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New NPSG on clinical alarm safety: phased implementation in 2014 and 2016

The Joint Commission approved a new National Patient Safety Goal (NPSG) on clinical alarm safety ([NPSG.06.01.01](#)) for 2014 for hospitals and critical access hospitals. The new goal will be implemented in two phases: phase one begins January 1, 2014, when hospitals will be required to establish alarm safety as an organizational priority and identify the most important alarms to manage based on their own internal situations; phase two begins January 1, 2016, when hospitals will be expected to develop and implement specific components of policies and procedures, and to educate staff in the organization about alarm system management.

The Joint Commission will publish the phase one and two requirements at the same time in order to provide complete information about the ultimate requirements of the NPSG. It is important to note, however, that the proposed phase two requirements may be enhanced before they are implemented in 2016. These changes could arise from hospitals' experience with phase one requirements as well as newly emerging evidence about best practices. The Joint Commission is aware of efforts currently underway that will support the implementation of phase two requirements. For example, the Association for the Advancement of Medical Instrumentation's (AAMI) Healthcare Technology Safety Institute (HTSI) is engaged in a number of activities that promote safe alarm system management, including:

- Conducting a survey and study of hospital practices in setting alarm parameters.
- Posting literature on the HTSI website about best practices on alarm system management; this literature is reviewed by a best practices work group.
- Offering webinars on safe alarm management.

The proposed NPSG was reviewed by Joint Commission advisory committees, which supported the NPSG because it focuses attention on the safety issue; however, they noted that solutions will be evolving over many years. If any changes to the phase two requirements are made, accredited hospitals will be notified through field review and *Perspectives*.

Both the [AAMI](#) and [ECRI Institute](#) websites contain useful information on safely managing alarm systems. In addition, The Joint Commission published a *Sentinel Event Alert* on clinical alarm management in April. The *Alert* contains suggestions for assessing and managing risks associated with alarms, and complements the expectations of the new NPSG. Additional Joint Commission resources on the topic include two [Take 5 podcasts](#) and the [replay of a webinar](#) held in May. The new NPSG will be published in the *Comprehensive Accreditation Manual for Hospitals (CAMH)* in the fall and in *Update 2* to the *CAMH* in 2013, and the E-dition will be updated in October. (Contact: Maureen Carr, mcarr@jointcommission.org)

Revised emergency management standards address leadership accountability

Effective January 1, 2014, there will be [revised standards](#) that address leadership accountability of emergency management oversight in hospitals and critical access hospitals. The proposed standards were modified based upon comments received from the field review conducted in late 2012, as well as input from The Joint Commission's Hospital Professional and Technical Advisory Committee. The revised standards will be published in the hospital and critical access hospital accreditation manuals in October and the E-dition will be updated in November. The revised standards require:

- Organizations to identify a leader to oversee emergency management.

- Organizations to consider input from staff at different levels when evaluating exercises and responses to events.
- Senior hospital leadership to review the organization's emergency management planning activities, performance in exercises, and responses to actual events to facilitate improved communication of problem areas and implementation of hospitalwide solutions.

(Contact Lynne Bergero, lbergero@jointcommission.org)

Changes to standards for ambulatory care organizations ensure relevance

Revisions have been made to [certain ambulatory care standards](#) to ensure that these accreditation requirements remain relevant. The changes, effective January 1, 2014, were made to requirements needing clarification or containing language that may not be relevant to all ambulatory settings. For example, several standards were modified to reflect how the term "discharge" might apply in various ambulatory settings. These revisions will appear in *Update 2* to the *Comprehensive Accreditation Manual for Ambulatory Care* and in the fall E-dition® update for ambulatory care organizations. (Contact Joyce Webb, jwebb@jointcommission.org)

Resources

New on the web

- **Standards Field Review:** [Sample medication use](#) – Deadline for comments is August 6
- **Blogs:**
 - Ambulatory Buzz - [Get connected to these free e-sources](#) - These electronic resources are available to you at no additional cost as a benefit of your accreditation
 - Musings...Ambulatory Patient Safety - [Value-Added Tools for Joint Commission Customers](#)

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