Joint Commission Online

A complimentary publication of The Joint Commission December 19, 2012

Editor's note: Due to the holiday, next week's Joint Commission Online *will publish on Thursday, December 27.*

In this issue

Accreditation

New *R*[3] *Report* explains revised patient flow requirements

On December 19, The Joint Commission released an *R*[3] *Report* that provides the requirements, rationale, and references for the updated Leadership standards that emphasize the importance of patient flow in hospitals, in particular the patient flow through the emergency department. Although overcrowding and patient boarding in the emergency department have drawn widespread attention, the revised standards make clear that the flow of patients must be managed systematically throughout the entire hospital. The *R*[3] *Report* is designed to give accredited organizations a deeper understanding of the elements of performance in the standards that were revised and developed to enhance patient safety by addressing:

- The use of data and metrics to better manage patient flow as a hospital-wide concern
- The safe provision of care for patients should boarding occur, and
- Mitigating risks experienced by patients with psychiatric emergencies who are boarded in the emergency department

These revised elements of performance go into effect January 1, 2013, with two exceptions: Leadership (LD) standard LD.04.03.11, elements of performance six and nine, will be effective January 1, 2014. They will be included in the 2013 standards manual, but will not affect the organization's accreditation decision. Information on the implementation of these requirements will be collected by Joint Commission surveyors and staff throughout 2013, and will be used to inform the survey process. (Contact: Lynne Bergero, lbergero@jointcommission.org)

Standards changes to meet hospital and critical access hospital deeming requirements

Changes have been made to the following hospital and critical access hospital requirements as a result of the Centers for Medicare & Medicaid Services (CMS) final rule titled, "Reform of Hospital and Critical Access Hospital Conditions of Participation (CoPs)," published in the Federal Register on May 16, 2012. These changes are effective immediately.

Revisions to elements of performance (EPs) for hospitals include the following:

- Addition of a note at MS.01.01.01, EP 13, regarding the structure of the medical staff.
- Revision of the timing requirement related to reporting of medication errors, adverse drug events, and medication incompatibilities at MM.07.01.03, EP 6.

Revisions to EPs for critical access hospitals include the following:

- Elimination of the requirements at LD.04.03.01 for emergency services and outpatient services to be provided "as direct services" by the critical access hospital. This change allows the critical access hospital to have contractual agreements for the provision of the services, but it does not impact the requirement that the critical access hospital is responsible for oversight of that care.
- For rehabilitation and psychiatric distinct part units in critical access hospitals: Addition of a note at MS.01.01.01, EP 13 regarding the structure of the medical staff.
- For rehabilitation and psychiatric distinct part units in critical access hospitals: Revision of the timing requirement related to reporting of medication errors, adverse drug events, and medication incompatibilities at MM.07.01.03, EP 6.

(Contact: Laura Smith, lsmith@jointcommission.org)

New and revised requirements for the laboratory program
New and revised requirements for the laboratory accreditation program are posted on The Joint Commission website. Effective July 1, 2013, the changes address emerging issues in laboratory medicine, and are the result of an evaluation which began in August 2011 to identify issues affecting patient safety and the quality of care, treatment, and services. In addition, revisions to some elements of performance were made to remain consistent with contemporary clinical best practice guidelines. All requirements were evaluated by panels of leading health care experts representing prominent professional and technical organizations. Joint Commission staff also pilot tested the requirements and related survey processes. The new and revised requirements are in the following chapters of the *Comprehensive Accreditation Manual for Laboratory and Point-of-Care Testing (CAMLAB):* Document and Process Control (DC), Information Management (IM), Performance Improvement (PI), and Quality System Assessment for Nonwaived Testing (QSA). (Contact: Donna Gillespie, dgillespie@jointcommission.org)

Sentinel Event policy expanded beyond patients
Effective July 1, 2013, The Joint Commission's Sentinel Event policy will be expanded to include "rape, assault (leading to death or permanent loss of function), or homicide of a staff member, licensed independent practitioner, visitor, or vendor while on-site at the health care organization." An incident that occurs on the premises of a health care organization presents security and safety concerns for everyone, including patients, residents, or individuals served. Broadening the list of reviewable sentinel events promotes improved security and safety throughout the overall environment. By identifying these types of incidents as reviewable sentinel events, the organization is required to conduct a root cause analysis and, based on the findings of the analysis, implement actions to help prevent future occurrences. Should The Joint Commission become aware of the occurrence of an incident, the health care organization must share its analysis, actions, and associated measurement activities with The Joint Commission's Office of Quality Monitoring. The principles of high reliability hold leadership accountable to be uncompromising in its commitment to a culture of safety within the organization. An organizational culture of safety would encompass all people within an organization and not just one group (that is, patients, residents, or individuals served). The revision to the Sentinel Event Policy supports this principle by not differentiating in its processes and by ensuring a robust review and response to any sentinel event, regardless of which person has been directly impacted by the event. As with all activity involved in root cause analyses, the aim is to learn as well as to improve.

Since its inception in 1996, The Joint Commission's Sentinel Event policy has focused on unexpected death or injury only when a patient, resident, or individual receiving care, treatment, or services is the victim. The Joint Commission defines a sentinel event as "an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase 'or the risk thereof' includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome." The subset of reviewable sentinel events includes any occurrence that has resulted in an unanticipated death or major permanent loss of function not related to the natural course of the individual's illness or underlying condition. Examples of these events include a fall resulting in major permanent loss of function or a medication error that results in death. For more information about the Sentinel Event policy, visit The Joint Commission website. (Contact: Anita Giuntoli, agiuntoli@jointcommission.org)

New on the web
- Standards FAQ: Hospitals - Format for collecting patient race and ethnicity data
- Lab Stat News - November 2012 - News for labs interested in accreditation or currently accredited by The Joint Commission.
- Teleconference audio replay: Hospital Human Resources and Temporary Health Care Staffing Firms – Working Together to Streamline Joint Commission Requirements, November 28, 2012 - Joint Commission experts discuss hospital human resources standards and temporary staffing requirements and how they mesh together.
- ISC Primary Stroke Center Meet & Eat: February 7, 2013, 11 a.m. - 12:15 p.m. (PT), at the International Stroke Conference in Honolulu. For hospitals that currently have a certified Primary Stroke Center or those interested in learning more about Primary Stroke Center certification.

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