antibiotic Received Within 1 Hour Prior to Surgical Incision</td>
<td>SCP-Inf-1</td>
<td>✔️ ✔️ ✔️ ✔️ ✔️ ✔️</td>
<td>KateSmith17</td>
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<tr>
<td>SCP-Card-2: Achieving Sustainability</td>
<td>SCP-Card-2</td>
<td>✔️ ✔️ ✔️ ✔️ ✔️ ✔️</td>
<td>MariaDekker18</td>
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<tr>
<td>Influenza Vaccination Compliance</td>
<td>PUL-7</td>
<td>✔️ ✔️ ✔️ ✔️ ✔️ ✔️</td>
<td>AnnaSloan18</td>
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Standing Orders/Protocols

Nurse initiated standing orders/protocols

- CMS October, 2008 Survey and Certification memo and updated memo from November, 2011

- The use of standing orders must be documented as an order in the patient’s medical record and authenticated by the practitioner responsible for the care of the patient, as the regulations at 42 CFR §482.23(c)(2) and §482.24(c)(1) require, but the timing of such documentation should not be a barrier to effective emergency response, timely and necessary care, or other patient safety advances. We would expect to see that the standing order had been entered into the order entry section of the patient's medical record as soon as possible after implementation of the order (much like a verbal order would be entered), with authentication by the patient’s physician.
Nurse initiated standing orders/protocols

- A patient specific order is needed to initiate a protocol/standing order set (PC.02.01.03, RC.02.01.01)
- Medicare Conditions of Participation require:
  - “the use of standing orders must be documented as an order in the patient’s medical record and authenticated by the practitioner responsible for the care of the patients as the regulations at 42 CFR 482.23(c)(2) and 482.24(c)(1)...”

CMS goes on to say that the timing of such documentation should not be a barrier to effective emergency response, timely and necessary care, or other patient safety advances. They expect to see that the standing order has been entered into the order entry section of the medical record as soon as possible after implementation of the order (much like a verbal order would be entered), with authentication by the patient’s physician.
Standing Orders/Protocols (cont)

Nurse initiated standing orders/protocols

- The Joint Commission will expect to see:
  - Meet criteria defined by CMS
  - Approval by MEC, P&T and CNO (scope of practice in your state)
  - Standards include: HR.01.02.07, MS.03.01.03, MM.02.01.01, MM.04.01.01, NR.02.01.01, NR.02.02.01, and NR.02.03.01

Standing Orders/Protocols (cont)

Nurse initiated standing orders/protocols

- The Joint Commission will expect to see:
  - Performance Improvement process to ensure nurse initiated protocols are appropriately implemented and that patient specific order is being obtained within defined timeframe
  - Standards include: MM.08.01.01, PI.01.01.01, PI.02.01.01, PI.03.01.01 and RC.01.04.01
Scribes (unlicensed personnel)

- Some organizations have utilized scribes for a while, most systemic EDs
  - Viewed as efficiency issue
  - Used to assist physicians navigate EMR
  - Enter documentation into EMR or chart
  - Locate lab results, test results, etc.
  - Support workflow and documentation for medical record coding
  - May be employed by the hospital or the physician or physician group

Scribes (cont)

- The Joint Commission does not endorse the use of scribes, however...
- If your organization chooses to use scribes the surveyors will expect to see:
  - Training and competencies for the scribes
  - Job description and performance evaluations with clearly defined expectations
  - If the scribe is employed by the physician all non-employee HR standards apply along with contract standard if contracted
Scribes

- All entries must be signed by the scribe along with title (role), date and time
- LIP MUST authenticate all entries by signing, dating and timing
- Orders CANNOT be acted on until authenticated by the LIP working with the scribe
- The issue of PAs using scribes

30 Minute Rule for Medication Administration

In CMS Interpretive Guidelines
- CoP Nursing Services 482.23(c)(1)
- Require all medications be administered within 30 minutes of scheduled time
- ISMP did a survey (mostly nurses responding)
  - Showed dangerous practices have developed as nurses tried to meet this requirement
  - ISMP published recommendations for change
30 Minute Rule (cont)

- The Joint Commission continues to discuss with CMS
  - Evaluating Survey and Certification memo from November, 2011
- Our surveyors will look for patterns/trends and use common sense approach until this issue is resolved

Clinical Alarms

- In the past there was a NPSG on clinical alarms
  - Goal retired, but can survey the issue under Environment of Care EC.02.04.01, EC.02.04.03 CoP Physical Environment 482.41
Clinical Alarms

- Incidents of alarms being silenced or shut off
  - Default settings
- Incidents of inadequate staffing to support
  - No mechanisms for monitoring/responding
- Incidents of “alarm fatigue”
  - Overuse, too many types of alarms, etc.
- Patient deaths have occurred
- CoP Patient Rights 482.13, Nursing Services 482.23

RESOURCES
The Joint Commission’s Leading Practice Library promotes healthcare quality and safety by providing accredited customers with excellent examples of real-life, fully implemented standards solutions.

The Library has nearly 400 documents and is constantly growing.

Approximately 4000 unique customers access the Library each month.

Welcome to the Joint Commission’s Leading Practice Library. You will find some helpful documents in the “Tutorials” section on the left side of the page to assist you in locating and using the documents in this library.
Leading Practice Library

Search Result

A Roundtable Discussion...
Increased Focus on Human Factors
Drives Device Safety Improvements

Mary K. Logan, Moderator

Note more than ever, human factors principles are being used to shape the development and use of medical devices. AAMU recently sponsored a roundtable discussion on human factors principles, the increasing regulatory focus on human factors evaluations, and how human factors can help healthcare providers choose and manage safer technologies.


The Joint Commission
Standards BoosterPaks

Completed
- Safely storing medications
- Ongoing Professional Practice Evaluation/Focused Professional Practice Evaluations
- Suicide prevention

Planned Topics for Future BoosterPaks
- Restraint and seclusion
- Lab specimen labeling and transport
- Hazardous materials management
- Infusion device safety
- Development of a safety culture
- Endoscope reprocessing
- Environment of Care annual plans

Medication Storage and Security BoosterPak™

- MM.03.01.01
- Frequent RFI, in “top ten” for many years
- Long-standing difficulties with compliance in all care delivery settings
OPPE/FPPE BoosterPak™

- Pertains to:
  - MS.08.01.01
  - MS.08.01.03
- Challenging processes for ensuring the quality of licensed independent practitioner care

Suicide Prevention BoosterPak™

- NPSG.15.01.01
- Top-ranked sentinel event
- Frequently scored standard
- Many questions from customers and professional associations
Questions?
For Standards/NPSG question:
- 630-792-5900, Option 6 or
- [http://www.jointcommission.org/Standards/OnlineQuestionForm/](http://www.jointcommission.org/Standards/OnlineQuestionForm/)

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